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# QUARTERLY PROGRESS REPORT

## FY2023 YEAR 4, QUARTER 2

January 1, 2023 – March 31, 2023

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  |
| BHCPF    | Basic Health Care Provision Fund (Nigeria)   |
| 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  |
| CRMP     | Climate Risk Management Plan   |
| CSL      | Commodity Security and Logistics Division – USAID  |
| CSO      | Civil Society Organization   |
| 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  |
| HAMNASA  | Hamutuk Nasaun Saudavel (Timor-Leste)  |
| HMIS     | Health Management Information System   |
| HSS      | Health System Strengthening  |
| ICU      | Intensive Care Unit  |
| IDIQ     | Indefinite Delivery/Indefinite Quantity  |
| 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                                |
| MPOX   | Monkey Pox   |
| 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   |
| SBCC   | Social and Behavior Change Communications  |
| SES    | Sanitary and Epidemiological Service   |
| SGSSS  | <i>Sistema General de Seguridad Social en Salud</i> /General Social Health Insurance System – Colombia |
| SHI    | Social Health Insurance - Vietnam  |
| SOPs   | Standard Operating Procedures  |
| SSK    | <i>Shasthyo Surokhsha Karmasuchi</i> – Bangladesh  |
| TA     | Technical Assistance   |
| TB     | Tuberculosis   |
| TO     | Task Order   |
| 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 Security                            |
| WMP/SOP | Waste Management Plan/Standard Operating Procedure |
| 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 some of 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.

## PROGRESS TOWARD SUSTAINABLE HEALTH SYSTEM STRENGTHENING

LHSS’s updated “Strategy for Sustainable Health System Strengthening” was approved by the COR in February 24, 2023. The revised strategy and updated accompanying Implementation Guide have been shared across the Project. Highlights from the strategy were presented in an interactive session titled “Capacity Strengthening for Health System Outcomes” at the LHSS Technical Retreat on February 7, 2023. Chiefs of party from all LHSS countries participated in this forum along with senior technical advisors and project leaders. During the retreat, chiefs of party also participated in a cross-project learning group meeting where they shared promising practices to address sustainability and transition challenges.

LHSS is working to streamline its reporting process while accommodating the different tools utilized to determine performance improvement. This initiative includes close monitoring of all grantees’ progress to ensure their work is aligned with LHSS’s sustainability and transition plans, the Activity Monitoring, Evaluation and Learning Plan (AMELP) indicators, and the LHSS Results Framework.

LHSS mobilized local support to strengthen sustainable host country health systems capacity by awarding seven grants across six LHSS country activities, totaling approximately \$733,000 in grant funds awarded in Q2. Additionally, LHSS solicited applications from twenty-three organizations, including non-profit and private sector entities, NGOs, and local government organizations during Q2. The Project anticipates awarding an additional \$1.4 million across five LHSS Country Activities in Q3.

## GENDER EQUALITY AND SOCIAL INCLUSION

In Q2, LHSS reinforced GESI knowledge among the project team as well as with project partners and stakeholders who implement health strengthening activities. Across LHSS, multiple country programs advanced GESI in their HSS activities, recognizing that GESI principles are foundational to improve everyone’s health outcomes and to build an effective, sustainable health system. LHSS

also held a GESI Series during three project-wide Technical and Learning Meetings attended by more than 75 participants per session to reinforce knowledge on key GESI concepts and how they apply to LHSS work; to highlight the LHSS GESI Strategy and Statement of Commitment; and to provide an opportunity for several country programs to share how they have integrated GESI in their activities and what they learned from the process. LHSS country teams strived to ensure that their activities allow everyone to exercise their right to health information and services, free of bias and discrimination, and that the health system enables this.

In every region, LHSS country activities contributed to reducing financial barriers to health services for women, people migrating and other people in vulnerable situations and to increasing their access to health insurance schemes. Country teams assessed their specific setting and the populations they and their local partners work with to identify and address the social, financial and geographic challenges that prevent women and other typically marginalized and underserved populations from seeking or obtaining health services, taking action to ensure these groups have more decision-making power over their health. LHSS country teams also work with their partners to strengthen the quality of health services, making sure they meet the health needs for the populations they serve and that health care workers have GESI capacity to provide improved health services.

## COMMUNICATIONS AND KNOWLEDGE MANAGEMENT

LHSS Communications launched a writing workshop series, aimed at building writing skills across the global team. Topics included effective outlining, writing a scope of work to ensure a strong deliverable, and tutorials on the updated LHSS Style Guide.

The LHSS Communications Community of Practice met with 35 staff attending from 10 countries. The topic of the March meeting was on effectively capturing project work through photography.

LHSS updated the project-wide Factsheet, along with a Spanish and French-language translation. All are available for download in the [LHSS Resource Center](#). In addition, LHSS updated its report templates for project deliverables and global products.

**LHSS Website:** From January 1-March 31, 2023, the LHSS website attracted 4,071 users and over 42,000 pageviews, a 50 percent increase over Q1. Sixty percent of users came from 139 countries outside the United States, led by Nigeria, Peru, and Colombia.

LHSS added the *Advancing the Field* section to the LHSS website under *Our Work*. Updates make it easier for users to find resources by technical area and help the project feature core-funded activities and deliverables.

**Social Media:** LHSS continued to share the Project's achievements and learning through social media. On Twitter, LHSS averaged 34 tweets per month resulting in approximately 32,000 impressions and 323 link clicks to LHSS web pages. In Q2, followers on Twitter grew by 8.5 percent or 94 followers (from 1,178 to 1,272) and 47 percent or followers on Facebook grew from 354 followers to 522. As of March 31, 2023, LHSS had attracted over 480 followers on LinkedIn, an increase of 140 percent from Q1, with over 23,000 impressions and 176 reposts.

**Monthly Newsletter:** The LHSS monthly newsletter promotes the latest stories and blogs and includes links to publications on featured technical areas. As a result of webinar attendance, new staff, and subscription requests on the LHSS website, the Project's global mailing list grew by 10 percent, to more than 3,030 subscribers.

**Webinars:** On March 22, 2023, LHSS hosted a webinar with USAID and attended by a global audience of nearly 270 people on the [\*State of the Evidence for Measuring Health System Interrelationships and Estimating Impact of Health System Strengthening\*](#).



**Year 3 Annual Report:** LHSS published its web-based interactive [Year 3 Annual Report](#) and began promoting the report across LHSS' platforms. For the first time, LHSS boosted posts on LinkedIn which yielded a much higher number of views and clicks. In the first week, more than 6000 people viewed the primary promotional post with just a few clicking through to the report. In the second week, more than 2500 people saw the post and 90 people clicked through to the report. According to LHSS website analytics for March 2023, the report attracted nearly 1,000 pageviews and more than 200 downloads.

**Conferences:** LHSS presented *Ladders to success or broken promises? Findings from a review on CHW programs and career advancement* at the 3<sup>rd</sup> International Community Health Workers Symposium, March 20-24, 2023, in Monrovia, Liberia.

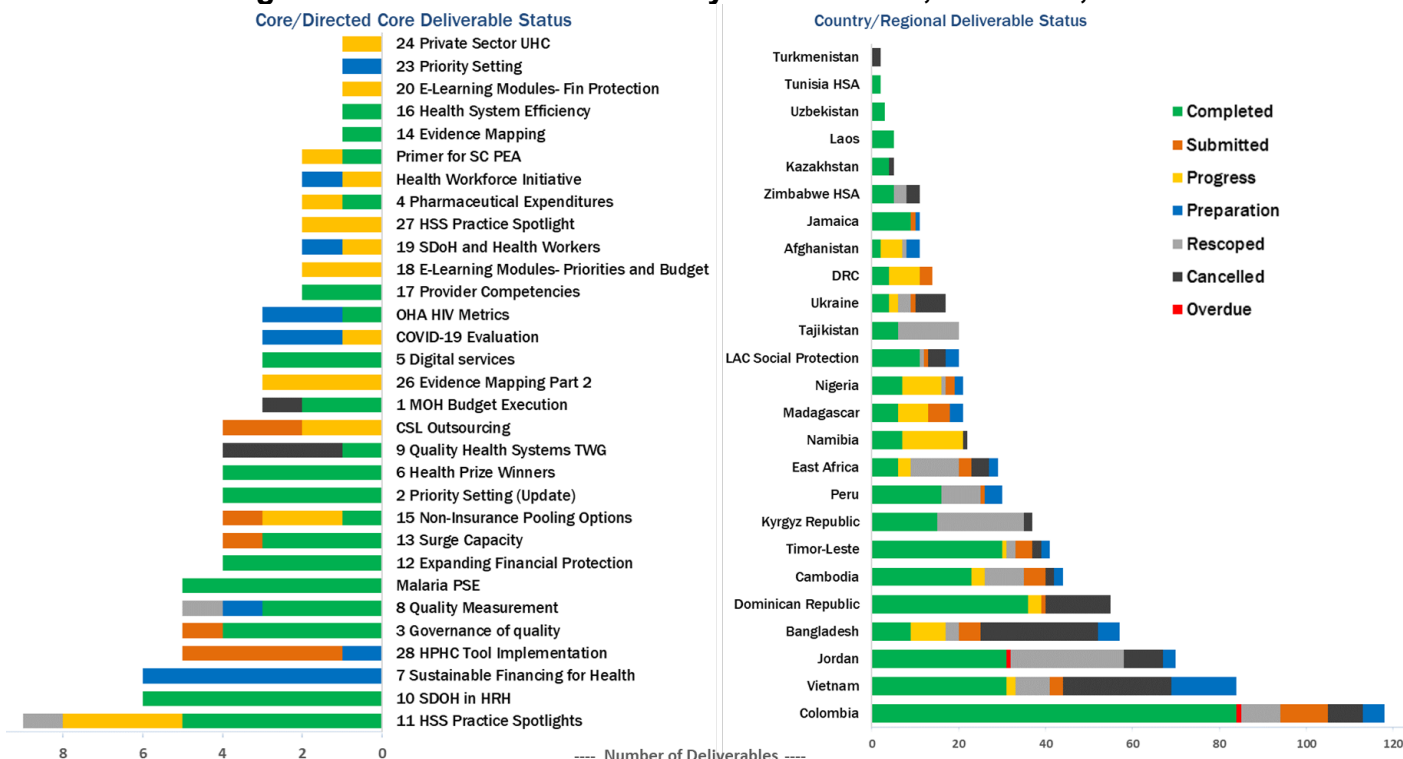
## MEL AND PERFORMANCE

In FY 23 Q2 LHSS finalized and received AMELP approval for the following countries: Jordan, Peru, Namibia, Nigeria, Bangladesh, Vietnam, and Timor-Leste. USAID is currently reviewing AMELPs for Tajikistan, Cambodia, and Colombia. AMELP revisions in this round included alignment of the indicators and learning questions to the project's Sustainability and Transition plans, including USAID's CBLD-9 indicator which reports on organizational performance improvement. In Q2, LHSS worked to streamline the reporting process while accommodating the different tools utilized in the determination of performance improvement. In addition, the MEL team worked to clarify MEL considerations in the project's grants description, which will be used whenever a grantee is engaged on the project.

LHSS submitted the FY23 Q1 report to USAID on January 30, 2023. The LHSS Contracting Officer's Representative (COR) approved the report on March 09, 2023.

Of the 62 total work plans implemented by LHSS, 23 are country activities, 31 activities are core-funded, six are directed-core, and two are regional work plans. LHSS is presently implementing 44 work plans and has completed an additional 18 work plans. Laos COVID-19, Core Activity 5- Digital financial services, and the Health Financing Forum activities were completed in FY 2020. Core Activity 6- Health Prize winners, Kazakhstan COVID-19, and the Laos Pasteur Activity were completed in FY 2021. LHSS completed Tunisia, Malaria PSE, Zimbabwe, Core Activity 9- Quality HS TWG, Uzbekistan, and Activity 10- Social Determinants of Health in FY 2023. To date in FY 2023, LHSS has completed an additional 6 activities (Core Activity 2- Priority Setting, Core Activity 12- Expanding Financial Protection, Kyrgyz Republic, Core Activity 1- MOH Budget Execution, Core Activity 16- Health System Efficiency, and Core Activity 17- Provider Competencies). As at the end of FY 2023 Q2, a cumulative 66.2 percent of all deliverables were completed, with 13.6 percent of deliverables in progress. (Figure 1).

**Figure 1. Status of LHSS Activity Deliverables, March 31, 2023**



## MANAGEMENT AND PARTNERS

**LHSS Management:** In January 2023, LHSS welcomed new global project director. The acting project director from August 2022 until January 2023 now holds a deputy project director role. There were also subsequent staffing changes on the LHSS management team: the team welcomes a new regional manager for Central Asia and the Middle East (Afghanistan, Tajikistan, Kazakhstan, and Jordan), and a new regional manager for Southeast Asia (Timor-Leste and Vietnam). Overall, LHSS hired an additional 19 staff, engaged eight new consultants, and executed two new subcontracts worldwide. At the end of Q2, 229 staff were working on LHSS (not including consultants).

**LHSS Retreat:** LHSS held a two-day technical retreat in February 2023 to conduct a strategic reflection on what LHSS has learned and what can be improved going forward. Participants included the LHSS senior management team, chiefs of party, regional, core portfolio and country managers and senior technical advisors, including partners. Members of the COR team attended on Day 2. Retreat sessions focused on how LHSS uses and adapts the application of systems thinking tools and approaches to design, implement, and monitor integrated health systems strengthening interventions. Participants explored emerging lessons from across LHSS activities. Case studies from four LHSS country activities were presented to illustrate the breadth of LHSS experiences and learning. LHSS is preparing a post-retreat report for USAID Missions and the COR team.

# 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.

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

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

- LHSS published and disseminated the learning resource--Institutionalizing explicit processes for setting national health priorities: learning from country experience. This work synthesizes key learning from the literature review, learning exchange meetings, and Technical Assistance workshops.
- LHSS published three blog posts about the processes used by learning exchange partner countries to set their national health priorities.

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

- LHSS is awaiting feedback from USAID on the case study and summary report deliverables.

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

- LHSS coordinated with the Vietnam MOH to request formal approval from the Government of Vietnam to hold the pharmaceutical expenditure policy workshop scheduled for late April or early May 2023.

### CORE ACTIVITY 8: QUALITY AND MEASUREMENT

- LHSS has submitted a new Core Activity 8 workplan and is presently awaiting USAID approval.

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

- LHSS held a launch event for the published HSS Evidence Gap Map, an online repository of curated evidence for USAID's HSS Learning Questions.
- LHSS published two 2-page technical briefs on the external LHSS website for public view and use synthesizing key themes and literature gaps for: a) Learning Question 2 on sustainability and scale, and b) Learning Question 3 on HSS measurement.

- LHSS developed two two-page technical briefs to provide high-level synthesis of key themes and identified evidence for: a) Learning Question 1 on Systems Thinking and Learning, and b) Learning Question 5 on Localization and Whole-of-Society Engagement.

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

- LHSS began to develop an e-learning module designed for USAID Washington and Mission staff interested in learning more about non-insurance scheme pooling options and health financing functions. Module content is based on the completed landscape report and country briefs.
- LHSS submitted a proposal to USAID to develop a learning brief for public dissemination based on the approved landscape report.

## CORE ACTIVITY 16: ACHIEVING EFFICIENCY IN HEALTH SYSTEMS

- The Catalog of Approaches deliverable was approved by the USAID Activity 16 manager and subsequently by the COR. The Catalog of Approaches will enable governments and USAID missions to identify and adopt interventions that lead to more efficient quality services to be delivered to meet the needs of their populations.

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

- LHSS completed a draft of Module 1 on health budget execution.
- PAHO has identified a health financing point of contact who will collaborate with LHSS to incorporate the two e-learning modules being developed under this Activity into WHO's virtual campus.

## CORE ACTIVITY 19: SOCIAL DETERMINANTS OF HEALTH AND HEALTH WORKERS (ACTIVITY 17 FOLLOW-ON)

- Activity 19 and the LHSS Jordan Activity have agreed to pilot the integrating social determinants of health into education, training, and practice process guide as part of Jordan's intensive care unit competencies work with the MOH. The process guide will help advance the consideration of social determinants to improve equity and quality of health services in intensive care units. LHSS submitted a request to the USAID Mission in Jordan to pilot the guide.

## CORE ACTIVITY 20: E-LEARNING MODULE ON EXPANDING FINANCIAL PROTECTION (NEW ACTIVITY, ACTIVITY 12 FOLLOW-ON)

- LHSS facilitated a kickoff meeting with USAID to discuss implementation of the e-learning module and possible platforms to host the module.

## CORE ACTIVITY 21: COUNTRY POLICIES AND STRATEGIES TO MITIGATE HEALTH WORKFORCE BURNOUT (NEW ACTIVITY)

- LHSS is pending USAID review and approval of the Year 4 work plan for Core Activity 21.

## CORE ACTIVITY 22: ENSURING SUSTAINABILITY AND INSTITUTIONALIZATION OF QUALITY IMPROVEMENT

- LHSS is pending USAID review and approval of the Year 4 work plan for Core Activity 22.

## CORE ACTIVITY 23: LINKING PRIORITY SETTING WITH BUDGET EXECUTION (NEW ACTIVITY, LINKING CORE ACTIVITIES 1 AND 2)

- Liberia, Peru, and Thailand have expressed interest in receiving technical assistance to understand how budget formulation and execution can be better aligned with priority-setting processes.
- LHSS is exploring the 2023 WHO Montreux collaborative agenda on fiscal space, public financial management and health financing as a platform for disseminating the learnings from this activity.

## CORE ACTIVITY 24: INCLUSION OF THE PRIVATE SECTOR IN GOVERNANCE OF MIXED HEALTH SYSTEMS FOR UNIVERSAL HEALTH COVERAGE

- LHSS consulted with USAID to agree on key definitions and parameters for the toolkit on governance of mixed health systems.
- LHSS coordinated with WHO to align the activity with WHO's efforts related to governance behaviors for private sector engagement.
- LHSS shared a list of potential governance and private sector experts with WHO as potential technical TWG working group (TWG) members for this activity.

## CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

- LHSS has completed a rapid review of tools and guidance used by donor agencies for sustainability and transition of donor-financed health system investments.

## CORE ACTIVITY 26: LEARNING AGENDA: EVIDENCE MAPPING (PART

- LHSS applied the evidence gap mapping framework developed under Activity 14 to create search terms and conduct an initial screening of peer-reviewed and gray literature. The scope of this review included USAID's Health System Strengthening (HSS) Learning Question 4 on integration and engagement of local voices and Learning Question 6 on social and behavior change.
- LHSS convened its first technical meeting with global and country-level HSS practitioners and key stakeholders (including USAID and WHO) to introduce the Evidence Gap Map and discuss synthesized key findings related to USAID's Learning Question 3 on HSS measurement.

## CORE ACTIVITY 27: HSS PRACTICE SPOTLIGHTS

- LHSS obtained positive feedback on the draft Financing for Quality brief from the Advisory Committee and case study technical experts in Rwanda and Liberia. LHSS has finalized and submitted the brief to USAID.

- USAID and LHSS explored possible topics for the next practice spotlight brief and agreed it will examine the integration of social determinants of health into service delivery frameworks.

## CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

- LHSS received concurrence from the USAID Missions in Colombia and Timor-Leste to implement the High Performing Health Care tool and coordinated in-country work with respective LHSS country teams.
- The Activity team developed lists of organizations working in health care in Colombia and Timor-Leste, including those in the public, private, NGO, and international health sectors. Local consultants in each country will build upon the lists and validate this broad sample of organizations that will be included in the measurement.

## DIRECTED-CORE HIGHLIGHTS

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

### PRIMER FOR SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS

- LHSS submitted to USAID's Commodity Security and Logistics Division (CSL) the first draft of the main deliverable for this activity, the primer for conducting political economy analysis for supply chains and obtained very positive feedback.
- LHSS began planning for the global webinar to disseminate the primer, scheduled for April 2023

### CSL SUPPLY CHAIN PEA

- LHSS held discussions with the USAID Mission in Côte d'Ivoire about public circulation of redacted political economy analysis findings and recommendations.
- LHSS and the USAID Commodity Security and Logistics (CSL) Division in the Office of Population and Reproductive Health discussed options for expanding the scope and budget of this Activity to include further engagement with USAID Côte d'Ivoire.

### TESTING PEOPLE-CENTERED HIV METRICS

- LHSS implemented the second step (Phase 1b) of the research study (assessment of perceived utility of indicators through focus group discussions) at the two study sites (Mpadue and Bairro Matundo health facilities) in Tete Province, Mozambique.
- LHSS provided an update on the research study to the Tete Province Directorate of Health to keep them informed of the Activity's progress.

### COVID-19 LEARNING ACTIVITY

- The LHSS COVID-19 Learning Activity is being conducted in five countries (Colombia, Ghana, Peru, South Africa, and Tajikistan). LHSS engaged participants in each country in introductory and initial proof-of-concept sessions and began gathering change stories related to USAID

COVID-19 funding. These change stories are qualitative descriptions of the changes and pathways to change resulting from USAID-funded COVID-19 interventions. The stories serve to guide the process of selecting the appropriate complexity-aware monitoring methodology that is best aligned with this learning activity.

- The Activity hired a complexity aware monitoring expert consultant to facilitate the virtual Proof-of-Concept sessions with the five activity countries. The monitoring approach will be tailored to each context based on input from country participants.
- The Activity developed a scope of work template for local consultants who will be hired in each country to conduct desk reviews, key informant interviews, facilitate group discussions, and draft results summary and recommendations reports. Consultant scopes of work will be tailored to each country context.

## INTEGRATING COMMUNITY HEALTH WORKERS IN PRIMARY HEALTHCARE

- LHSS completed a rapid desk review of global community health worker (CHW) programs to explore and document evidence on the relationship between career advancement opportunities and retention among CHWs.
- LHSS drafted and shared a slide deck of synthesized findings from the desk review to USAID for review and feedback.
- LHSS used the desk review findings to submit an abstract to the Third International CHW Symposium. The abstract was accepted and LHSS did an oral presentation at the Symposium in Liberia in March 2023.

## SUPPLY CHAIN DIGITAL HEALTH INNOVATION GRANTS

- This new core activity will support the expansion of two innovative digital firms in sub-Saharan Africa. Following approval of the Activity work plan on January 17, 2023, LHSS held a kick-off meeting with USAID to review and agree on the purpose, scope, process, deliverables, and timeline.
- LHSS held a preliminary coordination meeting with Salient Advisory, a firm that has established Investing in Innovation (i3). Salient's i3 program provides grants to digital innovators similar to the prospective grantees under this activity. The meeting focused on areas of shared learning and coordination to ensure complementarity with LHSS's anticipated grants.
- The Activity began developing the grantee application which outlines the proposed activity and key considerations, including eligibility criteria. These grants will be awarded to two digital health innovators to expand access to health commodities, including contraceptives.

## COUNTRY AND REGIONAL ACTIVITY HIGHLIGHTS

During this reporting period, LHSS worked in 16 countries, the East Africa region, and with the Latin America and the Caribbean (LAC) bureau. LHSS supported country-led responses to COVID-19 in seven countries, including six with funding provided through the American Rescue Plan Act (ARPA) 2021.

Highlights from 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.

### LHSS DEMOCRATIC REPUBLIC OF CONGO

- The LHSS DRC team completed key informant interviews at the central and provincial levels for the health financing landscape analysis report and drafted the report. The report describes the country's situation with respect to allocation of resources, domestic resource mobilization, pooling and purchasing, and governance with a focus on gaps and opportunities for efficiency improvements.
- In collaboration with the Kinshasa School of Public Health, the Activity finalized the research protocol and data collection tools for the flat rate pricing policy study. LHSS also received local ethics committee approval and Abt Associates' Institutional Review Board exemption and began data collection. This study will provide the MOH and its partners with the necessary information to measure the level of compliance with the policy at the health facility level and identify main barriers to compliance as well as the enabling factors for effective implementation of the policy.
- As part of its continuous support to the MOH's Financial Directorate, LHSS provided technical assistance to finalize indicators for the MOH's Logistics and Assets Management Strategy. This strategy is the first of its kind and will allow for accurate and timely tracking of government assets to minimize their misuse.

### LHSS EAST AFRICA REGION

- LHSS signed grant agreements with the Intergovernmental Authority on Development (IGAD) and EAC to engage on cross-border health issues.
- Under the LHSS grants program, the East African Community (EAC) convened its partner states through an EAC Expert Working Group on Digital Health, Data, Technologies, and Innovations from March 20-28, 2023 in Zanzibar, Tanzania. This meeting laid the foundation to operationalize the digitization and interoperability of health data systems within East Africa's cross-border sites.
- Under the LHSS grants program, the EAC hosted its Health Sector Investment Priority Framework meeting from March 15-18, 2023 in Entebbe, Uganda. This provided LHSS an opportunity to contribute to discussions on investment priorities with a focus on the cross-border agenda specific to health financial protection options for cross-border communities.

### LHSS MADAGASCAR

- LHSS Madagascar facilitated in-person technical sessions with the Universal Health Coverage (UHC) Unit in February 2023 to orient the UHC Unit on the requirements for conducting a feasibility study for *mutuelles*. Participants outlined the methodology for the feasibility study and identified the technical preparations required to conduct the upcoming study tour in Senegal.
- The Activity received USAID work plan approval for fiscal years 2023 and 2024 and hired a new Chief of Party and a Technical Director. LHSS is continuing to fill additional staff positions to implement the new work plan.

### LHSS NAMIBIA

- LHSS Namibia's support to the Ministry of Health and Social Services (the Ministry) was instrumental in facilitating the second stakeholders meeting on the Essential Health Service



Package. This event was attended by a wide range of stakeholders public and private sector entities, civil society organizations, several Namibian universities, and development partners. Participants prioritized services for the essential health services package. This participatory process fostered stakeholder buy-in for the revised package.

## LHSS NIGERIA

- In Zamfara State, LHSS facilitated the creation of a local government oversight committee to improve implementation of the Basic Healthcare Provision Fund (BHCPF). Members of this committee include local government area administrators, primary health care directors, M&E officers, health educators, facility officers-in-charge, and local government area ward development committee chairpersons from seven conflict-affected areas. Establishment of this oversight body has resulted in regular supervisory visits to facilities to ensure full functionality, availability of essential medicines and commodities, and healthcare access.
- In Plateau State, LHSS facilitated a workshop to co-develop an action-oriented framework for operationalizing mandatory health insurance. The participants, including representatives from state government and civil service organizations, jointly identified challenges affecting health insurance coverage among people in the formal and informal sectors, as well as poor and vulnerable persons, and identified strategic actions for scaling up health insurance coverage among each group.
- In Lagos State, LHSS assisted the Lagos State AIDS Agency to enroll 435 Persons Living with HIV (PLHIV) in financial protection schemes. Prospective enrollees were identified through community support groups and PEPFAR implementing partner Key Population CARE 1.

## ASIA

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### LHSS AFGHANISTAN

- LHSS supported the Afghan Social Marketing Organization's private sector sales and distribution network in generating 19,756 couple years of protection through the sales of family planning methods; generating 4,092 person years of protection through the sales of iron folate, chlorhexidine gel, and micronutrients; disinfecting 31,330,000 liters of water through the sale of chlorinated water treatment solution; and treating 2,950 diarrheal episodes through the sale of zinc and oral rehydration salts. The Activity also helped the Organization to generate USD \$108,744 in sales revenue.
- LHSS leveraged the Afghan Social Marketing Organization's trained network of private midwives in Kabul to increase access to and availability of its socially marketed commodities among low-income populations. The Organization linked midwives with local private hospitals and pharmacies for patient referrals. With LHSS's support, the Organization also mapped, trained, and deployed 25 new midwives in Nangarhar province in Q2, expanding the network from 90 to 115 midwives across Nangarhar and Kabul.
- LHSS completed a six-month inception phase (September 2022–February 2023) and selected seven grantees using a detailed landscape analysis and consultative meetings to engage the right combination of partners, business models, and interventions with appropriate integrated financing strategies. Collectively, the grantees will expand access and coverage to priority

health services in all five USAID priority provinces<sup>1</sup> through demand generation, community mobilization, and service delivery activities in the private sector.

## LHSS BANGLADESH

- In the Rajshahi and Sylhet divisions, LHSS collaborated with the Divisional Directors of the Local Government Divisions and mayors to hold three training workshops to help six municipalities prepare their primary health care implementation plans. Selected municipal officials and elected representatives received training on primary health care planning, budgeting, resource mobilization, stakeholder engagement, and monitoring to help them develop a tailored and costed implementation plan.
- Through continuous advocacy efforts and assistance from LHSS, Moulvibazar Municipality in the Sylhet Division opened a new satellite clinic to provide selected affordable and accessible primary health care services to underserved poor communities.

## LHSS CAMBODIA

- LHSS supported the General Secretariate's National Social Protection Council (GS-NSPC) to demonstrate the interoperability exchange of data through the social protection registry. The registry will allow clients to be tracked across social protection schemes and reduce duplication of registrants. Gained efficiencies will reduce overall costs, enhance referrals across schemes and increase social protection for Cambodians.
- LHSS assisted the National AIDS Authority (NAA) to draft a national policy for ending AIDS by 2025 and HIV sustainability plan 2023-2028.
- The TB patient cost survey protocol, co-developed by LHSS and the National Center for Tuberculosis and Leprosy Control, was endorsed by the Ethics Committee for Health Research of Cambodia. Identification of the number of TB patients facing catastrophic health expenditures has never been measured in Cambodia and will provide an understanding of the financial burden to patients and their families. Results of the survey will likely lead to inclusion of the most vulnerable groups into social protection schemes as part of efforts to eliminate TB.

## USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

- For the first time, Rede ba Saude Timor-Leste, the health sector network under the umbrella organization Forum Organizaasaun Naun Governamental Timor-Leste (FONGTIL), participated at the Annual Joint Health Sector Review Meeting organized by the Ministry of Health (MOH). REBAS-TL raised awareness about challenges and proposed solutions to improve health systems in areas including governance, service delivery and support services.
- The USAID Health System Sustainability Activity (the Activity) grantee, Sharis Haburas Comunidade, established village health assemblies in nine villages of Covalima and Manufahi, to strengthen the municipal level governance and its ability to discuss important community health priorities.
- The Activity and the MOH launched job descriptions and performance evaluation manuals at an event attended by senior officials of the Timorese government, the U.S. Embassy, development partners, and health care workers. The standardization of job descriptions will be instrumental in institutionalizing competency- and merit-based processes in human resources management

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<sup>1</sup> LHSS's priority urban provinces are Balkh, Herat, Kabul, Kandahar, and Nangarhar.

and ensuring that all candidates have equal access to employment, professional development, and promotion opportunities.

- The Activity and the MOH co-launched the MOH's Health Financing Unit (the Unit). This is the latest in a series of MOH initiatives to strengthen the use of health financing data for decision-making.

## LHSS VIETNAM

- Following LHSS's support to the MOH's Department of Health Insurance on policy revisions, the MOH issued Decision 130 on standard data outputs and formats in management, verification, and payment for medical services. Decision 130 enables consistent and comprehensive integration and management of HIV treatment data into both the MOH's Health Management Information System (HMIS) and the Social Health Insurance e-claim system.
- As a result of LHSS technical assistance, the MOH enacted Circular 06/2023 regulating drug bidding at public facilities. The newly enacted Circular is expected to minimize the risk of ARV procurement failure or delay, improving continuous access to ARVs.
- The National Tuberculosis Program published the question-and-answer document on Social Health Insurance TB examination, treatment, and reimbursement. This resource was co-developed with LHSS support and posted on the Program's website in mid-January 2023. By March 2023, the site had received 375 visits, 241 downloads, and 74 visits to reference sources. The document proved to be a useful resource for TB treatment facilities as they provide services through the Social Health Insurance system.

## *EUROPE / EURASIA*

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## LHSS UKRAINE

- LHSS completed a landscape assessment of telemedicine in Ukraine to inform strategies for expanding access to healthcare and supporting the long-term strength and resilience of the health system. LHSS recommended to Ukrainian policymakers several priorities and actions to improve demand for and access to telemedicine services among vulnerable groups, strengthen the enabling environment to foster growth, and address critical infrastructure needs.
- Through several meetings with the Ministry of Health (MOH), National Health Service of Ukraine, and State-Owned Enterprise eHealth representatives, LHSS facilitated the development of a shared understanding of telemedicine architecture in Ukraine and secured agreement among the meetings participants on priority actions in providing telemedical services, anticipated milestones, and implementation stages for technical solutions.
- LHSS trained 38 providers, bringing the total number of trained telemedicine providers to 1,027. Patients received over 1,000 telemedicine services in Q2. These achievements represent important contributions toward restoring population access to essential medical services during wartime.

### LHSS COLOMBIA VRIO

- In coordination with the LHSS Peru Activity, the National Observatories on Migration and Health of Peru and Colombia exchanged experiences on their design and implementation and identified areas of collaboration for integrating the two countries' migration and health knowledge networks. The Observatories will formalize an exchange of information to replicate analysis, methodologies, products, results, and successful experiences.
- LHSS supported 11 integrated migrant service centers, or *Intégrate* Centers, to assist more than 4,400 Venezuelan migrants (64 percent women) in January and February 2023 with information on accessing the Colombian health system.
- Fifteen LHSS-supported community mobilization teams and community action groups in Riohacha, Maicao (La Guajira), and Cali implemented initiatives to improve nutrition, maternal mortality rates, and integrated care for prevalent childhood illnesses, and to increase access to mental health services in migrant and host communities. For example, in Riohacha, the community action group worked with ANASHANTA, a health service provider, to lead a community meeting with a clinical psychologist who answered questions about mental health and how to access mental health services.

### LHSS DOMINICAN REPUBLIC

- LHSS hosted a consultative workshop with public and private sector stakeholders to discuss opportunities to increase private sector participation in the HIV national program. LHSS will use the workshop findings to develop a roadmap with priority intervention areas to mobilize and align private sector resources with the national HIV response's strategic plan.

### LHSS LAC BUREAU

- LHSS presented the Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts in Honduras to the new leadership of the Interinstitutional, Interagency Health and Migration Board. The report was well received and the new Board director, a representative of the Ministry of Health (MOH), committed to presenting it to the Minister of Health. Building on a co-creation process in FY 2022, LHSS continues to promote the Board's ownership and stewardship of the proposed plan to ensure that the Board and the MOH continue to implement the Roadmap recommendations beyond the life of the project.
- LHSS published the first Latin America and the Caribbean (LAC) quarterly regional newsletter titled, "Migration and Health in Latin America and the Caribbean." The newsletter, which includes reports, blogs, and events from LHSS Activities within Latin America, as well as other regional resources from international organizations, was shared with over 290 individuals. This new communication aims to increase knowledge and engagement in the region around challenges, opportunities, approaches, promising practices, and lessons learned related to social health protection for women and children in high migration contexts.

## LHSS PERU MONKEY POX (MPOX)

- LHSS finalized the design of the Monkey Pox (mpox) communications strategy and campaign, after being validated with representative groups of the most affected populations in Lima, Trujillo, and Iquitos. Fourteen digital and print communication materials were designed and are ready for dissemination to the target population. The communications campaign will facilitate access to appropriate information on mpox prevention among high-risk populations, contributing to reducing the transmission in the target populations.
- LHSS worked with the Loreto and La Libertad Regional Health Directorates to co-develop regional plans for the mpox emergency response. The Activity submitted the final plans to the USAID Mission in Peru who will share them with health managers in both regions. LHSS will also facilitate a regional meeting with the Directorate for Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis (HIV Directorate) to socialize the plans with all regional Directorates for their use in developing region-specific response plans.

## LHSS PERU (PEPFAR)

- LHSS and the Ombudsman's Office of Peru, responsible for promoting the rights of vulnerable populations, co-organized the March 17, 2023. Forum "Challenges of the refugee and migrant population with HIV and/or tuberculosis". During the event, a bill proposal, co-developed by LHSS and partners, that would enable migrants and refugees living with HIV and/or TB in Peru to access the Comprehensive Health Insurance (SIS), was presented. After the event, a congresswoman committed to present the bill at the Congress of the Republic.
- LHSS grantee Universidad Peruana Cayetano Heredia signed the Interinstitutional Cooperation Agreement with the Ministry of Health (MOH) and the Peruvian Observatory of Health and Migration. This agreement guarantees the MOH's collaboration in the collection and provision of data to the Observatory, and as such will support the Observatory's long-term sustainability.
- LHSS awarded a grant to PROMSEX, an NGO specializing in sexual and reproductive rights, to strengthen the capacities of local providers and community-based organizations to improve the quality of services including mental health, support gender-based violence survivors, and support human rights protection for Venezuelan LGBTQ migrants, nationals and/or people living with HIV (PLHIV), in prioritized areas of Metropolitan Lima, La Libertad, and Piura.

## *MIDDLE EAST*

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## LHSS JORDAN

- LHSS supported the Ministry of Health's (MOH) launch of the Intensive Care Unit (ICU) competency framework through three regional awareness raising workshops.
- LHSS organized two learning visits to the Department of Health in Abu Dhabi to provide opportunities for leadership teams from the MOH and health councils to learn about the UAE's experience in establishing and managing their Continuing Professional Development (CPD) system.
- LHSS supported the grantee Between the Lines in launching a CPD orientation campaign for private sector health workers, reaching over 2 million people online and offline.

## 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)

- To increase enrollment in the health system with a goal to reduce overall healthcare costs and increase available funding for migrant health care, including COVID-19 services, five LHSS-supported community-based organizations conducted 100 training workshops on enrollment and access to services for more than 9,000 migrants and host community members. These workshops contributed to 8,600 Venezuelan migrants enrolling in health insurance.
- Through an LHSS grant, the Banco de Medicamentos donated more than 100 types of drugs and 60 types of medical supplies to two primary care providers in Cúcuta and Medellín. These donations strengthen the capacity of both institutions to provide health services to migrants, returnees and the host community, including for COVID-19.
- More than 3,800 migrants and host communities took part in an informational workshop on long-acting contraceptive methods, held by LHSS grantee Fundación Oriéntame. As a result, the participants increased their knowledge of contraceptive methods and how to access sexual and reproductive health services. Information disseminated during the workshop will help increase access to health services among Venezuelan migrants and host populations following reduced access resulting from the COVID-19 pandemic.

### LHSS JAMAICA (ARPA)

- The LHSS Jamaica Activity hosted a Pause and Reflect workshop on January 25, 2023 attended by the USAID Mission in Jamaica and nine local partners including the Ministry of Health and Wellness. The objective of the workshop was to reflect on the Jamaica Activity's performance during the first year and identify successes, implementation gaps, and opportunities to sustain established partnerships and private sector engagement for health.
- The Activity developed and submitted its Year 2 work plan which focuses on continuing efforts to expand the role of Jamaican private health care providers to support the overburdened public health system, and institutionalizing the progress made in Year 1. Year 2 activities focus on supporting public and private actors to leverage and institutionalize the tools and resources that the Activity produced in Year 1. LHSS has received USAID approval to initiate one of the three activities in the Year 2 work plan.
- LHSS continued to advise its former grantee, Health Connect Jamaica, in its ongoing work providing critical COVID-19 health services (e.g., vaccinations, case management) to its clients through its COVID-19 private provider network.

## LHSS KAZAKHSTAN (ARPA)

- LHSS supported VizaMed, the supplier, to complete installation and training on the Round 5.2 BioAnalyzer TapeStation in March 2023. USAID's investment in genomic sequencing reagents and equipment with ARPA funding has helped bolster the Almaty Center's current COVID-19 response, while positioning the Center's ability to detect future infectious diseases and carry out its research functions.
- The supplier Demeu confirmed arrival at their warehouse of spare parts for final refurbishment of the MALDI-TOF Mass Spectrometer. LHSS is also working with Demeu to inspect and maintain all autoclaves previously purchased under ARPA funding.

## LHSS PERU (ARPA)

- LHSS strengthened diagnostic and genomic sequencing of SARS-CoV-2 capacity of Peru through subcontractor Seoul Clinical Laboratories. The Activity also prepared guidelines and recommendations to support the National Institute of Health in improving the quality and coverage of molecular diagnosis and short- and medium-term genomic surveillance for COVID-19 and other infectious diseases.
- LHSS supported the Ayacucho and Huánuco regions in developing preparedness and response plans for potential respiratory virus epidemics, 14 Regional Health Directors from Ayacucho and Huánuco traveled to Lima to validate the plans. These regions are now prepared to respond to future respiratory virus epidemics, which is a priority considering the current risk posed by Highly Pathogenic Avian Influenza A (H5N1). The MOH's National Center for Epidemiology, Prevention, and Disease Control presented the preparedness plans developed by the two regions to all health directorates across the country as a reference for developing their own plans.
- LHSS and the MOH co-developed a scenario analysis to incorporate COVID-19 vaccination into the national vaccination scheme, including an estimation of the resources needed. This will enable the MOH to negotiate with the Ministry of Economy and Finance for the necessary budget to fund the COVID-19 vaccination program.
- LHSS met or surpassed all indicators for the quarter.

## LHSS TAJIKISTAN (ARPA)

- LHSS presented the results of the biannual national mentoring visits with health care workers in 23 pilot districts in Bokhtar and Sughd regions to the Ministry of Health and Social Protection of Population (MoHSPP), the Republican Centre for Immunoprophylaxis, and key international partners. The findings identified a continuing need for additional trainings and sensitization of health care workers who administer COVID-19 vaccines. These results will be used by stakeholders to address gaps in ability of health care workers to administer vaccines correctly and safely.
- LHSS completed the development of a forecasting tool and database to strengthen the supply chain management of COVID-19 vaccines in 15 districts and cities.
- LHSS led one workshop with 39 healthcare workers on improving COVID-19 vaccine counseling skills. Participants shared their experiences and learned best practices and strategies for communicating with patients. Examples included patient centered approaches, active listening, attunement to age, gender, religious, and cultural differences, and responding to nonverbal communication, such as body language, posture, and gestures.

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

- The USAID Health System Sustainability Activity (the Activity) shared findings from its COVID-19 community perception and health service utilization survey with relevant stakeholders. Results showed that despite the community's trust in and positive attitude toward the Ministry of Health's (MOH's) COVID-19 interventions, misinformation and barriers to access persist. These and other survey findings will inform future programming.
- Hamutuk Nasaun Saudavel (HAMNASA) expanded its community mobilization activities to two additional municipalities through an additional grant. This expansion will result in greater awareness, engagement, and participation of communities in the targeted municipalities, leading to improved health outcomes.
- The Activity co-developed and co-implemented the first-ever assessment of more than 145 laboratory technicians to evaluate their knowledge, practices, and attitudes. The study found that after the initial training, 60 percent of participants frequently applied all the skills learned, but 30 percent never used these skills. Among those not using skills acquired during training, most reported COVID-19 cases were rarely evaluated in the facilities due to limited resources. The National Health Laboratory expressed interest in adopting the training curriculum for their future trainings.



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

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

#### HIGHLIGHTS THIS QUARTER

- LHSS published and disseminated the learning resource--Institutionalizing explicit processes for setting national health priorities: learning from country experience. This work synthesizes key learning from the literature review, learning exchange meetings, and Technical Assistance workshops.
- LHSS published three blog posts about the processes used by learning exchange partner countries to set their national health priorities.

#### QUARTERLY ACTIVITY PROGRESS

- LHSS published the learning resource and three blog posts on the LHSS website and disseminated them via social media channels. The activity is closed.

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

#### HIGHLIGHTS THIS QUARTER

- LHSS is awaiting feedback from USAID on the case study and summary report deliverables.

#### QUARTERLY ACTIVITY PROGRESS

LHSS is awaiting feedback from USAID on final draft deliverables submitted at the end of Fiscal Year 22. These include the case study report submitted on September 30, 2022, and the summary report submitted on October 21, 2022. LHSS will finalize and complete Activity 3 as soon feedback is received and integrated into the deliverables.

#### PRIORITIES NEXT QUARTER

- Address comments from USAID and submit final reports for COR approval.
- Upload all final products to WHO's Global Learning Lab.

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

### HIGHLIGHTS THIS QUARTER

- LHSS coordinated with the Vietnam MOH to request formal approval from the Government of Vietnam to hold the pharmaceutical expenditure policy workshop scheduled for late April or early May 2023.

### QUARTERLY ACTIVITY PROGRESS

#### **Intervention 2: Build country capacity for production and use of pharmaceutical expenditure data to improve decision-making**

LHSS and Vietnam MOH had scheduled a policy workshop for early January 2023 to present analyzed pharmaceutical expenditure data to policy makers and obtain their inputs on how the data should be packaged in a policy brief. The meeting was canceled by the MOH due to concerns about low attendance and will be rescheduled for April or May 2023. LHSS obtained an extension approval for the activity from March 2023 to June 2023.

LHSS received and is addressing comments from USAID on the revised draft resource for tracking pharmaceutical expenditure, which will be finalized and posted on the websites of LHSS and the Medicines, Technologies, and Pharmaceutical Services Program (MTaPS).

### CHALLENGES

- LHSS experienced delays in scheduling the policy workshop. Originally scheduled for early January 2023, the workshop was canceled at the last minute by the MOH due to concerns over poor attendance. The MOH must follow new protocols (including approximately 45 days of processing time) to obtain government approval for meetings involving foreign participants. LHSS has submitted to the MOH the CVs and passport information for the two international team members who will participate virtually in the policy workshop. The MOH also requested documentation showing USAID approved the extension of the Activity beyond March 2022, the date LHSS's agreement with the MOH ended. LHSS is providing the necessary documentation and the workshop is currently rescheduled for late April or May 2023.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

### EVENTS NEXT QUARTER

- No upcoming events

### PRIORITIES NEXT QUARTER

- Complete policy workshop in Vietnam and develop the corresponding policy brief.

## CORE ACTIVITY 8: QUALITY AND MEASUREMENT

### QUARTERLY ACTIVITY PROGRESS

USAID requested that LHSS rescope a portion of Core Activity 8. The new activity description is included in the Year 4 workplan, which is currently pending USAID review and approval.

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

### HIGHLIGHTS THIS QUARTER

- LHSS held a launch event for the published HSS Evidence Gap Map, an online repository of curated evidence for USAID's HSS Learning Questions.
- LHSS published two 2-page technical briefs on the external LHSS website for public view and use synthesizing key themes and literature gaps for: a) Learning Question 2 on sustainability and scale, and b) Learning Question 3 on HSS measurement.
- LHSS developed two two-page technical briefs to provide high-level synthesis of key themes and identified evidence for: a) Learning Question 1 on Systems Thinking and Learning, and b) Learning Question 5 on Localization and Whole-of-Society Engagement.

### QUARTERLY ACTIVITY PROGRESS

#### **Intervention 1: Conduct evidence mapping and descriptive analysis.**

USAID approved LHSS's proposed Evidence Gap Map concept and platform developed in fiscal year 2022. To date, the Project has curated and made available on the Evidence Gap Map platform evidence for four of the six USAID HSS Learning Questions. LHSS has transitioned the beta-version of the online repository to the public-facing LHSS website. The Evidence Gap Map is a publicly accessible and live resource available for any user on the LHSS website. This interactive platform also permits users to contribute resources to the global evidence repository.

LHSS supported and participated in the USAID launch event for the Evidence Gap Map on February 15, 2023. During this event, LHSS presented the process of creating the Evidence Gap Map and provided a live demonstration of content and navigation. The launch event had over 160 attendees, including 18 USAID missions and Regional Bureaus. The Evidence Gap Map is being actively promoted through LHSS's website and social media channels. From the launch event through the end of February 2023, there have been over 900 clicks to the Evidence Gap Map from 72 countries with the highest number of visits from the U.S., Nigeria, the UK, Switzerland, and Ethiopia.

#### **Intervention 2. Review and compile learnings from the evidence.**

To facilitate uptake and use of the Evidence Gap Map, LHSS has been developing overview briefs outlining a synthesis of evidence curated for each USAID Learning Question. These briefs offer a high-level summary of the evidence gathered, including main themes and gaps in the existing evidence, and a description of the type and range of articles researched. LHSS has published the

briefs for Learning Questions 2 and 3 on the LHSS website and has promoted these resources on social media and other communication channels.

LHSS completed two additional briefs covering Learning Questions 1 and 5 and submitted them to USAID for approval. Briefs covering the remaining Learning Questions 4 and 6 will be developed under Activity 26, the follow-on to Activity 14.

## CHALLENGES

- No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Evidence Gap Map with content for Learning Questions 1, 2, 3 and 5. COR approval received on February 8, 2023.
- Technical briefs on Learning Question 2 (sustainability and scale-up) and Learning Question 3 (HSS measurement). COR approval received on February 10, 2023.
- Technical brief on Learning Question 5 (localization and whole of society engagement). Submitted for COR approval on March 23, 2023.
- Technical brief on Learning Question 1 (systems thinking). Submitted for review on March 31, 2023.

## EVENTS NEXT QUARTER

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Address comments from USAID on Learning Question 1 brief and request COR approval.
- Activity 14 was completed on March 31, 2023. Continued work will be undertaken through Activity 26, the follow-on activity.

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

### HIGHLIGHTS THIS QUARTER

- LHSS began to develop an e-learning module designed for USAID Washington and Mission staff interested in learning more about non-insurance scheme pooling options and health financing functions. Module content is based on the completed landscape report and country briefs.
- LHSS submitted a proposal to USAID to develop a learning brief for public dissemination based on the approved landscape report.

## QUARTERLY ACTIVITY PROGRESS

### **Intervention I: Disseminate Learnings on pooling arrangements to accelerate progress toward Universal Health Coverage**

The Activity has been developing the structure and content of the e-learning module to disseminate findings on feasible pooling options to country policy makers and practitioners. This module is based on the landscape report titled Pooling Reforms to Strengthen Health Financing for Universal Health Coverage, and corresponding country briefs. This module will provide an interactive learning experience for USAID Washington and Missions, offering a deeper understanding of non-insurance scheme pooling options and health financing functions.

LHSS received USAID approval for the landscape report on January 14, 2023. Based on this timing, LHSS has requested an extension for the remaining three deliverables under this Activity (i.e., the e-learning module, webinar for USAID Missions, and webinar for global audiences) through the end of Project Year 4, Quarter 4. Activity 15 was scheduled to end in Project Year 4, Quarter 2. In addition to completing the deliverables, this extension will allow LHSS to strategize with USAID to maximize upcoming webinar attendance, including experts interviewed for the landscape report.

The Activity submitted a proposal to develop a learning brief for public dissemination based on the approved landscape report. Publication of this learning brief will be aligned with the timing of the webinar for global audiences so that it is available for all participants, and beyond.

## CHALLENGES

- Work on the e-learning module and webinars has been delayed as these activities required approval by USAID of the landscape report.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## UPCOMING EVENTS

- None

## PRIORITIES NEXT QUARTER

- Finalize a draft of the e-learning module.
- Continue planning for dissemination webinars.

## CORE ACTIVITY 16: ACHIEVING TECHNICAL EFFICIENCY IN HEALTH SYSTEMS

### HIGHLIGHTS THIS QUARTER

- The Catalog of Approaches deliverable was approved by the USAID Activity 16 manager and subsequently by the COR. The Catalog of Approaches will enable governments and USAID missions to identify and adopt interventions that lead to more efficient quality services to be delivered to meet the needs of their populations.

### QUARTERLY ACTIVITY PROGRESS

**Intervention 1: Catalog of Approaches to Improve Technical Efficiency.** The Catalog of Approaches was submitted to USAID for review and approval on September 28, 2022. Comments were received from USAID on December 12, 2022, and incorporated into the final version which was submitted for USAID approval on December 20, 2022. The USAID Activity 16 manager approved the catalogue on March 16, 2023, and the COR approved this deliverable on April 3, 2023.

**Intervention 2: Virtual Learning Exchange.** The Learning Brief on Human Resources for Health Resource Optimization to Improve Health Care Service Delivery and Quality was submitted to USAID for review and approval on December 19, 2022.

### CHALLENGES

- Delays in receiving USAID feedback on the Learning Brief deliverable extended this activity timeline to the end of Q3.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

### EVENTS NEXT QUARTER

- No upcoming events

### PRIORITIES NEXT QUARTER

- Activity 16 will be completed once final USAID approval is received for the Virtual Learning Exchange Learning Brief.

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

### HIGHLIGHTS THIS QUARTER

- LHSS completed a draft of Module 1 on health budget execution.
- PAHO has identified a health financing point of contact who will collaborate with LHSS to incorporate the two e-learning modules being developed under this Activity into WHO's virtual campus.

### QUARTERLY ACTIVITY PROGRESS

#### **Intervention 1: Develop and Disseminate the E-Learning Modules**

LHSS completed the storyboarding process for the e-learning modules. Technical content for the module on improving budget execution was packaged into a simulated draft module containing several interactive learning components. The curriculum will be used as guidance for adaptation by policy makers and practitioners in their respective countries. The draft module will be shared with PAHO and USAID in early April 2023. The Activity is currently developing Module 2 on institutionalizing processes for setting national health priorities which will be ready for review by PAHO and USAID at the end of April 2023.

After a delay of several months, PAHO identified a health financing technical point of contact for this activity in March 2023. LHSS met with the contact and confirmed that the new e-learning modules will complement other PAHO resources. She also confirmed that PAHO is scheduled to have an internal governance meeting in May 2023 where final decisions will be made on courses accepted into WHO's virtual campus. Once this process is completed, LHSS will submit the e-learning modules to PAHO. LHSS has learned that uploading modules to WHO's virtual campus can be time consuming. The Activity will work closely with PAHO to ensure this work remains on track. LHSS requested and has received an extension from Quarter 2 to Quarter 4 to submit Activity 18 deliverables to accommodate WHO's virtual campus timeline.

LHSS has submitted a draft Memorandum of Understanding for PAHO to cover hosting fees for the e-learning dissemination portion of the activity. PAHO will advise on next steps in April 2023.

### CHALLENGES

- LHSS experienced significant delays working with PAHO to clarify the requirements and process for acceptance of Activity 18's e-learning modules into the WHO virtual campus and identifying a point of contact to coordinate all aspects of this process. These delays impacted the Activity's timeline. Now that PAHO has identified a point of contact, LHSS will work closely with this individual to ensure ongoing activities are carried out in a timely manner.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

### EVENTS NEXT QUARTER

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Finalize the Memorandum of Understanding with PAHO for inclusion of LHSS Modules in WHO's virtual campus.
- Revise the prototype of Module 1 (Budget Execution) based on feedback from USAID and PAHO.
- Develop a draft of Module 2 on institutionalizing explicit processes for setting national health priorities. Proceed with revisions based on feedback from USAID and PAHO.
- Collaborate with PAHO to start the process of uploading the activity modules to WHO's virtual campus.

## CORE ACTIVITY 19: SOCIAL DETERMINANTS OF HEALTH AND HEALTH WORKERS (ACTIVITY 17 FOLLOW ON)

### HIGHLIGHTS THIS QUARTER

- Activity 19 and the LHSS Jordan Activity have agreed to pilot the integrating social determinants of health into education, training, and practice process guide as part of Jordan's intensive care unit competencies work with the MOH. The process guide will help advance the consideration of social determinants to improve equity and quality of health services in intensive care units. for improved equity and quality of health services. LHSS submitted a request to the USAID Mission in Jordan to pilot the guide.

### QUARTERLY ACTIVITY PROGRESS

#### **Intervention 1: Pilot and Adapt the Process Guide**

Core Activity 19 held a series of discussions with the Jordan Activity team to introduce them to the social determinants of health process guide and explore piloting this resource in Jordan's human resources for health initiatives. Importantly, the process guide includes competencies related to social determinants of health for clinical providers across domains (e.g., collaboration, communication, and people-centered care), many of which align with the intensive care unit competency framework for interdisciplinary teams which LHSS Jordan is implementing with the MOH. Based on this alignment, the Activity 19 and LHSS Jordan team agreed to pilot the process guide in Jordan and requested approval from the USAID Mission in Amman,

Based on preliminary piloting discussions, Activity 19 and the LHSS Jordan team will jointly develop an action plan to pilot the guide. Collaboration with the Jordan Activity represents the next step in field testing the process guide. The pilot is expected to begin in Quarter 3.

#### **Intervention 2: Convene a Stakeholder Workshop to Synthesize Learnings and Recommendations**

This activity has not started.

#### **Intervention 3: Promote the Process Guide to Foster Integration of SDOH-Related Approaches and Competencies in Education, Training, and Practice**

This activity has not started.



## CHALLENGES

- No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Recruit and hire an in-country consultant to serve as in-country point of contact for implementation of the pilot following formal concurrence by the USAID Jordan Mission.
- Collaborate with LHSS Jordan to develop local stakeholder engagement process, co-design steps for testing the guide and begin adapting selected social determinants of health-related competencies to the Jordanian context.
- Engage key stakeholders who will be involved in piloting the process guide (e.g., intensive care unit health workers, hospital administrators and patient groups).

## CORE ACTIVITY 20: E-LEARNING MODULE ON EXPANDING FINANCIAL PROTECTION (NEW ACTIVITY, ACTIVITY 12 FOLLOW-ON)

### HIGHLIGHTS THIS QUARTER

- LHSS facilitated a kickoff meeting with USAID to discuss implementation of the e-learning module and possible platforms to host the module.

### QUARTERLY ACTIVITY PROGRESS

**Intervention 1: Develop and Disseminate the E-learning Module.** LHSS is engaged with project consortium member Training Resources Group (TRG) to produce the e-learning module on expanding financial protection. The module will adapt the technical content from Activity 12's global literature review, Senegal case study report, and compendium report for country practitioners on extending financial and nonfinancial protection schemes to people facing vulnerabilities. As a first step, LHSS began discussions with TRG on the format of the module and potential e-learning platforms to host the module.

## CHALLENGES

- No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Select an e-learning platform and adapt the technical content from Activity 12 that will be featured in the e-learning module.

## CORE ACTIVITY 21: COUNTRY POLICIES AND STRATEGIES TO MITIGATE HEALTH WORKFORCE BURNOUT (NEW ACTIVITY)

### QUARTERLY ACTIVITY PROGRESS

- LHSS is pending USAID review and approval of the Year 4 work plan for Core Activity 21.

## CORE ACTIVITY 22: ENSURING SUSTAINABILITY AND INSTITUTIONALIZATION OF QUALITY IMPROVEMENT

### QUARTERLY ACTIVITY PROGRESS

- LHSS is pending USAID review and approval of the Year 4 work plan for Core Activity 22.

## CORE ACTIVITY 23: LINKING PRIORITY SETTING WITH BUDGET EXECUTION (NEW ACTIVITY, LINKING CORE ACTIVITIES 1 AND 2)

### HIGHLIGHTS THIS QUARTER

- Peru, Liberia and Thailand have expressed interest in receiving technical assistance to understand how budget formulation and execution can be better aligned with priority-setting processes. This work will be a continuation of the support Peru and Liberia received under Core Activity 1: Improving Health Budget Execution.
- LHSS has identified the 2023 WHO Montreux Collaborative Agenda on fiscal space, public financial management and health financing as a platform for disseminating the learnings from this activity.

## QUARTERLY ACTIVITY PROGRESS

### **Intervention 1: Support Two Countries to Translate Health Priorities to Budget Formulation and Execution.**

LHSS communicated with countries from LHSS's two Learning Exchanges<sup>2</sup> to assess demand for technical assistance in understanding how budget formulation and execution can be better aligned with priority-setting processes. Peru and Liberia have expressed initial interest in receiving technical assistance for this activity.

LHSS began exploring platforms for disseminating the learnings from the technical assistance that LHSS will provide, in collaboration with other partners working in public financial management for health. Following a productive conversation with WHO, LHSS has been invited to share the preliminary learnings from this activity at the WHO Montreux Collaborative Agenda on fiscal space, public financial management and health financing in November 2023.

## CHALLENGES

- No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Select two countries that LHSS will collaborate with, and co-design the technical support required to strengthen the link between priority-setting and budgeting.
- Pursue Mission concurrence from the two selected countries and begin providing technical support.

## CORE ACTIVITY 24: INCLUSION OF THE PRIVATE SECTOR IN GOVERNANCE OF MIXED HEALTH SYSTEMS FOR UHC

## HIGHLIGHTS THIS QUARTER

- LHSS consulted with USAID to agree on key definitions and parameters for the toolkit on governance of mixed health systems.
- LHSS coordinated with WHO to align the activity with WHO's efforts related to governance behaviors for private sector engagement.

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<sup>2</sup> The Learning Exchanges that took place in Project Year 3 focused on improving health budget execution and institutionalizing national priority-setting processes.

- LHSS shared a list of potential governance and private sector experts with WHO as potential technical TWG working group (TWG) members for this activity.

## QUARTERLY ACTIVITY PROGRESS

### **Intervention 1: Develop and Disseminate Toolkit on Governance of Mixed Health Systems.**

LHSS consulted with USAID to identify and define the technical parameters for the toolkit on governance of mixed health systems. These parameters will include toolkit framing, definition of the private sector, and target audience. LHSS and USAID agreed on a definition of the private sector that aligns with USAID's private sector engagement policy. This includes engaging entities in private health sector service delivery (e.g., providers, pharmacies, and supply chain actors), corporations, private health insurance, and private sector associations. The target audience was defined as country governments such as ministries of health public-private partnership units, local government authorities, and others including USAID Missions, international donors, and implementing partners.

LHSS and USAID met with WHO to discuss aligning the governance toolkit with WHO's efforts in private sector governance, including ongoing USAID-funded work to develop a maturity model for private sector governance. WHO offered to create a TWG on tools for private sector governance. LHSS plans to engage this working group during activity implementation to consult on and validate toolkit content. WHO is presently conducting background research to support their maturity model and agreed to share relevant materials with LHSS.

LHSS and USAID discussed aligning the governance toolkit with WHO's governance approach and Country Connector website, using the six governance behaviors<sup>3</sup>. LHSS and USAID also discussed potentially aligning the governance toolkit with the maturity model WHO is developing on private sector governance.

Finally, LHSS and USAID agreed on a preliminary list of private sector and governance experts for WHO's considered participation in the TWG.

## CHALLENGES

- No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events

## PRIORITIES NEXT QUARTER

- Coordinate with WHO to finalize membership of the private sector and governance TWG and obtain access to WHO's systematic review material.

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<sup>3</sup> The six governance behaviors: 1) Build an understanding, 2) Foster relations, 3) Enable stakeholders, 4) Align structures, 5) Nurture trust, and 6) Deliver strategy (WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage, 2020).

- Conduct desk research to compile tools and guidance for potential use in toolkit.
- Consult with USAID to agree on criteria for the inclusion of tools in toolkit.
- Collaborate with TWG members on content and organization of toolkit.

## CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

### HIGHLIGHTS THIS QUARTER

- LHSS has completed the rapid focus review of tools and guidance used by donor agencies for sustainability and transition of donor-financed health system investments.

### QUARTERLY ACTIVITY PROGRESS

#### **Intervention I: Develop the sustainability and transition toolkit**

- LHSS has completed a literature search and review of normative guidance and tools for sustainability and transition of donor-financed health system investments. This review will inform the development of an annotated outline for an interactive PDF document that will summarize key normative guidance for donors on sustainability and transition of donor-financed investments. This resource will also provide links to tools developed by LHSS, USAID, and other donors and implementing partners.
- LHSS has engaged USAID to finalize the scope, target audience and proposed format of the toolkit. The Activity has also kept USAID apprised of progress on the literature review.

### CHALLENGES

- No challenges in this quarter.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

### UPCOMING EVENTS

- No upcoming events.

### PRIORITIES NEXT QUARTER

- Finalize with USAID the outline of the toolkit which will include links to a curated compendium of interactive tools.

## CORE ACTIVITY 26: LEARNING AGENDA: EVIDENCE MAPPING (PART 2)

### HIGHLIGHTS THIS QUARTER

- LHSS applied the evidence gap mapping framework developed under Activity 14 to create search terms and conduct an initial screening of peer-reviewed and gray literature. The scope of this review included USAID's Health System Strengthening (HSS) Learning Question 4 on integration and engagement of local voices and Learning Question 6 on social and behavior change.
- LHSS convened its first technical meeting with global and country-level HSS practitioners and key stakeholders (including USAID and WHO) to introduce the Evidence Gap Map and discuss synthesized key findings related to USAID's Learning Question 3 on HSS measurement.

### QUARTERLY ACTIVITY PROGRESS

#### **Intervention 1. Conduct Evidence Gap Mapping (Part Two)**

LHSS began identifying and reviewing existing evidence for USAID's HSS Learning Questions 4 and 6. This desk research was guided by the inclusion and exclusion criteria and other parameters outlined in the evidence gap mapping process framework developed under the predecessor activity (Activity 14). The Activity created search and medical subject heading terms tailored to Learning Question 4 and Learning Question 6. Searches were conducted in PubMed, Health Systems Evidence, and selected gray literature websites and databases. LHSS has compiled approximately 170 Learning Question 4 and 140 Learning Question 6 peer-reviewed and gray literature articles related to Learning Question 4 and 140 related to Learning Question 6. The Activity has also conducted a content analysis of all publications curated to date related to these two questions.

#### **Intervention 2. Review and Compile Learnings from the Evidence**

LHSS began a full-text review of the peer-reviewed and gray literature articles identified for Learning Questions 4 and 6. In Q3, the Activity will continue this review process and organize the evidence around emerging themes. For each Learning Question, the key themes will be analyzed and finalized in collaboration with USAID. The Activity will develop two-page briefs to present these themes, as was done under Activity 14 for Learning Questions 1,2,3, and 5.

#### **Intervention 3. Convene Technical Meetings**

LHSS hosted its first technical meeting to present and discuss findings from mapping the existing evidence for Learning Question 3 on HSS measurement. The meeting was held on March 22, 2023 featuring a round-table discussion format where a panel of technical experts from USAID, WHO, and LHSS shared their perspectives on successes and challenges measuring HSS interventions and estimating HSS impact at the country- and global-levels. The event, held on Webex, was well attended with nearly 270 participants from USAID missions, implementing partners, and other development organizations across the globe. The meeting aligned with USAID's series of HSS Learning events occurring throughout 2023. The discussion covered major characteristics of the evidence, including key themes and gaps, to inform targeted HSS programming. Participants shared resources, experiences, and were invited to contribute to identifying future evidence priorities. The slide deck was updated after the meeting to reflect key takeaways, next steps and recommendations discussed during the event.

## CHALLENGES

- No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming event.

## PRIORITIES NEXT QUARTER

- Complete the full-text reviews of Learning Questions 4 and 6 and draft a descriptive analysis of the identified evidence, including type of evidence and key sub-themes/domains.
- Begin updating the Evidence Gap Map platform to include identified literature on Learning Questions 4 and 6.
- Prepare a two-page technical brief presenting a high-level synthesis of the curated evidence for Learning Questions 4 and 6. Submit the draft brief to USAID for review.
- Determine the format, topic, agenda, participants, and scale for the second technical meeting planned for Q4.

## CORE ACTIVITY 27: HSS PRACTICE SPOTLIGHTS

### HIGHLIGHTS THIS QUARTER

- LHSS obtained positive feedback on the draft Financing for Quality brief from the Advisory Committee and case study technical experts in Rwanda and Liberia. LHSS has finalized and submitted the brief to USAID.
- USAID and LHSS explored possible topics for the next practice spotlight brief and agreed it will examine the integration of social determinants of health into service delivery frameworks.

### QUARTERLY ACTIVITY PROGRESS

#### **Intervention 1: Production of Externally Produced Briefs (Project Year 2 Funding)**

USAID shared the first Health Systems Strengthening Accelerator brief with LHSS, titled *Recognizing the Linkages Between Social Accountability as Social and Behavior Change*. LHSS is editing and formatting the brief in preparation for USAID submission and publishing in Q3. USAID is drafting the second external brief titled *Digital Financing Services for Health*.

#### **Intervention 2: Development, Production, and Dissemination of LHSS- Developed Brief on Financing for Quality (Project Year 3 Funding)**

LHSS finalized the Financing for Quality brief after integrating feedback from USAID, the Advisory Committee, and internal quality assurance reviews. The brief was submitted to USAID in March 2023.

At USAID's request, LHSS submitted a session proposal to the 2023 International Society for Quality in Health Care conference titled "*Country Insights on Mobilizing Financing to Act on National Quality Strategies*". The conference will be held in Korea in August 2023. The Society will notify USAID and LHSS in April 2023 as to whether the proposal has been accepted. Participation in this conference may be an opportunity for LHSS to disseminate the Financing for Quality brief.

### **Intervention 3: Production and Dissemination of Externally Produced Briefs (Project Year 3 Funding)**

USAID is drafting the following three external briefs: 1) Promoting Inclusivity in Health System Decision Making, 2) Applying Behavioral Science to the Design of Financial Protection Programming, and 3) Equity-focused Implementation Research Brief

LHSS will produce the three briefs upon receipt from USAID.

### **Intervention 4: Production and Dissemination of LHSS-Developed Brief and Externally Produced Briefs (Project Year 4 Funding)**

LHSS proposed four topics to USAID for the Year 4 LHSS Spotlight brief. These included social determinants of health, health systems improvements resulting from health shocks, capacity strengthening framework and GESI, and resource optimization. After discussing the options, USAID and LHSS determined the next spotlight brief will examine the integration of the social determinants of health into service delivery frameworks. This brief will contribute to LHSS's body of work on social determinants of health and will diversify the scope of the HSS spotlight briefs.

LHSS consortium member THEnet has been leading LHSS's work on social determinants of health and will author this brief. LHSS and THEnet will continue to engage USAID throughout the drafting process. USAID identified two COR team members who will oversee work on this brief. In addition to the LHSS authored brief, USAID is drafting four external briefs.

## **CHALLENGES**

- No challenges were encountered this quarter.

## **DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER**

- Financing Quality Across the Health Sector: Using National Quality Policies and Strategies to Move from Planning to Action, submitted March 30, 2023.

## **EVENTS NEXT QUARTER**

- No upcoming events

## **PRIORITIES NEXT QUARTER**

- Produce and publish two USAID external briefs, under Project Year 2.
- Publish the Financing for Quality brief, under Project Year 3.
- Prepare a dissemination event for the Financing for Quality brief, under Project Year 3
- Finalize the Advisory Committee and quality assurance reviews for the new Project Year 4 Spotlight brief. Define and validate the scope of the brief with USAID and begin desk review and stakeholder consultations.



## CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

### HIGHLIGHTS THIS QUARTER

- LHSS received concurrence from the USAID Missions in Colombia and Timor-Leste to implement the High Performing Health Care tool and coordinated in-country work with respective LHSS country teams.
- The Activity team developed lists of organizations working in health care in Colombia and Timor-Leste, including those in the public, private, NGO, and international health sectors. Local consultants in each country will build upon the lists and validate this broad sample of organizations that will be measured.

### QUARTERLY ACTIVITY PROGRESS

#### **Intervention 1: Select Countries and Define Scope of Assessments.**

LHSS worked closely with USAID to identify potential countries where the tool can be implemented. LHSS prioritized countries where the project has strong in-country organizational networks. The Activity also looked for countries where health system strengthening activities are not only prioritized but could benefit from applying the tool.

In its assessment, LHSS incorporated USAID's guidance for geographical diversity (e.g., including organizations across regions, municipalities or departments) to ensure the tool is being implemented in diverse contexts. Based on this analysis LHSS collaborated with USAID to select Colombia and Timor-Leste to implement the tool. The Activity has received formal concurrence from the USAID Missions in Colombia and Timor-Leste to proceed with tool implementation and is actively recruiting for one local consultant per country to support the work.

LHSS developed lists of local organizations in Colombia and Timor-Leste with direct or indirect experience within the health sector, including those in the public, private, NGO, and international organization sectors. The draft lists currently include over 130 organizations in Colombia and 50 organizations in Timor-Leste. LHSS will include additional organizations in each country with the support of the local consultants who will be onboarded by early Q3. This list will represent a comprehensive and organized accounting of relevant stakeholders who will be invited to participate in the assessments.

#### **Intervention 2: Conduct HPHC Assessments in Selected Countries.**

LHSS has conducted a series of introductory and coordination meetings with LHSS country teams in Colombia and Timor-Leste in preparation for the tool implementation. In Q3, LHSS will work with its local consultants, LHSS country teams, and USAID to implement the tool.

### CHALLENGES

- No challenges were encountered this quarter.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Onboard local consultants in Colombia and Timor-Leste to guide the in-country assessments.
- Finalize and share with USAID a validated list of organizations working in the health sector in Colombia and Timor-Leste.
- Launch and conduct the tool assessment in Colombia and Timor-Leste.

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

## PRIMER FOR SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS

### HIGHLIGHTS THIS QUARTER

- LHSS submitted to USAID's Commodity Security and Logistics Division (CSL) the first draft of the main deliverable for this activity, the primer for conducting political economy analysis for supply chains and obtained very positive feedback.
- LHSS began planning for the global webinar to disseminate the primer, scheduled for April 2023

### QUARTERLY ACTIVITY PROGRESS

#### **INTERVENTION 1: DEVELOP AND DISSEMINATE PRIMER ON CONDUCTING PEA IN SUPPLY CHAIN CONTEXT**

LHSS addressed two rounds of CSL feedback on the primer and is finalizing the document. The primer will be posted on the LHSS website prior to the global webinar.

LHSS and CSL agreed to extend the timeline of this Activity from March to April 2023, to allow more time for webinar planning and engagement of country experts as panelists for the webinar. While engaging country experts in supply chain and political economy analysis takes time, including the perspectives of local government partners on the utility of PEA for supply chains will be valuable.

### CHALLENGES

- No challenges were encountered this quarter.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS submitted to CSL the first draft of the deliverable *Supply Chain PEA Primer*

### EVENTS NEXT QUARTER

- LHSS will host a global webinar to disseminate the primer, planned for April 19, 2023

### PRIORITIES NEXT QUARTER

- LHSS will finalize the primer and post on the LHSS website prior to the April 2023 webinar.
- LHSS will develop and deliver the global webinar introducing the primer on April 19, 2023.

# CSL SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS (PEA)

## HIGHLIGHTS THIS QUARTER

- LHSS held discussions with the USAID Mission in Côte d'Ivoire about public circulation of redacted political economy analysis findings and recommendations.
- LHSS and the USAID Commodity Security and Logistics (CSL) Division in the Office of Population and Reproductive Health discussed options for expanding the scope and budget of this Activity to include further engagement with USAID/ Côte d'Ivoire.

## QUARTERLY ACTIVITY PROGRESS

### INTERVENTION 1: CONDUCT APPLIED PEA IN ONE PRH PRIORITY COUNTRY

LHSS obtained additional comments from CSL and USAID/Côte d'Ivoire on the internal political economy analysis findings report (presented in PowerPoint slides). The report will be finalized once USAID approval is obtained. This report contains sensitive information and should have a strictly limited internal circulation flagging the content as confidential. The document should not be cited or forwarded. Due to the sensitive nature of the full report, LHSS has prepared a summary brief of the results for a wider distribution.

LHSS obtained feedback from CSL and USAID/Côte d'Ivoire on the summary brief that describes redacted high-level findings from the political economy analysis. This brief includes country-specific and general recommendations presented in a style and level of detail intended for a public global audience. USAID/Côte d'Ivoire's new Health Office director has been closely engaged with LHSS and CSL on handling the report and development of the public-facing brief. LHSS welcomes the active engagement of the new director. While former Mission staff provided concurrence for the activity, they were not available to engage further. USAID/ Côte d'Ivoire is reviewing the political economy analysis findings closely and has expressed concerns about public sharing of the politically sensitive findings. The Mission has requested that LHSS and CSL work closely with them to discuss and agree on the summary brief content.

At CSL's request, LHSS shared a proposed expanded scope and budget for additional engagement with USAID/Côte d'Ivoire and the government of Côte d'Ivoire, if needed, to review the findings and to support the Mission in utilizing the political economy analysis findings in its work. CSL is presently working on internal approvals for the expanded scope and budget.

Due to USAID/ Côte d'Ivoire's concerns about the political sensitivity of some of the political economy analysis findings, LHSS and the Mission have agreed to postpone the USAID internal webinar where findings were to have been disseminated. LHSS has obtained COR approval to extend of this Activity from March 2023 to June 2023.

## CHALLENGES

- Due to USAID/ Côte d'Ivoire's concerns about sharing politically sensitive findings, LHSS and USAID Washington agreed to postpone the internal USAID webinar where findings were to have been disseminated until the Mission has agreed which findings will be publicly shared.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this Quarter.

## EVENTS NEXT QUARTER

- Internal USAID webinar to disseminate selected findings of the Côte d'Ivoire political economy analysis.

## PRIORITIES NEXT QUARTER

- Once the expanded scope and budget are approved for this Activity, LHSS will discuss the political economy findings and recommendations with USAID Côte d'Ivoire. This dialogue will focus on how the Mission can utilize this information to inform and advance its objectives.

## TESTING PEOPLE-CENTERED HIV METRICS

### HIGHLIGHTS THIS QUARTER

- LHSS implemented the second step (Phase 1b) of the research study (assessment of perceived utility of indicators through focus group discussions) at the two study sites (Mpadue and Bairro Matundo health facilities) in Tete Province, Mozambique.
- LHSS provided an update on the research study to the Tete Province Directorate of Health to keep them informed of the Activity's progress.

### QUARTERLY ACTIVITY PROGRESS

#### INTERVENTION 1: PREPARE FOR AND DESIGN PILOT

Completed.

#### INTERVENTION 2: IMPLEMENT PILOT

The first presentation of indicator results at data review meetings was held at the two study sites, Mpadue and Bairro Matundo health facilities in Tete Province, in December 2022. However, attendance by staff from the two sites was low due to temporary deployments to other facilities to help attend to COVID-19 and cholera patients. To ensure that all providers and program staff received the information, LHSS convened a second meeting to review the results in January 2023. Meeting attendees discussed the results and reiterated their interest in having information on people-centered outcomes for their clients.

In February 2023, LHSS conducted a second set of focus group discussions as part of Phase 1b of the study. The purpose of these discussions was to understand, from the provider and program perspectives, how the proposed people-centered indicators could be utilized to improve facility-based HIV care and treatment programs and patients' care experience. LHSS is conducting an analysis of preliminary findings from the focus groups.

To ensure the Tete Province Directorate of Health is kept informed of study progress, LHSS prepared a slide deck outlining activities conducted to date, progress of data collection efforts, and preliminary findings. The slide deck was shared with the provincial officials by the USAID Efficiencies for Clinical HIV Outcomes (ECHO) project medical director in Tete Province. LHSS also shared indicator results and preliminary findings from Phase 1a with USAID.

LHSS is aiming to publish results from the study and has been discussing potential journals with USAID where the manuscript may be submitted. A final journal selection will be made with USAID

once the study has concluded and results analyzed. LHSS and USAID also agreed that LHSS will be responsible for preparing of the manuscript while USAID will be responsible for journal submission, content revisions and fees.

## CHALLENGES

- Several program staff from both study site health facilities in Tete Province were unable to attend the Phase 1b focus group discussions in December 2023 due to scheduling conflicts. LHSS will conduct follow-up interviews with the program staff to ensure that their perspectives are reflected in the results.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events

## PRIORITIES NEXT QUARTER

- LHSS will conduct follow-up discussions with program staff to include the programmatic perspective in the Phase 1b focus group discussions.
- LHSS will administer the survey tools as part of the second round of data collection on the indicators and will present analysis and findings at facility and provincial data review meetings in April 2023.
- LHSS will prepare for and conduct key informant interviews as part of Phase 2 of the research study.

# COVID-19 LEARNING ACTIVITY

## HIGHLIGHTS THIS QUARTER

- The LHSS COVID-19 Learning Activity is being conducted in five countries (Colombia, Ghana, Peru, South Africa, and Tajikistan). LHSS engaged participants in each country in introductory and initial proof-of-concept sessions and began gathering change stories related to USAID COVID-19 funding. These change stories are qualitative descriptions of the changes and pathways to change resulting from USAID-funded COVID-19 interventions. The stories serve guide the process of selecting the appropriate complexity-aware monitoring methodology that best aligned with this learning activity.
- The Activity hired a complexity aware monitoring expert consultant to facilitate the virtual Proof-of-Concept sessions with the five activity countries. The monitoring approach will be tailored to each context based on input from country participants.
- The Activity developed a scope of work template for local consultants who will be hired in each country to conduct desk reviews, key informant interviews, facilitate group discussions, and draft results summary and recommendations reports. Consultant scopes of work will be tailored to each country context.

## QUARTERLY ACTIVITY PROGRESS

**Intervention 1: Prepare for and Design the Learning Activity.** The work plan for this core activity was approved by the COR on January 9, 2023. USAID Missions in the five activity countries have also given concurrence. LHSS conducted introductory sessions with counterparts from each country. The corresponding LHSS country teams and representatives from the USAID Missions in Ghana and South Africa and Ghana also attended these sessions. The purpose of these meetings was to provide an overview of the activity plans in each country and respond to participants' questions.

LHSS hired a consultant, a complexity aware monitoring expert, to support the development of the learning activity methodology. The consultant has 25 years of experience in monitoring and evaluation (M&E), technical assistance, and capacity building with a range of development actors (e.g., local organizations, international NGOs, foundations, UN agencies, and bi-lateral donors including USAID). Relevant to COVID-19 learning, the consultant's expertise includes M&E of adaptive management of uncertain, emergent, contested, and dynamic aspects of programming.

LHSS met with each participating country to develop the proposed change of stories associated with USAID-funded COVID-19 interventions. The Activity is conducting an initial desk review of USAID COVID-19 activities in each of the five countries. The research protocol and methodology adapted to each country based on their change stories the desk review results.

LHSS developed and shared an umbrella scope of work for local consultants with each country team and has held follow up discussions with three of the five countries to tailor their scopes of work to each context. LHSS has also conducted two coordination meetings with the USAID-funded Momentum Knowledge Accelerator project to plan a joint dissemination event scheduled for the end of the Activity.

**Intervention 2: Implement Learning Activity and Develop Stakeholders' Capacity in CAM.** Work under this intervention is scheduled to begin in Quarter 3.

**Intervention 3: Synthesize, Document and Disseminate Learnings.** Work under this intervention will be conducted during the final two quarters of the LHSS project.

## CHALLENGES

- Due to delays in workplan approval for this activity, the implementation end date has been moved from September to December 2023. This change is reflected in the COR-approved workplan.
- Despite multiple efforts by the Activity team, communication with implementation partners in South Africa has been limited and therefore delayed the process of obtaining this team's input on the research protocol. LHSS will be requesting an extension to allow additional time to obtain input from the South Africa team. LHSS is coordinating with USAID to find the best approach for communicating with this team and are moving towards hiring the local consultant to facilitate communication.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Hire local consultants in the five Activity countries.
- Review the proposed change stories developed following the proof-of-concept sessions in each country.
- Drawing from the proposed change stories and desk reviews, finalize the umbrella research protocol and submit to USAID for review and approval.
- Train local consultants in each country in complexity aware monitoring approaches and support their work to tailor the research protocols.
- Submit USAID approved umbrella research protocol to the Abt Associates Internal Review Board for review.
- Submit the country-specific research protocols to local internal review boards as needed.



# INTEGRATING COMMUNITY HEALTH WORKERS IN PRIMARY HEALTHCARE

## HIGHLIGHTS THIS QUARTER

- LHSS completed a rapid desk review of global community health worker (CHW) programs to explore and document evidence on the relationship between career advancement opportunities and retention among CHWs.
- LHSS drafted and shared a slide deck of synthesized findings from the desk review to USAID for review and feedback.
- LHSS used the desk review findings to submit an abstract to the Third International CHW Symposium. The abstract was accepted and LHSS did an oral presentation at the Symposium in Liberia in March 2023.

## QUARTERLY ACTIVITY PROGRESS

### **Intervention 1: Document Promising Career Advancement Practices from Countries that have Professionalized CHW Programs.**

LHSS completed a rapid desk review of over 500 peer-reviewed articles on CHW programs in high-, middle- and low-income countries. This review was informed by Cochrane's guidance for conducting rapid reviews and targeted publications from 2017 to 2022. LHSS analyzed the findings and compiled the results in a slide deck, with the primary goal of highlighting documented evidence around factors related to success, challenges, learnings for CHW career pathways and professional development.

The slide deck was shared with USAID for feedback in late February 2023. Review findings were also shared with a global audience at the Third International Community Health Worker Symposium in Liberia on March 23, 2023.

LHSS plans to use these findings as a baseline for a global convening that the Activity will hold next quarter. LHSS will use the global convening to share, validate, and build on the desk review findings by soliciting additional inputs from country representatives and other CHW experts and advocates.

### **Intervention 2: Provide Targeted Technical Assistance Drawing from Identified Promising Practices in Career Advancement.**

LHSS developed a short-list of country partners in collaboration with USAID for program implementation and technical assistance which will be tailored to each context and co-designed with the local partners. The technical assistance will focus on developing or enhancing existing CHW career progression policies or models. The local partner selection process was guided by several rounds of stakeholder meetings and selection criteria including 1) the existence of a formalized CHW program, 2) partner countries' priorities surrounding CHWs, and 3) existing relationships with local partners. LHSS will consider and finalize its list of three recommended countries with USAID in Quarter 3. The Activity will then initiate the formal concurrence process with the relevant USAID Missions.

### **Intervention 3: Knowledge Gathering, Sharing and Findings Dissemination.**

This intervention has not begun.

## CHALLENGES

- During the Activity's initial exploration of countries considered for program implementation and technical assistance Bangladesh's experience of CHW career progression in the urban primary health care setting made it appear as a promising site. However, the USAID Mission in Bangladesh declined to participate in the program, possibly due to concerns about how the activity could impact other USAID country work. LHSS is collaborating closely with the USAID Activity Lead and LHSS and Abt country-based colleagues to identify alternative USAID Missions that may be interested in participating in the Activity. Once the three countries are identified, LHSS will do all it can to expedite the Mission concurrence process.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this Quarter.

## EVENTS NEXT QUARTER

- LHSS will hold a virtual global convening in April 2023 with country teams, CHWs, and CHW experts to discuss, validate, and supplement findings from the rapid desk review on CHW professionalization and career advancement.

## PRIORITIES NEXT QUARTER

- Finalize the selection of three countries for the implementation phase and request Mission concurrence in collaboration with the USAID Activity Lead.
- Hold a global convening of experts to validate findings from the rapid desk review and document additional country experiences.
- Develop a technical brief that incorporates findings from the rapid desk review and virtual expert convening event.

## SUPPLY CHAIN DIGITAL HEALTH INNOVATION GRANTS

### HIGHLIGHTS THIS QUARTER

- This new core activity will support the expansion of two innovative digital firms in sub-Saharan Africa. Following approval of the Activity work plan on January 17, 2023, LHSS held a kick-off meeting with USAID to review and agree on the purpose, scope, process, deliverables, and timeline.
- LHSS held a preliminary coordination meeting with Salient Advisory, a firm that has established Investing in Innovation (i3)<sup>4</sup>. Salient's i3 program provides grants to digital innovators similar to those anticipated under this activity. The meeting focused on areas of shared learning and coordination to ensure complementarity with LHSS's anticipated grants.

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<sup>4</sup> <https://www.salientadvisory.com/2022/07/20/launching-i3-a-pan-african-approach-to-supporting-digitized-distribution/>

- The Activity began developing the grantee application which outlines the proposed activity and key considerations, including eligibility criteria. These grants will be awarded to two digital health innovators to expand access to health commodities, including contraceptives.

## QUARTERLY ACTIVITY PROGRESS

### Intervention 1: Provide Seed Funding and Technical Assistance to Digital Innovators

LHSS conducted a kickoff meeting with USAID to introduce the Activity team and discuss and grant objectives, timelines, and criteria for grantee eligibility and evaluation. LHSS and USAID agreed that LHSS would issue a total of two grants. The first grant will be awarded to a company that is designated as business-to-business. The second will either be awarded to a business-to-consumer-designated company, or another business-to-business entity. USAID and LHSS agreed on a revised timeline for this activity. LHSS will request approval for the revised timeline to the COR.

LHSS organized an initial meeting with Salient Advisory to identify areas where the grant can be complementary and where approaches can be coordinated. Salient Advisory is a firm that has established and manages Investing in Innovation (i3), a coalition of sponsors supporting technology firms in the supply chain space by providing access to markets, risk-tolerant funding, and investment readiness.

The Activity developed the request for applications (RFA) for the grants which outlines the problem statement, activity description, and eligibility and evaluation criteria for applicants. LHSS and USAID jointly determined the grants RFA will be limited to two countries to gain efficiency in promoting the solicitation and ensuring interest from eligible applicants. Country selection criteria will include the Ouagadougou Partnership or USAID's Office of Population and Reproductive Health priority countries, modern contraceptive prevalence rates and the percent of accessed through the private sector, unmet need for family planning among married women, Abt Associate presence in country, and a minimum number of digital innovators in-country according to Salient Advisory's digital database.

## CHALLENGES

- No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events

## PRIORITIES NEXT QUARTER

- Finalize the request for application and countries selection process for grantee awards.
- With support from USAID, the Activity will provide assistance to all upcoming grant award steps including the pre-award stage and survey, grantee application process, applications review and the final selection process.

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

## LHSS AFGHANISTAN

### HIGHLIGHTS THIS QUARTER

- LHSS supported the Afghan Social Marketing Organization's private sector sales and distribution network in generating 19,756 couple years of protection through the sales of family planning methods; generating 4,092 person years of protection through the sales of iron folate, chlorhexidine gel, and micronutrients; disinfecting 31,330,000 liters of water through the sale of chlorinated water treatment solution; and treating 2,950 diarrheal episodes through the sale of zinc and oral rehydration salts. The Activity also helped the Organization to generate USD \$108,744 in sales revenue.
- LHSS leveraged the Afghan Social Marketing Organization's trained network of private midwives in Kabul to increase access to and availability of its socially marketed commodities among low-income populations. The Organization linked midwives with local private hospitals and pharmacies for patient referrals. With LHSS's support, the Organization also mapped, trained and deployed 25 new midwives in Nangarhar province in Q2, expanding the network to from 90 to 115 midwives across Nangarhar and Kabul.
- LHSS completed a six-month inception phase (September 2022–February 2023) and selected seven grantees using a detailed landscape analysis and consultative meetings to engage the right combination of partners, business models, and interventions with appropriate integrated financing strategies. Collectively, the grantees will expand access and coverage to priority health services in all five USAID priority provinces<sup>5</sup> through demand generation, community mobilization, and service delivery activities in the private sector.

### QUARTERLY ACTIVITY PROGRESS

**Objective 1: Provide financial and technical support to the Afghan Social Marketing Organization aimed at expanding its role and improving its organizational capabilities to deliver sustained impact.** With LHSS support, the Afghan Social Marketing Organization achieved the following in Q2: 1) distributed family planning and essential health commodities in markets across 21 districts and 37 slums in priority provinces, 2) opened 56 new outlets and restarted sales activities with 111 inactive outlets that had not directly purchased from the Organization for at least six months, and 3) completed 9,881 sales visits, which generated USD \$108,744 in revenue. To generate demand for its products, the Organization reached 471,125 people through campaigns for iron folate tablets, Microgynon oral contraceptive pills, and micronutrient powder on Facebook, Twitter, LinkedIn, and YouTube. The Organization also reached 6,709 clients through 700 in-clinic patient sensitization sessions in 141 private midwife

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<sup>5</sup> LHSS's priority urban provinces are Balkh, Herat, Kabul, Kandahar, and Nangarhar.

clinics and hospitals (90 midwives in Kabul and 25 midwives in Nangarhar; and 24 hospitals in Kabul and 2 hospitals in Nangarhar). The Organization trained 216 pharmacists (213 male and 3 female) on its health products across Kabul, Nangarhar, and Kandahar provinces. LHSS supported the Organization in shortlisting five products for introduction based on findings from a market assessment and consultations with public and private stakeholders. The prospective new products include IUDs, implants, emergency contraceptives, Misoprostol, and Vitamin D. LHSS also supported the Organization to complete an organizational capacity assessment, which identified a significant loss of capacity in sales and marketing, commodity procurement efficiency, health market development, and research, monitoring and evaluation since the 2020 assessment completed by the USAID Sustaining Health Outcomes through the Private Sector Plus project. Much of the lost capacity can be attributed to operating challenges and staff turnover caused by the Taliban takeover. LHSS and the Organization have jointly prioritized capacity strengthening needs and co-developed an action plan to implement starting in Q3.

**Objective 2: Increase product coverage and support establishment of franchising and provider networking models to improve service provision by partnering with additional social marketing/franchising organizations.** LHSS completed the six-month inception phase in February 2023, refined and developed interventions based on inception phase findings, and submitted a revised FY23 work plan to reflect the priority activities. Following a request for applications in Q1, LHSS selected six grantees and will provide financial and technical support to strengthen their business models to increase product coverage and improve service provision. A seventh grantee will provide cross-cutting technical assistance to the other six organizations. LHSS worked with each grantee to refine their scopes and budgets, complete USAID vetting requirements, and submit grant documents for USAID approval. The Activity collaborated with the prospective grantees to assess and agree on capacity strengthening needs and key barriers that impede them from carrying out their expansion plans. Through this assessment process, LHSS helped the grantees create individualized action plans that prioritized areas for ongoing capacity strengthening beginning in Q3. The Activity assessed the need and opportunity for subsidized health services in the grantees' catchment areas and co-developed feasible integrated financing approaches with prospective grantees. LHSS ensured that the financing strategies align with each grantees' business model, build on their existing financing schemes, and are mutually beneficial for providers and clients.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS collaborated with consortium partner Banyan Global to better integrate GESI into the Afghan Social Marketing Organization's grant activities. The Activity also worked closely with the Organization to obtain approvals to reinstate their women staff following the December 2022 Taliban directive mandating that nongovernmental organizations cannot employ women.

## WASTE, CLIMATE RISK MANAGEMENT

LHSS Afghanistan is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Afghanistan FY23 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

Progress on key performance indicators include: Indicator 1: 19,756 couple years of protection generated through the sales of family planning methods; Indicator 2: 4,092 person years of

protection generated through the sale of iron folate, chlorhexidine gel and micronutrients; Indicator 3: 31,330,000 liters of water disinfected; Indicator 4: 2,950 diarrheal episodes treated; Indicator 5: sales revenue of USD \$108,744 generated, 1 percent of which was generated via the new distribution channel of approximately 141 private midwives and hospitals in Kabul's low-income areas and urban slums; and Indicator 9: 471,125 social media users (87 percent men and 13 percent women) and 6,709 patients (78 percent women, 22 percent men) patients reached with social and behavioral change messages through 700 sessions in 141 private clinics and hospitals.

## EMERGING LESSONS

- LHSS Afghanistan can help increase equitable and sustainable health impact by adopting an integrated financing strategy that focuses on increasing the financial viability of private providers while improving demand for and access to priority health services among the poorest individuals and families. This approach is proving more fruitful than standalone strategies that focus only on demand- or supply-side considerations. For example, the Activity plans to improve private facility readiness to provide high quality care through staff training, increasing the number of beds, provision of diagnostic equipment, and implementation of quality improvement frameworks. Concurrently, the Activity will focus on demand-side financing by strengthening existing patient cross-subsidization schemes, using vouchers and short-term cash payments as strategic tools to enhance uptake of and access to priority services, including referral to higher-level care.

## CHALLENGES

- Long commodity importation lead time is impacting social marketing sales performance. LHSS continues working closely with the Global Health Supply Chain Program – Procurement and Supply Chain Management and Afghan Social Marketing Organization team to reduce the adverse impact of these delays.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Quarterly sales and marketing dashboard with brief narrative of key achievements. Submitted March 30, 2023.
- Inception report summarizing findings, outcomes, and next steps from inception phase activities including demand-side financing strategies for selected grantees. Submitted March 30, 2023.

## EVENTS NEXT QUARTER

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Objective 1: Support the Afghanistan Social Marketing Organization to address the supply chain and commodity stockout issues affecting its sales; determine the feasibility of engaging urban community health workers for product distribution; finalize new products for introduction; and implement the organizational capacity strengthening action plan.
- Objective 2: Award the grants, onboard grantees, and implement activities with a focus on co-designing provider network/aggregation models.

## HIGHLIGHTS THIS QUARTER

- In the Rajshahi and Sylhet divisions, LHSS collaborated with the Divisional Directors of the Local Government Divisions and mayors to hold three training workshops to help six municipalities prepare their primary health care implementation plans. Selected municipal officials and elected representatives received training on primary health care planning, budgeting, resource mobilization, stakeholder engagement, and monitoring to help them develop a tailored and costed implementation plan.
- Through continuous advocacy efforts and assistance from LHSS, Moulvibazar Municipality in the Sylhet Division opened a new satellite clinic to provide selected affordable and accessible primary health care services to underserved poor communities.

## QUARTERLY ACTIVITY PROGRESS

### **Objectives 1: Improved capacity of LGs to strategically plan, resource, manage and monitor primary health care in urban settings.**

To strengthen the capacity of local government institutions to plan, finance, manage, implement, and monitor the delivery of primary health care services, LHSS provided management training to six municipalities in Sylhet and Rajshahi Divisions using a comprehensive, systems-thinking approach to strengthening primary health care. Prior to the trainings, LHSS supported municipal officials and counselors in conducting assessments of primary health care in the six municipalities with the view to identify priority areas and validating the training curriculum. Following the training, a taskforce was formed within each municipality to develop costed primary health care implementation plans in Q3 which will feed into the municipalities' planning process for FY2023-24. Taskforce members comprise a subset of Health Standing Committee members, and representatives from municipality health, administrative, and engineering sections.

LHSS also conducted a follow-up assessment of Q2 Essential Service Package trainings for health assistants in Sylhet City Corporation and Cox's Bazar municipality. These trainings were aimed at optimizing the scope of health assistants beyond their current immunization roles to also include family planning, nutrition, counselling support, and other essential services. Fifty percent of trainees participated in the assessment. Of these, 85 percent have integrated certain training components into their professional practice, while 45 percent reported applying their newly acquired knowledge of nutrition components (i.e., nutrition counseling for pregnant women, lactating mothers, and children under five) within their ongoing Expanded Program on Immunization and household visit sessions. Assessment findings from participants from Cox's Bazar were shared with the Health Standing Committee in Q2 along with recommendations that municipal authorities update the job descriptions of health assistants to reflect their expanded service delivery roles. Findings for Sylhet City Corporation will be shared during Q3.

In the ongoing effort to support Bogura Municipality to reopen its four nonfunctional primary health care centers, LHSS supported the municipality in drafting, finalizing, and negotiating the contract agreement between the local government institution and the selected clinic operator, Light House. In Q2, LHSS worked closely with the municipality to receive final contract approval from its general council, the primary authority for approving all municipality plans. Even as the Bogura Municipality was preparing to sign the agreement, they received an inquiry from an agency of the Ministry of Local Government, Rural Development & Cooperatives seeking further details. In response, the

mayor of Bogura met with the relevant official who informed the mayor that an approval from the local government division of the Ministry is required prior to finalizing the contract. The Bogura Municipality has submitted the required information and expects formal local government division approval in Q3.

LHSS continued supporting Moulvibazar Municipality's persistent advocacy and resource mobilization efforts which finally resulted in the opening of a new primary health care satellite center in January 2023. These efforts included supporting the health standing committee to work closely with stakeholders including the civil surgeon's office, a pharmaceutical company, and elected counselors. The center is providing selected affordable primary health services to the poor populations in the catchment area.

LHSS is supporting the health directorate in the Ministry of Health and Family Welfare to receive regular reporting of primary health care data from private providers to improve their decision-making processes. To achieve this goal, LHSS is supporting the drafting of a legal ruling mandating the private sector share primary health care data with Ministry at regular intervals. LHSS has selected and onboarded a senior consultant who is well connected with the health ministry to draft the proposed ruling in Q3. The ruling will be reviewed by selected experts and vetted by Ministry and private sector representatives during consultative workshop. LHSS plans to finalize the draft and share the same with the Health Directorate for its review and consideration.

### **Objective 2: Increased documented knowledge about evidence of impact and scale up of sustainably financed models for urban PHC.**

Central to LHSS' work in FY23 is the documentation of knowledge and evidence on sustainable and effective urban primary health care models in activity-supported areas. In Q2, the LHSS Bangladesh activity published two new knowledge products. The first highlights the LHSS's systems thinking approach to expand the delivery of primary health care services through health standing committees. The second captures experiences and emerging lessons from the public-private partnership contracting experience within Bogura Municipality. The latter will be submitted to USAID in early Q3.

LHSS has also leveraged social media platforms to disseminate information about the project's supportive role in opening the Rajshahi City Hospital and Habiganj District's primary health care clinic and corresponding management training conducted for six municipalities. Additionally, LHSS published information in eight print media (regional and national newspapers) about the two primary health care management trainings it conducted in Rajshahi District. These media engagements have raised awareness among broader audiences about LHSS' work and achievements.

In Q2, LHSS received final grant approval from USAID to onboard International Centre for Diarrheal Disease Research, Bangladesh to conduct operational research to track the effectiveness of LHSS supported interventions to strengthen primary health care implementation plans, processes, and outcomes, of local government institutions. LHSS will utilize findings from this research to support adaptations and improvements in delivery of urban primary health care. Despite unanticipated delays receiving grantee signatures, LHSS is working with the organization to complete the planned research activities on schedule by the end of FY23.

## **OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION**

On average, 25 percent of participants attending LHSS's primary health care management trainings were female. When the LHSS team observed low female participation in the initial training batch, the Activity made concerted efforts to encourage municipalities to nominate women to



attend future training opportunities. This initiative led to an increase in female participation from 21 percent to 29 percent between the first and latest trainings. Additionally, all municipalities that have received management training are required to constitute a taskforce to develop an implementation plan for their primary health care program. To ensure these implementation plans are proactively responsive to gender equality and social inclusion concerns, LHSS worked with each municipality to secure female representation on these leadership taskforces.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Bangladesh Activity qualifies as a categorical exclusion, according to the USAID Bangladesh IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

- Moulvibazar Municipality opened a new primary health care satellite center as a result of LHSS technical assistance. Next quarter, LHSS will conduct a facility assessment to monitor availability of service providers, medicine, equipment, service utilization, and quality of services.
- LHSS supported six HSCs to arrange regular meetings for discussing and finalizing a roadmap for PHC implementation plan development and forming a taskforce to lead such efforts.
- In total, LHSS trained 63 local government institution officials and elected members (47 male and 16 female) in PHC management, focusing on three different dimensions of organizational capacity: planning, resource mobilization, and stakeholder engagement. LHSS conducted a baseline analysis of participant organizational capacity on those three dimensions using the LHSS OCB framework, showing some local government institutions as more advanced in resource mobilization and stakeholder engagement than in planning. Baselines will be used to compare the health unit performance of the local government institutions next quarter.
- To assess how the health assistants apply their new knowledge, LHSS collected data using a structured questionnaire from Sylhet City Corporation and Cox's Bazar municipality. The assessment showed that 45 percent of trainees are applying new knowledge on counselling messages about maternal and child nutrition, 30 percent are applying antenatal checkup knowledge, and 25 percent are applying family planning knowledge. There was a significant increase in the uptake of first antenatal care service, by 19 percent in Cox's Bazar's district hospital, and by 35 percent in Cox's Bazar's maternal child welfare center. Moreover, the uptake of nutrition counseling services also improved in Cox's Bazar district hospital during the post-training period.

## EMERGING LESSONS

- Trainings on the preparation of primary healthcare plans conducted by LHSS emphasized the importance of using adult learning approaches and adaptive learning methods. The curriculum, developed by the LHSS Bangladesh team and refined in each successive offering, used a range of tools including posters, charts, role playing, storytelling, and groupwork. This approach increased participants' engagement in the learning process and enhanced their understanding of important content.
- The process undertaken by municipalities to prepare primary healthcare plans is distinct from the procedure to have these plans endorsed by municipal-level decision-makers. To align the planning and approval processes, technical teams preparing the primary healthcare plans must

proactively communicate with decision-makers at regular intervals to keep them abreast of the strategic thinking as plans are being developed. This type of concerted engagement facilitates course corrections as needed during the planning process and ultimately positions the plans for final endorsement.

## CHALLENGES

- The Bogura Municipality contract signing with Light House has been delayed due to enquiries raised by the local government division. The Bogura Mayor has been asked to seek local government division approval before the contract is finalized and the LHSS team has been working closely with the municipality and the relevant local government division officials to obtain this approval.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Task 1.2.3 – Technical Brief on Using Systems Thinking to Spearhead Primary Health Care in Urban Bangladesh. Submitted on April 2, 2023.

## EVENTS NEXT QUARTER

- May-June 2023, Rajshahi and Sylhet Divisions, peer learning visits
- May-June 2023, Rajshahi and Sylhet Divisions, primary health care implementation plan development meetings

## PRIORITIES NEXT QUARTER

- Facilitate the development of costed primary health care implementation plans across six municipalities in Rajshahi and Sylhet divisions.
- Support Bogura Municipality in finalizing and signing the contract agreement to re-open the four primary health care clinics.
- Facilitate the operational research agency, International Centre for Diarrheal Research, Bangladesh, to commence research activities as per grant plan alluded to earlier in this report.

## LHSS CAMBODIA

### HIGHLIGHTS THIS QUARTER

- LHSS supported the General Secretariate's National Social Protection Council (GS-NSPC) to demonstrate the interoperability exchange of data through the social protection registry. The registry will allow clients to be tracked across social protection schemes and reduce duplication of registrants. Gained efficiencies will reduce overall costs, enhance referrals across schemes and increase social protection for Cambodians.
- LHSS assisted the National AIDS Authority (NAA) to draft a national policy for ending AIDS by 2025 and HIV sustainability plan 2023-2028.
- The TB patient cost survey protocol, co-developed by LHSS and the National Center for Tuberculosis and Leprosy Control, was endorsed by the Ethics Committee for Health Research of Cambodia. Identification of the number of TB patients facing catastrophic health expenditures has never been measured in Cambodia and will provide an understanding of the financial burden to patients and their families. Results of the survey will likely lead to inclusion of the most vulnerable groups into social protection schemes as part of efforts to eliminate TB.

### QUARTERLY ACTIVITY PROGRESS

**Objective 1: Expand Social Protection Systems Through Global Standards and Best Practices Incorporated into the Implementation of the National Social Protection Policy Framework to Improve Transparency and Accountability.** LHSS collaborated with GS-NSPC's information technology team and Ernst & Young India to successfully test the exchange of data through the social protection registry. LHSS demonstrated the applications programming interface that integrates the Payment Certification Agency's endpoints into the GS-NSPC monitoring system, dynamically collecting data for the specific indicators following the defined disaggregation. LHSS's embedded advisor at the GS-NSPC moderated a panel discussion on digital social protection in February 2023 during the Secretariate's Social Protection Week to strengthen attendees' understanding of this activity.

**Objective 2: Strengthen the Decentralization of Health Financing Functions to Ensure Effective Use of Resources for Health, Including HIV, TB, and Malaria, to Improve Transparency and Accountability, and Improve Monitoring of HIV/AIDS Financing.** LHSS met with provincial health officials to review results of subnational health burden estimates and projections, target setting, and work planning and budgeting for five health programs (HIV, TB, Malaria, Maternal and Child Health, and Family Planning) in four provinces.

LHSS assisted the NAA's development of the national policy for ending AIDS by 2025 and HIV sustainability plan 2023-2028. The Activity joined the quarterly Fast Track City Initiative meeting in Siem Reap which yielded subnational results. The Cambodia team also met with the United Nations Joint Program on HIV/AIDS (UNAIDS) and the National Centre for HIV/AIDS, Dermatology and STD Control on scaling up Identification of Poor Households Program for people living with HIV. LHSS worked with NAA to review developments in their M&E framework and plan for digitizing information and communications technology.

The Cambodia activity is working with the National Center for Tuberculosis and Leprosy Control to organize the first ever TB patient cost survey. The Ethics Committee for Health Research has endorsed the protocol and an international consultant has been recruited to conduct the survey.

LHSS participated in the guidelines for “Subnational Verification of Malaria Elimination, Documentation and Prevention of Re-establishment of Transmission” with the aim of assisting the National Malaria program to develop a national malaria sustainability plan. The Activity also joined the Malaria program’s technical working group for prevention of Re-establishment standard operating procedures.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

GS-NSPC continued its efforts to expand services to the “near poor”, many of whom face social inclusion issues. The NAA continued efforts to enroll female entertainment workers in social protection schemes.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Cambodia Activity qualifies as a categorical exclusion, according to the USAID Cambodia IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

There is no change on impact and outcome indicators in Q2 reported by external sources. For output level indicators, provincial authorities endorsed one province’s workplan and budget this quarter (Indicator #17). The number of communes (*sangkats*) that have included HIV activities in their Commune Investment Plans increased. LHSS is waiting for the NAA to provide the amount of this increase (Indicator #18).

## EMERGING LESSONS

- LHSS Cambodia engaged in a pause and reflect session that identified the following: a) the need for greater and earlier engagement with subnational counterparts to share a broader vision for health system strengthening and health financing, and to develop activities for next year’s workplan and outcome targets to improve planning and reporting; and b) to engage with the NAA chairman and other senior officials to strengthen advocacy messages prior to transition of activities back to government responsibility.

## CHALLENGES

- The general election in Cambodia will take place July 23, 2023. LHSS counterparts for both objectives are aiming to complete activities that have a demonstrated impact prior to the election season. This desire to show tangible results prior to the election has made short term planning more challenging.
- Delays in finalizing the Community TB model and standard operating procedure for TB in commune investment plans lead to delays in implementing community-based TB model activities.
- LHSS is working with the National Malaria Program to address challenges stemming from their limited experience in re-emergence prevention, since verification has historically been done at the subnational level.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- 2.1.1. Subnational Health Estimates, Projections and Target Setting for Four Provincial Health Departments: Tbaung Khmum, Kampong Chhnang, Phnom Penh and Siem Reap for HIV/AIDS, TB, Malaria, Family Planning, and Maternal and Child Health. March 31, 2023.
- 2.1.1. Subnational Work Planning and Budgeting for Five Health Programs in Tbaung Khmum, Kampong Chhnang, Phnom Penh, and Siem Reap Provinces. March 31, 2023.
- 2.4.1. Tuberculosis Estimates, Projections and Target Setting for Svay Rieng and Kampong Cham Provincial Health Departments. March 31, 2023.
- 2.4.1. Tuberculosis Gap Analysis for Svay Rieng and Kampong Cham Provincial Health Departments. March 31, 2023.

## EVENTS NEXT QUARTER

- April 11, 2023, Phnom Penh, Launch of interoperability Pilot Project
- Dissemination Workshops: "Results of Provincial Health Burden Estimates and Projection, Target Settings and Work Planning, and Budgeting for Five Programs/Diseases: HIV/AIDS, Tuberculosis, Malaria, Maternal and Child Health, and Family Planning"
  - April 4, 2023, Kampong Chhnang
  - April 27, 2023, Siem Reap
  - May 2023, Phnom Penh and Tbaung Khmum
- Dissemination Workshops: "Results of Tuberculosis Estimates and Projection, TB Target Settings, and TB Work Planning and Budgeting" and "Presentation of the TB in Commune Investment Plan Model"
  - April 6, 2023, Kampong Cham
  - April 20, 2023, Svay Rieng
- April 11, 2023, Phnom Penh, Stakeholders' consultation workshop on "Development of National Policy for Ending AIDS by 2025 and HIV Sustainability 2023-2028"
- May 10-11, 2023, Kang Meas District, Kampong Cham, TB work plan and budget workshop
- May 29 – 30, 2023, Romeas Heak district, Svay Rieng, TB workplan and budget workshop
- June 13, 2023, Phnom Penh, Social Protection Registry and Social Protection Platform launch
- June 23, 2023, NAA Policy Advisory Board meeting

## PRIORITIES NEXT QUARTER

- Complete annual GS-NSPC M&E report that uses the new LHSS M&E platform.
- Live data exchange in two provinces and integration of National Social Security Fund and Payment Certification Agency into the interoperability pilot project.
- Design and develop the Data Entry Automation of the Payment Certification Agency Reporting Unit to the GS-NSPC monitoring system.

- Provincial government endorsement of results of remaining subnational health burden estimates and projections, target setting, and work planning and budgeting for five health programs in four provinces and TB target setting and gap analysis in two provinces.
- Prime Minister's endorsement of National Policy for Ending AIDS by 2015 and HIV Sustainability 2023-2028.
- Data collection for TB patient cost survey.
- Planning for field visit to Battambang for prevention of reestablishment of malaria work

## LHSS COLOMBIA VRIO

### HIGHLIGHTS THIS QUARTER

- In coordination with the LHSS Peru Activity, the National Observatories on Migration and Health of Peru and Colombia exchanged experiences on their design and implementation and identified areas of collaboration for integrating the two countries' migration and health knowledge networks. The Observatories will formalize an exchange of information to replicate analysis, methodologies, products, results, and successful experiences.
- LHSS supported 11 integrated migrant service centers, or *Intégrate* Centers, to assist more than 4,400 Venezuelan migrants (64 percent women) in January and February 2023 with information on accessing the Colombian health system.
- Fifteen LHSS-supported community mobilization teams and community action groups in Riohacha, Maicao (La Guajira), and Cali implemented initiatives to improve nutrition, maternal mortality rates, and integrated care for prevalent childhood illnesses, and to increase access to mental health services in migrant and host communities. For example, in Riohacha, the community action group worked with ANASHANTA, a health service provider, to lead a community meeting with a clinical psychologist who answered questions about mental health and how to access mental health services.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Strengthen Governance and Management of the Migrant Health Response.**

LHSS supported 21 territorial entities in implementing the Migration and Health Toolbox, reaching more than 1,300 migrants, returnees, and members of host communities with information on their right to health care and how to access the Colombian health system. The Activity plans to evaluate this process to learn about the use of this toolkit and its usefulness in reducing information barriers for the migrant population during Q4. In coordination with the LHSS Peru Activity, the National Observatories on Migration and Health of Peru and Colombia exchanged experiences on their design and implementation and identified areas of collaboration for integrating the two countries' migration and health knowledge networks. The Observatories will formalize a mechanism to exchange information on analyses, methodologies, products, results, and successful experiences. LHSS continued supporting 11 integrated migrant service centers, or *Intégrate* Centers, which assisted more than 4,400 Venezuelan migrants (64 percent women) in January and February 2023 with information on accessing the health system. Finally, LHSS strengthened the capacity of 20 community-based organization representatives in Bogotá to measure their organizations' progress toward including the migrant population in the health system.

#### **Objective 2: Promote Sustainable Financing of Health Services for Migrants and Host Communities.**

LHSS adapted USAID's Technical Efficiency Guide to the Colombian context, and supported the Ministry of Health and Social Protection, National Planning Department, and other stakeholders to use the guide to analyze data and identify areas of inefficiency in the health system. LHSS facilitated a process for generating consensus and producing recommendations for optimizing resources across the dimensions of Governance and Financing, Service Delivery, Health Technologies, Human Resources, and Information Systems. The next steps will include developing a roadmap in collaboration with the MOH to implement the recommendations, with the goal of freeing up resources to finance health care for migrants and other national health sector priorities.

In Q2, the Activity supported two outreach events in Bogotá and Cúcuta, where 31 migrants were enrolled in the health insurance system. To date, LHSS has supported 105,929 migrants to enroll at 300 events, accounting for 11 percent of all migrants enrolled in the health insurance system during the life of the Activity.

**Objective 3: Strengthen Mechanisms to Increase Access to Appropriate and High-quality Health Care Services for Migrants and Host Communities.** The Activity continued to improve awareness among Venezuelan migrants, Colombian returnees, and host communities in prioritized territories on how to access integrated healthcare services, including for maternal and perinatal health and health promotion. Fifteen LHSS-supported community mobilization teams and community action groups in Riohacha, Maicao (La Guajira), and Cali implemented initiatives to improve nutrition, maternal mortality rates, and integrated care for prevalent childhood illnesses, and to increase access to mental health services in migrant and host communities. These initiatives facilitated community-led collaboration with local health system actors, and increased access to health services. For example, in Riohacha, the community action group worked with ANASHANTA, a health service provider, to lead a community meeting with a clinical psychologist to answer specific questions about mental health and how to access mental health services.

LHSS continued to support interventions to increase access to and improve the quality of healthcare services. Twenty-six experts from 10 territorial entities completed LHSS-supported courses with certificates in continuous quality improvement. Following their training, these experts developed 14 quality improvement projects in maternal health and two projects in child nutrition. For example, two projects targeted health providers' internal processes for early recruitment and adherence to improve the quality of pre- and post-natal care for women. LHSS grantee, Megasalud, trained more than 400 migrants and host community members of Suba and Ciudad Bolivar on health topics ranging from vaccination, breastfeeding, nutrition, and emotional and psychosocial care, to improve healthy behaviors in their neighborhoods. Additionally, Megasalud connected 185 participants to social and health service providers in Bogotá, so they could receive care based on their specific needs.

**Objective 4: Strengthen Health System Resilience for Responding to Current and Future Shocks.** LHSS continues to improve Colombia's health system's resilience. The Activity supported five territorial entities in implementing the 2023 National Guidelines on Public Health Surveillance to improve their capacity for rapid diagnosis and response to health emergencies. LHSS trained more than 1,200 workers in acute respiratory infections, COVID-19 and Smallpox surveillance. The project also trained more than 1,800 community members in community surveillance, healthy practices, and vaccination promotion. Finally, LHSS assisted 20 health service providers in conducting surveillance and case follow-up related to acute respiratory infections, COVID-19, and Smallpox, strengthening the territories' surveillance capacities.

LHSS assisted health secretariats in five territories (Arauca, Cúcuta, Necoclí, Norte de Santander, and Riohacha) to prepare communications pieces for epidemiological surveillance, mental health care, tuberculosis diagnosis, and community-based rehabilitation. The Activity provided data analysis and interpretation for territorial entities in a migrant health situation report and a public health surveillance indicator dashboard in risk analysis rooms. The report and dashboards improve the quality of information territorial entities use to make health policy decisions. Overall, these efforts have strengthened the territories' capacity to respond to health crises, improving the health system's resilience.

### **Communications and Knowledge Management**

The Activity published an infographic of GESI lessons learned from the pandemic and presented a photo essay titled, "Participatory methodologies to identify facilitators and barriers to strengthen community health systems," at the Seventh Global Symposium on Health Systems Research 2022.



LHSS facilitated a visit from delegations from the CDC and the U.S. Department of State to Bogotá and Necoclí (Antioquia) to meet with local actors about progress and challenges associated with the health response to migration in Necoclí, a transit zone for migrants heading to Central and North America.

The Activity also accompanied the Minister Counselor of the U.S. Embassy, Mr. Brendan O'Brien, and other staff from the USAID Mission in Colombia to MiRed IPS-Adelita de Char, a health service provider in Barranquilla, to review progress on implementing the maternal and perinatal care pathway aimed at reducing severe maternal morbidity.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS has submitted the GESI toolkit to the USAID Mission in Colombia for approval following its validation by the MOH. LHSS will launch the GESI toolkit for territorial entities in Q3. LHSS and the Ministry are completing the final version of the GESI toolkit for Community-based Organizations, which will also be launched in Q3. Both toolkits aim to strengthen the capacities of territorial health entities and community-based organizations to reduce stigma, discrimination, inequities, and inequalities that become barriers to effective access to health. LHSS also developed and facilitated a virtual event about the role of women in health care services in a high-migration context. The Project is also providing technical assistance to the Bogotá city government to develop a toolkit for preventing xenophobia in health care. Finally, LHSS grantee, Profamilia, trained 411 people from 19 health care providers in gender equality, social inclusion, human rights, and xenophobia prevention in Q2. The toolkits and the GESI trainings are expected to contribute to improved gender-sensitive (or more equitable and inclusive) healthcare quality for the migrant population, reduced discrimination, and increased confidence in the health system among migrants.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determined that the LHSS Colombia Activity qualifies as a categorical exclusion, according to the USAID Colombia IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS trained 1,202 health workers (73 percent women) in acute respiratory infections (including COVID-19) and healthy practices, and 1,880 community members (56 percent women) in prevention, promotion, and health care strategies to care for and respond to emerging and reemerging public health problems (Indicators 16 and 17).

To date, LHSS has supported 105,929 migrants to enroll in the subsidized health insurance scheme through US government-supported events and institutions in prioritized municipalities. This corresponds to 11 percent of the total number of migrants enrolled in the subsidized health insurance scheme since the start of the Activity. Enrollment in the scheme is expected to guarantee access to health care services for the migrant population and host community (Indicator 30).

The LHSS Rapid Response Teams provided technical assistance to 20 health care providers and health secretariats to strengthen their capacity to manage responses to public health emergencies and reemerging threats, improving health care for the migrant population and the host community (Indicator 33).

## EMERGING LESSONS

- Collaboration among territorial entities, community-based organizations, and the migrant population strengthen trust between government entities and civil society for a more effective health response. For example, territorial entities distributed 1,300 Migration and Health Toolboxes to community-based organizations in 21 territories. Using the Toolbox, the territorial entities and organizations collaborated to host events and workshops to assist the migrant population in enrolling in the health system.
- Stronger information systems have the potential to improve the efficiency of health systems. During the process of adapting and implementing the USAID Technical Efficiency Guide, LHSS recognized these potential efficiency gains from strengthening information systems and proposed they be added as a dimension for analysis in the Guide.

## CHALLENGES

- Delays in hiring health secretariat personnel have delayed capacity strengthening activities and implementation of grants with community-based organizations that are promoting health insurance among the migrant population. As many of their activities are led by health secretariats, coordination is key to guaranteeing the success of grant activities. However, during the delays, LHSS adjusted implementation schedules to be shorter and more flexible and used virtual meetings and workshops where possible to accelerate intervention timelines.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- April 19, 2023, Riohacha, Joint workshop with Resilient Youth to strengthen mental health response
- April 27, 2023, Medellin, Migration and Health Meeting: Achievements, challenges, and opportunities for the consolidation of sustainable health systems
- April and May 2023, Bogotá and Cucuta, Health service campaigns to be led by health secretariats
- May 2023, Community-based organizations complete leadership course
- TBD 2023, Book launch: Systematization of COVID-19 response experiences by Simon Bolivar University

## PRIORITIES NEXT QUARTER

- Finalize and implement action plans for VRIO cities to implement their health insurance strategies. These plans include the identification of barriers to migrants with insurance accessing health services and proposals for ways the territories can promote the migrant population's access to health services.
- Close the community action cycle process in the territories and verify the sustainability of the process.
- Support public and/or public-private mixed health service providers to use the sufficiency and installed capacity analysis tool in the prioritized territories.
- Support the coordination of initiatives that contribute to the reduction of extreme maternal morbidity under the Ministry of Health's Plan for Accelerating the Reduction of Extreme Maternal Mortality.

- Implement strategies to strengthen the capacity of the human resources for health that operate the Emergency Regulatory Centers and that conduct public health surveillance in the 10 prioritized territories.

## LHSS DOMINICAN REPUBLIC

### HIGHLIGHTS THIS QUARTER

- LHSS hosted a consultative workshop with public and private sector stakeholders to discuss opportunities to increase private sector participation in the HIV national program. LHSS will use the workshop findings to develop a roadmap with priority intervention areas to mobilize and align private sector resources with the national HIV response's strategic plan.

### QUARTERLY ACTIVITY PROGRESS

The LHSS Dominican Republic (DR) FY23 Work Plan received final approval in January 2023.

**Objective 1: Strengthen models for increasing access to HIV products and services, including at the community level.**

***Intervention 1.1 Assess resource and technical needs for HIV community-based activities.***

LHSS has conducted consultation meetings with the National Health Service to discuss assessment design and identify technical leads and points of contacts. The NHS agreed on the suggested implementation approach, confirmed their interest in the activity broadly, and specified their need to have a clear idea of operational and procedural gaps for providing community services, especially in sites that have not currently been prioritized by PEPFAR. Based on these discussions, LHSS will develop tools and select clinical sites to assess in Q3. The proposed site selection will be shared with the NHS along with a tentative schedule for site visits. In addition, the NHS will manage communication with the management teams of selected sites and regional NHS management to authorize each visit.

***Intervention 1.2 Support development of guidelines for use of HIV self-tests.*** In FY22, LHSS developed a policy change proposal to incorporate HIV self-testing in the national policy framework. To complement this work, the Directorate for the Control of STI and HIV/AIDS and the Ministry of Health (MOH) have also been working with the USAID-funded Health System Strengthening and HIV Services (HS3) project to develop a pilot study that would generate local evidence on the feasibility and acceptability of self-testing before making any changes to the national policy framework. LHSS had planned to use the results of this pilot to adapt and validate proposed changes to the draft policy framework. LHSS met with the Directorate to discuss the study and its anticipated results to ensure alignment with the Directorate's priorities. At the end of Q2, LHSS received a notification from the USAID Mission in DR that implementation of the HS3 pilot study will not move forward due to restrictions from the DR's Bioethical Committee on the proposed methodology.

Based on this turn of events, the USAID Mission agreed with the MOH to discontinue self-testing activities, including LHSS's intervention. LHSS is currently in discussion with the Mission to adjust the project's work plan. Any changes will be reflected in the Q3 report.

**Objective 2: Increase opportunities to mobilize sustainable domestic resources for the national HIV response.**

**Intervention 2.1 Support GODR efforts to integrate ARVs into the family Health Insurance Scheme.** Through previous projects (i.e., Health Finance and Governance, Sustaining Health Outcomes through the Private Sector Plus), USAID has supported the development of a proposed funding and operational model to incorporate antiretroviral coverage within the DR's social security system. LHSS has supported these efforts through continued discussions with national counterparts and by leveraging ongoing efforts to advocate to the National Social Security Council for final approval of the proposed model. In March 2023, LHSS held a meeting with the National Social Security Council and agreed to explore the possibility of USAID sending a letter to the Minister of Labor (who is also the president of the National Social Security Council), in support of the operational model in order to generate momentum for its final approval.

**Intervention 2.2 Facilitate increased private sector engagement in the national HIV response.** In coordination with the USAID/DR and building on the work done in Q1, LHSS convened a workshop with public and private sector stakeholders to increase private sector participation within the national HIV response. See Annex 2 for list of participating organizations and economic sectors. LHSS selected participants through pre-workshop consultations on the organizations' ability to leverage relevant programs (e.g., workplace programs), whether they are positioned to respond to gaps or challenges in the national HIV response, and their history and interest in partnering with the government.

At the workshop, LHSS presented an overview of the national HIV program, including the legal framework that compels private sector participation, and facilitated information sharing on current private sector engagement and best practices in workplace health programs and corporate social responsibility programs that could increase access to HIV services for the Haitian migrant population. Participants also discussed gaps and challenges integrating HIV and health prevention activities in the workplace and surrounding communities and identified opportunities to increase collaboration between the public health sector and private stakeholders.

At the workshop, stakeholders discussed the following themes and topics:

- *Identifying existing corporate initiatives and workplace health programs by participating organizations.* Not all of the private sector organizations are familiar with HIV work, but they do have health promotion initiatives for their employees and showed a willingness to adapt their current efforts to incorporate HIV prevention interventions. For example, the sugar cane industry is more aware of HIV service needs and provision gaps since it is a part of their health promotion agenda, and the industry has more experience working with priority populations on topics related to HIV prevention.
- *Opportunities to increase HIV prevention and health promotion programs in the private sector and corporate responsibility programs.* Most of the participating private stakeholders have worked in coordination with private insurance companies on health promotion activities at their sites. LHSS identified this as an opportunity to approach private insurance companies and explore how to capitalize on their HIV prevention and attention services and educational activities, especially to align their strategies with the public health sector.
- *Identifying priority gaps for the private sector related to the provision of HIV prevention and care and treatment services.* Identified gaps include stigma and discrimination at the community level when offering HIV services or follow up, limited health service coverage, and the lack of social protection mechanisms for the migrant population.
- *Opportunities to strengthen coordination between the public health sector and private sector providers of HIV services.* Priority opportunities include sharing up to date care and treatment guidelines and strengthening information sharing. The discussions revealed challenges related to reporting data on HIV services provision and patient follow up. Suggestions were made to review

existing reporting mechanisms from the private sector and identify existing information systems that could facilitate HIV reporting from the private sector since currently there is no linkage between the public health sector HIV system and private providers.

LHSS is using priorities identified in the workshop to develop a roadmap that outlines steps and activities to increase private sector participation in the national HIV response. The Activity submitted a workshop summary to USAID/DR and published a short social media post highlighting the activity. A first draft of the PSE roadmap will be submitted to USAID by early Q3.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

Discussions from the workshop with private stakeholders exposed gaps and challenges expanding access to HIV and health prevention services among at-risk populations including Haitian migrants. As highlighted above, these gaps include stigma and discrimination at the community level when offering HIV services or follow up, limited health service coverage, and the lack of social protection mechanisms for the migrant population. LHSS will propose interventions in the private sector engagement roadmap to promote social health protection initiatives to expand access to health care services among at risk and vulnerable populations.

## WASTE, CLIMATE RISK MANAGEMENT

LHSS Dominican Republic is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Dominican Republic FY23 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

A total of 41 participants from 17 institutions participated in the private sector engagement workshop, including private sector entities, government officials, PEPFAR implementing partners, and representatives from USAID/DR (Indicator #3).

## EMERGING LESSONS

- Private industries are interested and willing to collaborate with the public sector to expand HIV promotion and prevention activities that align with national objectives, especially through their social responsibility programs. Barriers that have limited their participation generally result from a lack of knowledge about the response and opportunities to participate. To address these gaps, LHSS is raising awareness about public-private collaboration opportunities and creating momentum for private sector engagement through the proposed roadmap and interventions. The goal will be to mobilize private sector resources in order to strengthen the national HIV response. Specifically, through the work plan changes noted below, LHSS will support efforts to capitalize on the momentum generated at the February workshop by helping to develop the terms of reference for a public-private steering committee that can guide the implementation of the private sector engagement roadmap.

## CHALLENGES

- LHSS received workplan approval in early Q2 and initiated engagement with counterparts to implement the HIV self-testing intervention. As a result of discussions with counterparts, LHSS

identified potential changes in the scope of the activity, leading LHSS to pause implementation. LHSS maintained communication with counterparts and USAID/DR while exploring potential changes to the scope of work. LHSS submitted for concurrence of USAID/DR a work plan change request to remove HIV self-testing intervention and include follow-up tasks to support the operationalization of the private sector engagement roadmap. After concurrence is received, LHSS will submit to COR for approval

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Private Sector Engagement workshop summary. Product submitted March 10, 2023.

## EVENTS NEXT QUARTER

- No upcoming events

## PRIORITIES NEXT QUARTER:

- Coordinate with the National Health Service to select sites and finalize the assessment methodology to study the resources technical support required for HIV community-based activities. Early in Q3, LHSS will share proposed sites with the NHS along with a tentative schedule for site visits. The NHS will manage communication with the management teams of selected sites and regional NHS management to authorize each visit.
- Reach consensus with USAID on changes to LHSS/DR workplan.
- Complete private sector engagement roadmap.

## LHSS DEMOCRATIC REPUBLIC OF CONGO (DRC)

### HIGHLIGHTS THIS QUARTER

- The LHSS DRC team completed key informant interviews at the central and provincial levels for the health financing landscape analysis report and drafted the report. The report describes the country's situation with respect to allocation of resources, domestic resource mobilization, pooling and purchasing, and governance with a focus on gaps and opportunities for efficiency improvements.
- In collaboration with the Kinshasa School of Public Health, the Activity finalized the research protocol and data collection tools for the flat rate pricing policy study. LHSS also received local ethics committee approval and Abt Associates's Institutional Review Board exemption and began data collection. This study will provide the MOH and its partners with the necessary information to measure the level of compliance with the policy at the health facility level and identify main barriers to compliance as well as the enabling factors for effective implementation of the policy.
- As part of its continuous support to the MOH's Financial Directorate, LHSS provided technical assistance to finalize indicators for the MOH's Logistics and Assets Management Strategy. This strategy is the first of its kind and will allow for accurate and timely tracking of government assets to minimize their misuse.

## QUARTERLY ACTIVITY PROGRESS

**Objective 1: Increase Understanding of Gaps and Opportunities to Strengthen Governance and Health Financing.** LHSS completed key informant interviews as part of the data collection for the health financing landscape analysis. The key informants included public administrative authorities in charge of health and other relevant sectors, technical and financial partners, and the operational national bodies responsible for implementing funding schemes. The Activity then completed data analysis from the key informant interviews and began drafting the health landscape analysis report which will focus on governance gaps and opportunities to improve efficiency.

Additionally, the MOH's Secretary General validated the list of members of the technical committee engaged in the health financing landscape study. Under his supervision, this committee will be responsible for providing technical and strategic guidance and validating study milestones.

**Objective 2: Reduce Financial Barriers to Accessing and Providing Care at the Point of Service Delivery.** LHSS worked with the Kinshasa School of Public Health to finalize the flat rate pricing policy study research protocol and data collection materials. After receiving Abt Institutional Review Board exemption and DRC's local ethics committee approval, the Kinshasa School began data collection in March 2023. This study will measure compliance with the pricing policy at the health facility level.

The LHSS team and the Kinshasa School presented the policy study at the MOH's Funding Commission meeting in March 2023 attended by various partners involved in health financing. The Activity also held a meeting with the MOH's Directorate of Studies and Planning to update them on the study.

**Objective 3: Develop the Organizational and Technical Capacity Strengthening Efforts and Technical Capacity of the Financial Directorate and Counterpart Entities at the Provincial Level to Strengthen Public Financial Management.** The Activity continues to provide organizational capacity strengthening support to the MOH's Financial Directorate. Specifically, LHSS supported a workshop hosted by the Directorate from March 19-26, 2023 and provided technical support to finalize indicators for the MOH's Logistics and Asset Management Strategy. The first of its kind, this strategy will facilitate accurate and timely tracking of government assets to minimize their misuse. Two additional workshops will be scheduled in April and May 2023 to finalize the data collection and to validate the Strategy.

The Activity also conducted key informant interviews with representatives from other ministry directorates involved in health financing, outside of the Financial Directorate, to identify opportunities for organizational capacity strengthening. Directorates interviewed included the Technical Unit of Strategic Purchasing, the National Program for the Promotion of Health *Mutuelles*, the General Directorate of Management and Organization of Care, the Directorate of Primary Health Care, and the National Health Accounts Program. LHSS submitted a report with the analysis findings to USAID. Findings from the key informant interviews will inform a plan and roadmap to strengthen the organizational capacity of the directorates and complete the capacity strengthening work LHSS is providing to the Financial Directorate.

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

The Activity conducted a quality assurance review of the patient exit interview tools for the flat-rate pricing policy to highlight GESI considerations and to ensure that populations facing vulnerabilities (e.g., rural women) were included in the interview analysis.

## WASTE, CLIMATE RISK MANAGEMENT

LHSS DRC is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS DRC FY23 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

The number of health sector actors involved in the planning, implementation and dissemination of the Health Finance Landscape Analysis remained at 36 (Indicator 1), and the Finance Directorate continued to receive support to manage health financing for UHC (Indicator 4).

## EMERGING LESSONS

- LHSS anticipates identifying emerging lessons as the Activity progresses.

## CHALLENGES

- The Activity experienced delays starting data collection for the flat rate pricing policy study due to delays in obtaining exemptions and approvals from Abt Associates IRB and DRC's local ethics committee. In response to these delays, USAID/Washington has approved an extension for the following two flat rate pricing study deliverables from Q2 to Q3: 1) the assessment report on facilities compliance and challenges with the flat-rate pricing policy, and 2) a set of validated recommendations to improve facility- level financial management.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Report on opportunities and objectives of organizational capacity strengthening in non-financial directorate units. Submitted March 31, 2023.

## UPCOMING EVENTS

- Hold a local workshop to disseminate the results from the health financing landscape analysis. All stakeholders involved in health financing will be invited to participate.

## PRIORITIES NEXT QUARTER

- Finalize the health financing landscape report and conduct a workshop to disseminate the analysis findings.
- Complete data collection and analysis for the flat rate pricing policy study.
- Continue to support the Finance Directorate in the implementation of its capacity strengthening plan.
- Continue to identify organizational capacity strengthening opportunities for non-Financial Directorate units.



# LHSS EAST AFRICA REGIONAL

## HIGHLIGHTS THIS QUARTER

- LHSS signed grant agreements with the Intergovernmental Authority on Development (IGAD) and East African Community (EAC) to engage on cross-border health issues.
- Under the LHSS grants program, the EAC convened its Partner States through its Expert Working Group on Digital Health, Data, Technologies, and Innovations from March 20-28, 2023 in Zanzibar, Tanzania. This meeting laid the foundation to operationalize the digitization and interoperability of health data systems within East Africa's cross-border sites.
- Under the LHSS grants program, the EAC hosted its Health Sector Investment Priority Framework meeting from March 15-18, 2023 in Entebbe, Uganda. This event provided LHSS an opportunity to provide input on investment priorities with a focus on the cross-border agenda specific to health financial protection options for cross-border communities.

## QUARTERLY ACTIVITY PROGRESS

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

In February 2023, LHSS conducted a health facility readiness assessment for installation and usage of the cross-border digital health solution's mobility module. The assessment also identified areas needing improvement before adopting the cross-border digital health solution on the Uganda side of the Busia, Malaba, and Sio-Port cross-border sites. The readiness assessment covered the status of facility infrastructure (e.g., power, internet, equipment), human resource capacity, maintenance, physical security, guidelines, and sustainability in terms of resources, governance, and support.

LHSS assessed the readiness of 12 facilities, looking at components necessary for a digital solution to run effectively. Five facilities were identified as "ready" for module installation, four were deemed as "almost ready," and three were found 'not ready'. The main challenges to the facilities' readiness were lack of power supply, weak internet connectivity, and insufficient security measures. LHSS will communicate assessment findings to the MOHs in Kenya and Uganda and support their installation of the digital health solution within "ready" facilities.

EAC's Expert Working Group on Digital Health, Data, Technologies & Innovations meeting in March 2023 laid the foundation to operationalize the digitization and interoperability of health data systems within East Africa's cross-border sites. Meeting participants also worked on ways to improve health data sharing for strategic health decision-making on mobile populations, and to advocate with partner states for the scale-up of the cross-border digital health solutions module across border sites. This was the first workshop of its kind dedicated to advancing the digitization and interoperability of EAC's Regional Health Scorecard and other Health Information Systems across EAC border Sites.

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

The grant agreement between IGAD and LHSS to improve cross-border health access was signed and approved in Q2. There are three main objectives to the grant program: 1) facilitate a data sharing agreement between Djibouti and Ethiopia to introduce the cross-border digital health solutions platform to the Galafi/Semera cross-border site, 2) improve domestication of regional

commitments by member countries, and 3) facilitate the identification and dissemination of cross-border financial protection options or products that are suitable and sustainable for improving cross-border and mobile populations' access to health services.

The grant agreement between the EAC and LHSS was also signed and approved in Q2. The grant program will: 1) support the initial hosting, maintenance, analytics, and visualization of the cross-border digital health solutions platform data; 2) improve domestication of regional commitments for cross-border health policies and programs; 3) and facilitate the Expert Working Group on Sustainable Financing.

LHSS supported the EAC in finalizing and submitting its Health Sector Communication and Advocacy Strategy 2023-2027 to USAID. EAC's Secretariat and partner state health policy makers and implementers will use the strategy to promote effectiveness and efficiency of domestication and implementation of health-related directives, policies, and programs. This will be achieved through strengthened coordination, collaboration, and networking among key stakeholders working in the cross-border health context.

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

LHSS developed and submitted a corporate engagement toolkit to USAID. This resource provides a framework for health stakeholders in the public sector to expand their reach by partnering with private sector. The toolkit offers helpful tips for cross border health management teams and public sector health stakeholders to leverage corporate resources to support cross-border health goals. The toolkit will also be used by Regional Intergovernmental Organizations (RIGOs) to support the capacity of cross-border stakeholders to engage and forge partnerships with private sector players.

LHSS collaborated with the EAC to coordinate and facilitate a cross-border health financing governance and advocacy network meeting to review EAC's Health Sector Priorities 2018-2028. This meeting was a strategic opportunity for LHSS to raise awareness about the cross-border agenda related to health insurance options for cross-border communities. During this meeting, LHSS shared preliminary findings from the financial protection literature review of partner states. Participants had an opportunity to validate and provide feedback on these findings.

## **OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION**

LHSS has been developing addendums to the Landscape Analysis report that specifically highlight gender equality and social inclusion considerations. These addendums will be used for various cross-border health sites added along the Rwanda/Tanzania border and an upcoming analysis along the Ethiopia/Djibouti border. The data collection tools used by LHSS ensure that the assessment and anticipated findings adequately represent the needs of women and other vulnerable groups crossing borders.

## **WASTE, CLIMATE RISK MANAGEMENT**

The approved work plan determines that the LHSS East Africa Activity qualifies as a categorical exclusion, according to the USAID East Africa IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## **PROGRESS ON PERFORMANCE INDICATORS**

All EAC partner states attended the digital health experts meeting held in Zanzibar between March 20-28, 2023. Participants reached a consensus on an approach for regional digital health initiatives

and drafted a report that will be presented to EAC’s technical working groups and sectoral council on health for policy guidance. A total of 42 representatives attended from the six EAC partner states.

The Activity supported a meeting in Entebbe, Uganda from March 30 -April 1, 2023 to discuss and agree on the methodology for EAC’s Health Sector Medium Term Review as part of its Priority Framework (2018 – 2028). A total of 19 participants from EAC member states attended the meeting.

The Activity conducted an assessment in three cross-border sites (i.e., Busia, Malaba, and Sio Port) to map and establish cross-border digital health solutions readiness in health facilities along the Kenya/Uganda border. Of the facilities assessed, 48 percent were deemed “ready” for installation. Overall findings from the assessment shown the digital readiness of health facilities along this border and inform where the embedded cross-border digital health solutions will be installed into the Uganda Electronic Medical Record.

## EMERGING LESSONS

- RIGOs require unanimous consensus to make key decisions on directives and regulations. The forums LHSS has co-facilitated to convene key experts from all member states have been critical to fostering member state ownership and promote efficient decision-making and have been instrumental in advancing EAC’s overall objectives.

## CHALLENGES

- The Council of Ministers is the central decision-making and governing organ of the EAC. Given the busy schedules of council members, comprised of ministers and cabinet secretaries of the partner states, they are only able to meet semi-annually. Alignment of these decision-making meetings with LHSS activity timelines has been difficult.
- The process of approving any instrument or institutionalization of directives, regulations, and decisions by EAC’s Council of Ministers is a cumbersome and time-consuming process. Each requires engagement of an expert working group, followed by country consultation meetings, followed by endorsement by a technical working group. This has resulted in unanticipated delays in LHSS completing interventions and finalizing deliverables.
- LHSS is working with the EAC to ensure that project deliverables are submitted to the technical working group for endorsement.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- East African Community Health Sector Communication and Advocacy Strategy 2023-2027. Submitted March 31, 2023
- East Africa Cross Border Corporate Engagement Toolkit. Submitted March 31, 2023

## EVENTS NEXT QUARTER

- April 2-7, 2023, Kigali, Rwanda, EAC Advocacy and Health Financing Focal Persons Capacity Building workshop
- April 29-May 8, 2023, LHSS engagement with MOH Ethiopia and Djibouti to initiate a comprehensive assessment of the Ghalafi/Semera cross-border site.
- May 6-12, 2023, Conduct cross-border assessment within Ghalafi/Semera cross-border site.

## PRIORITIES NEXT QUARTER

- Conduct the landscape analysis and a cross-border digital health system readiness assessment at the Ghalafi/Semera cross-border site along the Ethiopia/Djibouti border.
- Present the cross-border digital health system readiness assessment findings to the Division of Health Information of the Uganda MOH.
- Conduct a RIGO capacity building workshop to promote utilization of cross-border health evidence for advocacy and decision-making.

## LHSS JORDAN

### HIGHLIGHTS THIS QUARTER

- LHSS supported the Ministry of Health's (MOH) launch of the Intensive Care Unit (ICU) competency framework through three regional awareness raising workshops.
- LHSS organized two learning visits to the Department of Health in Abu Dhabi to provide opportunities for leadership teams from the MOH and health councils to learn about the UAE's experience in establishing and managing their Continuing Professional Development (CPD) system.
- LHSS supported the grantee Between the Lines in launching a CPD orientation campaign for private sector health workers, reaching over 2 million people online and offline.

### QUARTERLY ACTIVITY PROGRESS

**Objective 1: Institutionalize the Continuing Professional Development System.** The MOH awarded a contract for the electronic CPD system to the Electronic Transformation and Information Technology Directorate (ETITD) following LHSS support to the Directorate during the request for proposal process. This electronic system will connect across ministries, health councils and professional associations to process health worker relicensing applications and verify fulfillment of CPD requirements and professional association membership.

LHSS supported the grantee Between the Lines in launching the first nationwide campaign for CPD orientation focused on the private sector. This virtual campaign to raise awareness for CPD is showing strong results, with a clickthrough rate of 20 percent, and generating positive feedback from stakeholders.

LHSS conducted two CPD learning visits to the Abu Dhabi Department of Health for 18 key leaders to learn about their CPD system implementation experience. Participants included leadership teams from the MOH, health councils, syndicates, and Royal Medical Services. The focus of these learning visits was to understand and reflect on Abu Dhabi's experience in establishing and managing a CPD system. During the visits, participants created a shared vision of how the CPD system can be implemented in Jordan and identified areas requiring capacity strengthening and system change. Following the visits, key recommendations and an action plan were shared with the MOH Secretary General.

LHSS worked with its grantees Health Care Accreditation Council, MedLabs, and Jordanian Experts for Training to develop, produce, and digitize 12 CPD-accredited online courses. These courses will expand CPD offerings in this early stage of establishing the CPD system.

**Objective 2: Institutionalize and Sustain the COVID-19 Response Activities.** The Adult Critical Care Fellowship Program, led by the LHSS subcontractor Jordanian American Physicians Association, started its second fellowship year. The MOH is reviewing applications for the six to eight fellows who will participate in the program in 2023.

The Activity continued to support the MOH and Royal Medical Service in strengthening its critical care services. LHSS organized events in three regions (north, south, and central) to launch the competency framework developed with the MOH. The framework outlines interdisciplinary team roles and key competencies and emphasizes the importance of patient-centered care.

**Objective 3: Strengthen the Quality of the MOH Laboratory Systems.** LHSS completed the accreditation awareness training session for 80 lab technicians, 20 laboratory leadership teams, and 40 support staff. LHSS conducted weekly monitoring visits to ensure compliance and completion of action plan tasks in the action plans towards fulfilling all measurable elements of the Health Care Accreditation Council's Accreditation Standards 2021 edition.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS met with the MOH focal point for gender equality and social inclusion activities to discuss FY23 activities. LHSS agreed with the MOH to establish an advisory committee to oversee gender inclusion activities and plan for a committee orientation workshop to increase awareness on the gender inclusion strategy and surveys, in addition to gender considerations during health emergencies.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Jordan Activity qualifies as a categorical exclusion, according to the USAID Jordan IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS exceeded its FY 2023 target for number of accredited CPD courses developed. LHSS supported its three grantees to develop, produce, digitize, and upload these courses for use by the private sector. In all, 12 CPD accredited online courses are now readily accessible, and represent a sizable expansion of Jordan's CPD course offerings.

As part of the follow up to the Abu Dhabi learning visits, LHSS and the MOH are discussing the potential advantage of shifting the current structure of relicensing and quality assurance for CPD from a fragmented system to a new, independent agency, similar to those in the UAE and Bahrain. LHSS will continue to explore this option with stakeholders.

LHSS also achieved the target for one report on characteristics of COVID-19 patients. These reports used call center data completed and validated by the MOH. LHSS supported the MOH in analyzing and validating call center data on contact tracing and home-based care collected between January 2021 and March 2022. The analysis presents the findings and provides recommendations to the MOH in planning for future health emergencies.

## EMERGING LESSONS

- The relationship between turnover in lab leadership and the different retirement ages for men and women should be considered by the MOH in their deliberations about establishing a

gender unit and while making policy decisions. This discrepancy has introduced challenges for LHSS's capacity strengthening activities in terms of creating continuity while providing technical assistance.

## CHALLENGES

- The in-kind grant to the Jordanian Medical Association was not signed, and the Association has not responded to LHSS's communication regarding equipment handover. LHSS has informed the COR and the USAID Mission in Jordan about this challenge. LHSS is currently in communication with the Royal Medical Services as a potential alternative recipient of the in-kind grant, following an upcoming hardware assessment visit.
- The development of the CPD system national financing strategy is a challenge given the lack of historical data and cost projections in the health councils, the MOH, and in the private sector given that CPD is a recently adopted by-law that creates new roles and costs for health institutions and health care providers. LHSS worked with a costing consultant and key stakeholders to make plausible assumptions for cost forecasting based on a conservative scenario for increases in health care providers over the next 15 years and the type of CPD activities they will engage in depending on their profession.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables submitted this quarter.

## EVENTS NEXT QUARTER

- May 2023, Amman, Renal Replacement Therapy Bootcamp
- June 2023, Amman, ICU Management Leadership Training Commencement
- Jun 13-14, 2023, Amman, MEL Conference organized by the USAID-funded Monitoring, Evaluation and Learning Activity (MELA) Project
- June 2023, Amman, ICU Nutritionist Training Commencement
- June 2023, Amman, CPD Symposium

## PRIORITIES NEXT QUARTER

- Conduct a baseline assessment of the current competencies of ICU staff at three MOH hospitals and develop and train ICU leadership and management staff on the competency-based framework instruction guide.
- Conduct a mock accreditation exercise with two Central Laboratory units to measure their readiness and identify gaps for LHSS to help address in preparation for the accreditation survey.
- Finalize the implementation of the interim CPD and Medical Education and Training Directorate systems to support the CPD process and enhance the quality of the electronic data collected. Update the MOH CPD training platform and Licensing Professions and Health Institutions Directorate database system.
- Launch grants for the development of 17 CPD-accredited courses which will be included in the MOH's virtual training platform.

- Assist the MOH in launching the national CPD campaign by orienting the selected vendor on CPD and reviewing their media and communications deliverables.

## LHSS LAC BUREAU

### HIGHLIGHTS THIS QUARTER

- LHSS presented the Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts in Honduras to the new leadership of the Interinstitutional, Interagency Health and Migration Board. The report was well received and the new Board director, a representative of the Ministry of Health (MOH), committed to presenting it to the Minister of Health. Building on a co-creation process in FY 2022, LHSS continues to promote the Board's ownership and stewardship of the proposed plan to ensure that the Board and the MOH continue to implement the Roadmap recommendations beyond the life of the project.
- LHSS published the first Latin America and the Caribbean (LAC) quarterly regional newsletter titled, "Migration and Health in Latin America and the Caribbean." The newsletter, which includes reports, blogs, and events from LHSS Activities within Latin America, as well as other regional resources from international organizations, was shared with over 290 individuals. This new communication aims to increase knowledge and engagement in the region around challenges, opportunities, approaches, promising practices, and lessons learned related to social health protection for women and children in high migration contexts.

### QUARTERLY ACTIVITY PROGRESS

LHSS hired a Health Specialist to represent the Activity and lead technical interventions in Honduras. They will start April 3, 2023.

#### **Objective 1: Strengthen social health protection mechanisms to increase access to high-quality health services for women in high migration contexts in Honduras.**

LHSS finalized the Honduras Rapid Country Assessment Report on February 21, 2023, as well as the Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts in Honduras on March 17, 2023.

The LHSS LAC Activity's Technical Lead traveled to Honduras to meet members of the Interinstitutional, Interagency Health and Migration Board in Honduras, the USAID LAC Bureau activity manager, the USAID Mission in Honduras, the Ministry of Health, and other stakeholders to present FY 2023 project implementation plans and introduce LHSS's new Health Specialist. In this stakeholder meeting, LHSS also presented the country assessment findings and recommendations, as well as the Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts to the Migration Board. Both reports were well received. LHSS will hold another workshop, during an upcoming Migration Board meeting to present, discuss and validate the Roadmap before requesting MOH approval. The new director of the Migration Board, a representative of the MOH, has agreed to present the reports to the Minister of Health and facilitate introductions for LHSS with technical MOH counterparts.

#### **Objective 2: Increase awareness of efforts to expand access to social health protection for women in high-migration contexts**

LHSS published the first LAC quarterly regional newsletter titled, “Migration and Health in Latin America and the Caribbean.” The newsletter, which includes reports, blogs, and events from LHSS Activities within Latin America, as well as other regional resources from international organizations, was shared with over 290 individuals. The initial mailing list includes local and national officials, regional and international organizations, and academics working in the region. This newsletter will serve as a valuable resource for stakeholders and decision makers region-wide, while also functioning as a knowledge sharing platform to disseminate LHSS products and replicable promising practices.

In advance of the Activity’s first webinar of FY 2023, LHSS held two event planning sessions with collaborating organization, the P4H Social Health Protection Network. Scheduled in May 2-23, the theme of this webinar will be “Advancing Health Care Access for Women Migrants in Latin America.” Focused on women and children in high-migration contexts, webinar participants will learn about challenges and current initiatives to advance social health protection, and explore promising practices that enable health system actors to develop locally led solutions

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS incorporates gender equality and social inclusion considerations and opportunities throughout its planning and program implementation. In Q2, LHSS incorporated the demographic considerations of women and children in migratory contexts to address their specific challenges and needs in the Roadmap, country assessment report, and stakeholder engagement activities. These include limited access to quality sexual and reproductive health services, gender-based violence prevention and care, and exploitation exposure.

## WASTE, CLIMATE RISK MANAGEMENT

LHSS LAC is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS LAC FY23 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS submitted the draft revised AMELP to USAID/LAC Bureau for review and approval on March 31, 2023.

LHSS published the first edition of the LAC Regional newsletter focused on social health protection and migration on March 30, 2023. This newsletter is a knowledge sharing and communications product being disseminated broadly among LAC Region stakeholders. (Proposed Indicator 6)

## EMERGING LESSONS

- LHSS will share emerging lessons from FY 2023 interventions in upcoming quarters.

## CHALLENGES

- Although LHSS developed the country assessment report and Roadmap through a co-creation process with Interinstitutional, Interagency Health and Migration Board members, representatives from member organizations have changed since the work was initiated in September 2022. LHSS will discuss the Roadmap with new Migration Board representatives to



achieve their buy-ins and obtain their endorsement, prior to requesting approval from the Minister of Health.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Rapid Country Assessment Report of Social Health Protection for Women in High Migration Contexts in Honduras. Resubmitted February 21, 2023.
- Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts in Honduras. Resubmitted March 17, 2023.
- Migration and Health in Latin America and the Caribbean Newsletter, Spring 2023, First edition. Published March 30, 2023.

## EVENTS NEXT QUARTER

- May 2023, virtual Webinar “Advancing Health Care Access for Women Migrants in Latin America”

## PRIORITIES NEXT QUARTER

- Task 1.1.2. Develop standard operating procedures to strengthen primary health services in Honduran first-response migrant centers attending to women, adolescents, and girls.
- Task 1.1.3: Initiate assessment to inform proposal for the rationalization and strengthened coordination of first response and primary care centers in Honduras.
- Task 1.1.4: Initiate institutional strengthening support to Interinstitutional, Interagency Health and Migration Board in raising its profile as a mechanism for coordination and advocacy for health for populations vulnerable to migration.
- Task 1.2.1: Launch financing gap study design and implementation plan.
- Task 1.3.1: Launch assessment of health information systems policies, practices, and platforms for in-transit, returned migrants, and women at risk of migration in Honduras.
- Task 2.1.2: Release second edition of LHSS LAC quarterly regional newsletter in English and Spanish for distribution to more than 400 stakeholders working on social health protection, migration and health in the region (e.g., academics, government officials, I/NGOs, and civil society organizations).

## LHSS MADAGASCAR

### HIGHLIGHTS THIS QUARTER

- LHSS Madagascar facilitated in-person technical sessions with the Universal Health Coverage (UHC) Unit in February 2023 to orient the UHC on the requirements for conducting a feasibility study for *mutuelles*. Participants outlined the methodology for the feasibility study and identified the technical preparations required to conduct the upcoming study tour in Senegal.

- The Activity received USAID work plan approval for fiscal years 2023 and 2024, hired a new Chief of Party and a Technical Director. LHSS is continuing to fill additional staff positions to implement the new work plan.

## QUARTERLY ACTIVITY PROGRESS

### **Objective 1: Continue to Support the UHC Unit to Increase its Organizational and Institutional Capacity.**

The Activity continued providing organizational capacity strengthening to the UHC Unit to address the priority elements highlighted in the capacity strengthening plan developed in Activity Year 1. These activities included a four-day group coaching workshop in January 2023 on leadership and social and behavior change communication. Support to the UHC Unit on coaching raised awareness about the importance of developing a communication strategy for the first time. The UHC Unit's new commitment to developing this strategy represents an important milestone and will provide a framework for the Unit to effectively engage stakeholders. During the workshop, the UHC Unit piloted the social and behavior change communication strategy for two districts where it will support the development of *mutuelles*. Having Unit staff apply their new knowledge helped staff build confidence and reinforced their commitment to carrying out their communications strategy.

LHSS supported the UHC Unit in updating and validating its capacity strengthening plan. So far out of the total number of 40 activities in the plan that are supported by LHSS, 30 have been achieved, or 75%. Only one of seven internally led activities were achieved, and only one of 21 were conducted that called upon other development partners. There are an additional three activities for which no supporting entity was identified, and none of them were conducted. The Activity continued to provide intermittent coaching sessions on human resources management for the UHC Unit director.

### **Objective 2: Increase the Ministry of Health's Technical Capacity in Financial Protection to Support Future Implementation of the National Health Financing Strategy.**

In February 2023, the Activity conducted a seven-day workshop to strengthen the capacity of the UHC Unit and other actors within the Ministry of Health to carry out the feasibility study of health *mutuelles* in Madagascar. As a result of the workshop, the UHC Unit now understands how the feasibility study will be conducted, and can develop the methodology and tools for study, including selection criteria for study regions and districts. The next step is to finalize the research protocols and validate the methodology with the UHC Unit.

Finally, LHSS continued to update the technical note on health *mutuelles*, a document that reflects on ongoing Government of Madagascar discussions and international experience to advise the UHC Unit on the implications of key *mutuelles* design decisions.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity continues to provide organizational capacity strengthening coaching sessions to all the UHC Unit members. Ongoing discussions about the design of *mutuelles* include how the enrollment and use of *mutuelles* can be made equally accessible to men and women.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Madagascar Activity qualifies as a categorical exclusion, according to the USAID Madagascar IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

Due to its limited time and scope, this Activity currently does not have a separate MEL plan.

LHSS will submit a MEL plan in April 2023 corresponding to the new FY 2023 and 2024 work plan.

## EMERGING LESSONS

- LHSS anticipates learnings during implementation of the new work plan.

## CHALLENGES

- Ongoing personnel shortages and skill deficiencies within the UHC Unit continue to impede implementation effectiveness. The LHSS work plan is helping to address the organizational and technical skills deficiencies, and the LHSS team is helping the UHC Unit to define the profiles it needs to advocate for the staff with the appropriate skill set.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Updated Technical Note on *Mutuelles*. Submitted February 28, 2023.
- Updated Organizational Capacity Strengthening plan with Template for Measuring Progress. Submitted February 28, 2023.

## EVENTS NEXT QUARTER

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Complete recruitment process for new field staff, including a Health Financing Specialist, Public Financial Management Specialist, MEL Specialist, Finance and Administration Manager, and Finance Assistant.
- Conduct meetings with the UHC Unit and other Ministry of Health (MOH) Units to introduce the LHSS team and develop a shared understanding of which activities LHSS will support and principles of collaboration.
- The Activity will continue working with local firm Institute de Technologie de l'Education et du Management's. Implementation will be conducted under a grant mechanism instead of the current subcontract. The objective of the grant is to strengthen the Institute's organizational capacity.
- Ensure that the Health Financing Technical Committee functions effectively so it can provide timely advice to the Health System Strengthening Committee of the MOH.
- Support the UHC Unit in preparing for the *mutuelles* feasibility study.

### HIGHLIGHTS THIS QUARTER

- LHSS Namibia's support to the Ministry of Health and Social Services (the Ministry) was instrumental in facilitating the second stakeholders meeting on the essential health service package. This event was attended by a wide range of stakeholders including public and private sector entities, civil society organizations, several Namibian universities, and development partners. Participants prioritized and ranked services to be included in the essential health service package. This participatory process secured stakeholder buy-in for the revised package.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Support the Ministry of Health and Social Services in implementing the UHC policy and efforts towards sustainable health financing**

The Activity supported the Ministry in driving its UHC agenda forward and sustaining progress in developing its UHC policy. In partnership with the Ministry's Directorate of Policy and Planning, the Activity is organizing a two-day workshop on April 13 and 14, 2023 with parliamentarians to build consensus and buy-in on the proposed UHC policy. Members from the National Assembly, National Council, and other law-making agencies have been invited to the workshop. The Activity will support the Ministry in hosting the workshop.

LHSS Namibia continued support to the Ministry in ensuring effective communication and advocacy on its UHC agenda and is working with various Ministry counterparts to develop its UHC communications strategy and implementation guide that will be finalized in Q3.

The Activity's support to the Ministry's Global Fund Program Management Unit accelerated during Q2, including support to enhance funds absorption. This is being achieved through review and alignment of sub-recipient agreements with the budget and performance framework for grants. The Activity also supported the Ministry's Program Management Unit to strengthen its grants management processes. Assistance areas included the timely preparation and submission of performance updates and disbursement requests to the Global Fund, managing responses to the Global Fund's conditions precedent requirements (to attain funds authorization), and strengthening the Ministry's overall grants management capacity. Following the Ministry's decision to broaden the mandate of community health workers in Namibia, the Activity assisted the Ministry in defining technical support requirements for integrating, professionalizing, and enhancing coordination among community health workers. Through extensive consultations, the Ministry and other implementing partners agreed that LHSS will support the development of a community health workers strategy. The Activity will engage a consultant to support this process in Q3.

LHSS also provided technical input to the Global Fund's overall 2024-2026 proposal process, with a special focus on improving the resource allocation and utilization sections of the health financing component. The Activity also participated in a Global Fund proposal writing workshop for the Program Management Unit from March 6-11, 2023.

#### **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 Ministry in developing its essential health service package. Building on the first workshop in May 2022 where participants decided on inclusion criteria for the essential

health service package, the Activity co-facilitated a second such meeting March 29-30, 2023 where stakeholders used these criteria to develop a ranked list of services to be added to the package. These added services are included in the WHO compendium of health services but are not currently provided through Namibia's public health system. The workshop resulted in each of these additional services and interventions being allocated a priority score against each of the five criteria, allowing for the prioritized list of services to be compiled. The Ministry will determine which of the proposed services will be included in the final essential package based on an affordability analysis that will be conducted by an LHSS consultant in Q3.

The Activity continued to engage the Ministry in the key aspects of the costing study on health and HIV services to foster their ownership of the study results and build their capacity to conduct future costing exercises on their own. Through an LHSS grant, Survey Warehouse, a local research institution, completed the facility- and community-level data collection process. LHSS then consolidated and cleaned the data and developed process maps for services provided at various facilities. Data gaps at the national level remain challenging and have delayed the finalization of results and computation of unit costs. The Activity will continue to work closely with Survey Warehouse and the Ministry to fill the remaining data gaps and finalize the costing report in Q3.

LHSS recruited a public financial management advisor who will support budgeting, contract management and public financial management work within the Ministry. This advisor will work closely with the Ministry's Policy and Planning Directorate, the Directorate of Finance and Logistics, and the Ministry of Finance to strengthen the budgeting and contract management processes of the Ministry. The public financial management advisor is expected to commence duty in April.

### **Objective 3: Improve engagement with non-governmental stakeholders, leading to increased access to care and strengthened stewardship by the Government of the Republic of Namibia**

The Activity supported the Ministry in developing its social contracting policy. The policy was formally endorsed and approved by the Minister's steering committee on February 8, 2023. Following the approval, the minister presented the policy to the Cabinet and received approval on March 28, 2023. This policy aims to increase domestic funding by contracting through civil society organizations to provide community-level health services and reduce reliance on donor funding. LHSS will support the Ministry in implementing the policy through its current workplan.

LHSS's public financial management advisor will support the development of procedures, guidelines, and tools for identifying and assessing private sector and social contracting opportunities in Q3. This work will help to operationalize the social contracting policy.

## **OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION**

During Q2, the Activity finalized the health equity analysis report which was used by stakeholders at the workshop to rank proposed services for inclusion in the essential health services package.

## **WASTE, CLIMATE RISK MANAGEMENT**

LHSS Namibia is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Namibia FY23 Annual Workplan, and with Namibian laws and regulations. None of LHSS Namibia interventions in FY23 had any environmental significance and no mitigation measures were employed.

## PROGRESS ON PERFORMANCE INDICATORS

The Namibia Activity has reached the midpoint towards achieving its targets for Indicator #1 (Number of Policy and Planning Directorate-led engagements/meetings with multi-sector stakeholders for the implementation of a high-level UHC plan and sustainable health financing reforms) and Indicator #4 (Number of Policy and Planning Directorate-led engagement activities (public and private sectors) held for the improvement of access to care and strengthened stewardship by the Government of Namibia). The Activity has initiated progress on Indicator #2 (Number of Ministry Policy and Planning Directorate-led initiatives that apply evidence in mobilizing resources for health, benefit package planning, design, and costing).

## EMERGING LESSONS

- LHSS Namibia has invested considerable effort supporting the Ministry to engage with a range of stakeholders (e.g., political, public sector and the media) through a series of technical working groups, a consultative workshop with parliamentarians, and media broadcasts. This approach has broadened awareness about the importance of achieving UHC and facilitated consensus to determine national priorities. Carried out through strategic communications, advocacy and proactive engagement at various levels, these efforts have enhanced buy-in and a sense of ownership among stakeholders and are propelling continued momentum towards developing UHC policy reforms.

## CHALLENGES

- The Activity experienced challenges in obtaining national-level data from the Ministry for the time-driven activity-based costing study. These delays were due to several directorates being unresponsive to data requests. The Activity will continue to work with the Policy Planning Directorate and the Deputy Executive Director responsible for coordinating data collection efforts to ensure timely collection of data going forward so that it is available for analysis in Q3.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- March 13-14, 2023, Swakopmund, Parliamentary Consultation meeting on UHC Policy,
- May 2023, Swakopmund, UHC policy development workshop.
- Stakeholder workshop on health financing for UHC, location to be determined, June 2023
- Dissemination event on the time-driven activity-based costing study results, location to be determined, June 2023.

## PRIORITIES NEXT QUARTER

- Finalize the UHC communications strategy and the practical implementation guide.
- Finalize the prioritized list of services for inclusion in the essential health service package.
- Develop a guidance tool to support the revision of the essential health service package.
- Finalize the analysis results and report on the time-driven activity-based costing study on selected health and HIV services.

- Develop a process manual to identify and assess private sector contracting opportunities.

## LHSS NIGERIA

### HIGHLIGHTS THIS QUARTER

- In Zamfara State, LHSS facilitated the creation of a local government oversight committee to improve implementation of the Basic Healthcare Provision Fund (BHCPF). Members of this committee include local government area administrators, primary health care directors, M&E officers, health educators, facility officers-in-charge, and local government area ward development committee chairpersons from seven conflict-affected areas. Establishment of this oversight body has resulted in regular supervisory visits to facilities to ensure full functionality, availability of essential medicines and commodities, and healthcare access.
- In Plateau State, LHSS facilitated a workshop to co-develop an action-oriented framework for operationalizing mandatory health insurance. The participants, including representatives from state government and civil service organizations, jointly identified challenges affecting health insurance coverage among people in the formal and informal sectors, as well as poor and vulnerable persons, and identified strategic actions for scaling up health insurance coverage among each group.
- In Lagos State, LHSS assisted the Lagos State AIDS Agency to enroll 435 Persons Living with HIV (PLHIV) in financial protection schemes. Prospective enrollees were identified through community support groups and PEPFAR implementing partner Key Population CARE 1.

### QUARTERLY ACTIVITY PROGRESS

**Objective 1: Expand financial risk protection in targeted states to reduce financial barriers and out-of-pocket payments.** LHSS supported the government and civil society organizations to finalize the national BHCPF accountability framework. LHSS will field test the framework in Q3. In Plateau, LHSS facilitated a meeting between the State Operations Coordinating Unit (The Unit), responsible for identifying and enrolling poor and vulnerable populations in the national social register, and the Plateau State Contributory Health Care Management Agency, responsible for enrolling people in financial protection schemes. This meeting resulted in stakeholders identifying ways to integrate health insurance enrollment into existing social programs, capitalizing on the reach of the Unit.

**Objective 2: Increase coverage and improve equitable access to quality essential health services for the poor and most vulnerable populations through effective social health protection programs.** In Plateau State, LHSS supported the state Ministry of Health (MOH) to reactivate its multisectoral health finance technical working group by expanding its scope to include the development of a universal health coverage (UHC) roadmap. LHSS continued to support town hall meetings with BHCPF enrollees at facilities in Zamfara, Plateau, and Nasarawa States. The purpose of these meetings was to link individuals to their assigned primary healthcare facilities, educate enrollees on the available package of health services, and obtain feedback on the quality of care and challenges to accessing care facilities. Proactive engagement of enrollees has resulted in increased patient encounters. For example, in Plateau State, the number of patient encounters increased by 24 percent, from 2,981 in December 2022 to 3,704 in February 2023.

**Objective 3: Increase the proportion of revitalized and fully functioning primary health care facilities to provide essential health services.** LHSS supported the state primary health care development agencies and state health insurance agencies in Zamfara, Plateau and Nasarawa States to conduct gateway forum meetings to strengthen coordination between the agencies and improve operational capacity of BHCPF implementation. In Zamfara State, the key challenge was non-payment of direct facility financing, with only 61 percent (89 of 147) of primary healthcare facilities receiving funds in 2021. Both agencies agreed that there is a need for high-level advocacy to the State Governor which will be undertaken by both agencies in Q3.

**Objective 4: Expand coverage and integration of HIV services into State Health Insurance Schemes and Basic Healthcare Provision Fund.** In Lagos State, LHSS supported the Eko Social Health Alliance and PLHIV support groups to improve awareness, uptake, and participation of PLHIVs in financial protection schemes through support group engagements. This initiative has led to the enrollment of an additional 247 PLHIV in Q2 under BHCPF. In collaboration with the PEPFAR-funded Key Population Care 1, LHSS facilitated the enrollment of 188 PLHIVs into the state social health insurance scheme, broadening the range of health services available to this population. In Q2, LHSS provided technical assistance to the Lagos State Health Management Agency to increase its provider network by adding 14 facilities. In Kano State, LHSS supported the Ward Development Committee and Network of PLHIVs in Nigeria to register and enroll 713 individuals in 11 Local Government areas into the BHCPF and its equity fund for the state.

**Objective 5: Improve sub-national public financial management for HIV and promote domestic resource mobilization.** LHSS conducted a Public Financial Management workshop to strengthen management processes and communication between the MOH and central budgeting agencies (e.g., the Ministry of Economic Planning and Budget). The purpose of this workshop was to improve budget execution within the health sector. Following this training, the Lagos State AIDS Control Agency conducted a budget profiling exercise that identified challenges in state government budget disbursements. LHSS will support the Agency to address this barrier in Q3.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS facilitated a session on GESI integration in community targeting to identify poor and vulnerable people during a collaborative meeting of the Plateau State Contributory Health Care Management Agency and the State Operations Coordinating Unit (SOCU) of the Plateau State Government. During the session, LHSS emphasized the importance of prioritizing social inclusion to ensure equitable coverage of state-level financial risk protection schemes. LHSS also highlighted plans for the upcoming GESI assessment. Stakeholders requested broader GESI training opportunities for field officers to further institutionalize GESI in their daily operations.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Nigeria Activity qualifies as a categorical exclusion, according to the USAID Nigeria IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

Data from states' health insurance agencies show that LHSS supported increased enrollment of target populations in financial protection schemes, from a baseline of 0.85 percent in 2021 to 1.98 percent in Q2 FY23 (Indicator 2).



According to state health insurance agency data, LHSS contributed to the increased number and percent of priority populations (i.e., the lowest two quintiles) covered by risk pooling mechanisms from a baseline of 0.64 percent in 2021 to 2.23 percent by the end of Q2 FY23, in project supported states, an increase of nearly 250 percent (Indicator 9).

## EMERGING LESSONS

- Conducting capacity strengthening activities through the Local Government Health Authority improves support and buy-in at the facility-level. LHSS conducted a training-of-trainers with Authority officials, including the primary health care director, and supported the Authority in conducting step-down trainings at facilities. Conducting trainings through the local Authority proved to be a more effective approach than previous trainings conducted through state-level agencies.

## CHALLENGES

- Although the informal sector constitutes the largest economic group in the population, there is limited information on how to best target them for enrollment in health insurance schemes. This is a bottleneck for operationalizing mandatory health insurance within this sector. LHSS is working with stakeholders to map the various informal sector groups and develop targeted strategies to engage with them.
- The protracted insecurity in Zamfara State affects BHCPF's ability to implement programs in certain areas and limits the ability of state agencies to provide optimal oversight. LHSS is working with Zamfara State Ministry of Health to strengthen Local Oversight Committees in seven conflict-affected areas to ensure full implementation of BHCPF across all primary health care facilities.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Lagos state produced quarterly report on HIV expenditures. Submitted March 28, 2023
- Baseline Bi-annual Analysis of BHCPF Enrollment. Submitted March 29, 2023
- Terms of reference for the technical working group to develop a UHC roadmap (Nasarawa, Plateau, and Zamfara States). Submitted March 31, 2023
- Health Finance Diagnostic Report in Nasarawa, Zamfara, and Plateau States. Submitted March 31, 2023
- Quarterly Tracking Report on enrollment of PLHIV in Lagos State. Submitted March 31, 2023

## EVENTS NEXT QUARTER

- Kano State, May 2023, Public Financial Management Workshop
- Lagos, June 2023, Joint Peer learning session on HIV integration between Lagos health agencies

## PRIORITIES NEXT QUARTER

- Pilot the harmonized BHCPF accountability framework in Nasarawa State and develop a detailed implementation guide for the tool.

- Reactivate the health financing technical working group in Nasarawa State to develop a state-wide UHC roadmap.
- Conduct a fiscal space analysis in Nasarawa, Plateau and Zamfara States.
- Execute an in-kind grant on provider expansion in Lagos State.
- Conduct Organizational Capacity Assessments of State Health Insurance Agencies and State Primary Healthcare Development Agencies in Nasarawa, Plateau, and Zamfara States.

## LHSS PERU PEPFAR

### HIGHLIGHTS THIS QUARTER

- LHSS and the Ombudsman's Office of Peru, responsible for promoting the rights of vulnerable populations, co-organized the March 17, 2023 Forum "Challenges of the refugee and migrant population with HIV and/or tuberculosis". During the event, a bill proposal, co-developed by LHSS and partners, that would enable migrants and refugees living with HIV and/or TB in Peru to access the Comprehensive Health Insurance (SIS), was presented. After the event, a congresswoman committed to present the bill at the Congress of the Republic.
- LHSS grantee Universidad Peruana Cayetano Heredia signed the Interinstitutional Cooperation Agreement with the Ministry of Health (MOH) and the Peruvian Observatory of Health and Migration. This agreement guarantees the MOH's collaboration in the collection and provision of data to the Observatory, and as such will support the Observatory's long-term sustainability.
- LHSS awarded a grant to PROMSEX, an NGO specializing in sexual and reproductive rights, to strengthen the capacities of local providers and community-based organizations to improve the quality of services including mental health, support gender-based violence survivors, and support human rights protection for Venezuelan LGBTQ migrants, nationals and/or people living with HIV (PLHIV), in prioritized areas of Metropolitan Lima, La Libertad, and Piura.

### QUARTERLY ACTIVITY PROGRESS

**Objective 1: Improve the availability of comprehensive, high-quality HIV services for Venezuelan migrants in Peru.**

**Task 1.1.1: Support the drafting of a bill to allow migrants with HIV or TB to access Comprehensive Health Insurance (SIS).** LHSS continues to collaborate with the bill promotion committee consisting of the Ombudsman's Office, UNAIDS, International Organization for Migration, UNHCR, local NGOs, institutions, government counterparts, academia, and other key stakeholders. This collaboration came to fruition on March 17, 2023 with the forum called "Challenges of the refugee and migrant population with HIV and/or tuberculosis." At the event, a proposed bill was presented to enable migrants and refugees living with HIV and/or TB in Peru to access the Comprehensive Health Insurance (SIS).

At the forum, representatives from cooperation agencies, organizations, and public institutions presented, and a volunteer migrant spokesperson shared his experience. Afterward, Peruvian Congresswoman Paredes committed to presenting the bill at the Congress of the Republic.

**Task 1.2.1: Support the MoH to adjust/modify the HIV-TB results-based budget line items, to include the new activities and allow financing for the proposed changes.** LHSS supported the

MOH in developing a technical dossier to modify the results-based budget (Ppr 016 TBC – HIV / AIDS). This modification will facilitate financing to improve HIV prevention measures that will benefit both Venezuelan migrants and Peruvians living with HIV. The director and several officials of the HIV Directorate have discussed the preliminary version of the dossier with the MOH's General Director of Planning and Budget. The dossier will be completed in Q3.

**Task 1.3.1: Policy proposal to incorporate CBOs as part of the supply of services, financed by the MOH, for screening and linking PLHIV to ART care.** LHSS is supporting the MOH in developing a proposal to allow contracting community-based organizations to provide diagnostics referrals for PLHIV to MOH care and treatment services. In Q2, LHSS met with community-based organizations, HIV Directorate officials, and other stakeholders to develop an action plan for this new community-based engagement. In February 2023, LHSS also met with the National Multisectoral Health Coordinator (CONAMUSA)<sup>6</sup> to involve them in the planning and coordination process.

**Task 1.3.2: Create a Proposal for Methodological guide to decentralize ART to primary healthcare facilities.** LHSS hired a consultant to develop the methodological guide to decentralize antiretroviral therapy (ART) centers to primary healthcare facilities. The draft guide will be ready in April 2023, outlining the actions and resources required to expand the network of ART treatment centers in project regions.

## **Objective 2: Support planning for cross-border continuity of HIV care for migrants**

In collaboration with its grantee, Universidad Peruana, LHSS continued supporting the Observatories activities in Q2. LHSS contacted Observatories in Colombia and Chile to plan joint activities to advocate for migrants. On February 28, 2023, the Observatory held a broadly attended event to raise awareness about the barriers faced by migrants in Peru in the current political crisis. In Q2, the Observatory also released its third bulletin presenting results of the Second Survey of the Venezuelan Population Living in the Country.

In Q3, the Universidad Peruana will launch an awareness-raising communications campaign against xenophobia. Additionally, MOH and the Observatory signed an agreement guaranteeing MOH's collaboration in the collection and provision of data on the health situation of Venezuelan migrants and refugees to the Observatory. This agreement will support the Observatory's long-term sustainability. Finally, LHSS presented its work on cross-border information sharing and enrollment systems from FY22 during a virtual event organized by the community-based organization Red SOMOS, which focuses on HIV care within vulnerable populations.

## **Objective 3: Strengthen care and support networks for LGBTQI+, migrants, and nationals**

**Task 3.1.1: Rapid assessment of structural barriers faced by Venezuelan LGBTQI+ migrants in accessing health services and services for protection of human rights, and/or gender-based violence.** Following approval by the Abt Associates Institutional Review Board of the methodology and data collection tools for the rapid assessment of structural barriers faced by Venezuelan LGBTQ migrants, LHSS initiated primary and secondary data collection activities. The Project has also conducted interviews with the target populations and stakeholder organizations in Lima, Piura, and Trujillo. LHSS will present preliminary results to the members of the advisory committee in April 2023. This committee is comprised of representatives from the Ombudsman's Office, MOH, Ministry of Justice and Human Rights, Ministry of Women and Vulnerable

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<sup>6</sup> National Multisectoral Health Coordinator (CONAMUSA) is a country coordinating mechanism that leads the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) programs, composed of representatives from the government, international cooperation, and civil society, including organizations of people directly affected by HIV/AIDS, Tuberculosis, and key populations.

Populations, UNAIDS, UNHCR, International Organization for Migration, and the Center of Multidisciplinary Care for Vulnerable People dedicated to supporting migrant populations. Having broad representation across ministries and sectors facilitated the process of disseminating and validating study findings and will foster buy in to implement recommendations aimed at improving services.

**Task 3.1.2: Capacity strengthening of local providers to improve quality of care to Venezuelan LGBTQI+ migrants in prioritized areas of Metropolitan Lima, La Libertad and Piura.** LHSS selected its grantee, PROMSEX, to develop a proposal to strengthen the capacity of local providers in Lima, Piura, and Trujillo to deliver high-quality care for both LGBTQI+ migrants and nationals. LHSS and the grantee met with the MOH (Mental Health and Sexual Reproductive Health Directorates) and the Ministry of Women and Vulnerable Populations to begin planning development of the capacity-strengthening strategy. Due to the recent floods in La Libertad and Piura, the planned face-to-face workshops may be held virtually instead of in person. The grantee is coordinating with the MOH School of Public Health to accredit workshops and incorporate the curriculum into their online platform to ensure sustainability of the training process.

**Task 3.1.3: Strengthen the capacities of 8 CBOs to engage, support and link LGBTQI+ migrants and nationals with health services, human rights protection services and preventive and care services for gender-based violence.** LHSS chose PROMSEX as its grantee to strengthen and expand the capacities of community-based organizations to provide better care targeted to the needs of LGBTQI+ migrants and/or PLHIV. LHSS conducted an initial meeting of the grantee and beneficiary community-based organizations to carry out the diagnosis for capacity strengthening. LHSS also met with CONAMUSA to coordinate activities given their ongoing involvement with six organizations LHSS plans to support through this grant.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS Peru works to ensure that services incorporate an intersectional gender and sexual diversity perspective to avoid access barriers among LGBTQI+ and PLHIV migrants and nationals. In Q2, the Activity implemented interventions in partnership with the community-based organizations to provide care and peer support services, including HIV diagnostics, treatment, and referrals, to LGBTQ and PLHIV populations. This collaboration represents an opportunity to strengthen linkages between community-based organizations working in health and public sector health facilities.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Peru Activity qualifies as a categorical exclusion, according to the USAID Peru IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

- LHSS facilitated the engagement of 12 stakeholders in advocacy activities to promote the approval of the bill allowing migrants with HIV or TB to access SIS and to receive health care and treatment services, irrespective of their migration status (Indicator 2).
- LHSS contributed to the ongoing dissemination of information related to the improvement of health services for migrants through its collaboration with the Observatory and its website. The site received 1,518 visits in Q2, a significant increase over the 215 visits received during Q1.

This increase is likely associated with the Observatory's advocacy event and release of its third informational bulletin (Indicator 4).

## EMERGING LESSONS

- No emerging lessons encountered this quarter.

## CHALLENGES

- Flooding in the northern regions of the country caused some activities to be rescheduled or changed from an in-person to online format.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events

## PRIORITIES NEXT QUARTER

- Continue supporting advocacy for the bill that would allow migrants with HIV or TB access to the SIS.
- Finalize the methodology guide to decentralize the work of ART centers to primary healthcare facilities.
- Complete the study of barriers faced by Venezuelan LGBTQI+ migrants in accessing health human rights protection services, and/or gender-based violence services.
- Continue implementation of the two grants to strengthen the care and treatment networks for LGBTQ migrant and non-migrant populations.

## PERU (MPOX)

### HIGHLIGHTS THIS QUARTER

- LHSS finalized the design of the Monkey Pox (mpox) communications strategy and campaign, after being validated with representative groups of the most affected populations in Lima, Trujillo, and Iquitos. Fourteen digital and print communication materials were designed and are ready for dissemination to the target population. The communications campaign will facilitate access to appropriate information on mpox prevention among high-risk populations, contributing to reducing the transmission in the target populations.
- LHSS worked with the Loreto and La Libertad Regional Health Directorates to co-develop regional plans for the mpox emergency response. The Activity submitted the final plans to the USAID Mission in Peru who will share them with health managers in both regions. LHSS will also facilitate a regional meeting with the Directorate for Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis (HIV Directorate) to socialize the plans with all regional Directorates for their use in developing region-specific response plans.

### QUARTERLY ACTIVITY PROGRESS

**Objective 1: Strengthen the MOH capacity to communicate appropriate mpox information to vulnerable populations.**

***Task 1.1.1 Develop a national communication strategy and campaign to inform and promote preventive behaviors towards mpox in high-risk populations.*** In January 2023, LHSS, through grantee CONACCION, conducted a rapid analysis in Lima, Trujillo, and Iquitos to identify key perceptions about mpox in target populations (e.g., men who have sex with men, migrants, and people living with HIV (PLHIV)). Based on the results, LHSS and CONACCION developed the national communication strategy for the prevention of mpox. To foster ownership and sustainability, LHSS coordinated and held meetings with the HIV Directorate, Loreto and La Libertad Regional Directorates, the Integrated Health Network Directorates of North Lima, Central Lima, and South Lima, as well as representatives of the affected communities, community-based organizations (CBOs), and additional stakeholders (e.g., UNAIDS and NGO SiDaVida).

***Task 1.1.2 Support the implementation of the communication strategy in high burden populations in Lima and two prioritized regions.*** In February 2023, LHSS through grantee CONACCION, began developing communication materials that were validated and tested with representative groups of the most affected populations in Iquitos, Trujillo, and Lima. This effort resulted in the design of 14 communication materials (10 digital and 4 print) to disseminate key mpox prevention messages.

These materials were adapted to each region and will be distributed in publications and messages delivered online and in-person where the target population socializes. In March 2023, LHSS held workshops to strengthen the capacity of health personnel, including those working in Sexually Transmitted Infection Referral Centers and health facilities that provide Antiretroviral Treatment, and leaders of community-based organizations in Lima, Trujillo, and Iquitos), to deliver reliable and assertive mpox prevention health messages.

**Objective 2: Strengthen the response to the mpox emergency at the national and subnational levels.**

***Task 2.1.1: Prepare guidance for the implementation at the regional level of the National Technical Norm for the Prevention and Case Management of Patients Affected by mpox, assist in its implementation in selected regions and deliver it to the Ministry of Health and other regions.*** LHSS hired a consultant to support the MOH in developing regional-level guidance to implement the MOH's own mpox prevention and case management policy.

***Task 2.1.2: Support the development of subnational plans in two priority regions.*** LHSS worked with Regional Directorates in La Libertad and Iquitos to co-develop their mpox regional response plans. LHSS organized workshops to define and discuss objectives, priorities, and action plans with health authorities, and officials from the Regional and HIV Directorates. The Activity shared the final response plans with the USAID Mission in Peru for delivery to health managers of both regions. LHSS is coordinating with the HIV Directorate to convene a meeting where mpox response plans will be shared with all Regional Directorates as a reference for the development of their own response plans.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS applies an intersectional lens in every aspect of its support to strengthen Peru's national response to mpox. The Activity devotes special effort to recognizing and addressing the unique challenges and constraints faced by marginalized populations. LHSS worked with its grantee responsible for the mpox communications campaign to ensure it incorporates key messages through the communication channels typically used by populations at risk of mpox (e.g., gay, bisexual, and heterosexual men who engage in same-sex behavior, and PLHIV).

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Peru Activity qualifies as a categorical exclusion, according to the USAID Peru IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS continues to progress on mpox activities per the work plan and will share results for specific performance indicators in Q3.

## EMERGING LESSONS

- Constant changes in authorities and health personnel require LHSS to establish relationships with new national and regional authorities to mitigate potential implementation delays. LHSS Peru established early contact (in December 2022) with the newly elected regional governors who took office on January 1, 2023, and has maintained contact with their management teams. Nimble adaptive management and proactive communication by the LHSS Peru team to build new relationships amidst political instability and high turnover of key officials at the national and regional level have sustained support from MOH officials and Regional Directorates and mitigated implementation delays.

## CHALLENGES

- Political instability in Peru has delayed the coordination of meetings with MOH officials. In response, the deadline for guidance on implementation of the National Technical Norm for the prevention and case-management of patients affected by mpox at the regional level has been extended.
- Some activities had to be rescheduled due to flooding in the Northern regions of the country.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER.

- No deliverables were submitted this quarter.

## EVENTS NEXT QUARTER

- No upcoming events

## PRIORITIES NEXT QUARTER

- Implement the communication campaign in Lima, Iquitos, and Trujillo to promote mpox transmission prevention behaviors.
- Conclude the guidelines to implement the National Technical Norms for the prevention and case management of patients affected by mpox for Trujillo and Iquitos.

## USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

### HIGHLIGHTS THIS QUARTER

- For the first time, Rede ba Saude Timor-Leste, , the health sector network under the umbrella organization Forum Organizasaun Naun Governamental Timor-Leste (FONGTIL), participated at the Annual Joint Health Sector Review Meeting organized by the Ministry of Health (MOH). REBAS-TL raised awareness about challenges and proposed solutions to improve health systems in areas including governance, service delivery and support services.
- The USAID Health System Sustainability Activity (the Activity) grantee, Sharis Haburas Comunidade, established village health assemblies in nine villages of Covalima and Manufahi, to strengthen the municipal level governance and its ability to discuss important community health priorities.
- The Activity and the MOH launched job descriptions and performance evaluation manuals at an event attended by senior officials of the Timorese government, the U.S. Embassy, development partners, and health care workers. The standardization of job descriptions will be instrumental in institutionalizing competency- and merit-based processes in human resources management and ensuring that all candidates have equal access to employment, professional development and promotion opportunities.
- The Activity and the MOH co-launched the MOH's Health Financing Unit (the Unit). This is the latest in a series of MOH initiatives to strengthen the use of health financing data for decision-making.



## QUARTERLY ACTIVITY PROGRESS

**Objective 1: Improve health system governance, financing, and information systems through data-driven decision-making.** The Activity completed a desk review and interviewed key officials from the MOH to better understand their current procedures for delegation of authority and handover. This information will help MOH officials to avoid “reinventing the wheel” when a decision-maker is on leave, or the position is undergoing staff turnover. The Activity and the MOH will jointly develop appropriate procedures to improve organizational management processes. The Activity co-developed delegation and handover procedures with the MOH. This progress has prompted the MOH to amend selected delegation of authority procedures and will institutionalize these improvements. The Activity and MOH co-designed a leadership and management development program which will be conducted in partnership with a local organization through a grant. The Activity expects the grant to be awarded in early Q3.

The Activity supported the MOH in developing an overall staffing plan for its new Unit and finalizing job descriptions for the Unit’s head and health finance analysts. The MOH then presented the proposed staffing plan to the Council of Directors. With the Activity’s support, the Directorate General of Corporate Services received approval from the Council of Directors to establish and launch the MOH’s Unit. The Activity also supported a two-day health financing training for the new Unit’s staff, MOH officials and FONGTIL members.

**Objective 2: Strengthen health sector workforce management.** In Q1, the Activity co-organized a high-profile launch event with the MOH of the first-ever job descriptions for primary care level positions and performance evaluation manuals. These tools, developed in consultation with over 100 stakeholders including community locals, aim to improve health workforce management, health worker performance, and quality of health care delivery.

In Q2, due to the success of the Q1 launch, the MOH requested Activity support in developing the remaining job descriptions for health professionals at secondary- and tertiary-level health facilities. The Activity will support national directors and heads of department at the central service level to develop these job descriptions. The National Directorate of Health Resources (the Directorate) nominated champions within the Human Resources department to be trained and coached on reviewing and disseminating job descriptions for secondary- and tertiary-level facilities and the NDHR’s central offices. The Activity team will also train and coach champions to continue other reforms to strengthen human resources for functioning. The Activity’s support of active engagement by NDHR staff will ensure sustainability and MOH ownership of these processes.

The Activity supported the NDHR to present and receive approval on a functional task analysis concept note from the council of directors. The analysis will identify actionable tasks of Directorate and General of Corporate Services, including core competencies, job families, and the workforce plan to achieve respective departmental goals.

**Objective 3: Strengthen existing community health systems to improve healthy behaviors.** The Activity completed an organizational-based capacity assessment of the grantee, Sharis Haburas Comunidade (SHC) to help SHC strengthen its organization and staff. In all nine targeted villages across two municipalities Covalima and Manufahi, the MOH’s Monitoring and Evaluation department and municipality health service implemented Community Based Monitoring for Health by establishing village health assemblies and facilitating community-led action planning. This process provides a forum for conducting health dialogues and facilitates representation from disability organizations, churches, educational institutions, agricultural workers, mothers’ support groups, community health workers, veterans, and community leaders.

SHC facilitated group discussions at the health assemblies to identify communal health priorities in inclusive reproductive health, maternal health, neonatal child adolescent health and nutrition behaviors and practices, and to develop action plans for community-driven initiatives.

**Objective 4: Improve civic engagement and advocacy for health system strengthening.** As a result of the Activity's sustained strategic discussions with the MOH, the network participated for the first time in the MOH-led Annual Joint Health Sector Review Meeting in February 2023. The organization raised health system challenges and proposed solutions to improve areas including governance, service delivery and support services at the national and municipality levels. The Activity also conducted a learning workshop in March 2023 for FONGTIL which focused on health system strengthening, public financial management, and health information systems. The Activity developed a data collection tool for FONGTIL to systematically compile information on community health system challenges. The data FONGTIL collects with this tool will support civil society organizations (CSOs) in advocating with relevant health authorities to increase system-wide accountability and inclusivity.

In Q2, the Activity worked with FONGTIL to assess its institutional capacity and advocacy skills of FONGTIL and member organizations working in the health sector. This assessment was a first step in planning for a grant to FONGTIL that will aim to strengthen its own organizational capacity and enhance the ability of its member CSOs to advocate for their health-related priorities.

The Activity, in partnership with USAID NGO Advocacy for Good Governance Activity, continued to work with FONGTIL to co-develop a shared online learning platform using Microsoft Teams. The platform is aimed at increasing coordination and information-sharing among FONGTIL and its member CSOs, including the Network's members.

The Activity enhanced its social media presence in Timor-Leste with a dedicated Facebook page that attracted 454 followers, 21 posts, and 222 likes by the end of Q2, and a Twitter channel with 48 followers and 13 posts. The Activity's access to the community, stakeholders, and partners has increased as a result of its enhanced visibility and name recognition, enabling the Activity to effectively disseminate information, raise awareness, and foster meaningful connections.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

At its health budget analysis training of the Unit staff, the Activity analyzed the MOH's program on promoting gender as a key topic area. Tracking services by gender and identifying what in the budget is allocated to gender equality and social inclusion can help to understand how budget allocation and service delivery are distributed. This information can be used to make any necessary corrections in the rollout of government health programs. The Activity also supported the MOH in identifying champions of the Unit, three of five of whom are female, including the unit lead. National Health Management Information System Department (HMIS) officers who attended the Timor-Leste Health Information System mentoring session created a data element group to incorporate gender information in future online Timor-Leste Health Information System forms.

The Activity involved community members in nine targeted villages across two municipalities of Covalima and Manufahi, including traditional birth attendants and pregnant mothers, in developing village health assembly action plans. Despite initial reluctance, traditional birth attendants ultimately agreed to support institutional deliveries. The village health assembly structure also includes representatives from marginalized groups including people with disabilities and LGBTQ individuals. The assembly is a platform where these groups can voice concerns pertaining to the health system. During the development of the village health action plan in Suco (Village) Beiseuk,

Tilomar administrative post, Covalima, assembly members prioritized access to health facilities by creating a temporary ramp for people with disabilities to improve their access to health services.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Timor-Leste Activity qualifies as a categorical exclusion, according to the USAID Timor-Leste IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

In Q2, the team made the following progress:

- After training on health budget analysis, 75 percent of participants showed improved knowledge (Indicator #5).
- The Activity launched the Human Resources policy of Performance Evaluation and developed a chapter on absence and leave in the Human Resources manual (Indicator #7).
- As part of Social Behavior Change, a village health assembly action plan was developed for community-based monitoring for health in nine target villages in Covalima and Manufahi municipalities (Indicator #11).

## EMERGING LESSONS

In Q2 the Activity relied on workshops to seek feedback and ensure buy-in on the Activity's approaches. From workshop feedback, the Activity is learning that:

- Allowing enough transition "free time" in between workshop sessions is important to help participants absorb the materials presented.
- In working in the Timorese culture more comfortable with silence, it is helpful to prepare questions that participants can react to rather than ask if they understand or agree.
- Improving coordination and collaboration among HMIS, Monitoring and Evaluation (M&E), and programs departments of MOH will strengthen health systems by enhancing data quality, exchange, and utilization for effective decision-making.

## CHALLENGES

- Maximizing participation from the MOH at every step of the Activity's work can be challenging due to competing priorities, as shown by the cancellation of the MOH budget officer's participation without prior notification, which delayed the workshop. Similarly, the Activity experienced reluctance from some MOH directors who believed the National Directorate should be primarily responsible for developing the job descriptions. However, after several discussions, the Activity sensitized and persuaded the directors to take ownership. As a result, the Activity supported the NDHR to sensitize other departments through presenting the importance of the job description development through Council of Directors to develop and
- CSOs have limited access to information and data related to medical supplies that are available at health posts. This information gap impedes their ability to advocate for their communities' commodity requirements. The Activity is working with CSOs to establish information-sharing mechanisms to address this gap. The Activity is also developing an advocacy manual for CSOs and identifying and coaching CSO champions to advocate at the municipality-level for health system improvements.

- FONGTIL’s members prefer media advocacy (as they traditionally practice) over direct engagement with institutions like MOH or other partners. The Activity is supporting FONGTIL to advocate with the MOH on various health system challenges through existing health sector mechanisms.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER.

- Co-developed policy brief presenting the findings of Participatory Action Research for Social and Behavior Change. Submitted March 31, 2023.
- Report on CSOs’ capacity needs assessment on the concepts of health system strengthening. Submitted March 31, 2023.
- A primer on key concepts, stakeholders, and approaches for health system strengthening and the role of CSOs. Submitted March 31, 2023.

## EVENTS NEXT QUARTER

- Co-developed policy brief presenting the findings of Participatory Action Research for Social and Behavior Change. Submitted March 31, 2023.
- April 2023, Manufahi Municipality: Launch of grant to the prospective grantee.
- April 2023: Launch of capacity strengthening grant to FONGTIL.
- May 2023: Launch of grant to Medical Association of Timor-Leste to develop a competency framework for doctors.

## PRIORITIES NEXT QUARTER

- Complete draft of CSO advocacy manual.
- Initiate health labor market analysis.
- Award grant for leadership and management program for MOH officials.
- Award capacity strengthening grant to FONGTIL.
- Award additional grant for SBC activities in one municipality to expand community-based monitoring for health.

## LHSS UKRAINE

### HIGHLIGHTS THIS QUARTER

- LHSS completed a landscape assessment of telemedicine in Ukraine to inform strategies for expanding access to healthcare and supporting the long-term strength and resilience of the health system. LHSS recommended to Ukrainian policymakers several priorities and actions to improve demand for and access to telemedicine services among vulnerable groups, strengthen the enabling environment to foster growth, and address critical infrastructure needs.
- Through several meetings with the Ministry of Health (MOH), National Health Service of Ukraine, and State-Owned Enterprise eHealth representatives, LHSS facilitated the

development of a shared understanding of telemedicine architecture in Ukraine and secured agreement among the meetings participants on priority actions in providing telemedical services, anticipated milestones, and implementation stages for technical solutions.

- LHSS trained 38 providers, bringing the total number of trained telemedicine providers to 1,027. Patients received over 1,000 telemedicine services in Q2. These achievements represent important contributions toward restoring population access to essential medical services during wartime.

## QUARTERLY ACTIVITY PROGRESS

### **Objective 1: Strengthen telemedicine governance, policies, and financing**

In Q2, LHSS collaborated with Patients of Ukraine and the Ukrainian Healthcare Center to assess the landscape of telemedicine in Ukraine. Findings outlined key barriers to advancing the development of telemedicine. For example, the existing regulatory framework for telemedicine services is often unclear and/or not well understood by both providers and patients. The assessment proposes recommendations for policymakers and stakeholders aimed at increasing demand for and access to telemedicine services for vulnerable groups, strengthening the enabling environment to foster growth, and addressing critical infrastructure needs. These include standardizing terminology and provider requirements for telemedicine within Ukraine's Program of Medical Guarantee and exploring a monitoring framework for telemedicine service utilization.

LHSS began analyzing regulatory gaps within legislation governing telemedicine services. The Activity will share the draft analysis with the MOH and discuss legislation that can be modified or developed to address existing regulatory gaps.

LHSS held consultations with the MOH to discuss its legal goals, and supported the MOH in drafting targeted amendments to existing legislative acts to provide an integrated and streamlined legal framework for telemedicine.

In FY22, the MOH and key stakeholders prepared a draft strategy to develop telemedicine in Ukraine. In Q2, nine out of ten central executive authorities approved this draft strategy (approval is still pending from the Ministry of Finance). LHSS supported the MOH in addressing comments and questions from the Ministry of Finance and resubmitting the updated strategy for its approval. The MOH will submit the strategy to the Cabinet of Ministers of Ukraine for endorsement once Ministry of Finance approval has been obtained.

### **Objective 2: Advance equitable, sustainable access to health services using telemedicine**

LHSS continues to support the MOH, National Health Service of Ukraine, and State-Owned Enterprise eHealth in designing a model for telemedicine. This model promotes the vision set out in the draft Telemedicine Development Strategy which is currently being reviewed for endorsement by the government. In Q2, LHSS analyzed, developed, and proposed three organizational models for the implementation of telemedicine. These are 1) centralized through the eHealth system central database, 2) decentralized at the medical information systems level, and a 3) hybrid model. LHSS also developed a plan that highlights key milestones and implementation stages to develop technical solutions for teleconsultation and tele-diagnostic services. The MOH, National Health Service of Ukraine, and State-Owned Enterprise eHealth are reviewing the plan and considering the benefits and drawbacks of each model.

LHSS developed and proposed to the MOH, National Health Service of Ukraine, and State-Owned Enterprise eHealth technical models for two key services (i.e., teleconsultations and tele-diagnostics). The Activity also submitted corresponding policies and project plans for teleconsultations, telemetry, and teleradiology. These are the necessary steps of the software

development lifecycle applied by State-Owned Enterprise eHealth for any product developed within eHealth System in Ukraine. LHSS will finalize the software development lifecycle plans in Q3 after addressing stakeholder input.

To expand telemedicine's reach to vulnerable populations, LHSS and the Public Health Systems Recovery and Resilience activity are discussing possible ways to provide mental health services at the primary health care level via telemedicine, including the Teladoc Solo platform. LHSS identified platform components that would require modifications and held discussions with Teladoc Solo platform developers to discuss making these changes.

### **Objective 3: Strengthen GOU capacity to respond to urgent needs for conflict and post-conflict telemedicine solutions**

In addition to ongoing support in implementing donated telemedicine solutions (detailed in the Progress on Performance Indicators section), LHSS supported three health facilities in Kharkiv, Lviv, and Zaporizhzhia oblasts to connect to a neurosensory telerehabilitation platform, the Rehabilitation Gaming System. LHSS created registries of doctors and physical therapists to receive access to this platform, set up their online accounts, and conducted collective and individual training for using this system.

LHSS supported public-private partnerships between MOH, State-Owned Enterprise eHealth, and companies that developed and donated telemedicine solutions to Ukraine. The Activity co-organized the Ukraine Telehealth Forum 2023 attended by approximately 70 participants, including health care providers, medical scientists and developers of medical information systems. LHSS also conducted an online workshop for approximately 60 rehabilitation specialists, physical therapists, and neurologists from 38 health facilities across Ukraine to exchange their experiences in telemedicine utilization. During these meetings, the producers of telemedicine equipment and solutions presented their technologies and discussed how their telemedicine solutions can be used. These discussions enabled specialists to familiarize themselves with modern telemedicine technologies and establish professional connections to facilitate doctor-to-doctor consultations.

LHSS also helped establish centralized consultation networks within specific fields of medicine, which will contribute to wider and more effective use of telemedicine solutions by health care providers. For instance, the National Cancer Institute in Kyiv now serves as a focal point for telemedicine consultations within the field of oncology. Similarly, Kyiv oblast clinical hospital coordinates issues pertaining to anesthesiology among hospitals within Kyiv oblast.

In addition to promoting its work through LHSS's Facebook, LinkedIn, and Twitter pages, in Q2 LHSS published a [success story](#) to highlight the direct impact its training sessions and technical support have had on both health providers and patients.

## **OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION**

The landscape assessment found that populations standing to benefit most from telemedicine fall into two categories: 1) war-related vulnerable groups, including internally displaced people and people living in occupied and recently de-occupied territories, and 2) vulnerable populations including people with disabilities, people living in rural areas, older adults, and people with chronic diseases, including mental health conditions. To address barriers to access faced by these populations, the assessment offered the following recommendations: 1) conduct awareness-raising campaigns for vulnerable populations to inform them about their eligibility to access telemedicine services, 2) identify and address policy, operational and technical barriers to patient access, and 3) improve access to basic telemedicine tools and infrastructure for doctors and patients.

## WASTE, CLIMATE RISK MANAGEMENT

LHSS Ukraine is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Ukraine FY23 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS re-submitted a draft revised AMELP to the USAID Mission in Ukraine in Q2, with additional revisions in progress by LHSS before re-submission to align with the recently approved work plan; the following indicators are the Q2 results of LHSS's proposed performance indicators.

- LHSS trained 38 health providers to use the telemedicine solutions donated to Ukraine as humanitarian aid (total 1,027 persons have been trained since the start of this activity).
- LHSS engaged 8 new health facilities across Ukraine in the utilization of telemedicine solutions to expand the reach of health services in Ukraine (total 304 facilities from the start of this activity).
- LHSS provided 70 technical assistance interactions to health providers addressing issues in the implementation of telemedicine solutions (total 963 interactions from the start of this activity).
- Through staff training and technical assistance provided by LHSS, health facilities provided services to patients 1,073 times using telemedicine solutions (total 3,594 services from the start of this activity).

## EMERGING LESSONS

- Coordination and effective communication are essential for successful national telemedicine implementation. The MOH, National Health Service of Ukraine, eHealth State-Owned Enterprise, and specialists initially had conflicting views on the telemedicine architecture, which impeded the creation of necessary development documents. In response, LHSS facilitated discussions with the stakeholders and produced technical documents that highlighted stakeholders' perspectives. As a result of this participatory process, the parties engaged in constructive dialogue and ultimately agreed to a shared vision for telemedicine development.
- Allocating telemedicine devices based on facility usage and need can be an effective resource optimization mechanism to maximize use of telemedicine services. LHSS assisted the MOH in devising an equipment transfer process, prioritizing facilities that actively use telemedicine solutions and that have fewer medical specialists. This approach enables healthcare providers in underserved areas to access telemedicine services and consult with specialists as needed, ultimately improving patient care.

## CHALLENGES

- Some health professionals experienced difficulties providing teleconsultations via HomeDoctor health robot due to a language barrier with Spanish-speaking physicians conducting consultations after regular office hours provided by Ukrainian specialists. To address this challenge, LHSS and HomeDoctor agreed that Ukrainian providers will exclusively consult Ukrainian specialists. This will be achieved through the following steps: 1) involve Ukrainian specialists to provide advisory assistance to primary care facilities, 2) create a registry of HomeDoctor devices to ensure more effective utilization, 3) translate telemedicine platform and

mobile application software into Ukrainian, and 4) create state-supported technical assistance and training service (which is currently supported by LHSS).

- LHSS determined that one of the health facilities showed low involvement in using the Teladoc Solo platform because the platform had no option for a doctor from a district or municipal hospital to request a specialization relevant to them. To address this challenge, LHSS experts created 'consultation rooms' for medical specialties. Now the hospitals will be informed about the requesting doctor's needs in advance and will be able to invite a doctor of a relevant specialization to provide teleconsultation.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Landscape Assessment of Telemedicine in Ukraine. Submitted March 2023.

## EVENTS NEXT QUARTER

- Telemedicine Inter-Agency Working Group meeting. Date and location TBD.

## PRIORITIES NEXT QUARTER

- Monitor telemedicine strategy approval from the Ministry of Finance and support the MOH in submitting the approved strategy and corresponding Operation Plan to the Cabinet of Ministers for endorsement.
- Finish designing an enabling environment for telemedicine services.
- Finalize the assessment of legal barriers in telemedicine.

## LHSS VIETNAM

### HIGHLIGHTS THIS QUARTER

- Following LHSS's support to the MOH's Department of Health Insurance on policy revisions, the MOH issued Decision 130 on standard data outputs and formats in management, verification, and payment for medical services. Decision 130 enables consistent and comprehensive integration and management of HIV treatment data into both the MOH's Health Management Information System (HMIS) and the Social Health Insurance e-claim system.
- As a result of LHSS technical assistance, the MOH enacted Circular 06/2023 regulating drug bidding at public facilities. The newly enacted Circular is expected to minimize the risk of ARV procurement failure or delay, improving continuous access to ARVs.
- The National Tuberculosis Program published the question-and-answer document on Social Health Insurance TB examination, treatment, and reimbursement. This resource was co-developed with LHSS support and posted on the Program's website in mid-January 2023. By March 2023, the site had received 375 visits, 241 downloads, and 74 visits to reference sources. The document proved to be a useful resource for TB treatment facilities as they provide services through the Social Health Insurance scheme.



## QUARTERLY ACTIVITY PROGRESS

LHSS made considerable progress toward sustainability, local ownership, and capacity strengthening, categorized by objective below. LHSS published a [success story on Vietnam's 10-year journey to domestic financing for HIV](#) and released three [Social Health Insurance policy newsletters](#).

### **Objective 1: Support the Government of Vietnam in strengthening Public Financial Management (PFM) systems for public health and achieving greater efficiencies in SHI**

LHSS and Vietnam Social Insurance Institute (VSS) developed a grant program description for a grantee to develop an intelligent document processing system that will extract information from and automate the Social Health Insurance claim review system. The objective of creating this system is to reduce errors and increase efficiencies. Grant applications are due May 3, 2023. LHSS and VSS prepared a workshop scheduled for Q3 to disseminate two Year 2 deliverables on diagnosis-related group contracting and monitoring systems and the impact of the bypass policy on the Social Health Insurance fund and value-based payments. Workshop participants will learn about international experiences in contract design as well as monitoring and evaluating diagnosis-related group payments. As Vietnam transitions to the new diagnosis-related group payment system, it is important that policymakers have practical and scientific evidence to guide policy development and decision-making. The workshop will also focus on recommendations on aligning the bypass policy with the Vietnam context, while enhancing the efficiency of the health insurance fund and overall health system.

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

LHSS and the Vietnam Administration of HIV/AIDS Control (VAAC) co-organized a workshop with more than 90 participants on the HIV social contracting pilot. The nine pilot provinces shared progress and challenges and identified locally viable solutions (see Emerging Lessons). LHSS selected a qualified research consultant who is affiliated with the Hanoi School of Public Health. The consultant is developing a study protocol and data collection tools for the assessment of out-of-pocket expenditure among patients on antiretrovirals (ARVs) provided by the Social Health Insurance at public treatment facilities. The assessment will generate evidence to support the MOH's efforts to reduce out-of-pocket costs and strengthen financial protection for People Living with HIV (PLHIV).

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

As a result of LHSS's support, the MOH issued two guiding policies related to drug procurement data and management of disease treatment data, including for HIV/AIDS. The first is Circular 06/2023 which provides guidance on updating the regulation of drug bidding at public health facilities, allowing health facilities to procure select ARVs when needed. This circular is expected to help resolve recent procurement delays or failures. The second is Decision 130 on standard data outputs and formats in management, verification, and payment for medical services. LHSS co-organized two regional training workshops with VSS, health facilities, and VSS subordinate agencies to disseminate information about this second policy. Decision 130 will enable consistent and comprehensive integration and management of HIV treatment data into both the MOH's Health Information System and the Social Health Insurance e-claim system. Finally, LHSS and VAAC co-organized six virtual training sessions to guide 250 health facilities and 38 provincial Centers for Disease Control on ARV drug quantification for the 2024 – 2025 period, ensuring proper ARV quantification and timely procurement requisitioning to VAAC.

### **Objective 4: Support the Government of Vietnam in integrating TB services into SHI**

LHSS supported over 80 health facilities in six project-supported provinces and three out of four TB drug suppliers to enter data on Social Health Insurance TB drug supply and utilization into the eLMIS system. LHSS and the National TB program finalized planning for Social Health Insurance TB drug procurement for 2024 – 2025 which is expected to be completed by February 2024. The question-and-answer document on Social Health Insurance TB examination, treatment, and reimbursement, which LHSS and the National TB Program co-developed, was posted on the National TB Program's website in mid-January 2023. This resource will provide TB treatment facilities with comprehensive guidance as they provide TB services through SHI.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY AND SOCIAL INCLUSION

Nearly half (48 percent) of participants in LHSS's 11 technical meetings or trainings were female. These women held a range of positions including organizational leadership, health care providers (doctors and pharmacists) and operational staff in hospitals and health care facilities.

## WASTE, CLIMATE RISK MANAGEMENT

The Activity ensured compliance with conditions set out in the IEE, with mitigation measures in the CRMP and WMP/SOP sections of the approved LHSS Vietnam FY23 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

The percentage of PLHIV and TB patients receiving Social Health Insurance ARVs (Indicator #14) and TB drugs (Indicator #23) rose from 87 percent and 26 percent respectively in Year 2, to 91 percent and 84 percent, respectively in Q2. Increased Social Health Insurance coverage and uninterrupted commodity access contributed to these results.

## EMERGING LESSONS

The HIV social contracting pilot workshop provided important emerging lessons for the upcoming implementation of the pilot:

- Despite the development of costing norms, some HIV commodities have a market price that exceeds the reimbursement rate specified in social contracts between community-based organizations and provincial Centers for Disease Control. Currently, community-based organizations must pay this price difference. LHSS recommends that provincial authorities conduct a centralized pool procurement of HIV commodities for subsequent distribution to contracted community-based organizations. This approach would result in higher-volume and more efficient procurement and remove the cost differential burden for community-based organizations.
- LHSS learned that community-based organizations experienced delays in receiving payments from provincial authorities due to complicated provincial-level reporting and reimbursement requirements. VAAC and the Ministry of Finance plan to provide financial guidelines and standardized templates to community-based organizations to facilitate their handling of these complex requirements.

## CHALLENGES

- To institutionalize social contracting for HIV service delivery, HIV services must be included in the list of public services funded through the state budget. As a first step, VAAC was tasked

with obtaining the Department of Planning and Finance's review of proposed HIV services by July 2022. However, this process is delayed due to a lack of personnel at the Department of Planning and Finance, potentially delaying subsequent advocacy activities to legalize the delivery of HIV services by community-based organizations. VAAC and LHSS will discuss this challenge again with the Department of Planning and Finance leadership and request a focal point officer so that VAAC and LHSS can communicate with him/her to expedite this activity.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Social Health Insurance TB Transition Dashboard, submitted February 10, 2023.
- Biannual report on the Progress of national social contracting pilot implementation, submitted March 31, 2023.
- Technical summary report: New Features in the Upgraded HIV Medicines Management Tool, submitted March 31, 2023.

## EVENTS NEXT QUARTER

- April 19, 2023, Hanoi: VSS meeting on diagnosis-related group payment and the bypass policy.
- April 10-12, 2023: Learning event for members of community-based organizations and staff of provincial Centers for Disease Control of Hai Phong and Binh Duong provinces to visit Dong Nai province to learn about social contracting pilot implementation experiences.
- April – May 2023: Training for TB treatment facilities on the use of Electronic Logistics Management Information System (eLMIS) for Social Health Insurance TB drug quantification for the 2024-2025 period.
- May/June 2023: Two regional workshops to guide HIV treatment facilities in 63 provinces on using the upgraded HIV Medicines Management Tool and eLMIS accounts for ARV drugs management.
- June 2023: Learning event for seven LHSS-supported provinces on Social Health Insurance TB service delivery.

## PRIORITIES NEXT QUARTER

- **Objective 1:** Conduct a workshop to disseminate Diagnosis-Related Group payment experiences and the impact of the bypass policy on the Social Health Insurance fund. Collaborate with VSS to share a detailed Diagnosis-Related Group implementation plan with relevant MOH and DPF technical health staff. Select an appropriate local partner to implement the LHSS grant program.
- **Objective 2:** Work with VAAC and other partners to develop the social contracting mid-term evaluation protocol. Develop a web-based tracking tool for annual resource allocations and expenditures at the national- and provincial-levels. Finalize the study protocol and data collection tools and obtain Institutional Review Board approval (from Vietnam and Abt Associates) for the out-of-pocket expenditure assessment.
- **Objective 3:** Conduct a systematic review of the efficacy and cost-effectiveness of Dolutegravir 10 mg and 50 mg and the budget impact analysis of adding Dolutegravir to the Social Health Insurance scheme. Provide technical assistance to the National Centralized Drug Procurement Center to revise the drug price negotiation criteria and prepare for the 2024-2025 ARV price negotiation process. Train staff from 63 provincial Centers for Disease Control on using the

eLMIS accounts for Social Health Insurance ARV drugs management. Initiate advocacy for procurement options of pediatric and low-volume ARVs.

- **Objective 4:** Train TB treatment facilities on the use of eLMIS for Social Health Insurance TB drug quantification for the 2024-2025 period. Support the National Lung Hospital to work with the MOH's Department of Planning and Finance to process the MOH review and approval of the GeneXpert updated costing. Explore provincial financial sustainability needs for TB and develop and finalize a scope of work and start the discussion with 7 LHSS supported provinces and NTP for the TB financing activity.

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

## LHSS COLOMBIA (ARPA)

### HIGHLIGHTS THIS QUARTER

- To increase enrollment in the health system with a goal to reduce overall healthcare costs and increase available funding for migrant health care, including COVID-19 services, five LHSS-supported community-based organizations conducted 100 training workshops on enrollment and access to services for more than 9,000 migrants and host community members. These workshops contributed to 8,600 Venezuelan migrants enrolling in health insurance.
- Through an LHSS grant, the Banco de Medicamentos donated more than 100 types of drugs and 60 types of medical supplies to two primary care providers in Cúcuta and Medellín. These donations strengthen the capacity of both institutions to provide health services to migrants, returnees and the host community, including for COVID-19.
- More than 3,800 migrants and host communities took part in an informational workshop on long-acting contraceptive methods, held by LHSS grantee Fundación Oriéntame. As a result, the participants increased their knowledge of contraceptive methods and how to access sexual and reproductive health services. Information disseminated during the workshop will help increase access to health services among Venezuelan migrants and host populations following reduced access resulting from the COVID-19 pandemic.

### QUARTERLY ACTIVITY PROGRESS

In February 2023, LHSS disseminated an [infographic](#) with seven lessons learned from the Colombian health system during the COVID-19 emergency to LHSS's social media accounts.

**Objective 1: Accelerate Widespread and Equitable Access to and Delivery of Safe and Effective COVID-19 Vaccinations.** LHSS continues to accelerate widespread and equitable access to safe and effective COVID-19 vaccinations for all populations. LHSS grantee, the Sociedad Colombiana de Pediatría, organized Regional Vaccine Update Forums in Bogotá and Pasto in February and Riohacha in March 2023. Attended by over 500 doctors, pediatricians, and vaccinators, the forums are expected to expand vaccination coverage by improving participants' knowledge and addressing issues related to vaccine effectiveness and myths.

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

***Strengthen governance and management of the migrant health response.***

LHSS continued to strengthen capacities of health secretariats in Information, Education and Communication and management and use of social networks in 20 territorial entities. The

communications initiatives will expand access to health for the migrant population, returnees and host communities by reducing information barriers and strengthening communication from health secretariats. This will be achieved through various media platforms and products (e.g., social networks, a podcast, posters, infographics and audiovisual products). The Activity also held three workshops to support territorial entities in conceptualizing information, education and communication messaging and narratives, along with dissemination strategies. A total of 90 health care representatives from 17 territorial entities participated in the workshops.

Finally, LHSS held workshops attended by more than 600 Venezuelan migrants and host communities in Cali. The purpose of these events was to build strong communities for migrants and host communities through helping community members improve life skills and form healthy habits through art, targeting areas of assertive communication, recognition of emotions, and others to help strengthen their socioemotional skills.

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

LHSS continues to leverage private sector and international and national development donor resources (e.g., Global Fund and Fundación Santo Domingo, a local Colombian foundation) to promote sustainable financing for migrants and host communities. The Activity supported migrants to enroll in health insurance by collaborating with and promoting community-based organizations as active facilitators of the enrollment process. Through LHSS grants, three community-based organizations, Fundación Alianzas Solidarias (Cali), Fundación Colombia Nuevos Horizontes (Bogotá), and Asociación Salto Ángel (Riohacha) significantly strengthened their organizational and technical capacity to develop strategies for enrolling the migrant population in insurance. For example, the organizations improved their administrative and reporting processes, strengthened relationships with donors, foundations, and NGOs; and directly managed information exchanges with Health Secretariats and the private sector.

Increasing enrollment among migrants in the health system not only expands their access to primary care, but also supports greater overall efficiencies in health care spending (e.g., reducing emergency department visits to manage non-complex diseases and providing treatment at the appropriate level). To this end, five LHSS-supported community-based organizations conducted 100 training workshops on enrollment and access to services for more than 9,000 migrants and host community members. These workshops contributed to 8,600 Venezuelan migrants enrolling in health insurance.

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

LHSS helped certify and train 351 nursing and medical staff in the administration of contraceptive methods with emphasis on long-acting methods. More than 3,800 migrants and host communities took part in an informational workshop on long-acting contraceptive methods. As a result, the participants increased their knowledge of contraceptive methods and how to access sexual and reproductive health services. Information disseminated during the workshop will help increase access to health services among Venezuelan migrants and host populations following the COVID-19 pandemic.

The Activity enrolled more than 100 healthcare professionals at Universidad de Manizales in the community-based rehabilitation certificate program in Riohacha and Maicao. The program will help strengthen participants' skills to address mental health issues among migrant and host populations. In addition, more than 60 participants attended a workshop focused on reducing the social stigmatization of people diagnosed with mental health illnesses among the migrant population, potentially increasing willingness to seek care.

LHSS also delivered more than 100 “My Patient” platform monitoring kits for patients with acute respiratory infections or COVID-19 to 20 hospitals in eight territorial entities. The kits include pulse oximeters, a mobile application, a web platform, manuals, guides and training videos.

LHSS grantee, SIDOC Foundation, trained 27 health workers, 84 percent of whom were women, at the Carlos Holmes Trujillo Hospital in Cali, to promote gender equality and respect for human rights when providing health services in high-migration contexts. On February 27, 2023, LHSS held an event to share the gender-based violence toolkit developed by USAID’s “Conectando Caminos por los Derechos” Project to Foundation staff and the LHSS-supported health emergency response teams. The toolkit will strengthen the capacities of the event participants to guide migrant, returnee, and host communities to access gender-based violence services.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Colombia Activity qualifies as a categorical exclusion, according to the USAID Colombia IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS trained 91 health personnel (68 percent women) in the use of the “My Patient” innovation strategy. This platform will strengthen surveillance capacity and real-time monitoring of cases of severe acute respiratory infection (including COVID-19), by healthcare providers to support early detection and link migrants and host communities to health services (Indicator 16).

With the support of USAID, the Activity also trained 1,010 health personnel (91 percent women) in COVID-19 vaccine-related topics. These trainings will promote vaccination among the migrant population and host community through messages recognizing vaccine effectiveness and dispelling myths (Indicator 25).

A total of 3,833 people (82 percent women) received messages on family planning to debunk myths about the use and effects of long-acting contraceptive methods. Community-based organizations reached 3,340 people at 134 workshops. These workshops will increase knowledge of contraceptive methods and access to sexual and reproductive health services among migrant populations and host communities (Indicator 35).

## EMERGING LESSONS

- Strengthening community-based organizations to promote health insurance enrollment is a strategy with great potential for sustaining the enrollment of migrant populations in the health system. Community-based organizations are well positioned to disseminate information on the process for enrolling in health insurance and accessing health services due to their existing relationships with both territorial health authorities and migrant populations.
- Medical societies are key conduits for institutionalizing capacity strengthening strategies for human resources in health. Their engagement is particularly important in improving COVID-19 vaccination coverage and promoting health insurance enrollment among migrant populations.
- Community art events and projects such as drawing, urban art, and muralism create opportunities to strengthen social-emotional wellbeing, participatory citizenship experiences and encouraging individuals to believe in their ability to affect change.

## CHALLENGES

- Initially, institutional actors and communities in Riohacha and Maicao were not willing to participate in the community-based rehabilitation strategy for mental health. The Activity identified approaches to reduce stigma and self-stigma. LHSS's work implementing this strategy is expected to strengthen the health sector's willingness to respond to mental health challenges among migrant and host populations.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Report containing an analysis, quantification, prioritization, and implementation plan for General Social Security System in Health (SGSSS) resource optimization. Submitted March 31, 2023.

## EVENTS NEXT QUARTER

- TBD 2023, Launch final phase of the Banco de Medicamentos grant in nine cities.

## PRIORITIES NEXT QUARTER

- Continue supporting grantees in implementing their activity plans and maximize strategic opportunities to showcase the grantees' achievements and results.
- Carry out three regional forums for health care providers on the COVID-19 vaccines.
- Design a communications strategy to reduce stigma and self-stigma in mental health.
- Document the socioemotional skills development process facilitated by grantee Fundación SIDOC for the migrant population in Santiago de Cali.

## LHSS JAMAICA (ARPA)

### HIGHLIGHTS THIS QUARTER

- The LHSS Jamaica Activity hosted a Pause and Reflect workshop on January 25, 2023 attended by the USAID Mission in Jamaica and nine local partners including the Ministry of Health and Wellness. The objective of the workshop was to reflect on the Jamaica Activity's performance during the first year and identify successes, implementation gaps, and opportunities to sustain established partnerships and private sector engagement for health.
- The Activity developed and submitted its Year 2 work plan which focuses on continuing efforts to expand the role of Jamaican private health care providers to support the overburdened public health system, and institutionalizing the progress made in Year 1. Year 2 activities focus on supporting public and private actors to leverage and institutionalize the tools and resources that the Activity produced in Year 1. LHSS has received USAID approval to initiate one of the three activities in the Year 2 work plan.
- LHSS continued to advise its former grantee, Health Connect Jamaica, in its ongoing work providing critical COVID-19 health services (e.g., vaccinations, case management) to its clients through its COVID-19 private provider network.



## QUARTERLY ACTIVITY PROGRESS

The Jamaica Activity convened a Pause and Reflect workshop to reflect on the project's first year of performance. The exercise covered LHSS's successes, implementation gaps and opportunities to sustain established partnerships and engagement with private sector entities working in the health sector. The Pause and Reflect was conducted at a natural break point, following completion of all Year 1 deliverables and as the activity was preparing to submit its Year 2 work plan. The discussion focused on what the LHSS Jamaica team has been doing to strengthen collaboration between the government and private sector and the direct grants issued to private providers.

The Activity also covered the grants and technical support to Health Connect Jamaica to develop a private sector COVID-19 provider network. Workshop participants included LHSS grantees (i.e., eight private health care providers and Health Connect Jamaica), as well as representatives from the USAID mission in Jamaica and the Ministry of Health and Wellness. The following priority themes were discussed during the workshop and subsequently incorporated into the Year 2 work plan: 1) Opportunities to improve collaboration between Health Connect Jamaica and the Ministry; 2) Opportunities to improve Health Connect Jamaica's organizational systems; and 3) Innovative communication strategies to increase vaccine uptake.

LHSS Jamaica developed and submitted to USAID a draft Year 2 work plan which focused on continuing the Activity's work to expand the role of Jamaican private health care providers to support the overburdened public health system. Based on priorities identified during the Pause and Reflect workshop, the work plan will achieve the following priority objectives:

- Support Government of Jamaica efforts to expand COVID-19 vaccination coverage and increase access to COVID-19 services through the private sector.
- Strengthen the capacity for sustained public-private engagement, including the ministry and private provider network, for a more resilient health system.

In Year 2, LHSS interventions will continue addressing Health Connect Jamaica's capacity gaps identified during Year 1 and strengthen the network's capacity to support the national COVID-19 response. Principal activities will focus on strengthening the network's internal and external communications, network management systems, and logistics and transportation management. LHSS will also work with the Ministry of Health and private providers to develop a contracting framework to support public-private partnerships beyond the COVID-19 pandemic. The aim is to build resilience to withstand future health system shocks and anticipate other health system priorities.

Finally, LHSS continued to engage with Health Connect Jamaica after its Year 1 grant program ended. The network extended the grant contracts of 11 private providers to continue administering COVID-19 vaccinations. In Q2 Health Connect Jamaica administered more than 500 COVID-19 vaccines, in line with overall trends, through their private provider network.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

In developing the Jamaica Activity Year 2 work plan, LHSS will prioritize support for vulnerable populations and integrate GESI considerations into all activities. For example, LHSS will continue to support private sector partners to understand the key factors behind vaccine hesitancy for target populations and incorporate this understanding into its communications program. LHSS will also help Health Connect Jamaica understand and address GESI-based barriers to joining its private sector COVID-19 network and support the organization in developing a network expansion strategy that explicitly addresses these obstacles.

## WASTE, CLIMATE RISK MANAGEMENT

The LHSS Jamaica Activity focused on learning, documentation, and planning in this past quarter, abiding by all LHSS waste and climate risk plans, with no change in waste or climate risk considerations.

## PROGRESS ON PERFORMANCE INDICATORS

The Activity completed all Year 1 deliverables, including progress on performance indicators. In Q2, LHSS developed and submitted the Year 2 work plan to USAID, and will update the Activity Monitoring, Evaluation, and Learning Plan to align with the Year 2 work plan once it is approved. LHSS received approval to begin implementation of Intervention 1.2 Strengthen Health Connect Jamaica's capacity to integrate COVID-19 vaccination and case management services into provider network.

## EMERGING LESSONS

- Input from stakeholders including direct grantees, Health Connect Jamaica, USAID and the Ministry was critical to developing the Year 2 work plan. The Pause and Reflect workshop facilitated this stakeholder engagement and input process, allowing the Jamaica Activity to rapidly prepare a robust and inclusive work plan that took into account partners' priorities.
- Grantees who attended the Pause and Reflect workshop shared that the consistent communication combined with frequent and accessible support from the LHSS boosted their confidence to actively engage with the project. However, they shared that innovative communication strategies are needed to address vaccine hesitancy and COVID-19 complacency among the populations they serve.
- Members of Health Connect Jamaica's COVID-19 network recommended that the network strengthen its organizational capacities in several areas, including improvements in internal communications with private providers and strengthening financial systems to ensure on time payments. Health Connect Jamaica also seeks to strengthen its contracting mechanisms.

## CHALLENGES

- The recommended point of contact at the MOHW was not very responsive to requests for his participation at the pause and reflect workshop. His participation would have provided LHSS with valuable insights from the Ministry's perspectives and overall priorities. However, an invitation was extended to the Director of Emergency, Disaster Management & Special Services at the MOHW who provided useful insights regarding the project's next steps and has expressed willingness to be engaged throughout Year 2 as the Activity looks to institutionalize its work into the broader health system framework.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS Jamaica Activity Work Plan Fiscal Year 2023, Activity Year 2 February 1–September 30, 2023. Submitted to COR on February 15, 2023.

## PRIORITIES NEXT QUARTER

- Implement Intervention 1.2: Strengthen Health Connect Jamaica's capacity to integrate COVID-19 vaccination and case management services into its private provider network.

## LHSS KAZAKHSTAN (ARPA)

### HIGHLIGHTS THIS QUARTER

- LHSS supported VizaMed, the supplier, to complete installation and training on the Round 5.2 BioAnalyzer Tapestation in March 2023. USAID's investment in genomic sequencing reagents and equipment with ARPA funding has helped bolster the Almaty Center's current COVID-19 response, while positioning the Center's ability to detect future infectious diseases and carry out its research functions.
- The supplier Demeu confirmed arrival at their warehouse of spare parts for final refurbishment of the MALDI-TOF Mass Spectrometer. LHSS is also working with Demeu to inspect and maintain all autoclaves previously purchased under ARPA funding.

### QUARTERLY ACTIVITY PROGRESS

LHSS completed its ARPA program with installation and training on the Round 5.2 BioAnalyzer Tapestation and repair of the Round 2.2 MALDI-TOF Mass Spectrometer. This instrument is used for RNA/DNA analysis to support the nation's infectious disease monitoring and research efforts being coordinated by the Government of Kazakhstan, CDC, and USAID.

In Q2, LHSS conducted a scoping trip to identify opportunities to expand the Activity's scope in Kazakhstan. Based on findings from this trip, LHSS developed a proposed scope of work to support the Government's continuing global health security and One Health efforts. LHSS is developing a work plan at the COR's request received March 27, 2023.

### OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

Not applicable.

### WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Kazakhstan Activity qualifies as a categorical exclusion, according to the USAID Kazakhstan IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

### PROGRESS ON PERFORMANCE INDICATORS

BioAnalyzer Tapestation equipment installation and training were concluded Q2.

### EMERGING LESSONS

- Procurements are most impactful when paired with trainings, orientations, and mentoring to ensure staff can use the equipment safely and effectively. All LHSS procurements included provisions with private vendors for installation, inspection, extended warranty, and preventative maintenance.

## CHALLENGES

- Global supply chains continue to be significantly disrupted by manufacturing and shipping delays which have impacted LHSS's timeline. To mitigate the impacts of these delays on COVID-19-related materials, LHSS worked closely with CDC, USAID, and global suppliers to ensure import, delivery, handover, quality assurance, and installation of LHSS procured materials occurs in a timely and efficient manner.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Not applicable.

## EVENTS NEXT QUARTER

- Not applicable.

## PRIORITIES NEXT QUARTER

- Submit the Global Health Security work plan.
- Upon USAID approval of work plan, increase staff capacity and begin implementation.

## LHSS PERU (ARPA)

### HIGHLIGHTS THIS QUARTER

- LHSS strengthened diagnostic and genomic sequencing of SARS-CoV-2 capacity of Peru through subcontractor Seoul Clinical Laboratories. The Activity also prepared guidelines and recommendations to support the National Institute of Health in improving the quality and coverage of molecular diagnosis and short- and medium-term genomic surveillance for COVID-19 and other infectious diseases.
- LHSS supported the Ayacucho and Huánuco regions in developing preparedness and response plans for potential respiratory virus epidemics, 14 Regional Health Directors from Ayacucho and Huánuco traveled to Lima to validate the plans. These regions are now prepared to respond to future respiratory virus epidemics, which is a priority considering the current risk posed by Highly Pathogenic Avian Influenza A (H5N1). The MOH's National Center for Epidemiology, Prevention, and Disease Control presented the preparedness plans developed by the two regions to all health directorates across the country as a reference for developing their own plans.
- LHSS and the MOH co-developed a scenario analysis to incorporate COVID-19 vaccination into the national vaccination scheme, including an estimation of the resources needed. This will enable the MOH to negotiate with the Ministry of Economy and Finance for the necessary budget to fund the COVID-19 vaccination program.
- LHSS met or surpassed all indicators for the quarter.

## QUARTERLY ACTIVITY PROGRESS

The ARPA funding period ended on February 28, 2023. This is therefore the last Peru ARPA report for LHSS.

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

Task 1.1.1 Support the MOH to develop a scenario analysis for future COVID-19 vaccination. During Q1 (December 2022), LHSS supported the MOH in defining COVID-19 vaccination scenarios to incorporate the COVID-19 vaccine into the MOH's regular vaccination scheme. In Q2, with the help of the Regional Health Management Offices from La Libertad, Loreto, and Ayacucho, LHSS obtained technical and budgetary information and operational details of vaccination programs in their territories and used them to estimate needs in other areas of the country. This scenario analysis will support the MOH in its negotiations with the Ministry of Economy and Finance to obtain funding to include COVID-19 vaccinations in regular vaccination programming.

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

Task 2.1.1 Strengthen laboratory capacity to improve testing availability and accuracy.

In Q1, LHSS supported the National Institute of Health in conducting a rapid assessment into the sampling process, biosafety conditions, and sample transportation to COVID-19 testing locations in Lima and Ayacucho. Based on the findings, LHSS trained 42 health professionals in Lima and assessed PCR testing and genomic sequencing procedures in both Lima and Ayacucho. LHSS identified gaps in the process and used this information to train ten NIH specialists in Seoul.

In Q2, LHSS finalized the recommendations report to improve SARS-CoV-2 genomic sequencing, along with a training plan to improve the collection and transport PCR testing specimens. These reports will be used by the National Institute of Health to improve those capabilities and processes, with the support of a World Bank project. To this end, LHSS held a meeting with this project to share findings and recommendations to improve viral diagnostic capacities in Peru.

Task 2.1.2 Support two DIRESAs to strengthen COVID-19 services at the regional level. LHSS provided technical assistance to the regional governments of Ayacucho and Huánuco to develop preparedness and response plans for potential respiratory virus epidemics. During a meeting in Lima, on February 23, 2023, LHSS validated the plans with the new Regional Health Directorate authorities of Ayacucho and Huánuco, their teams, and MOH Disease Control officials.

The Mission sent the final preparedness plans to the regional health directors of Ayacucho and Huánuco. Ayacucho is in the process of formally approving its plan. Both regions are at the forefront of a critical moment as Peru is currently epizootic of H5N1 with reports of human case, including one in Ecuador on the northern border of Peru. LHSS presented the preparedness plans to all the regions in the country during a regular MOH Disease Control meeting. These examples will be used as a reference by other regions in developing their own preparedness and response plans.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS Peru works to strengthen the national response to COVID-19 applying an intercultural and intersectional gendered lens taking into consideration the specific constraints women face as well

as the regions' specific necessities. LHSS Peru ensures equality and inclusion in participation in all country activities irrespective of gender, orientation or ethnicity.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Peru Activity qualifies as a categorical exclusion, according to the USAID Peru IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

- LHSS submitted a scenario analysis for future COVID-19 vaccination to the USAID Mission in Peru on February 21, 2023. This document supports the MOH in incorporating COVID-19 vaccines into the regular vaccination scheme (Indicator 7).
- LHSS finalized two guidelines to improve the COVID-19 response at the national level: 1) a report with recommendations to improve COVID-19 sequencing in laboratories, and 2) a training plan to improve the collection and transport of COVID-19 laboratory samples. Both guidelines will serve as resources for the National Institute of Health to improve laboratory capabilities. (Indicator 8).

## EMERGING LESSONS

- LHSS hired two former regional health directors as regional technical advisors in Ayacucho and Huánuco. Selecting individuals with this experience greatly facilitated their ability to quickly establish relationships and coordinate with the current Regional Health Directors and their respective teams.
- The Activity's persistent efforts to communicate and coordinate with national and subnational authorities has been instrumental in facilitating continuity and progress in LHSS's activities, despite political instability and turn-over of officials in key stakeholder positions.

## CHALLENGES

- Regional elections were held in October 2022, and the new governors took office in January 2023. To maintain the involvement of existing and new authorities, the LHSS team held frequent meetings to update them on the project's activities and proactively seek their support and buy-in.
- Q1 and Q2 were marked by political instability in Peru, due to the president's impeachment in December 2022. The MOH experienced several changes of key personnel as a result of the political situation and new elections. In response to these changes, LHSS met regularly with new MOH authorities and was therefore able to sustain MOH's support for ongoing project activities.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Report on analysis for future COVID-19 vaccination scenarios. Submitted to the USAID Peru Mission on February 21, and re-submitted on March 13, 2023, after receiving comments.
- Recommendations report to improve COVID-19 sequencing in laboratories. Received concurrence from USAID/Peru on March 23, and approved by the COR on April 12, 2023.

- Training plan to improve collection and transport of COVID-19 laboratory samples. Submitted to USAID on February 23, 2023, and approved by the COR on March 14, 2023.

## TAJIKISTAN (ARPA)

### HIGHLIGHTS THIS QUARTER

- LHSS presented the results of the biannual national mentoring visits with health care workers in 23 pilot districts in Bokhtar and Sughd regions to the Ministry of Health and Social Protection of Population (MoHSPP), the Republican Centre for Immunoprophylaxis, and key international partners. The findings identified a continuing need for additional trainings and sensitization of health care workers who administer COVID-19 vaccines. These results will be used by stakeholders to implement activities to address gaps in ability of health care workers to administer vaccines correctly and safely.
- LHSS completed the development of a forecasting tool and database to strengthen the supply chain management of COVID-19 vaccines in 15 districts and cities.
- LHSS led one workshop with 39 healthcare workers on improving COVID-19 vaccine counseling skills. Participants shared their experiences and learned best practices and strategies for communicating with patients. Examples included patient centered approaches, active listening, attunement to age, gender, religious, and cultural differences, and responding to nonverbal communication, such as body language, posture, and gestures.

### QUARTERLY ACTIVITY PROGRESS

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

Intervention 1: Support national vaccine roll-out activities

As of March 31, 2023, Tajikistan has received almost 22 million doses of the initial series of vaccines and boosters and administered more than 20 million doses. LHSS continued to support vaccine administration in 23 districts in two regions. Activities included working with counterparts to ensure cold chain compliance, adapting standard operating procedures (SOPs) for storage, transportation, and administration of vaccines, and adapting WHO recommendations for healthcare worker trainings to safely administer vaccines. These recommendations were then shared with 12 primary health care facilities with the USAID-funded Healthy Mother Healthy Baby Activity.

LHSS hired vendor TibTajhizot to conduct mentoring visits at 1,213 health facilities in Bokhtar and Sughd regions to guide facility staff in safely providing COVID-19 immunization services. These monitoring visits complemented on-the-job trainings which were also supported by LHSS and the Republican Centre for Immunoprophylaxis. During the mentoring visits, 351 health care workers received supportive supervision and training on how to correctly fill out COVID-19 vaccine forms and proper vaccine storage. LHSS and the Centre also inventoried the number of WHO-compliant refrigerators in both districts and found that there was a marked increase in the number of refrigerators that can safely and correctly store vaccines. Previously the total number of refrigerators in LHSS intervention areas was 661 (348 in Bokhtar and 313 in Sughd). The number has now increased by 174 new refrigerators, with 115 in Bokhtar and 59 in Sughd, for a total of 835.

Intervention 2: Strengthen healthcare worker skills and knowledge to administer vaccination programs

Data reporting: LHSS co-led several trainings on reporting and recording of data for COVID-19 vaccination using the District Health Information Software 2 with health care workers from 23 Centers for Immunoprophylaxis in Bokhtar and Sughd regions. All 23 Centers for Immunoprophylaxis managers were provided with an Abt AMEE login. AMEE is a standardized MEL platform that uses DHIS2 software for general data management.

LHSS provided Centers for Immunoprophylaxis with tablets to use for data collection. This technology includes additional functionalities such as data visualization programs. Director of the Centers participated in a two-day training session on data collection and analysis using the tablets. To ensure staff have sufficient knowledge and skills, the training was complemented by LHSS-led mentoring and monitoring visits in nine of the Center's district-level facilities. During these visits, LHSS conducted complete tablet functionality checks and found no reporting discrepancies between district and regional levels.

Medical waste management: LHSS launched medical waste interventions starting in early March 2023. As a first step, the Activity met with the MoHSPP, USAID and key partners to present medical waste management assessment results and discuss activities, including modifying medical waste management SOPs, procuring incinerators, and maintaining coordination among all partners.

In collaboration with MoHSPP, UNICEF and the WHO, LHSS prepared training modules on facility-based medical waste management. These modules will be used during three-day training of trainers workshops at the national and regional levels, starting in April 2023. The trainings will include the proper collection, storage, transportation, and disposal of medical waste. In Q2, LHSS and MoHSPP co-led three technical working group (TWG) meetings (February 8, March 3, March 7, 2023) with WHO and UNICEF to finalize the training of trainers module, which has now been approved by MoHSPP.

Intervention 3: Address vaccine hesitancy

LHSS and MoHSPP led a workshop for 39 health care workers from 15 districts of Bokhtar zone focused on improving COVID-19 vaccination counseling skills using social and behavior change communication (SBCC) skills and strategies. Workshop participants share their experiences with COVID-19 vaccine hesitancy, obstacles to community engagement, lack of counseling skills among healthcare workers, and misinformation among communities about mild side effects.

Following the workshop, LHSS conducted monitoring visits to assess community awareness of and confidence in COVID-19 vaccines. The Activity also looked at how community-level stakeholders (e.g., Republican Centre for Immunoprophylaxis, Republican Centre for Family Medicine, and Healthy Lifestyle Centers) are working towards increased vaccine confidence and uptake. Healthy Lifestyle Centers work closely with communities and coordinate with primary health care facilities and the Centers for Immunoprophylaxis to increase community access to and demand for quality immunization services. LHSS will continue to leverage its relationship with the Healthy Mother Healthy Baby Activity through community-level facilitators who promote vaccination using behavior change approaches. LHSS identified barriers, including lack of healthcare workers, lack of funds for community outreach, and lack of coordination among PHCs, Centers for Immunoprophylaxis and Healthy Lifestyle Centers outside of the Project's activities.

LHSS and Healthy Lifestyle Centers developed media materials based on an October 2022 workshop with journalists for TV, radio, and social media to combat COVID-19 myths and misinformation. These materials will be available in April and May 2023 and will help mass media reach communities with accurate and up-to-date information. Healthy Lifestyle Centers developed



an informational package to decrease vaccine hesitancy. These materials are currently being reviewed by the USAID Mission in Tajikistan and will be published and disseminated in LHSS's implementation districts following approval.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS continues to mainstream GESI into its activities, particularly when tailoring SBCC materials and activities for target audiences who may access or perceive information in different ways. For example, during International Women's Day, LHSS sponsored an event to highlight the role of women and men in childcare, an especially relevant topic given the important roles mothers play in making health-related choices for their children and families. The event also covered the important role fathers play in making health care choices, such as choosing to be vaccinated against COVID-19, and how paternal involvement can increase a child's well-being.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Tajikistan Activity qualifies as a categorical exclusion, according to the USAID Tajikistan IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS has contributed to the development of ten SBCC resources including pocket guides and booklets on COVID-19 prevention and vaccination. These materials will be used to engage health care workers and communities on how to prevent COVID-19 transmission and the importance of being vaccinated.

## EMERGING LESSONS

- There is still a need for appropriate educational materials for communities on combatting misinformation and vaccine hesitancy. To address this, the Activity collaborated with stakeholders and partners to develop materials tailored to the socio-cultural and religious norms of the country and can be used and adapted by the MoHSPP and partners in future outreach campaigns.

## CHALLENGES

- During monitoring visits, LHSS identified that the majority of Healthy Lifestyle Centers in pilot areas are in poor condition and need water and sanitation upgrades, furniture, and equipment. Since these are community-level centers, they are essential to supporting health outreach. LHSS will procure furnishings and selected equipment for priority Healthy Lifestyle Centers in project regions.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Summary deliverable, assessment report on health facility medical waste management. Submitted March 2023
- Success story on the capacity of health care workers to lead vaccinations. Published on the LHSS website and shared with USAID and MOHSPP, March 2023

- Success story on addressing vaccine hesitancy. Published on the LHSS website and shared with USAID and MOHSPP RT, February 2023

## EVENTS NEXT QUARTER

- Recognition event devoted to the World Immunization week event, April 2023
- Workshop for journalists to combat myth and misinformation on vaccination, April 2023

## PRIORITIES NEXT QUARTER

- Launch medical waste management training of trainers.
- Provide technical assistance to on forecasting and supply chain management for vaccine administration.
- Convene a technical working group meeting with the MOHSPP and key partners to review COVID-19 vaccination, troubleshoot and identify next steps.

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

### HIGHLIGHTS THIS QUARTER

- The USAID Health System Sustainability Activity (the Activity) shared findings from its COVID-19 community perception and health service utilization survey with relevant stakeholders. Results showed that despite the community's trust in and positive attitude toward the Ministry of Health's (MOH's) COVID-19 interventions, misinformation and barriers to access persist. These and other survey findings will inform future programming.
- Hamutuk Nasaun Saudavel (HAMNASA) expanded its community mobilization activities to two additional municipalities through an additional grant. This expansion will result in greater awareness, engagement, and participation of communities in the targeted municipalities, leading to improved health outcomes. .
- The Activity co-developed and co-implemented the first-ever assessment of more than 145 laboratory technicians to evaluate their knowledge, practices, and attitudes. The study found that after the initial training, 60 percent of participants frequently applied all the skills learned, but 30 percent never used these skills. Among those not using skills acquired during training, most reported COVID-19 cases were rarely evaluated in the facilities due to limited resources. The National Health Laboratory expressed interest in adopting the training curriculum for their future trainings.

### QUARTERLY ACTIVITY PROGRESS

**Objective 1: Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations.** Activity grantee HAMNASA supported the MOH in delivering 465 vaccinations in Q2 by coordinating closely with municipality health services. These vaccinations were part of an integrated vaccination campaign aimed at integrating COVID-19 vaccines into the routine immunization program. HAMNASA played a critical role in supporting the MOH and municipality health services in launching this campaign, and worked with other partners

to raise awareness and mobilize communities on the importance of vaccination. At a National Institute of Health (INS) organized research-sharing workshop, the Activity and HAMNASA shared findings from the COVID-19 community perception and health service utilization survey conducted in Q1. Results showed that despite low utilization of health care services during the COVID-19 pandemic, the community places trust in and has positive attitudes toward government COVID-19 interventions. However, those living in rural and hard-to-reach areas still experience challenges with timely availability of the vaccine, and misinformation about the vaccine causing death or infertility. The MOH plans to use these findings to improve future interventions, such as strengthening risk communication and community engagement efforts targeting vulnerable groups.

To assess the effectiveness of the Activity and HAMNASA's community mobilization activities over the past year, the Activity contracted local organization Censover Fobo Lda to assess enabling factors, barriers, and motivations pertaining to COVID-19 vaccination uptake among community members, providers, and leaders in different regions. Findings will be used by the MOH to adapt and improve the reach and accessibility of future vaccination interventions.

The Activity awarded an additional grant to HAMNASA to support the MOH's COVID-19 response efforts in two additional municipalities. HAMNASA and the Activity conducted a preliminary meeting with the directors of two municipality health services to share the objectives and implementation plan of the COVID-19 response efforts and align these plans with local priorities.

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

The Activity collaborated with senior technicians and trainers from the INS's Quality Control Department's National Health Laboratory of Timor-Leste to co-develop and co-implement the first ever post-training assessment tool. This resource will evaluate the knowledge, practice, and attitudes of laboratory technicians working in health facilities. The Activity supported assessment data collection in Q2 across all community health centers and hospitals in three municipalities. The assessment found that after the initial training, 60 percent of participants frequently applied all the skills learned, 5 percent used the skills regularly, 5 percent rarely used the skills, and 30 percent never used the skills after the training. Among those not using skills acquired during training, most reported their community health centers do not have GeneXpert equipment and COVID-19 cases were rarely evaluated in the facilities due to limited resources. These and other findings will inform the development of new or refresher training materials to further enhance the skills and knowledge of health care professionals in the field.

The Activity [published a video showcasing its one-year anniversary](#) of implementation and achievements on COVID-19 response efforts.

## OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity is co-developing a concept note with the MOH to review GESI integration in COVID-19 vaccination promotion activities. The assessment will compile lessons learned and best practices in GESI and inform the selection of priority practices to be implemented in routine vaccination efforts.

HAMNASA will continue to include both males and females in their indicators to capture gender disaggregation data and data on people with disabilities for community engagement activities.

## WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that the LHSS Timor-Leste Activity qualifies as a categorical exclusion, according to the USAID Timor-Leste IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

## PROGRESS ON PERFORMANCE INDICATORS

In Q2, Activity progress was measured through the following indicators:

- Deployed COVID-19 vaccinations in 44 sites, including 11 newly supported vaccination sites, expanding vaccination coverage across the four municipalities (Indicator CV.1.4-5)
- Vaccinated 465 people (197 males and 268 females) in the four municipalities: 56 first doses – 19 males, 37 females (Indicator CV.1.4-6), 86 second doses – 25 males, 61 females (Indicator CV.1.4-7), and 323 boosters – 153 male, 170 female (Indicator CV.1.4-8). Twenty school-aged children received first doses – 9 males, 11 females while 3 school-age children received second doses – 1 male, 2 females.

## EMERGING LESSONS

- **The Activity must support the government in closely monitoring vaccine coverage to mitigate slipping numbers due to the new integration of all vaccines in one MOH programming bucket.** COVID-19 vaccination coverage in Timor-Leste for the population aged 12 years and above has reached 90 percent for the first dose and 80 percent for the second dose. The COVID-19 vaccination program has been successfully integrated into the routine immunization program, which is a significant governmental achievement. However, the MOH has shifted its focus to other health programs, resulting in limited community-level COVID-19 related activities due to resource allocation constraints for the vaccination program. This may lead to reprioritization of the importance of COVID-19 vaccinations by the community. The Activity needs to keep close monitoring COVID-19 vaccine coverage to identify potential declines in vaccination rates that may be associated with the integration of COVID-19 vaccine into the MOH's routine immunization program.
- **Partnering with the GOTL throughout the design, planning, and execution of the team's assessment made it easier for the National Health Laboratory to own the assessment going forward.** During the Activity's support to the post-training assessment for laboratory technicians in municipal health facilities, participants actively participated in the exercise and suggested post training assessments should be conducted following other trainings. This was the first-ever assessment of laboratory technician knowledge, practice, and attitudes. Both the National Institute of Health and National Health Laboratory expressed interest in adopting this tool for their future trainings.

## CHALLENGES

- This quarter, the Activity was unable to reach vaccination coverage target due to three main reasons. First, the uptake of COVID-19 vaccinations in the community has slowed down, as the number of COVID-19 cases has declined, and no deaths have been recorded since September 2022. This trend contributed to the community's perception that COVID-19 is no longer a health threat and that receiving vaccinations is optional. Second, there was a vaccine stock-out at all levels of health facilities. Third, there has been a delay in awarding and implementing the second grant through HAMNASA. The activity will work to address these challenges to improve vaccination coverage in the community.
- Finding organizations to respond to the request for proposal to analyze the past year's community mobilization activities proved challenging due to the limited pool of research institutions or organizations in Timor-Leste capable of undertaking such assignments. The time frame for seeking applications required an extension and the Activity plans to finalize subcontracting in early Q3.

- The second grant to HAMNASA has a limited timeframe (February 2023 - July 2023), which may pose challenges in completing the implementation of all grant activities. The Activity is actively working with HAMNASA to identify strategies to ensure effective and timely implementation.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Recommendations to the MOH and Integrated Crisis Management Center on COVID-19 program implementation. Submitted on March 31, 2023.
- COVID-19 call center integration assessment. Submitted on March 31, 2023.

## EVENTS NEXT QUARTER

- April 2023: HAMNASA grant launch
- May 2023: Refresher training for laboratory technician across several community health centers and hospitals in three municipalities

## PRIORITIES NEXT QUARTER

- Complete GESI-friendly COVID-19 vaccination practices review and recommendations.
- Complete vaccination campaigns in target municipalities.
- Complete assessment of community mobilization activities for increasing vaccination uptake.