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QUARTERLY PROGRESS REPORT

FY2023 YEAR 4, QUARTER 3

April 1, 2023 – June 30, 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
ASMO	Afgahn Social Marketing Organization
AY	Activity Year
BHCPF	Basic Health Care Provision Fund (Nigeria)
CDC	U.S. Centers for Disease Control and Prevention
CHW	Community Health Worker
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)
HCJ	Health Connect Jamaica
HMIS	Health Management Information System
HSS	Health System Strengthening
ICDDR,B	International Centre for Diarrheal Disease Research, Bangladesh
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
PHC	Primary Health Care
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.

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 continues to engage in knowledge sharing and exchange on sustainability across country activity teams. Three project-wide technical and learning sessions focused on measuring and tracking local partner performance improvement, including using USAID's CBLD-9 indicator. Sessions provided opportunities for cross learning from LHSS' efforts supporting local capacity strengthening and sustainable health system performance improvements. Country teams shared ideas and learning from LHSS's work enhancing the sustainability of performance improvements across health system functions. A key aim of these discussion forums was to emphasize and strengthen intervention planning associated with strengthening the sustainability of LHSS-supported health system improvements in the final year of the project. In Q4, LHSS will supplement this internal capacity strengthening by sharing the draft sustainability and transition toolkit developed under Core Activity 25 as a resource to country teams.

Grants: In Q3, LHSS mobilized local support to strengthen host country health systems capacity by awarding 13 grants across five LHSS country activities, totaling approximately \$1.18 million in grant funds awarded. LHSS solicited grant applications from a range of local organizations, including non-profit and private sector entities, NGOs, and local government organizations during Q3. The project expects to award an additional \$2 million across eight LHSS Country Activities in Q4.

GENDER EQUALITY AND SOCIAL INCLUSION

Throughout Q3, LHSS expanded the reach of a GESI lens in country team activities and across the project, through capacity strengthening and regular knowledge sharing activities. Multiple country teams proactively integrated GESI approaches into targeted activities. Program interventions and knowledge products outline and address the barriers faced by marginalized populations and people in vulnerable situations, most often women and girls, and aim to improve equity and inclusion throughout the health system. In response to feedback for topics of interest received during the recent three-session LHSS internal technical learning series on GESI, the project planned a Q3 GESI Focal Points Meeting in which several GESI integration resources were discussed. These resources provide guidance on gender mainstreaming, incorporating intersectionality, and transforming agency, access, and power support GESI focal points and

others interested in improving GESI in their activities aiming at integrating GESI into country activities.

Across several regions, country activity teams and their local implementing partners drew on their combined knowledge of the local health context and the existing evidence base to determine the best approach for NGOs, governments, and civil society organizations to integrate and strengthen GESI at the core of their work. Overall, these activities focused on increasing access for more people to health services and mitigating discrimination among those working in the health system. LHSS Peru identified barriers to health services experienced by LGBTQ individuals who have migrated and provided recommendations to governments and health facilities on ensuring access to services for this group. LHSS Jordan is supporting the ministry of health in implementing the public sector gender policy. The country activity is also supporting the inclusion of interventions to ensure that female health care workers are afforded the same opportunities for professional development as their male counterparts. LHSS Colombia has developed GESI analysis toolkits to support local health facilities and organizations in assessing inclusivity (especially among underserved women and young migrants) within local health and social services. LHSS Nigeria conducted GESI analyses across several states to assess equitable access among marginalized groups to health services and health insurance. Findings from these assessments are being used to develop recommendations for state health insurance agencies, government bodies, and health facilities. Implementation of these recommendations is planned for Year 5.

COMMUNICATIONS AND KNOWLEDGE MANAGEMENT

LHSS Communications and KM are dedicated to continuous quality improvement, knowledge generation through project deliverables, and dissemination through webinars, stories and blogs, and social media.

Writing workshops continued this quarter with a session on writing an effective executive summary. Staff also attended writing sessions to kick off quarterly reporting and FY24 Year 5 work planning. The LHSS Communications Community of Practice, including communicators from country activity teams, met in April to discuss tools for graphics and formatting.

Publications and Deliverables. In Q3, LHSS posted 31 USAID-approved and 508-compliant reports on the LHSS website. A total of 139 unique documents, including grant application forms, were downloaded from the LHSS website during Q3. The publications most downloaded in Q3 are highlighted below.

1. *Semi-Annual Program Statement in Ukraine* (In Ukrainian: 201 downloads; In English: 118 downloads)
2. *The Importance of Political Economy Analysis for Strengthening Health* (152 downloads)
3. *LHSS Year 3 Annual Report* (97 downloads)
4. *RFP: Developing Integrated e-Health Platform to Increase Access to and Affordability of Quality Healthcare through the Private Sector among Low-Income Afghan Families* (74 downloads)
5. *Landscape Assessment of Telemedicine in Ukraine* (In Ukrainian: 57 downloads)

Success Stories and Blogs. LHSS continues to publish content that helps USAID communicate the value of its assistance under LHSS. In Q3, LHSS published and promoted nine success stories and blogs sharing impact and insights.

- *LHSS Identifies Best Practices for Building Out Ukraine's Telemedicine System*
- *One Way to Improve Health? Spend Health Budgets as Intended*
- *A Contest and a Campaign Boost COVID-19 Vaccines in Peru*

- [*Civic Engagement Is Creating a More Equitable Health System in Timor-Leste*](#)
- [*Migrants in Colombia Find Kindness and Support in ‘Alliances of Solidarity’*](#)
- [*Timor-Leste’s First-Ever Health Civil Society Organization Network Completes First Year*](#)
- [*Overcoming COVID-19 Vaccine Hesitancy in Timor-Leste*](#)
- [*Tajikistan Health Workers Fight COVID-19 With Knowledge*](#)
- [*Expanding Primary Health Care in Bangladesh*](#)

Podcast. On April 13, 2023, LHSS published and promoted its fourth episode of the Health Systems Podcast, [*What We Mean When We Talk About Resilience*](#), which discussed how LHSS has worked to strengthen country capacity to both fight COVID-19 and respond effectively to the health emergencies of the future. As of June 30, 2023, the podcast has had over 250 downloads. LHSS continues to promote previous episodes including:

- [*Powering Resource Optimization and Quality Improvement Through Workforce Reforms*](#) (316 total downloads)
- [*Systems Thinking: What It Is and Why It Matters*](#) (497 total downloads)
- [*Making it Last: Sustainable Approaches to Health System Strengthening*](#) (563 total downloads)

Analytics show that the Health Systems Podcast has had more than 1,600 downloads from 105 countries since it was first launched in August 2021. Geographic distribution of podcast downloads across all episodes is as follows: 46% from North America, 18% from Africa, 15% from Europe, 12% from Asia, 3% from South America, and 2% from Oceania¹.

Webinars. LHSS hosted three webinars during this reporting period.

- On April 19, 2023, LHSS hosted a webinar with USAID on [*How Can Thinking and Working Politically Strengthen Your Health Commodity Supply Chain?*](#) and 191 people attended.
- On June 14, 2023, LHSS hosted a webinar with USAID on [*Promoting Access to Health Care for Women and Child Migrants in Latin America*](#) and 75 people attended.
- On June 27, 2023, LHSS hosted a webinar on [*Integrating People and Services into National Social Health Protection: Perspectives from Cambodia, Colombia, and Vietnam*](#) and 115 people attended.

LHSS Website. From April 1-June 30, 2023, the LHSS website attracted over 4,870 visitors, a 20 percent increase over Q2, with over 38,600 pageviews. More than half of visitors (58 percent) came from outside the United States, representing 150 countries. Colombia, Nigeria, and Ukraine represented the highest number of visitors from outside the U.S.

Social Media. On Twitter, LHSS posted an average of 54 tweets per month, resulting in approximately 47.9K impressions and 492 link clicks to LHSS web pages. On LinkedIn, an average of 30 posts per month resulted in 26,540 impressions and 696 clicks to LHSS web pages (a 31 percent increase from Q2). In Q3, LHSS added 72 new followers on Twitter, 91 new followers on Facebook, and 188 new followers on LinkedIn. On June 26, 2023, LHSS began a boosted campaign on LinkedIn to promote traffic to the LHSS website. To date, this campaign has resulted in 9,326 impressions and 143 clicks. The promotion will continue across targeted LinkedIn users in July 2023.

¹ Health Systems Podcast download distribution numbers do not total 100 percent due to rounding.

2023 USAID CLA Case Competition. LHSS prepared and submitted entries from Colombia and Jordan to the [2023 USAID CLA Case Competition](#). Winners will be announced in September 2023.

2023 USAID HSS Case Competition. LHSS prepared and submitted 10 entries to the [HSS Case Competition](#) featuring work from Bangladesh, Colombia, Jordan, Nigeria, Peru, and Ukraine. Winners will be announced in October 2023.

Monthly Newsletter. At the end of each month, LHSS sends an e-newsletter promoting the latest stories and blogs, while also featuring publications for an LHSS technical area. As a result of webinar attendance, new staff, and subscription requests on the LHSS website, the Project's global mailing list grew by 15 percent to more than 3,500 subscribers.

MEL AND PERFORMANCE

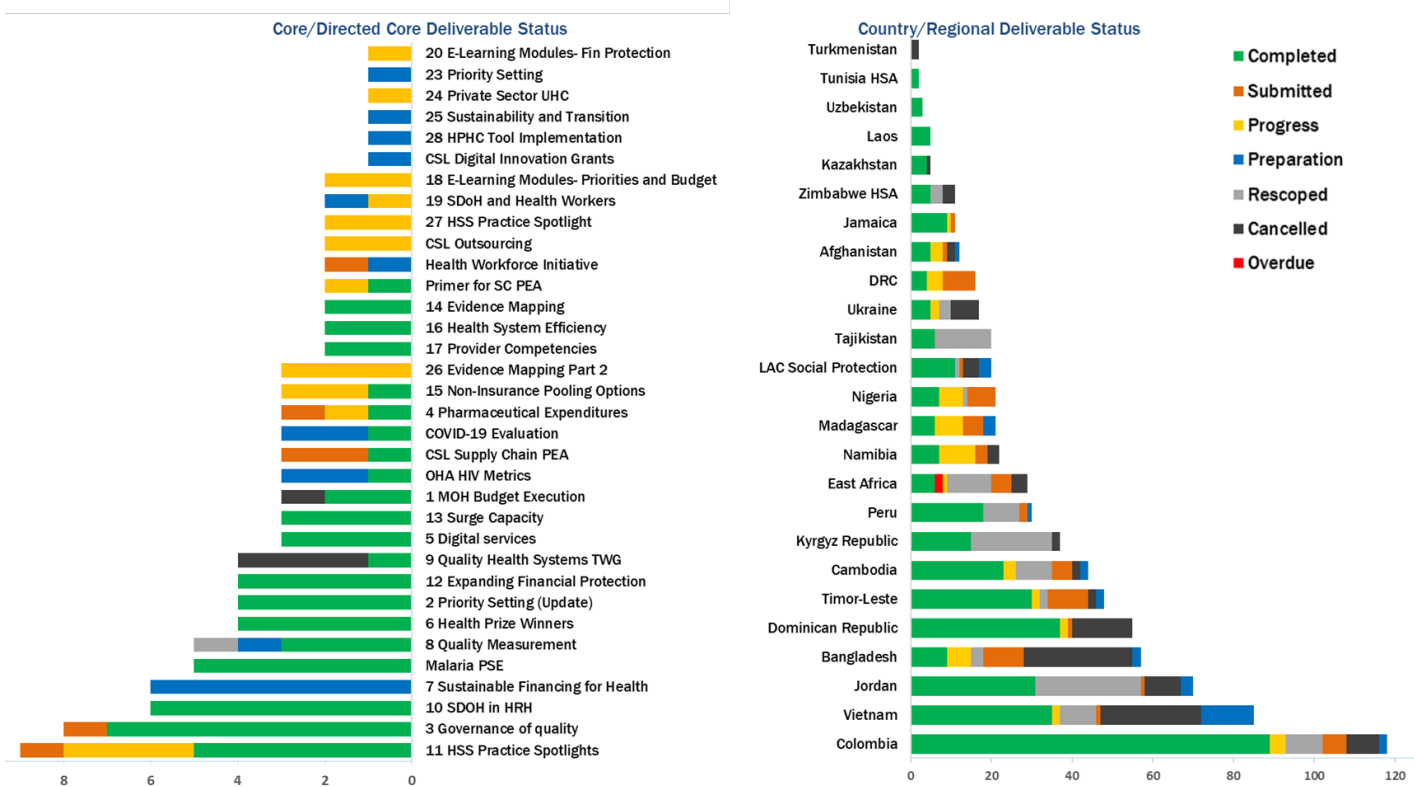
In FY23 Q3, LHSS finalized and received AMELP approval for the following countries: Ukraine, LAC, Tajikistan, Colombia, and Cambodia. USAID is currently reviewing AMELPs for Madagascar, Jamaica, Afghanistan, and the Core Health Workforce Initiative (HWI) Activity. AMELP revisions in FY23 included alignment of the indicators and learning questions to the project's Sustainability and Transition plans and USAID's CBLD-9 indicator on organizational performance improvement. In Q3, several country activities hosted learning sessions which explored learning questions aligned with the core project objectives including sustainability. These sessions included local health system counterparts and stakeholders in Ukraine, Vietnam, Nigeria, Colombia, and Peru.

Quality Assurance. LHSS continued using the Quality Tracking, Assurance and Planning tool (QTAP), designed to support country teams and reviewers in managing the different stages of review before submission to USAID. In Q3, 243 deliverables were reviewed by LHSS senior advisors to assure quality. LHSS successfully submitted 116 deliverables to USAID for approval.

LHSS submitted the FY23 Q2 report to USAID on April 27, 2023. The LHSS Contracting Officer's Representative (COR) approved the report on June 13, 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 currently implementing 44 work plans and has completed an additional 20 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 2022. To date in FY23, LHSS has completed an additional 9 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), Core Activity 17 (Provider Competencies), Core Activity 14 (Evidence Mapping, Part 1), CSL Supply Chain Political Economy Analysis (PEA), And Core Activity 13 (Surge Capacity and Knowledge Sharing). At the end of Q3, a cumulative 69 percent of all deliverables were completed, 12 percent of deliverables are being reviewed for approval, and 11 percent of deliverables are in progress. (Figure 1).

Figure 1. Status of LHSS Activity Deliverables, June 30, 2023



GLOBAL KNOWLEDGE STRATEGY

As the project approaches its final year, LHSS submitted its Global Knowledge Strategy to the COR. The strategy focuses on synthesizing and broadly disseminating lessons and promising practices to inform and advance the global field of integrated health systems strengthening. Building on ongoing project learning processes and project implementation experience, the strategy will produce and disseminate high-quality knowledge products highlighting what is needed to sustain health system performance improvements at the country level. Products developed under the strategy will provide seminal material for the country-specific learning section of LHSS's Final Activity Report and a global synthesis report on sustaining health system performance improvements.

LHSS has begun preparatory work on the global knowledge products and will report on progress in Q4. These products will focus on answering two overarching questions:

- Question 1: What are lessons learned regarding the drivers of health system performance improvement? What is needed for health system performance improvements to be sustained?
- Question 2: What promising practices have emerged to improve health system outcomes of equity, quality, resilience, and resource optimization?

MANAGEMENT AND PARTNERS

Overall, LHSS hired an additional 36 staff and engaged 21 new consultants worldwide. At the end of Q3, 252 staff were working on LHSS (not including consultants).

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

LHSS recently received feedback from USAID on the case study and summary report deliverables. The summary report presents an analysis of national quality policy and strategy design and implementation in 37 USAID priority countries to identify progress and gaps in governance of quality. The case study identifies and focuses on Rwanda and Zambia as positive deviances from the 37-country data. It documents promising practices, challenges, and learnings for establishing and strengthening governance of quality infrastructure. Both reports are intended to inform global guidance and programming for improved quality of care and health outcomes.

CORE ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

- LHSS and the Vietnam Ministry of Health hosted a workshop to present pharmaceutical expenditure data to policy makers and obtain their feedback on whether and how the data informs their policy priorities.
- LHSS developed a policy brief that presents pharmaceutical expenditure data according to priorities shared by policy makers.

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

- LHSS received COR approval of the technical briefs on Learning Question 1 (systems thinking) and Learning Question 5 (localization and whole of society engagement). These two briefs represent the final deliverables under Activity 14.
- The Evidence Gap Map page on the LHSS website has been viewed 3,379 times since it went live in February 2023.

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

- LHSS has been actively planning for the webinar on non-insurance scheme pooling options for universal health coverage (UHC) designed for USAID audiences, planned for September 2023.
- The Activity team has finalized a draft of the non-insurance scheme pooling options e-learning module and has begun building out the module in partnership with TRG.

CORE ACTIVITY 16: ACHIEVING EFFICIENCY IN HEALTH SYSTEMS

- With final COR approvals received for the Catalog of Approaches to Improve Technical Efficiency in Health Systems and Learning Brief deliverables, this activity is now complete.
- Both deliverables were disseminated on the LHSS website. The Learning Brief was also posted to the Joint Learning Network (JLN) website to reach a broader audience.

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

LHSS completed storyboarding and packaging course content to the first draft of the e-learning modules on priority setting and budget execution for health.

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

LHSS solicited external reviews of the Process Guide from subject matter experts in Malawi, Pakistan, and the Philippines and received positive feedback. A key objective of these external reviews was to gather input from diverse settings to ensure broad relevance and utility of this resource.

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

LHSS developed the macro-design for the e-learning module on expanding financial protection, including a draft plan to host and launch the module.

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

- LHSS has received USAID-Washington approval to present the learnings from this activity during a budget execution session at the 2023 WHO Montreux Collaborative on Fiscal Space, Public Financial Management and Health Financing in November 2023.
- The Activity team has received concurrence from the USAID Mission in Peru to move forward with this activity and began developing a scope of work for a local consultant who will provide technical assistance to the Ministry of Health to better link budget formulation and execution with priority-setting processes.

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

- LHSS screened over forty tools and guidance documents on private sector governance for potential use in the toolkit.
- LHSS and USAID agreed to create an informal advisory group of private sector and governance experts to consult on the content of the toolkit.
- LHSS and USAID agreed on the Articulate/Rise 360 platform to host the live toolkit.

CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

- LHSS developed and received positive feedback on an annotated outline of the Sustainability and Transition toolkit and submitted a first draft of the toolkit with links to selected tools for USAID review.
- LHSS completed an internal quality assurance review of the selected tools.

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

- LHSS finalized the full-text review and tagging of peer-reviewed and gray literature for Learning Question 4 (integration and engagement of local voices) and Learning Question 6 (social and behavior change). The final set of articles were uploaded to the existing HSS Evidence Gap Map platform for USAID reviews.
- LHSS developed a concept note for the second virtual technical deep dive and started the planning process for this next webinar. The technical deep dive will focus on sustainability and scale in HSS (Learning Question 2).

CORE ACTIVITY 27: HSS PRACTICE SPOTLIGHTS

- LHSS produced and submitted two externally written briefs, *Social Accountability and Social and Behavior Change* and *Digital Financial Services for Health*.
- LHSS obtained positive feedback from USAID on the annotated outline of a new Spotlight brief on the social determinants of health. LHSS will consult with the brief's advisory committee to validate the outline and will begin drafting the brief.

CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

- LHSS successfully identified and onboarded local consultants to support the implementation of the High Performing Health Care (HPHC) tool in Colombia and Timor-Leste. The consultants are responsible for leading in-country efforts to introduce and implement the tool.
- LHSS expanded and validated country-specific listings of health-related organizations that will be included in the HPHC survey sample. The organizations range from the public and private sectors to local NGOs and international health organizations.
- LHSS began socializing the HPHC tool with key stakeholders in Colombia and Timor-Leste, including Ministries of Health and USAID Missions.

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 delivered a global webinar to disseminate the primer for supply chain political economy analysis, with strong attendance and positive feedback from USAID's Office of Population and Reproductive Health, Commodity Security and Logistics Division (CSL).
- LHSS disseminated the primer through the global webinar, social media postings and publication on the LHSS website.

CSL SUPPLY CHAIN PEA

LHSS and the USAID Commodity Security and Logistics (CSL) Division in the Office of Population and Reproductive Health agreed to finalize planned deliverables and close the activity.

TESTING PEOPLE-CENTERED HIV METRICS

LHSS implemented the final step (Phase 2) of the research at the two study sites (Mpadue and Bairro Matundo health facilities) in Tete Province, Mozambique. In all, 40 individual interviews were conducted among program staff, providers, and clients.

COVID-19 LEARNING ACTIVITY

- Following the successful Proof-of-Concept sessions in each of the five countries participating in this activity (Colombia, Peru, Ghana, South Africa, and Tajikistan), the activity team determined that the complexity aware monitoring method for this activity will be the Most Significant Change method.
- LHSS developed and submitted the Research Protocol for this activity to USAID, incorporated feedback and resubmitted the protocol to the COR for approval.
- The activity team developed an umbrella scope of work (SOW) to hire the local consultants which can be tailored for each country context. The consultancies were posted in each country and the activity team has been actively conducting interviews with the candidates.

INTEGRATING COMMUNITY HEALTH WORKERS IN PRIMARY HEALTHCARE

- LHSS held a virtual expert convening to validate findings from the desk review completed in Q2 and documented additional country experiences from practitioners in the field.
- LHSS developed a technical brief to synthesize findings from the desk review and global expert convening. These findings will be used to design technical assistance interventions in Phase 2 of the Activity.
- LHSS received concurrence from the USAID Missions in Namibia and Mozambique to proceed with the in-country technical assistance portion of the Activity. Phase 2 of the Activity will begin with a scoping trip to Namibia in Q4.

BUILDING PRIVATE SECTOR E-COMMERCE CAPACITY THROUGH INNOVATIVE FINANCING (CSL)

LHSS finalized the grant application form and is prepared to advertise the grant opportunity in Ghana and Uganda, pending concurrence from the USAID Missions in Ghana and Uganda.

DECISION SUPPORT TOOL FOR OUTSOURCING SUPPLY CHAIN SERVICES (CSL)

- LHSS completed a desk review of supply chain outsourcing and private sector engagement initiatives related to health service delivery in low- and middle-income countries (LMICs). Findings from the desk review and Q2 expert advisory group interviews were compiled and presented to USAID in early May 2023.
- LHSS developed a detailed outline of the Decision Support Tool and adaptable slide deck and developed an inventory of private sector engagement outsourcing models for USAID's review in June 2023.

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.

AFRICA

LHSS DEMOCRATIC REPUBLIC OF CONGO

- The LHSS DRC Activity hosted a workshop with implementing partners in May 2023 to disseminate the findings from the health financing landscape analysis. This analysis produced stakeholder consensus on findings and recommendations which include strengthening the management capacity of the Finance and Administration Directorate.
- As part of its continuous support to the Ministry of Health's (MOH) Finance Administration Directorate, LHSS has finalized indicators for the MOH's Logistics and Assets Management Strategy.
- LHSS also worked with the Finance Administration Directorate to produce the legal documents necessary to implement the information system for the Directorate's Logistics and Assets Management strategy. The Activity will support the dissemination of these documents in Q4.

LHSS EAST AFRICA REGION

- LHSS collaborated with its grantee, the Intergovernmental Authority on Development (IGAD), and project partners to conduct a landscape assessment in the Djibouti/Ethiopia cross-border site, Ghalafi/Semera, from April 24 – May 3, 2023. This assessment focused on understanding the site's digital health information system and health financing landscape. It included high-level engagement with Ministry of Health (MOH) officials in both countries, the Semera Regional Bureau in Ethiopia, key informant interviews with cross-border officials, and health management teams. Results will inform LHSS's interventions with site cross-border health actors to improve the digitization and interoperability of facility health information systems, as well as areas of opportunity in developing health financial protection options for cross-border populations.
- In collaboration with the Health Information System Program and a local subcontractor, IntelliSOFT, LHSS deployed the cross-border digital health solution module in nine health facilities at three Kenya/Uganda cross-border sites (including Busia, Malaba, and Sio Port). The deployment exercise included the installation of the upgraded cross-border digital health solution module, which will enable the sharing of health information across facilities, and training of health facility data managers and health information system users.
- IGAD and LHSS collaborated on a review of financial protection options for vulnerable mobile and cross-border communities. This review included key informant interviews with national and sub-national health stakeholders in Djibouti and Ethiopia. The findings were used to build upon a previously conducted desk review and develop a report of health financial protection options for cross-border communities that can be further explored and tested in the East African Community (EAC) and IGAD regions. LHSS plans to disseminate the report to IGAD and EAC stakeholders during a Regional Intergovernmental Organization (RIGO) workshop scheduled for November 2023.

LHSS MADAGASCAR

- The LHSS Madagascar Activity organized a team building workshop in May 2023 with the Ministry of Health's (MOH) Universal Health Coverage (UHC) Unit to align the Activity's work plan interventions with the UHC Unit's annual work plan. LHSS collaborated with the Unit to prioritize and determine which interventions will be supported by LHSS going forward, and those to be implemented in collaboration with other development partners. Modalities of collaboration between the new LHSS Madagascar leadership (which began in Q2) and the UHC Unit team were established.
- The Activity updated a technical note to guide development of the community-based health insurance (*mutuelles*) capacity strengthening plan. The note highlights the need to establish larger risk pools instead of the small economic savings groups or agricultural cooperatives that are currently being discussed by the government.
- The Activity hired additional technical and administrative staff, including the financial and administrative director, the monitoring and evaluation advisor, and the health financing advisor.

LHSS NAMIBIA

- With LHSS's support, the Ministry of Health and Social Services, through its Directorate of Special Programs, has secured the Namibian Cabinet's approval of the social contracting policy (Decision No 4th /4.4.23/002). This marks a pivotal moment for the sustainability of Namibia's HIV response, allowing the Ministry to contract civil society organizations to provide health and HIV services. Historically, these services have typically been provided at community levels and are mostly dependent on donor funding.
- LHSS co-facilitated a meeting with stakeholders on health financing in Namibia. Results from this meeting determined the direction of health financing reforms required for Namibia to make progress towards achieving Universal Health Coverage (UHC). Representatives from key sectors, including government ministries, private providers, medical aids funds, regulatory bodies and development partners participated. Participants reached consensus on suitable options for health financing that will be incorporated into the UHC policy. LHSS is supporting the Ministry in developing this policy.
- LHSS collaborated with the Ministry to convene three stakeholder working group sessions to apply selection criteria for health interventions that will be included in the essential health services package. Having ranked and prioritized the health interventions, LHSS will conduct scenario analyses on the affordability and budget impact of intervention options for inclusion in the essential health services package.
- The Global Fund's Technical Review Panel has approved Namibia's grant application for HIV/AIDS, Tuberculosis, and Malaria, paving the way for the grant to be awarded. This accomplishment is attributed in part to the technical support provided by LHSS to the Ministry's Global Fund Program Management Unit.

LHSS NIGERIA

- LHSS collaborated with state counterparts in Nasarawa State to release health equity funds from the 13 local government authorities. These funds will provide health insurance coverage for an additional 10,000 people classified as vulnerable by the state. The state also initiated the enrollment of approximately 50,000 individuals comprising of local government authority employees and their dependents in the social health insurance scheme.

- LHSS conducted state-level training-of-trainers on facility and financial management in Nasarawa and Plateau States using a standardized national toolkit, training over 1000 individuals at the state and local government authority levels. Step-down trainings have also been completed by officials who received LHSS training. Based on this wide reach of personnel trained, LHSS expects to see improved financial management in subsequent quarters.
- In Lagos, LHSS supported the enrollment of an additional 820 Persons Living with HIV (PLHIV) in financial protection schemes through community support groups and USAID- implementing partners. A total number of 1,373 PLHIV have been enrolled since the beginning of the LHSS project.

ASIA

LHSS AFGHANISTAN

- LHSS supported seven grantees, including the Afghan Social Marketing Organization (ASMO), to sell and provide priority health products and services, delivering over 50,000 couple years of protection through an expanded choice of family planning methods. Together, the grantees also generated over 15,000 person years of protection through iron folate, chlorhexidine gel for umbilical cord care, and micronutrients; protected over 4,000 people from water-borne diseases through disinfection of approximately 10 million liters of water with chlorinated water treatment solution; and treated more than 100,000 under-five diarrheal cases with zinc and oral rehydration salts.
- With LHSS support, 28 new midwives joined the Afghan Social Marketing Organization's midwifery network in Herat province, expanding the network to 144 midwives 31 hospitals and 126 pharmacies across Herat, Nangarhar, and Kabul. In Q3, midwives made 467 patient referrals to nearby hospitals.
- LHSS awarded grants to seven new organizations (six health service providers and one technical assistance provider) in April 2023. The grantees reached over 200,000 beneficiaries with social and behavior change (SBC) messages, provided priority health services to approximately 90,000 patients (16 percent of whom were indigent individuals and 65 percent of whom were women), provided approximately 15,000 low-income clients with free or discounted services using integrated financing schemes, and reached over 6,000 children under five with nutrition-specific interventions.

LHSS BANGLADESH

- With LHSS support, six municipalities from Rajshahi and Sylhet Divisions developed costed primary health care (PHC) implementation plans tailored to their specific needs and conducted internal reviews before receiving approval for the plans by their mayors. These budgeted plans reflect prioritized activities for the next fiscal year of each municipality.
- To optimize the use of health assistants hired in Rajshahi City Corporation, LHSS collaborated with health administrators to prepare terms of references, which were subsequently approved and implemented. LHSS also worked collaboratively with the City Corporation to train 100 health assistants on their revised scopes of work, technical roles, and routine reporting processes.
- Following LHSS's sustained efforts to facilitate collaboration between Bogura Municipality and the private sector entity, Light House, the two parties signed the greatly anticipated agreement after receiving approval from the Ministry of Local Government. Under this public-private partnership, Light House will begin opening four PHC clinics in underserved areas of the municipality, which may benefit up to 85,000 residents.

LHSS CAMBODIA

- LHSS supported the General Secretariat's National Social Protection Council (GS-NSPC) in officially launching the Digital Social Protection Platform, which links various existing social protection platforms using a unique Social Protection ID across various social protection platforms. The deputy prime minister and US chargé d'affaires presided over the event.
- Twenty-seven communes in Kampong Cham and Svay Rieng budgeted for TB activities in their Commune Investment Plans for the first time, consistent with the LHSS Community TB model to mobilize additional sustainable domestic sources of funding.
- LHSS worked with Battambang provincial leadership, the Ministry of Interior, President's Malaria Initiative, USAID implementing partners, and civil society organizations to develop and cost a prevention of re-establishment of Malaria sustainability model. The province has not reported any malaria deaths in over three years. As Battambang enters the elimination stage, the province will need systems to sustain their response and strategies to mitigate the risk of re-establishment.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

- The USAID Health System Sustainability Activity (the Activity) and the Ministry of Health (MOH) successfully conducted the first meeting of the Health Management Information System Technical Working Group (HMIS TWG). This platform brings together internal and external stakeholders to strengthen the HMIS and promote holistic engagement.
- The Activity and the MOH organized a validation workshop to review the findings from the health labor market analysis. This analysis provides insights into the status and pipeline of the health workforce, which will inform the development of the next iteration of the multi-year National Strategic Plan of Human Resources for Health.
- The Activity led coaching sessions for members of the new Health Financing Unit to strengthen their skills in data collection and analysis. As a result, the Unit conducted a preliminary analysis of the MOH's 2019-2022 public health expenditures and presented preliminary findings to the MOH's director of Budget and Financial Management. Being able to present this type of analysis represents a significant milestone considering the Unit's nascency.
- The Activity celebrated the first anniversary of *Rede ba Saude Timor-Leste (Rede ba Saude)*, a network of health sector civil society organizations, at an event honored by the presence of His Excellency the President of the Republic of Timor-Leste and the Chargé d'Affaires of the U.S. Embassy in Timor-Leste. The event provided *Rede ba Saude* an opportunity to advocate for increased accountability in the health sector.

LHSS VIETNAM

- With LHSS's support, the MOH and Vietnam Social Security (VSS) granted electronic logistic management information system (eLMIS) accounts to national and provincial government stakeholders, health facilities, and TB drug suppliers. LHSS provided training to approximately 2,000 health staff on social health insurance TB drug quantification and eLMIS use. The eLMIS is strengthening Vietnam's ability to effectively manage the Social Health Insurance's TB program through enhanced oversight of TB commodity quantification, procurement, supply, utilization, reallocation, and cost reimbursement.
- The Drug Administration of Vietnam granted marketing authorization extensions for two antiretrovirals (ARVs), including Tenofovir Disoproxil Fumarate, Lamivudine, and Dolutegravir and Tenofovir Disoproxil Fumarate, Lamivudine, and Efavirenz 400 mg Tablets. In sum, these

ARVs address the needs of over 90 percent of patients receiving antiretroviral therapy (ART) through Social Health Insurance. The extended marketing authorizations are a legal prerequisite to ship these ARVs to health facilities. Increased access to these drugs will facilitate continuous access to lifesaving treatment for approximately 140,00 people living with HIV (PLHIV).

- LHSS worked with the Vietnam Administration for HIV/AIDS Control (VAAC) to develop a web-based tool designed to enhance the efficiency and effectiveness of HIV program monitoring at the national and provincial levels in the areas of resource planning, budget allocation, and expenditures. This web-based tracking tool helps improve the accuracy, validity, and timeliness of the data reported by the provincial Centers for Disease Control and VAAC. Data extracted from this tool can be used to inform budget planning and advocacy efforts for local budget increases.

EUROPE / EURASIA

LHSS UKRAINE

- In a key step to establishing a legal foundation to broaden use of telemedicine services in primary, specialized, emergency, palliative, and rehabilitation care, the Government of Ukraine submitted a draft law *On Amendments to Certain Legislative Acts of Ukraine on the Functioning of Telemedicine* to the Parliament of Ukraine on June 16, 2023. The Ministry of Health (MOH) introduced the draft with LHSS support. After its review, the Parliament Health Committee recommended adoption of the draft law on June 27, 2023.
- At the MOH's Inter-Agency Working Group on Telemedicine meeting held on May 30, 2023, LHSS shared findings from its landscape assessment to update policy makers, development partners, and other stakeholders on the state of telemedicine in Ukraine. The working group is a platform, established with LHSS support, for stakeholders to contribute to and remain informed about the development of telemedicine and related coordination efforts. Views discussed during the meeting were incorporated into updated policies and regulatory frameworks.
- The MOH, National Health Service of Ukraine, and State-Owned Enterprise eHealth approved a set of comprehensive policies and detailed project plans that were drafted with technical assistance from LHSS. In sum, these policies and plans constitute the design of Ukraine's telemedicine model. The approvals have paved the way for LHSS to formulate comprehensive technical specifications around teleconsultation, telemetry, and teleradiology functionalities within the central eHealth database.

LATIN AMERICA AND CARIBBEAN

LHSS COLOMBIA VRIO

- LHSS and the Ministry of Health (MOH) held the National Conference on Health and Migration in Medellín attended by over 300 stakeholders to exchange experiences for integrating the migrant population into the national health system.
- During a follow up webinar for the MOH's Plan for the Reduction of Maternal Mortality on May 18, 2023, held by LHSS in collaboration with the MOH, Dr. Humberto Mendoza, Secretary of Health of Barranquilla, commended the project for its support to the MOH enrolling migrants into the national health system. The Secretary also praised LHSS for developing "enhanced technical competencies" through a hands-on course for health workers on quality improvement to reduce extreme maternal morbidity.

- LHSS collaborated with community-based organizations in Cucuta to develop a communication and social participation strategy to promote migrant enrollment in health insurance. Increased enrollment of migrants in health insurance promotes sustainable public financing by reducing the funds required by territorial governments to cover the uninsured.

LHSS DOMINICAN REPUBLIC

- LHSS collaborated with the government and private sector stakeholder to co-create a roadmap to increase private sector participation in Dominican Republic's (DR) national HIV response. The roadmap will be owned by the government and used as a living document to improve coordination and collaboration between private and public health sector entities.
- LHSS developed a tool to assess community-based services in selected PEPFAR and non-PEPFAR supported HIV clinics. The tool will help identify the availability of facility-level resources, data collection and planning processes, and barriers to delivering and expanding community-based services. Results from the assessment (being conducted in Q4) will guide government counterparts and implementing partners to enhance planning and mobilization of resources required to deliver community-based services.

LHSS LAC BUREAU

- With LHSS support, the Interinstitutional Interagency Board of Health and Migration in Honduras validated the Activity's Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts. As a result of actively seeking input from the Board, the proposed Roadmap interventions will be included in the Board's Strategic Plan, thereby increasing the likelihood of their implementation.
- LHSS hosted a webinar titled "Advancing Health Care Access for Women Migrants in Latin America" in June 2023. The event featured four panelists from organizations across the Latin America and Caribbean region who discussed a range of priority topics including challenges expanding social health protection for migrant women, strategies for strengthening social health protection policies, and promising practices to promote collaboration among various actors to strengthen social health protection for women and children in high-migration contexts.

LHSS PERU MONKEY POX (MPOX)

- LHSS completed implementation of the communication campaign to prevent mpox in the high-burden populations through community activities and social media dissemination with the Regional Health Directorates of Loreto and La Libertad, the Integrated Health Network Directorates of North Lima, Central Lima, and South Lima, and community-based organizations from Lima, La Libertad, and Iquitos.
- LHSS worked in close collaboration with the MOH to finalize resource documents for the MOH, the Integrated Health Network Directorates, Regional Health Directorates and the Regional Health Management Offices to strengthen the national Monkey Pox (mpox) response. These new resources include regional-level guidance to implement the National Technical Norm for the Prevention and Case Management of Patients Affected by mpox, and a report summarizing technical assistance provided.

LHSS PERU (PEPFAR)

- LHSS supported the MOH and other partners to draft a bill that would enable migrants and refugees living with HIV and/or TB in Peru to access Public Health Insurance. On June 7, 2023, Congresswoman Paredes formally presented the bill to the Congress of the Republic.

- LHSS and the MOH finalized technical documents supporting improved HIV services for both Venezuelan migrants and Peruvians living with HIV. These new resources include: the technical dossier to modify the results-based budget (Ppr 016 TBC – HIV / AIDS), enabling public sector financing of new HIV prevention and surveillance measures; a policy proposal to incorporate community-based organizations in the provision of services for screening and linking persons living with HIV (PLHIV) to antiretroviral treatment (ART) care; and a methodological guide to decentralize ART centers to primary healthcare facilities.
- LHSS concluded an assessment of structural barriers to inclusion and access to services for LGBTQ migrants. The assessment will guide public and international cooperation toward improving HIV services for LGBTQ migrant and non-migrant populations.

MIDDLE EAST

LHSS JORDAN

- LHSS worked with the private sector to develop and upload 12 online Continuing Professional Development (CPD) courses to the E-JAWADA platform. As of June 19, 2023, 7,877 CPD course completion certificates have been issued to health care professionals, including physicians and nurses.
- LHSS trained 70 participants on “Best Practices in Intensive Care Unit (ICU) Management” and 32 nutritionists and pharmacists on phase one of the “Nutritional Management for ICU Patients” program.
- LHSS completed the first draft of the CPD Sustainable Finance Strategy to propose funding sources for the implementation of the Jordanian Health Professional License Renewal Bylaw requiring the establishment of the CPD system for health care professionals.
- USAID’s Monitoring, Evaluation and Learning (MEL) Activity started the mid-term evaluation of the LHSS Jordan Activity. This evaluation will identify remaining priorities toward institutionalizing CPD and inform future health system strengthening priorities in Jordan.
- LHSS participated in the MEL Conference and Expo organized by the Monitoring, Evaluation and Learning Activity Project on June 13-14, 2023. LHSS facilitated a CPD panel and shared a data-driven development strategies infographic and the Collaborating, Learning, and Adapting competition submission on the COVID-19 call center for contact tracing.

COUNTRY ACTIVITIES FUNDED THROUGH AMERICAN RESCUE PLAN ACT 2021

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

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

LHSS COLOMBIA (ARPA)

- LHSS grantee, Fundación SIDOC, completed capacity strengthening initiatives in mental health, reaching more than 300 Venezuelan migrants and members of host communities in Cali. These initiatives encompassed promoting, preventing, and supporting strategies to enhance emotional well-being. The goal of this effort is to strengthen social-emotional skills and equip participants with the necessary tools to respond to mental health challenges.

Strengthening the capacity of target populations in this area will help them cope effectively with existing and potential future health shocks.

- LHSS grantee, Sociedad Colombiana de Pediatría, organized Regional Vaccine Update Forums in Cartagena, Cali, and Bucaramanga. Attended by over 500 doctors, pediatricians, and vaccinators, the forums are expected to positively impact COVID-19 and other vaccination coverage by improving participants' knowledge about the vaccines and addressing any concerns and questions related to their effectiveness and vaccination myths.
- LHSS won first place at the inaugural Congress on Public Health and Epidemiology conference for its poster documenting Colombia's experiences responding to COVID-19 from 2020 to 2022.

LHSS JAMAICA (ARPA)

- Following work plan approval at the beginning of Q3, LHSS began implementation of workplan Objective 1 in collaboration with its grantee, Health Connect Jamaica (HCJ), to develop an internal and external communications strategy to guide development of promotional video and radio spots. These products will raise awareness of the organization's provider network and drive demand for the services offered. LHSS also started work under Objective 2, completing a desk review of relevant social contracting literature pertaining to Jamaica and the Caribbean region. LHSS collaborated with the Ministry of Health and Wellness to identify areas where LHSS can support the Ministry's social contracting mechanisms to improve their partnerships with the private health sector.
- LHSS awarded a follow-on grant to HCJ. The grant will allow HCJ to continue administering COVID-19 vaccines through its provider network and supports HCJ's institutional capacity strengthening goals.

LHSS TAJIKISTAN (ARPA)

- Over 195 health workers from rural health facilities in the Bokhtar zone participated in the World Immunization Week events hosted by LHSS, the Republican Center for Immunoprophylaxis, and the Republican Healthy Lifestyle Center in April 2023.
- LHSS conducted monitoring and mentoring visits in eight pilot districts in Bokhtar region to assess knowledge among health workers on proper vaccine procedures. Previous monitoring results indicated high staff turnover and knowledge gaps among newer employees. During the monitoring visits, LHSS trained 125 health care workers to address these gaps. Subsequent knowledge assessment results showed a significant increase (23 percent) in vaccination safety knowledge, improvement of vaccine storage practices, and enhanced recording and reporting on COVID-19 vaccine usage.
- LHSS, the Bokhtar Department of Health, and the Ministry of Health and Social Protection of Population (MoHSPP) held a training of trainers for 60 health facility staff from Bokhtar and Sughd regions on medical waste management techniques. This training aimed to strengthen the capacity of local trainers and improve infection prevention control at health facilities.
- To combat misinformation and increase community commitment to vaccinations, LHSS and the Republican Healthy Lifestyle Center co-organized a workshop for 30 health specialists and media representatives in Khatlon region and held a recognition event for local journalists.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY TIMOR-LESTE (ARPA)

- The USAID Health System Sustainability Activity's (the Activity) completed a feasibility assessment for integrating the COVID-19 call center with the ambulance and emergency call centers. The assessment provided insights into the National Service of Ambulance and Medical Emergency five-year strategic plan (2023-2028) that prioritizes the improvement of call centers with a focus on the functional and operational aspects of the call centers' integration.
- The Activity, through its grantee, *Hamutuk Nasaun Saudável* (HAMNASA), supported the Ministry of Health (MOH) in administering COVID-19 vaccines to school-age children (12–17 years) in six municipalities. A total of 1,632 vaccines were administered in the six municipalities, representing a 251 percent increase from Q2). These vaccines included 438 first doses (198 males and 240 females), 344 second doses (152 males and 192 females), and 850 boosters (329 males and 521 females).

SECTION 2: QUARTERLY PROGRESS REPORTS FOR CORE-FUNDED ACTIVITIES

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

HIGHLIGHTS THIS QUARTER

LHSS recently received feedback from USAID on the case study and summary report deliverables. The summary report presents an analysis of national quality policy and strategy design and implementation in 37 USAID priority countries to identify progress and gaps in governance of quality. The case study identifies and focuses on Rwanda and Zambia as positive deviances from the 37-country data. It documents promising practices, challenges, and learnings for establishing and strengthening governance of quality infrastructure. Both reports are intended to inform global guidance and programming for improved quality of care and health outcomes.

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.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

UPCOMING EVENTS

No upcoming events.

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 and the Vietnam Ministry of Health hosted a workshop to present pharmaceutical expenditure data to policy makers and obtain their feedback on whether and how the data informs their policy priorities.

- LHSS developed a policy brief that presents pharmaceutical expenditure data according to priorities shared by policy makers.

QUARTERLY ACTIVITY PROGRESS

Intervention 2: Build Country Capacity for Production and Use of Pharmaceutical Expenditure Data to Improve Decision-Making.

LHSS addressed comments from USAID on the revised draft resource for tracking pharmaceutical expenditures (PE) and proposed additional language on trade-offs for tracking PE. Once USAID approves the updated draft, LHSS will finalize the resource and publish it on the websites of LHSS and the Medicines, Technologies, and Pharmaceutical Services Program (MTaPS).

Using PE data from Vietnam and inputs from pharmaceutical policy makers, LHSS developed a policy brief which informs Vietnam’s pharmaceutical policy priorities (such as financial protection and rational use of medicines) and provides recommendations for future PE tracking efforts.

LHSS was invited by WHO to participate in a panel on PE tracking at the International Health Economic Association pre-conference session on July 9, 2023. The Quality Assurance advisor for this activity will represent the team on this panel.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

Policy Brief: Pharmaceutical Expenditure Tracking in Vietnam. Submitted June 30, 2023.

EVENTS NEXT QUARTER

- No events scheduled.

PRIORITIES NEXT QUARTER

- N/A.

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 received COR approval of the technical briefs on Learning Question 1 (systems thinking) and Learning Question 5 (localization and whole of society engagement). These two briefs represent the final deliverables under Activity 14.

- The Evidence Gap Map page on the LHSS website has been viewed 3,379 times since it went live in February 2023.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Conduct Evidence Mapping and Descriptive Analysis.

All activities under Intervention 1 were completed in Quarter 2. Evidence mapping and descriptive analyses of the remaining Learning Questions 4 and 6 will be developed under Activity 26, the follow-on to Activity 14.

Intervention 2: Review and Compile Learnings from The Evidence.

LHSS received COR approval of technical briefs for Learning Questions 1 and 5, submitted respectively to USAID on April 14, 2023, and May 14, 2023. Both briefs were published on the LHSS website under the Resource Center and the Evidence Gap Map homepage. The technical briefs covering the remaining Learning Questions 4 and 6 will be developed under Activity 26.

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

Activity 14 is now completed. Continued work is ongoing under Activity 26.

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

HIGHLIGHTS THIS QUARTER

- LHSS has been actively planning for the webinar on non-insurance scheme pooling options for universal health coverage (UHC) designed for USAID audiences, planned for September 2023.
- The Activity team has finalized a draft of the non-insurance scheme pooling options e-learning module and has begun building out the module in partnership with TRG.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Identify and Assess Non-Insurance Scheme Options for Risk Pooling.

The landscape report and accompanying briefs were completed in September 2022.

Intervention 2: Disseminate Learning to Global Audience.

LHSS has finalized the draft content and structure for the e-learning module to disseminate findings on pooling options to support progress toward UHC. This module is geared towards USAID/Washington and Mission staff and its content is drawn from the landscape report and briefs produced under Intervention 1. The module will provide an interactive learning experience to

deepen participants' understanding of reforms that can improve pooling arrangements in accordance with the country context. LHSS is developing the e-learning module, which will be completed in Q4.

LHSS has been actively planning for the upcoming webinar on non-insurance scheme pooling options for UHC. This event will be geared toward USAID/Washington and Mission staff. Pending COR approval, the webinar will be held on September 7, 2023. The activity team is collaborating with international health financing experts to develop the webinar content and format in consultation with USAID. In Q4, LHSS will develop an event concept note for USAID's review, finalize the webinar content and work with USAID to promote 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

LHSS will host a webinar for USAID/Washington and Mission staff on September 7, 2023.

PRIORITIES NEXT QUARTER

- Finalize webinar content and planning and host the webinar in September 2023.
- Complete the e-learning module and submit to USAID.

CORE ACTIVITY 16: ACHIEVING TECHNICAL EFFICIENCY IN HEALTH SYSTEMS

HIGHLIGHTS THIS QUARTER

- With final COR approvals received for the Catalog of Approaches to Improve Technical Efficiency in Health Systems and Learning Brief deliverables, this activity is now complete.
- Both deliverables were disseminated on the LHSS website. The Learning Brief was also posted to the Joint Learning Network (JLN) website to reach a broader audience.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Catalog of Approaches to Improve Technical Efficiency.

The Catalog of Approaches is a compilation of the literature organized by health system function (i.e., health workforce, financing, governance, digital health, service delivery, and pharmaceutical products and supply chains). This new resource highlights various approaches countries have used to measurably improve technical efficiency in these key health system function areas. Practitioners will use the Catalog to explore which interventions hold the greatest promise of practical application in their country, based on robust evidence and field experience in diverse settings. The Catalog of Approaches was submitted to USAID for review and approval on September 28, 2022, and final COR approval was received on April 3, 2023.

Intervention 2: Virtual Learning Exchange.

LHSS, in collaboration with the Joint Learning Network for Universal Health Coverage, organized and facilitated a virtual learning exchange titled Human Resources for Health, Resource

Optimization to Improve Health Care Service Delivery and Quality. Policy makers, academics, and frontline practitioners from 12 countries participated in two virtual events. Following the learning exchanges, LHSS developed a learning brief to synthesize and disseminate learning from the exchanges. The Learning Brief 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. Following approval by the USAID activity manager on June 8, 2023, the COR provided final approval on June 13, 2023.

The Catalog of Approaches and Learning Brief deliverables were published on the LHSS website. The Learning Brief was also posted to JLN's website to reach a wider audience.

CHALLENGES

The timeline for this activity was extended to accommodate for any USAID feedback on deliverables.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

No upcoming events.

PRIORITIES NEXT QUARTER

With the recent COR approval of the Learning Brief deliverable, this activity is now complete.

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

HIGHLIGHTS THIS QUARTER

LHSS completed storyboarding and packaging course content to the first draft of the e-learning modules on priority setting and budget execution for health.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Develop and Disseminate the E-Learning Modules.

Technical teams from Activities 1 and 2 worked with an instructional designer from LHSS partner TRG to finalize on-screen text and structure for the e-learning modules. These included content organization and prototype flow such as interactions, graphics, design elements, and 'look and feel'. The draft e-learning modules are being edited and internally reviewed for quality assurance prior to being shared with USAID for feedback.

The Pan American Health Organization's (PAHO) technical officer will also review the draft modules prior to going live on PAHO's virtual campus.

CHALLENGES

LHSS continues to seek a mechanism to pay PAHO's virtual campus hosting fees.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

No upcoming events

PRIORITIES NEXT QUARTER

- Finalize PAHO's work order and determine a payment mechanism for PAHO's virtual campus hosting fees to expedite dissemination of the e-learning modules.
- Share a client-ready version of the e-learning modules draft with USAID.
- Share modules with PAHO for their review.
- Record and incorporate voiceover narrations and Beta-test the e-learning modules.
- Launch the finalized e-learning modules on PAHO's virtual campus platform.

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

HIGHLIGHTS THIS QUARTER

LHSS solicited external reviews of the Process Guide from subject matter experts in Malawi, Pakistan, and the Philippines and received positive feedback. A key objective of these external reviews was to gather input from diverse settings to ensure broad relevance and utility of this resource.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Pilot and Adapt the Process Guide.

LHSS coordinated with the LHSS Jordan team to flesh out and agree on the scope of the Process Guide pilot while pending approval from the USAID Mission in Jordan submitted in Q2. LHSS also developed a scope of work for a local consultant in preparation for upcoming in-country work. At the end of Q3, LHSS learned that the USAID/Jordan has declined to concur with this activity. LHSS has quickly pivoted to identify an alternate country to pilot the Process Guide and has held initial conversations with other LHSS country teams to explore interest and scope alignment. LHSS will continue these conversations and propose a new country to USAID in Q4.

In Q3, LHSS worked to strengthen global applicability of the Process Guide by engaging three experts associated with the training for Health Equity Network to review the resource. Said experts work in health workforce development and clinical practice in Malawi, Pakistan, and the Philippines and provided feedback on relevance, utility, and areas for improvement. LHSS will integrate this feedback along with learnings from the country pilot into the next iteration of the Guide.

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

This intervention has not started.

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

This intervention has not started.

CHALLENGES

Declined concurrence from USAID/Jordan to conduct the pilot and subsequent need for LHSS to identify a new country site will impact the activity timeline. The project will likely seek an extension for this activity from the COR once a new country is identified and LHSS has received concurrence from that USAID country Mission to proceed with the pilot.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

No upcoming events.

PRIORITIES NEXT QUARTER

- Continue engaging LHSS country teams to identify a new country to pilot the Process Guide, and secure Mission concurrence.
- Recruit and hire a local consultant to serve as in-country point of contact for implementation of the pilot once Mission concurrence is obtained.
- Collaborate with new country team to develop a stakeholder engagement process, co-design steps to pilot the Guide, and adapt selected social determinants of health-related competencies to the new country context.

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

HIGHLIGHTS THIS QUARTER

LHSS developed the macro-design for the e-learning module on expanding financial protection, including a draft plan to host and launch the module.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Develop and Disseminate the E-learning Module.

LHSS completed the macro-design of the e-learning module on expanding financial protection. The module will adapt the technical content from Activity 12's global literature review, the Senegal case study, and a compendium report for country practitioners on extending financial and nonfinancial protection schemes to people facing vulnerabilities. The module is intended to be interactive and will include a case study activity. This experiential learning will allow learners to explore methodologies suggested in the module and apply them using real life scenarios. To promote and disseminate the module broadly, LHSS is considering bilingual capabilities to reach Anglophone and Francophone populations. Potential hosting platforms include the LHSS and USAID websites.

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 host platform and adapt selected technical content from Activity 12 to the e-learning module.

CORE ACTIVITY 21: COUNTRY POLICIES AND STRATEGIES TO MITIGATE HEALTH WORKFORCE BURNOUT

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 approval of this activity.

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

HIGHLIGHTS THIS QUARTER

- LHSS has received USAID-Washington approval to present the learnings from this activity during a budget execution session at the 2023 WHO Montreux Collaborative on Fiscal Space, Public Financial Management and Health Financing in November 2023.
- The Activity team has received concurrence from the USAID Mission in Peru to move forward with this activity and began developing a scope of work for a local consultant who will provide technical assistance to the Ministry of Health to better link budget formulation and execution with priority-setting processes.

QUARTERLY ACTIVITY PROGRESS

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

LHSS began discussions with WHO in Q2 about sharing preliminary learnings from this Activity at the WHO Montreux Collaborative Agenda on Fiscal Space, Public Financial Management and Health Financing in November 2023. LHSS has since received USAID-Washington approval to present two country posters (topics TBD) and provide closing remarks during a budget execution session at this event. Sharing the Activity learnings via the Montreux Collaboration will provide a highly visible platform for LHSS to disseminate learnings and facilitate a rich discussion with a broad audience. Expected participants at the event include government officials and technical partners in the global sphere of public financial management for health.

LHSS requested and has received USAID/Peru approval to begin providing technical assistance to the Peru Ministry of Health (MOH) on linking budget formulation and execution with priority setting processes. The technical assistance will strengthen the capacity of the MOH to improve their

annual budget allocation processes in alignment with the priorities established in the 2024-26 national program for health. The Activity team is developing a scope of work for a local consultant to support technical assistance to the MOH. In addition, LHSS has provided background information to USAID/Washington on the budget formulation and execution contexts in Thailand and Liberia. The COR team will use this material in their exploratory conversations with USAID Missions in these two countries to assess their potential interest in receiving technical assistance under this Activity.

LHSS has begun planning the upcoming technical brief deliverable for this Activity. In consultation with LHSS resource optimization specialists, the Activity team has identified initial attributes and objectives to guide the development of the brief.

CHALLENGES

- No challenges were encountered this quarter.
- If there is no Mission concurrence received for either Liberia or Thailand in Q4, the Activity will need to be extended to be able to provide technical assistance to a second country. The Activity is currently slated to end at the end of Q4.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

No events scheduled.

PRIORITIES NEXT QUARTER

- Begin providing technical assistance to the MOH in Peru, led by LHSS' local consultant.
- Receive initial feedback from the USAID Missions in Thailand and Liberia as to whether either country is interested in receiving technical assistance linking budget setting and execution with health priorities. Request USAID Mission concurrence from the interested Mission.

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

HIGHLIGHTS THIS QUARTER

- LHSS screened over forty tools and guidance documents on private sector governance for potential use in the toolkit.
- LHSS and USAID agreed to create an informal advisory group of private sector and governance experts to consult on the content of the toolkit.
- LHSS and USAID agreed on the Articulate/Rise 360 platform to host the live toolkit.

QUARTERLY ACTIVITY PROGRESS

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

LHSS initiated desk research to compile tools and guidance for potential use in the toolkit on governance of mixed health systems. The search for resources spanned websites including the WHO Country Connector on Private Sector in Health tool repository, USAID and its implementing partners, the World Bank, and the Asian Development Bank. Over forty relevant resources were

reviewed and classified by category such as tools that can be included directly in the toolkit, guidance documents that can be utilized as reference materials to inform written sections of the toolkit, and materials that are not suitable for use in the toolkit. Each source was also analyzed to determine alignment with one of the six government behaviors².

LHSS and USAID initially proposed a preliminary list of approximately six private sector and governance experts for WHO to include in the expert advisory group for the toolkit. Given the time necessary to create a WHO advisory group, LHSS and USAID are instead creating an informal advisory group specifically to guide this activity. USAID obtained approval from General Counsel to form this informal advisory group. USAID and LHSS will continue conversations with WHO on suggested experts to include in the informal advisory group.

LHSS and USAID requested that WHO share the search criteria and database of screened articles from its systematic review associated with developing a maturity model for private sector governance. This review includes best practices and potential resources for inclusion or adaptation in the toolkit. WHO has not yet shared any materials.

Finally, LHSS discussed and agreed with USAID that the toolkit will be hosted on Articulate/Rise 360. LHSS and USAID plan to feature the toolkit on WHO's private sector in health website. USAID is also exploring options for featuring the toolkit on its website.

CHALLENGES

LHSS had expected to gain access to WHO's systematic review database as a starting point for its desk research under this activity. In the absence of this access, LHSS has conducted targeted searches on development partner websites and has screened over 40 tools and guidance documents for the toolkit.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

No events scheduled.

PRIORITIES NEXT QUARTER

- Finalize membership of the private sector and governance informal advisory group.
- Develop and finalize outline for toolkit.
- Collaborate with informal advisory group members on content and organization of toolkit.
- Obtain access to WHO's systematic review material and review sources.
- Finalize list of tools to include in toolkit and document key characteristics of each tool.

² 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). <https://www.who.int/publications/i/item/9789240018327>

CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

HIGHLIGHTS THIS QUARTER

- LHSS developed and received positive feedback on an annotated outline of the Sustainability and Transition toolkit and submitted a first draft of the toolkit with links to selected tools for USAID review.
- LHSS completed an internal quality assurance review of the selected tools.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Develop the Sustainability and Transition Toolkit.

LHSS has completed a first draft of the toolkit with links to tools that were selected through a document review and in consultation with LHSS Senior Technical Advisors. The draft toolkit incorporates feedback from USAID on an annotated outline. It includes approximately seventy tools across ten thematic modules. These include understanding sustainability and transition, designing and planning investments to promote sustainability, engaging stakeholders, strengthening local capacity, resourcing, monitoring, evaluating, and adapting, managing transition, and capturing learning. The selected tools provide practical guidance that can be used in a wide range of health system contexts. Intended for use by USAID Mission audiences, the tools will support proactive planning and implementation of approaches that promote sustainability and transition at all stages of donor-financed programs, including actions designed to strengthen health systems.

LHSS continues to share progress updates and solicit feedback in monthly meetings with the USAID POC and team as part of the iterative process of developing the toolkit.

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

- Further design and develop the interactive version of the toolkit with links to selected tools.
- Conduct a consultation process with LHSS Country Activity Chiefs of Party and Senior Technical Advisors to review the draft toolkit prior to finalization and submission to USAID.

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

HIGHLIGHTS THIS QUARTER

- LHSS finalized the full-text review and tagging of peer-reviewed and gray literature for Learning Question 4 (integration and engagement of local voices) and Learning Question 6 (social and behavior change). The final set of articles were uploaded to the existing HSS Evidence Gap Map platform for USAID reviews.
- LHSS developed a concept note for the second virtual technical deep dive and started the planning process for this next webinar. The technical deep dive will focus on sustainability and scale in HSS (Learning Question 2).

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Conduct Evidence Gap Mapping (Part 2).

LHSS completed the process of identifying existing evidence for USAID's HSS Learning Question 4 (integration and engagement of local voices) and Learning Question 6 (social and behavior change). Following title, abstract, and full-text screenings, LHSS compiled approximately 170 articles pertaining to Learning Question 4 and 100 articles for Learning Question 6. LHSS tagged and categorized this final set of articles around major themes that emerged during the literature review process. The Activity team then uploaded the curated evidence to the Evidence Gap Map staging platform for internal validation and USAID's review. This evidence will be uploaded to the public-facing Evidence Gap Map platform in Q4 for external users following USAID's review and approval.

Intervention 2: Review and Compile Learnings from the Evidence.

Building on the themes that have emerged from the literature review, LHSS will develop a two-page technical brief for Learning Questions 4 and 6 in Q4. These two-page briefs will synthesize high-level findings, including the scope and depth of the curated evidence, key themes, and gaps. These briefs represent the final two technical briefs in a series of six Evidence Gap Map briefs that LHSS has developed. The four previous briefs for Learning Questions 1,2,3, and 5 were developed under the predecessor activity (Activity 14). The remaining two briefs will be produced in Q4 following the approval of the curated evidence for both Learning Questions.

Intervention 3: Convene Technical Meetings.

LHSS began planning a technical deep dive on Learning Question 2 (sustainability and scale) in collaboration with USAID. This is the second virtual event of its kind being held by the project. The first event was held in Q2 and focused on Learning Question 3 (HSS measurement). LHSS developed a concept note detailing a proposed agenda which reflects USAID's interest in offering an interactive event where presenters and participants can explore country and global lessons learned about sustainability planning and achieving results at scale. LHSS will continue collaborating with USAID to finalize the format, content, agenda, discussants, and communications for the event in Q4. This technical meeting will occur in August 2023.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

Slide deck from the first technical deep dive on Learning Question 3 (HSS measurement). Submitted for review on May 24, 2023. COR approval received on June 13, 2023.

EVENTS NEXT QUARTER

Second technical deep dive on Learning Question 2 (sustainability and scale). LHSS will host this virtual event in collaboration with USAID on August 9, 2023.

PRIORITIES NEXT QUARTER

- Finalize the updated Evidence Gap Map online platform by uploading all validated and curated literature on Learning Questions 4 and 6 for public view and use.
- Prepare two-page technical briefs presenting a high-level synthesis of the curated evidence for Learning Questions 4 and 6. Submit the draft briefs to USAID for review.
- Promote the updated Evidence Gap Map online platform and accompanying technical briefs for all Learning Questions through LHSS's website and social media channels.
- Host the second virtual technical deep dive on Learning Question 2.

CORE ACTIVITY 27: HSS PRACTICE SPOTLIGHTS

HIGHLIGHTS THIS QUARTER

- LHSS produced and submitted two externally written briefs, *Social Accountability and Social and Behavior Change* and *Digital Financial Services for Health*.
- LHSS obtained positive feedback from USAID on the annotated outline of a new Spotlight brief on the social determinants of health. LHSS will consult with the brief's advisory committee to validate the outline and will begin drafting the brief.

QUARTERLY ACTIVITY PROGRESS

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

During this quarter, USAID shared the final drafts of the *Social Accountability and Social and Behavior Change* brief and the *Digital Financial Services for Health* brief. LHSS completed the production of the briefs and submitted them to USAID in June 2023. These new resources will be posted and promoted on the LHSS website.

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

LHSS will host a webinar in Q4 to present and disseminate the findings from the *Financing Quality Across the Health Sector* Spotlight brief which was approved in Q2. The webinar is tentatively scheduled for late August 2023. Panelists will include experts from the case studies countries, member(s) of the advisory committee for this brief, and a representative from USAID Washington.

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*. In June 2023, LHSS received

USAID approval to extend the production of these three briefs and corresponding dissemination event to Q4. LHSS will produce these briefs upon receipt from USAID.

LHSS and USAID agreed to produce an accompanying podcast for the dissemination event of the three briefs. LHSS has prioritized having representatives from USAID/Washington and USAID Mission as speakers in this forthcoming podcast.

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

Based on preliminary findings from a literature review on social determinants of health conducted by the Activity and discussions with USAID, LHSS shared an annotated outline of the Spotlight brief on social determinants of health with USAID in May 2023. The project received positive feedback on the outline and is beginning to draft the brief. USAID's suggested advisory committee members and Abt's subject experts will provide technical guidance on the brief as it is developed. LHSS reached out to potential advisory committee members and has confirmed the participation of five members to date.

In addition to the LHSS-authored brief on social determinants of health, USAID is drafting four external briefs. LHSS will produce these four briefs upon receipt from USAID.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Spotlight brief titled *Social Accountability and Social and Behavior Change*. Submitted June 29, 2023.
- Spotlight brief titled *Digital Financial Services for Health*. Submitted June 30, 2023.

EVENTS NEXT QUARTER

LHSS will host a webinar titled *Financing Quality Across the Health Sector: Using National Quality Policies and Strategies to Move from Planning to Action* in August 2023.

PRIORITIES NEXT QUARTER

- Produce and publish three USAID external briefs, under Project Year 3 funding.
- Produce a podcast to present and disseminate the findings from the three USAID external briefs, under Project Year 3 funding.
- Finalize membership of the advisory committee for forthcoming Spotlight brief on social determinants of health brief and share the first draft of this brief with USAID.

CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

HIGHLIGHTS THIS QUARTER

- LHSS successfully identified and onboarded local consultants to support the implementation of the High Performing Health Care (HPHC) tool in Colombia and Timor-Leste. The consultants are responsible for leading in-country efforts to introduce and implement the tool.

- LHSS expanded and validated country-specific listings of health-related organizations that will be included in the HPHC survey sample. The organizations range from the public and private sectors to local NGOs and international health organizations.
- LHSS began socializing the HPHC tool with key stakeholders in Colombia and Timor-Leste, including Ministries of Health and USAID Missions.

QUARTERLY Activity Progress

Intervention 1: Select Countries and Define Scope of Assessments.

After having selected Colombia and Timor-Leste in Q3 as the designated assessment countries, LHSS recruited and onboarded a local consultant in each country to support HPHC tool implementation. The activity team worked with the consultants to expand and validate the initial country-specific list (developed in Q2) of health organizations that will assess the HPHC tool. The final list of organizations in each country includes a comprehensive representation of relevant stakeholders with direct or indirect experience across different levels of the public, private, NGO, and international health sectors. These stakeholders will be invited to respond to the HPHC survey on perceived performance and functionality of health system processes and functions.

LHSS has shared the Colombia listing with USAID for input and plans to share the Timor-Leste one in early Q4.

Intervention 2: Conduct HPHC Assessments in Selected Countries.

Leveraging local networks through its country activity teams and consultants, LHSS began introducing and socializing the HPHC tool with key stakeholders in Colombia and Timor-Leste including the USAID Missions, Ministries of Health, and other government entities. During these sessions, LHSS presented the scope of the tool and implementation plan, sought input to the country listings, and worked to secure the required in-country approvals ahead of launching the survey for data collection.

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

- Launch data collection activities in Colombia and Timor-Leste.
- Draft country reports based on HPHC survey findings.

SECTION 3: QUARTERLY PROGRESS REPORTS FOR DIRECTED-CORE ACTIVITIES

PRIMER FOR SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS

HIGHLIGHTS THIS QUARTER

- LHSS delivered a global webinar to disseminate the primer for supply chain political economy analysis, with strong attendance and positive feedback from USAID's Office of Population and Reproductive Health, Commodity Security and Logistics Division (CSL).
- LHSS disseminated the primer through the global webinar, social media postings and publication on the LHSS website.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Develop and Disseminate Primer on Conducting PEA in Supply Chain Context.

LHSS finalized the primer for supply chain political economy analysis and disseminated it through various social media channels and publication on the LHSS website.

The Activity delivered a global webinar to disseminate the political economy analysis primer which included presentations from the USAID Commodity Security and Logistics Division and USAID Center for Democracy, Human Rights and Governance, Africa Resource Center, and the Ugandan Ministry of Health. The webinar garnered 613 registrants and 191 attendees from 104 organizations in 54 countries, including 46 attendees from USAID (28 from USAID Missions).

LHSS and CSL agreed to present the primer at an internal USAID webinar together with recommendations from the Côte d'Ivoire political economy analysis (without using the country name to protect confidentiality). The first available date for CSL is in late August 2023. To accommodate this timing, LHSS has requested COR approval to extend the activity through August 2023.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

LHSS Core CSL Primer Supply Chain Political Economy Analysis Global Webinar. Submitted April 28, 2023.

EVENTS NEXT QUARTER

USAID webinar on the primer is scheduled for August 29, 2023.

PRIORITIES NEXT QUARTER

Adapt global webinar slides and deliver webinar on the political economy analysis primer to internal USAID audiences.

CSL SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS (PEA)

HIGHLIGHTS THIS QUARTER

LHSS and the USAID Commodity Security and Logistics (CSL) Division in the Office of Population and Reproductive Health agreed to finalize planned deliverables and close the activity.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Conduct Applied PEA in One PRH Priority Country.

In Q2, the USAID Mission in Côte d'Ivoire expressed concerns about publicly sharing the politically sensitive findings from its supply chain political economy analysis. At CSL's request, LHSS had proposed an additional scope and funding to engage with the Côte d'Ivoire Mission and sensitize them to the findings. However, the Mission was unable to engage further to discuss the findings. Therefore, the USAID Commodity Security and Logistics (CSL) Division and LHSS agreed to finalize the deliverables and close this activity in Q3. LHSS addressed remaining comments in the findings report and summary brief. The Activity also revised the external-facing summary brief to soften sensitive language.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

No events scheduled next quarter. This activity is now completed.

PRIORITIES NEXT QUARTER

N/A.

TESTING PEOPLE-CENTERED HIV METRICS

HIGHLIGHTS THIS QUARTER

LHSS implemented the final step (Phase 2) of the research at the two study sites (Mpadue and Bairro Matundo health facilities) in Tete Province, Mozambique. In all, 40 individual interviews were conducted among program staff, providers, and clients.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Prepare for and Design Pilot.

Intervention 1 has been completed.

Intervention 2: Implement Pilot.

LHSS completed Phase 1b of the study which included focus group discussions with program staff and providers and follow-up discussions via email and phone to focus on their programmatic

perspectives. The Activity presented the study findings to the USAID Office of HIV/AIDS. USAID confirmed that the indicators are acceptable and relevant, but that their usefulness is limited by Mozambique's lack of capacity to analyze and use the data, and the lack of resources to respond to patient needs.

LHSS conducted 40 key informant interviews with program staff, providers, and clients at both study sites as part of Phase 2 of the research study. These interviewed focused on understanding health staff and clients' perspectives on the usefulness of the indicators and what would be required to utilize these indicators in regular practice. The Activity is currently analyzing data from these interviews.

LHSS also administered the indicator survey in a planned second round to 50 clients at each study site. The Activity analyzed indicator values and presented them at data review meetings at the provincial and facility-levels. The meetings provided an opportunity for health program staff and providers to discuss the utility and relevance of the indicators. Indicator values for the second round were comparable with those from the first round for all but one indicator (on experience of symptoms). LHSS is investigating why this indicator was omitted during the second round.

LHSS and USAID agreed that LHSS will prepare the manuscript about the study for submission to the *AIDS and Behavior* journal unless findings appear to be more suitable for another journal.

To ensure the Mozambique National AIDS Control Program is kept informed of the study's progress, LHSS shared a slide deck outlining activities conducted to date, progress of data collection efforts, and preliminary findings.

LHSS requested and obtained COR approval to extend the activity from July 2023 to August 2023 to account for unanticipated delays interviewing program and provider staff due to their schedules.

CHALLENGES

Several program staff and providers from both study location sites in Tete Province were offsite during scheduled interviews. To complete data collection, LHSS conducted virtual follow-up interviews with these individuals. There were some data collection delays associated with these additional interviews.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

No upcoming events this quarter.

PRIORITIES NEXT QUARTER

LHSS will complete analysis of Phase 2 data and present findings to the USAID Office of HIV/AIDS. LHSS will develop the outlines and the text for the final activity deliverables (i.e., a summary brief and draft manuscript) by the activity end date (August 2023).

COVID-19 LEARNING ACTIVITY

HIGHLIGHTS THIS QUARTER

- Following the successful Proof-of-Concept sessions in each of the five countries participating in this activity (Colombia, Peru, Ghana, South Africa, and Tajikistan), the activity team determined

that the complexity aware monitoring method for this activity will be the Most Significant Change method.

- LHSS developed and submitted the Research Protocol for this activity to USAID, incorporated feedback and resubmitted the protocol to the COR for approval.
- The activity team developed an umbrella scope of work (SOW) to hire the local consultants which can be tailored for each country context. The consultancies were posted in each country and the activity team has been actively conducting interviews with the candidates.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Prepare For and Design the Learning Activity.

Proof-of-Concept sessions were held with each participating country (Colombia, Peru, Ghana, South Africa, and Tajikistan) to guide the development of their unique change stories associated with activities supported by USAID COVID-19 funding. Following these sessions, the activity team determined that the complexity aware monitoring will be the most significant change method methodology to apply across the Activity. LHSS then developed the research protocol based on data from the initial desk review of USAID-funded COVID-19 activities in each of the five implementing countries. Following submission of the initial draft protocol to USAID, LHSS incorporated the COR's feedback and submitted a revised version for review and approval.

LHSS submitted all research materials to the Abt Internal Review Board. The Board determined that the activity does not require formal review as it does not meet the definition of research according to the human subjects regulations. This determination provides more clarity on LHSS's approach to securing IRB reviews for each country prior to commencement of data collection.

LHSS developed an umbrella scope of work for local consultants and coordinated with each country team to tailor it as needed. These positions were posted on the Abt website for public dissemination. The process of hiring consultants is in various stages in each country. Candidates have been selected in Colombia, Peru, and Ghana. Additional interviews are scheduled in South Africa and Tajikistan. LHSS expects to complete the recruitment process and have all consultants onboarded by the end of July 2023. Data collection will operate on a staggered schedule for each participating country.

LHSS has continued to coordinate with the USAID-funded Momentum Knowledge Accelerator project to hold a joint dissemination event at the completion of the activity.

Intervention 2: Implement Learning Activity and Develop Stakeholders' Capacity in the Complexity Aware Monitoring method.

All in-country consultants will begin their activities in Q4. LHSS has developed training materials for the other consultants on the most significant change method. The activity team has compiled relevant documents including the initial change story developed during the Proof-of-Concept sessions and all materials collected during the initial desk review. To better guide the local consultants, LHSS has also reviewed the internal review board guidelines pertaining to each country, and consultants will immediately work to secure these. Clear timelines for project implementation have been established and will be staggered in three phases- Colombia and Peru, Ghana and South Africa, and Tajikistan. Each consultant will follow a clear timeline developed by LHSS to implement the data collection process.

Intervention 3: Synthesize, Document, and Disseminate Learnings.

This intervention will be conducted in the final two quarters of this activity- i.e. FY23 Q4, and FY24 Q1.

CHALLENGES

Communication with the USAID Mission in South Africa has been limited due to competing priorities. In response, USAID Washington connected the activity team with a local implementing partner to facilitate implementation planning discussions.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

The Research Protocol was submitted to USAID on April 28, 2023. USAID provided feedback which the team reviewed and incorporated. The Research Protocol was resubmitted on May 30, 2023.

EVENTS NEXT QUARTER

No upcoming events.

PRIORITIES NEXT QUARTER

- Train local consultants in each country on the complexity aware monitoring method and support them in tailoring the research protocol in alignment with the local context.
- Submit tailored research protocol for local IRB review and secure local IRB determination, as needed.
- Conduct additional desk reviews, based on the preliminary review conducted previously by the activity team.
- Conduct data collection in line with the Most Significant Change evaluation methodology. The activity team will begin by developing outcome domains and identifying key actors who can speak to those domains. The consultant will then conduct interviews with government officials at the national and regional levels and with implementing partners who have played significant roles in how Covid-19 funding was utilized in each country and how those funds contributed to broader health systems strengthening.
- Begin to conduct the evaluation ranking and validation in-person workshops in each country, beginning with the two countries who are in the first staggered phase of data collection, Peru and Colombia.

INTEGRATING COMMUNITY HEALTH WORKERS INTO PRIMARY HEALTHCARE

HIGHLIGHTS THIS QUARTER

- LHSS held a virtual expert convening to validate findings from the desk review completed in Q2 and documented additional country experiences from practitioners in the field.
- LHSS developed a technical brief to synthesize findings from the desk review and global expert convening. These findings will be used to design technical assistance interventions in Phase 2 of the Activity.
- LHSS received concurrence from the USAID Missions in Namibia and Mozambique to proceed with the in-country technical assistance portion of the Activity. Phase 2 of the Activity will begin with a scoping trip to Namibia in Q4.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Document Promising Career Advancement Practices from Countries that have Professionalized Community Health Worker (CHW) Programs.

LHSS organized a virtual expert convening to validate, expand, and share learnings from the Activity's desk review completed in Q2. The team consulted the authors of included literature in the rapid desk review, LHSS country teams, and CHW Symposium³ contacts to develop a comprehensive list of experts, advocates, and speakers to participate in the convening. The experts convening took place on April 26, 2023, and was attended by 37 participants from ten countries, including countries shortlisted to receive technical assistance in Phase 2 (Namibia, Tanzania, and Mozambique).

Concurrently, the Activity team held a series of consultative meetings with representatives from Malawi, Ethiopia, and Pakistan to gather additional program data and country perspectives about ongoing challenges and success related to CHW career advancement programs in low- and middle-income countries.

At the convening, experts shared promising practices and key learnings on CHW programs with LHSS's invited audience.

Breakout rooms on data management, gender equity and social inclusion (GESI), and financing were intentionally designed and composed to inform technical assistance planning for Phase 2 of the Activity. Insights and promising practices discussed by participants during the plenary and breakout rooms were documented and incorporated into LHSS's technical brief deliverable.

The technical brief will: 1) serve as an evidence-based resource for LHSS's upcoming in-country technical assistance, and 2) inform policymakers, program managers, and funders working on CHW programs and policy design and implementation. The brief was submitted to USAID for review at the close of Q3.

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

LHSS discussed with USAID its list of three recommended countries for Phase 2 country implementation. Countries were selected based on criteria including: 1) the existence of a formalized CHW program, 2) countries' priorities surrounding CHWs, 3) presence of an Abt project office to serve as an operational base for rapid start-up, and 4) existing relationships with local partners. During Q3, LHSS consulted with several countries, including Afghanistan, Bangladesh, Cambodia, Mozambique, Namibia, Senegal, Timor-Leste, and Vietnam, to explore the feasibility of implementing Phase 2 of the Activity.

LHSS requested concurrence for Phase 2 activities from the USAID Missions in Mozambique and Namibia based on their close alignment with the selection criteria. USAID/Namibia granted concurrence on June 16, 2023, and USAID/Mozambique granted concurrence on June 29, 2023. A third country option is under consideration, with Tanzania, Senegal, and Afghanistan shortlisted as potential sites. The remaining countries previously listed are no longer being considered given their priorities, saturation of donor resources and implementing partners in the country, or advice from the respective USAID Missions. The Activity team continues to pursue conversations with LHSS

³ The Third International Community Health Worker Symposium was held in March 2023 in Monrovia, Liberia. Activity Lead Kate Greene and Project Management Officer Mignote Haile attended the in-person conference to present findings from the rapid desk review and connect with experts in the global CHW field.

subject experts and counterparts in each of the shortlisted countries. Selection of the third country and a request for Mission concurrence is planned for early Q4.

Intervention 3: Knowledge Gathering, Sharing and Findings Dissemination.

This intervention has not begun.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

LHSS submitted a technical brief deliverable summarizing key findings and promising practices on CHW career progression gathered during the desk review and subsequent experts convening held in Q3.

EVENTS NEXT QUARTER

Country scoping trips to Namibia, Mozambique, and selection of the third implementation country are planned for Q4.

PRIORITIES NEXT QUARTER

- Confirm and request USAID Mission concurrence for the third and final implementation country.
- Plan, identify field teams, and carry out country scoping trips in the three selected implementation countries.

BUILDING PRIVATE SECTOR E-COMMERCE CAPACITY THROUGH INNOVATIVE FINANCING (CSL)

HIGHLIGHTS THIS QUARTER

LHSS finalized the grant application form and is prepared to advertise the grant opportunity in Ghana and Uganda, pending concurrence from the USAID Missions in Ghana and Uganda.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Provide Seed Funding and Technical Assistance To Digital Innovators.

LHSS requested, and is currently pending, concurrence from the USAID Missions in Ghana and Uganda to conduct grant activities. To expedite collaboration with local partners and the solicitation process, LHSS developed a Request for Applications (RFA) that includes an in-depth program description for the grant program, objectives, and eligibility criteria. LHSS will release the RFA as soon as concurrence is received from the two Missions.

The RFA includes evaluation and eligibility criteria agreed upon with USAID that will be used to screen and score applications. The Activity team has determined the composition of the grant evaluation committee. Participants will include the Activity technical lead, LHSS family planning and digital experts, USAID/CSL representatives, and experts from the selected countries. The evaluation committee will review, score, and select applications using the RFA's evaluation criteria and will strongly consider solicitations from innovators who have not previously received donor funding.

LHSS developed a dissemination strategy to advertise the RFA locally and online. Methods include posting on the LHSS website and other social media and local networks. LHSS will be supported by the Vector Link Project in the selected countries to determine which local media sources to use to broadly publicize the RFA. Once the RFA is released and advertised, LHSS will hold a pre-application assistance briefing and provide supplemental application support from prospective applicants. This briefing will offer in-depth information about preferred applicants and offer guidance on how applicants can prepare the strongest applications possible.

To ensure ample time to provide technical assistance to prospective grantees, LHSS sought and obtained approval from the LHSS COR to extend the period of performance for this activity to June 30, 2024.

CHALLENGES

Delays in obtaining Mission concurrence have resulted in a delay in the activity timeline. Per the initial activity workplan, Task 2 (Grant solicitation and approval) should have been completed by the end of Q3. In response to the delays, LHSS requested and obtained approval from the LHSS COR to extend the activity timeline to June 30, 2024. This should allow for sufficient time to implement the grants and provide technical assistance for a period of six months (Task 3).

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

No upcoming events.

PRIORITIES NEXT QUARTER

- Release RFA in Ghana and Uganda.
- Hold pre-application assistance briefing for prospective applicants.

DECISION SUPPORT TOOL FOR OUTSOURCING SUPPLY CHAIN SERVICES (CSL)

HIGHLIGHTS THIS QUARTER

- LHSS completed a desk review of supply chain outsourcing and private sector engagement initiatives related to health service delivery in low- and middle-income countries (LMICs). Findings from the desk review and Q2 expert advisory group interviews were compiled and presented to USAID in early May 2023.
- LHSS developed a detailed outline of the Decision Support Tool and adaptable slide deck and developed an inventory of private sector engagement outsourcing models for USAID's review in June 2023.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Select Countries and Define Scope of Assessments,

LHSS completed a desk review of 1) existing knowledge and evidence on supply chain outsourcing initiatives in LMIC public health supply chains, and 2) broader private sector engagement initiatives related to health service delivery in LMICs. LHSS synthesized information from the desk review

and feedback from the Activity’s expert advisory group and presented findings to USAID in early May 2023. The information collected and shared with USAID during this initial knowledge gathering phase provided a rich foundation to inform content, format, and design for the decision support tool. With the departure of the Activity lead in mid-May 2023, a new lead and expert consultant were onboarded to develop the Decision Support Tool. LHSS was able to continue progress on the development of the tool with minimal disruption.

In June 2023, LHSS developed and presented a detailed outline of the proposed Decision Support Tool, adaptable slide deck, and inventory of private sector engagement outsourcing models to USAID’s review. USAID provided feedback on the content, format, and accompanying resources, which will help guide the next phase of development.

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

Continue developing the Excel Decision Support Tool and accompanying slide deck in consultation with USAID and the expert advisory group.

SECTION 4: QUARTERLY PROGRESS REPORTS FOR COUNTRY AND REGIONAL ACTIVITIES

LHSS AFGHANISTAN

HIGHLIGHTS THIS QUARTER

- LHSS supported seven grantees, including the Afghan Social Marketing Organization (ASMO), to sell and provide priority health products and services, delivering over 50,000 couple years of protection through an expanded choice of family planning methods. Together, the grantees also generated over 15,000 person years of protection through iron folate, chlorhexidine gel for umbilical cord care, and micronutrients; protected over 4,000 people from water-borne diseases through disinfection of approximately 10 million liters of water with chlorinated water treatment solution; and treated more than 100,000 under-five diarrheal cases with zinc and oral rehydration salts.
- With LHSS support, 28 new midwives joined the Afghan Social Marketing Organization's midwifery network in Herat province, expanding the network to 144 midwives 31 hospitals and 126 pharmacies across Herat, Nangarhar, and Kabul. In Q3, midwives made 467 patient referrals to nearby hospitals.
- LHSS awarded grants to seven new organizations (six health service providers and one technical assistance provider) in April 2023. The grantees reached over 200,000 beneficiaries with social and behavior change (SBC) messages, provided priority health services to approximately 90,000 patients (16 percent of whom were indigent individuals and 65 percent of whom were women), provided approximately 15,000 low-income clients with free or discounted services using integrated financing schemes, and reached over 6,000 children under five with nutrition-specific interventions.

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.

LHSS assisted ASMO in addressing institutional capacity gaps in line with the jointly developed priority action plan, covering sales and marketing, commodity procurement efficiency, and strategic thinking capacity of the senior management team. In collaboration with ASMO, LHSS conducted an assessment covering the feasibility of implementing a sustainable community-based distribution model to supply priority health products in the urban provinces of Afghanistan. Findings from this assessment informed recommendations and implementation plans. Implementation of the new model will begin in two priority provinces in Q4. ASMO also selected two new products, Misoprostol for the prevention of post-partum hemorrhage, and non-sterile all-purpose gloves, which will be introduced into the product line in 2024.

With LHSS support, ASMO achieved the following in Q3:

- Distributed family planning and essential health commodities in markets across 42 districts and 60 slums. ASMO also opened 70 new outlets and restarted sales activities in 151 previously inactive outlets that had not directly purchased from ASMO.
- Aired 888 spots (288 in Dari and 600 in Pashto) about micronutrients and iron folate tablets on two national radio stations and installed 33 billboards in five urban provinces.
- Reached 1,759,854 people through campaigns for iron folate tablets, oral contraceptive pills, progestin-only pills, oral rehydration salts-zinc co-packs, and micronutrients on Facebook, Twitter, LinkedIn, and YouTube. ASMO also reached 9,218 (603 male and 8,615 female) clients through 1,059 sensitization sessions in 175 private midwife clinics and hospitals in Kabul, Nangarhar, and Herat.
- Trained 200 pharmacists (197 male and 3 female) on ASMO's health products across Kabul, Nangarhar, Kandahar, and Herat provinces.

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 onboarded seven new grantees in April 2023. Six grantees are private sector service delivery providers, and the seventh grantee, Greenstar, is providing capacity strengthening assistance to the other grantees in the areas of networking and franchising, monetized referral processes, and demand-side financing. With LHSS support, the seven grantees recruited and onboarded approximately 150 management and technical staff including community midwives and health workers, social mobilizers, and family planning counselors. Four grantees worked to expand access to and coverage of priority health services in Kabul, Nangarhar, and Balkh provinces by opening 13 urban health posts, 3 family planning booths, and 3 mobile clinics. The grantees launched TV, radio, and billboard campaigns and conducted community outreach sessions, reaching 222,489 beneficiaries with SBC messages in just one month. The grantees provided priority health services including sexual and reproductive health, maternal and child health including deliveries, newborn care, growth monitoring, management of severe acute malnutrition, and a variety of non-communicable diseases services. With LHSS support, e-health training sessions were conducted on blood exchange, basic electrocardiogram skills, and postoperative care covering 327 private providers (62 percent female) across the country as part of the grantee's ongoing business-to-business support to enhance the quality of clinical care.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS collaborated with ASMO in supporting its gender committee to better integrate GESI into recently developed promotional materials. The Organization held a refresher training session on its revised Code of Conduct and Sexual Harassment policy for 12 male and nine female staff. The six new service delivery grantees maintained a balanced representation of male and female staff among its new recruits. With LHSS assistance, the grantees served 10,000 low-income clients (62 percent women) with free or discounted services using integrated financing schemes.

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: 52,168 couple years of protection generated from family planning methods; Indicator 2: 15,683 person years of protection generated through iron folate, chlorhexidine gel and micronutrients; Indicator 3: 4,031 persons protected from water borne diseases through 9,674,100 liters of water disinfected; Indicator 4: 111,438 diarrheal cases treated; Indicator 5: sales revenue of USD \$209,732 generated by ASMO, 1 percent of which was generated through 175 private midwives and hospitals in low-income areas and urban slums; Indicator 9: 1,991,561 people reached with social and behavior change messages through mass media, social media and in-clinic sensitization and community outreach sessions.

EMERGING LESSONS

The senior management and leadership teams of the grantees are skilled and experienced in operations management and in identifying and addressing operational capacity gaps. However, they lack strategic thinking skills, which affects sustainable business planning. The LHSS Afghanistan team can help strengthen strategic thinking capacity within the grantees to ensure successful and sustainable integration and scale up of LHSS-supported initiatives within the existing business of the grantees. LHSS is working closely with senior management and board members of the grantees through mentoring and coaching models to pinpoint strategic thinking and planning gaps and providing targeted capacity strengthening assistance in response to their specific needs.

CHALLENGES

Long commodity importation lead times continues to impact social marketing sales performance. In addition, Provincial Health Departments and urban district authorities have increasingly required approving project activities before implementing, considerably slowing the pace of implementation. LHSS continues working closely with the ASMO and other grantees to reduce the adverse impact of these delays.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Capacity Strengthening: Round-V Assessment Findings and Action Plan for ASMO. Submitted June 22, 2023.
- Feasibility of Developing a Sustainable Community-Based Distribution Channel to Supply Priority Health Products in the Urban Provinces of Afghanistan. Submitted June 30, 2023.

EVENTS NEXT QUARTER

No upcoming events.

PRIORITIES NEXT QUARTER

- Objective 1: Support ASMO in launching its community-based distribution model; initiate procurement of two new products; implement the organizational capacity strengthening action plan.
- Objective 2: Implement activities with a focus on finalizing the provider networking model and network manager.
- Subject to USAID's approval, renew LHSS's local grants for FY24.

LHSS BANGLADESH

HIGHLIGHTS THIS QUARTER

- With LHSS support, six municipalities from Rajshahi and Sylhet Divisions developed costed primary health care (PHC) implementation plans tailored to their specific needs and conducted internal reviews before receiving approval for the plans by their mayors. These budgeted plans reflect prioritized activities for the next fiscal year of each municipality.
- To optimize the use of health assistants hired in Rajshahi City Corporation, LHSS collaborated with health administrators to prepare terms of references, which were subsequently approved and implemented. LHSS also worked collaboratively with the City Corporation to train 100 health assistants on their revised scopes of work, technical roles, and routine reporting processes.
- Following LHSS's sustained efforts to facilitate collaboration between Bogura Municipality and the private sector entity, Light House, the two parties signed the greatly anticipated agreement after receiving approval from the Ministry of Local Government. Under this public-private partnership, Light House will begin opening four PHC clinics in underserved areas of the municipality, which may benefit up to 85,000 residents.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Improved capacity of Local Government Institutions to Strategically Plan, Resource, Manage and Monitor Primary Health Care in Urban Settings.

Following the PHC management trainings LHSS conducted in six municipalities during Q2, the Activity provided on-site coaching to these municipalities in Q3 from April to June. A total of six coaching sessions were held to review topics on preparing, reviewing, and obtaining approval for evidence based PHC implementation plans. Progress for coaching sessions was measured through pre/post-test training assessments to measure immediate changes in the learning level of trainees, resulting in an average increase in post-test scores of 25%. In collaboration with their respective Health Standing Committees, LHSS helped municipalities form taskforces to cost PHC implementation plans which are now integrated into the FY 2023-24 planning process of each municipality. Taskforce members include a subset of Health Standing Committee members and representatives from municipality health, administrative, and engineering sections. All six municipalities received final approval from their respective general councils and mayors to enact the plans. The combined FY 2023-24 PHC budget for the six municipalities totals BDT 21.6 million (USD 200,000).

To optimize utilization of Rajshahi City Corporation's 230 health assistants, LHSS supported Rajshahi in defining, reviewing, and approving new terms of reference that include expanded responsibilities beyond vaccination. Once the terms of reference were in place, Rajshahi and LHSS trained 100 health assistants in carrying out their new preventive and promotive care activities. This training was a continuation of LHSS's health assistant training conducted in Q1 with 27 participants, which involved technical sessions on maternal health, family planning, expanded programme on immunization, and nutrition. LHSS also supported Rajshahi in updating its regular reporting format which will monitor the work of health assistants and capture the impact of the additional counseling services provided by the trainees in the community.

LHSS has supported Bogura Municipality's efforts to reopen its four nonfunctional PHC centers, including guiding the municipality in drafting, finalizing, and negotiating the contract agreement between the Bogura administration and Light House, the contractor selected to operate the clinics.

With the Activity's continuous advocacy support, the municipality obtained final contract approval from its general council, the primary authority responsible for approving all municipality plans. As a result of LHSS's sustained efforts, the much-anticipated agreement between Bogura Municipality and Light House was signed in Q3 after receiving approval from the Ministry of Local Government. This public-private partnership agreement will enable Light House to start working towards opening four PHC clinics in Q4.

LHSS is collaborating with the health directorate in the Ministry of Health and Family Welfare to ensure that the directorate receives regular PHC data reports from private providers. Receiving this information in a reliable fashion is an important aspect of the directorate's efforts to improve its decision-making processes. To this end, LHSS supported drafting a legal mandate requiring private sector contractors to routinely share PHC data with the Ministry. In Q3, a senior consultant reviewed existing legal provisions (e.g., Government of Bangladesh policies, procedures, and acts) to identify any additions or modifications that may be needed to facilitate this mandate. LHSS plans to finalize and share the draft mandate with the Health Directorate for review and consideration in Q4.

Objective 2: Increased Documented Knowledge About Evidence of Impact and Scale-Up of Sustainably Financed Models for Urban PHC.

In Q3, LHSS published and disseminated two technical briefs on 1) the LHSS's systems thinking approach to expand the delivery of PHC services through Health Standing Committees, and 2) LHSS experiences and emerging lessons from the public-private partnership contracting experience in Bogura Municipality. These new knowledge products will serve as resources for local government and development partner stakeholders working to improve urban PHC in Bangladesh.

LHSS has been using various platforms such as online, print, and social media to disseminate the early successes achieved by municipalities, with the Activity's support. For example, LHSS's assistance to municipalities in advocating for greater investment in PHC had led to the creation of a dedicated budget line item for PHC and initial allocations in selected project municipalities. Another success captured in a photo story and disseminated through various social media channels pertained to the opening of a new PHC center in Habiganj Municipality. Finally, LHSS showcased the new public-private partnership between Bogura Municipality and Light House to open four new PHC centers in three regional and national newspapers.

LHSS has awarded a grant to the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B) to conduct operational research to measure the effectiveness of LHSS-supported interventions. In Q3, ICDDR,B developed and shared its research protocol with LHSS. The Activity team organized two consultation meetings with the grantee to select which interventions would be measured, identify the research questions, and design the study methodology. Following an LHSS review, the grantee is revising the initial version of the protocol which will be reviewed by both ICDDR,B, and the Abt Institutional Review Board. The grantee will begin data collection activities in Q4 after obtaining the IRB approvals. LHSS will use the research to support government actors, private sector partners, and NGOs in adapting and improving the delivery of PHC in urban settings.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS supported municipalities in identifying female Local Government Institution officials to participate as taskforce committee members in the PHC implementation plan development process. Out of 70 total mostly male taskforce members, nine were female. Though the proportion is small (and LHSS will work toward increasing female membership), these women played a key role in effectively prioritizing the health needs of pregnant women, mothers, and adolescent girls in

committee discussions on service package inclusion for new PHC centers. Additionally, LHSS trained 75 female health assistants (representing 51 percent of total participants) in Rajshahi City Corporation to deliver basic health counseling services to pregnant women, mothers, and adolescent girls at the community level. LHSS worked with Rajshahi to update its existing reporting format for health assistants and included appropriate disaggregation in the monthly progress report.

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

- Four municipalities from Rajshahi Division and two municipalities from Sylhet Division developed inaugural PHC implementation plans, with the support of LHSS through trainings in PHC management and continuous coaching this quarter. The mayors of each municipality have approved and adopted these plans (Indicator 1).
- Six Local Government Institutions allocated a total of BDT 22.1 million (USD 200,000) to implement PHC activities in FY 2023-2024 (Indicator 3).
- LHSS oriented 146 health assistants in Rajshahi City Corporation (71 male and 75 female) in several key areas including: becoming familiar with their new job descriptions, record keeping and reporting mechanisms for new PHC services, and delivering basic counseling services on maternal, child, and adolescent health. LHSS collected data using a structured questionnaire from 20 health assistants in Rajshahi City Corporation to assess how this category of provider is applying their new knowledge. All trainees responded that they are now capable of offering more types of services to the community. Among trainees, 90 percent are applying their training in practice (42 percent provided information on antenatal check-ups, 26 percent on nutrition counseling, and 26 percent on family planning to pregnant and lactating women during household visits). The assessment also revealed an increase of 45 percent in antenatal care visits at Rajshahi Medical College Hospital between the pre- and post-training period, a substantial improvement in service utilization, as reported from hospital records. The project recognizes that additional factors, such as the work of other development partners, may also have contributed to this positive result (Indicator 5).
- LHSS supported eight Health Standing Committees in establishing regular meetings to discuss PHC-related activities, identify priority interventions, and map stakeholders. The committees will use this data to support resource mobilization efforts which in turn will fund the PHC implementation plans (Indicator 6).
- LHSS published two evidence-base briefs to document learnings from the implementation process and disseminated these new knowledge products with Local Government Institutions, relevant government agencies, and development partners (Indicator 7).

EMERGING LESSONS

- Engagement with all key who convene during an existing forum called the Town Level Coordination Committee during the preparation of PHC plans, instead of just at the endorsement stage, would have led to greater overall ownership of the plan, more avenues for funding the plan, and greater accountability in the implementation of the plan. Going forward, LHSS intends to engage with the Town Level Coordination Committee of remaining municipalities early on in their preparation of PHC plans.

- A structured plan which clearly articulates immediate priorities, required resources, and plans of action is important for Local Government Institutions to understand what it takes to plan and implement PHC activities. This knowledge will help the institutions develop realistic PHC implementation plans going forward.

CHALLENGES

- The lack of interdepartmental coordination at the Local Government Institution level created a challenge for LHSS in getting the LGIs to prepare a comprehensive health plan. In their regular planning process, they only prepare micro plans for each activity rather than a single holistic plan. Although the plans that LHSS got LGIs to prepare were focused only on PHC activities, these plans had intersectoral perspective as these were prepared by multisectoral taskforce (from health, water, and sanitation and conservancy sections) constituted specifically for this purpose. Going forward, LHSS intends to continue supporting LGIs follow this multisectoral practice by advocating with mayors within HSC meetings to engage various actors in implementing and monitoring PHC plans.
- PHC implementation plans assume significant resource mobilization from external sources, which may not be realistic. Ongoing dialogue with prospective external funders early in the planning process may mitigate misalignment between funding required for implementation and available donor resources.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- HR optimization brief. Submitted June 30, 2023.
- PHC implementation brief. Submitted June 30, 2023.

EVENTS NEXT QUARTER

- July-August 2023, Rajshahi and Sylhet Divisions, peer learning visits.
- August 2023, Dhaka, stakeholder consultation workshop on draft regulation requiring private sector partners to share data with the government.
- September 2023, Rajshahi, dialogues on PHC plan development with mayors and subnational level Local Government Institutions officials.

PRIORITIES NEXT QUARTER

- Support Local Government Institutions in implementing PHC implementation plan activities.
- Facilitate the design, implementation and data collection activities that will be undertaken by ICDDR,B during the forthcoming operations research study.

LHSS CAMBODIA

HIGHLIGHTS THIS QUARTER

- LHSS supported the General Secretariat's National Social Protection Council (GS-NSPC) in officially launching the Digital Social Protection Platform, which links various existing social protection platforms using a unique Social Protection ID across various social protection platforms. The deputy prime minister and US chargé d'affaires presided over the event.

- Twenty-seven communes in Kampong Cham and Svay Rieng budgeted for TB activities in their Commune Investment Plans for the first time, consistent with the LHSS Community TB model to mobilize additional sustainable domestic sources of funding.
- LHSS worked with Battambang provincial leadership, the Ministry of Interior, the President's Malaria Initiative in Cambodia, USAID implementing partners, and civil society organizations to develop and cost a prevention of re-establishment of Malaria sustainability model. The province has not reported any malaria deaths in over three years. As Battambang enters the elimination stage, the province will need systems to sustain their response and strategies to mitigate the risk of re-establishment.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Expand Social Protection Systems.

LHSS continued to support the GS-NSPC's interoperability pilot to associate a unique Social Protection ID across social protection platforms. The pilot was installed in two districts to gather preliminary potential data challenges prior to the national rollout. On June 13, 2023, GS-NSPC launched the Digital Social Protection Platform to enable current and future social protection stakeholders to connect. This event highlighted the technical possibilities of an integrated social protection platform as well as the necessity of institutional collaboration under the leadership of GS-NSPC. The launch established goals for future digital transformation activities: 1) Develop capacity of core actors involved in Digital Social Protection; 2) Improve application systems and infrastructure; 3) Strengthen policy and legal frameworks in Digital Social Protection, and 4) Enhance stakeholder coordination of digital transformation efforts.

LHSS supported the connection of the MOH's Patient Management Registration System for public health facilities to the monitoring and evaluation (M&E) platform of GS-NSPC through an application programming interface. This allows for faster data transfer, reduced vulnerability to errors, and more comprehensive data submission for the reporting units regularly providing indicator data to GS-NSPC. As part of this achievement, LHSS and GS-NSPC assessed the M&E system dashboards, conducted workshops to explore enhanced effectiveness, discussed data quality with reporting agencies, and identified potential stakeholders for direct integration. LHSS is now working with GS-NSPC to make the dashboards more user-friendly.

LHSS collaborated with the GS-NSPC to produce a Digital Social Protection Interoperability Framework, Social Protection Data Security Guidelines, and Social Protection Data Privacy Guidelines for the national rollout of the interoperability project. These have been approved by the wider National Social Protection Council and are currently being translated into Khmer with the GS-NSPC's Technical Working Group.

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 documented training materials and disseminated results to Kampong Cham and Siem Reap provincial leadership on health burden estimates, target setting, work planning, and budgeting so the provinces can advocate for additional funding. LHSS also set up remote mentoring which will be transitioned to the National Aids Authority (NAA) to replicate this exercise in other provinces.

LHSS supported the NAA in drafting the "National Policy to End AIDS by 2025 and HIV Sustainability 2023-2028", and in designing and facilitating a National Stakeholders Consultation Workshop to review the draft. LHSS assisted NAA's Planning, Monitoring, Evaluation and Research department in expanding SCN#213 to include health and non-health indicators based on National Strategic Plan #5, and in developing a dashboard for community led monitoring and

sustainability indicators. LHSS worked closely with the National AIDS Program in assessing the ability of ART sites to register people living with HIV (PLHIV) into the social protection scheme, IDPoor.

LHSS conducted training workshops on incorporating TB activities and budget into Commune Investment Plans for communes in Kangmeas and Romeas Hek districts. The Abt Internal Review Board (IRB) has approved the LHSS supported TB patient cost survey. LHSS has also onboarded an international consultant for the survey.

LHSS met with the National Center for Parasitology, Entomology and Malaria Control and WHO to review the Activity's role in the national malaria elimination verification plan and the prevention of reestablishment of malaria. LHSS, the Ministry of Interior, and key partners conducted a site visit to Battambang to collect data for the prevention of reestablishment model. As Battambang enters the malaria elimination phase, this model will establish a system to mitigate risks for the reestablishment of malaria, including the roles of village malaria workers, their financial and non-financial incentives, testing and treatment supplies, reporting supplies, and higher-level support.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS is supporting the inclusion of vulnerable groups in social health protection through connection of the Payment Certification Agency electronically to the GS-NSPC's M&E system. This connection will strengthen oversight and engagement with the National Center for HIV/AIDS, Dermatology and STD Control to increase registration of PLHIV into the ID Poor social protection scheme.

WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determined 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

Four main stakeholders are connected to the National Social Protection Registry that allows each scheme to cross reference clients with other social protection systems, up from two last quarter. This connection allows schemes to identify improved efficiencies such as redundant clients and for clients to be aware of other services available to them. Fifty-nine communes have budgeted HIV activities in their Commune Investment Plans, up from 48 last quarter. This demonstrates further implementation of a key sustainability policy measure for HIV funding. Two provinces endorsed targets, workplans, and budgets for TB this quarter which is an important step for decentralization of workplan and budgeting to the provincial government. Twenty-seven communes in two provinces included TB activities in their budgets for the first time, for a total amount of \$17,669.

EMERGING LESSONS

Commune leadership with support of the national TB program and Ministry of Interior, have added TB activities to their commune investment plans this quarter, after understanding and accepting their role in owning the response to ending TB in their area. Their acceptance of this responsibility did not come from central level policy, but rather central level support of a similar LHSS initiative with HIV. TB does not have the cross sectoral sustainability policy measures, written in law, that HIV has. Yet LHSS, with strong support of the national TB program and Ministry of Interior, was able to replicate our task of including HIV in CIP in some areas to including TB in CIP in different areas. The lesson emerging is that current policies and practices can be used to support new initiatives in other health sectors for alternative streams of funding, without having to wait for

detailed policy measures for each health threat. LHSS Cambodia will carry this lesson forward in next year's workplan to expand TB activities in CIP in new geographic areas.

CHALLENGES

Government counterparts raced to show achievement in the runup to the July 2023 electoral campaign, preferring to focus on quick wins rather than previously planned activities. Neither GS-NSPC nor NAA M&E teams published planned reports, opting instead to organize policy workshops. While these meetings and workshops increased LHSS and USAID visibility, reporting of outcome indicators, such as the percentage of the population covered by social health protection systems, remains ad hoc despite LHSS's efforts to strengthen GS-NSPC's capacity to produce and publicize accurate performance indicators reports.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

- July 18, 2023, Second National Stakeholders Meeting to review and collect inputs for finalizing the National Policy to End AIDS by 2025 and HIV Sustainability 2023-2028.
- August 2023, Battambang, Malaria Prevention of Reestablishment Model Workshop.
- September 2023, Phnom Penh, HIV in Commune Investment Plans Workshop.
- September 2023, Phnom Penh, TB Patient Cost Survey Workshop.
- September 2023, GS-NSPC workshops with line ministries on data quality follow-up.
- September 2023, Phnom Penh, GS-NSPC workshop on application programming interface connection and revised dashboards.

PRIORITIES NEXT QUARTER

- Revise M&E system dashboards to include additional reporting agencies and indicators.
- Discuss application programming interface with the National Social Security Fund.
- Develop lessons learned on the interoperability pilot project in four provinces.
- Prepare for the national roll-out of the interoperability project.
- Work on digital transformation capacity strengthening for social protection stakeholders.
- Act on option paper recommendations for the Payment Certification Agency transformation.
- Conduct rapid assessment of ART sites to start registering people living with HIV in ID Poor.
- Conduct TB Patient Costs Survey data collection training and start data collection in several provinces.

LHSS COLOMBIA VRIO

HIGHLIGHTS THIS QUARTER

- LHSS and the Ministry of Health (MOH) held the National Conference on Health and Migration in Medellín attended by over 300 stakeholders to exchange experiences for integrating the migrant population into the national health system.
- During a follow up webinar for the MOH’s Plan for the Reduction of Maternal Mortality on May 18, 2023, held by LHSS in collaboration with the MOH, Dr. Humberto Mendoza, Secretary of Health of Barranquilla, commended the project for its support to the MOH enrolling migrants into the national health system. The Secretary also praised LHSS for developing “enhanced technical competencies” through a hands-on course for health workers on quality improvement to reduce extreme maternal morbidity.
- LHSS collaborated with community-based organizations in Cucuta to develop a communication and social participation strategy to promote migrant enrollment in health insurance. Increased enrollment of migrants in health insurance promotes sustainable public financing by reducing the funds required by territorial governments to cover the uninsured.

QUARTERLY ACTIVITY PROGRESS

LHSS supported the MOH and the District of Medellín in holding a National Meeting on Health and Migration on April 27, 2023. More than 300 people attended, including the secretaries of health of the nine prioritized VRIO cities and representatives of 12 community-based organizations. The purpose of the event was to exchange successes and challenges integrating migrant populations into the health system among stakeholders across Colombia’s territories. The goal of the event was to facilitate adoption of promising practices and create a collaborative forum to address shared challenges. LHSS also held eight “Café y Tequeño” events in the same VRIO cities to reinforce communications among communities and the institutions serving them.

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

In Q3, LHSS hosted a conference with the Santa Marta Health Secretariat to develop an administrative act to create a Working Group on Migration and Health, and to review activities in the 2023 Migration and Health Action Plan targeting the Venezuelan migrant population. These measures will help institutionalize guidelines for the migrant health response, promote interventions to increase the migrant population’s access to health care services, and improve coordination and partnership among local health stakeholders serving migrant populations.

LHSS also provided training and certification in project design and management for 167 representatives of community-based organizations and health secretariats from all nine VRIO cities. The purpose of the course was to prepare community-based organizations to apply for grants from international agencies and public entities, to create alternative strategies to finance and bring projects to scale. The course also strengthened the capacity of health secretariats to fund, plan, and manage new projects aimed at integrating migrants into the health system. Pre- and post-course assessments showed a 30 percent increase in knowledge for community-based organizations and a 22 percent increase for territorial entities. LHSS also launched a course promoting management and leadership strategies to facilitate migrant integration into the national health insurance scheme. Participants included 53 representatives from a variety of community-based organizations.

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

Currently, 11 percent of migrants enrolled in health insurance during the LHSS project period have been enrolled as a result of LHSS assistance (against a goal of 10 percent). LHSS convened over 200 migrants and host community members in Cucuta at a health fair to provide information on health promotion and enrollment. With LHSS support, the MOH met with community-based organizations to solicit input on a forthcoming plan to update insurance enrollment regulations that will facilitate migrant enrollment. This meeting focused on increasing knowledge and capacity among the organizations to manage enrollment procedures and established effective communication channels between government entities and leaders of the migrant community. LHSS also collaborated with community-based organizations to develop a communication and social participation strategy to promote migrant enrollment and continuity in health insurance. Community-based organizations are implementing the strategy and will continue to use the materials created in the future. In sum, these measures will help migrants enroll and remain enrolled, thereby reducing government spending on emergency services for the uninsured which is three times more expensive than services provided through national health insurance.

Objective 3: Strengthen Mechanisms to Increase Access to Appropriate and High-quality Health Care Services for Migrants and Host Communities.

In Q3, LHSS completed the second cohort of the Community Action Cycle, certifying 17 participants from the Health Departments of La Guajira, Maicao, and Riohacha as members of Community Mobilization Groups. The objective of the Groups is to support training, education, and monitoring at the territorial level to increase access to healthcare services and strengthen community participation through learning and replicating healthy practices. LHSS has also been providing training to the healthcare workforce of the MiRed provider network, receiving positive feedback from the Secretary of Health of Barranquilla. In this training, LHSS conducted a practical course on quality improvement to reduce extreme maternal morbidity, focusing on enhancing the competencies of healthcare professionals through the application of practical concepts, methods, and tools to improve services for both the migrant and host populations.

Objective 4: Strengthen Health System Resilience for Responding to Current and Future Shocks.

LHSS strengthened territories' capacity in surveillance and rapid response to public health challenges, including acute respiratory infections, mpox, and COVID-19. LHSS trained 757 health workers in surveillance and rapid response to emerging health issues and 1,689 community members in the prevention, promotion, and treatment of health issues. LHSS also trained 358 community members and 11 community-based organizations in public health risk identification, case reporting to health secretariats, and participation in community surveillance committees. Finally, LHSS strengthened the response management capacity of seven health provider institutions and secretariats to current and future health emergencies and threats.

In April 2023, LHSS, the Riohacha Health Secretariat, and USAID's Resilient Youth Program hosted a mental health workshop in Riohacha to educate participants on the prevention of suicidal behavior, gender-based and sexual violence, and drug use. Sixty-five representatives from governmental, educational, and community-based organizations and the district health secretariat participated in this workshop, which culminated in the creation of a community and intersectoral pathway for accessing mental health services.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

Through a co-creation process, LHSS developed two GESI toolkits for territorial entities and community-based organizations to strengthen their ability to reduce stigma, discrimination, inequities, and inequalities, some of the most challenging barriers to accessing health care services. Both GESI toolkits have been approved by the MOH and will be launched and implemented in Q4.

In Q3, LHSS grantee, Profamilia, trained 21 healthcare provider institutions, in total 504 people, in migration, human rights and gender. The training also included the mitigation of xenophobia using a highly effective story-telling approach based on real-life experiences of migrants and the community-based organizations supporting this population. Training recipients were moved by these personal stories and said that listening to the voices of people suffering from xenophobia helped them understand the importance of raising awareness about the impact of xenophobic language and actions. Additionally, LHSS continued to support the Health Secretariat of Bogotá to develop the xenophobia prevention toolkit. Implementation of the GESI strategy is expected to result in improved healthcare quality for migrant populations, reduced discrimination, and increased confidence in the health system among migrants.

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

In the capacity strengthening process, since FY22, LHSS has supported five health secretariats (Barranquilla, Cali, Cartagena, Medellín, and Santa Marta) in strengthening their capacity to lead and manage health programs. The endline report of these secretariats indicates significant improvement in the areas of planning, regulation compliance, leadership and management, coordination and participation, resource management, and gender and social inclusion. These improvements have strengthened the ability of municipalities to respond to the health needs of the Venezuelan migrant population (Indicator 5).

LHSS trained 757 healthcare workers (81 percent of whom were women) in Acute Respiratory Infection (including COVID-19) and healthy practices, and trained 1689 community members (68 percent of whom were women) in prevention, promotion, and healthcare strategies. These trainings aim to strengthen the capacities of health care workers and community members to proactively respond to current and emerging public health emergencies. (Indicator 16 & 17). Through LHSS-supported events and U.S. supported institutions (grantees), the project has played a role in the cumulative enrollment of 106,865 migrants in the subsidized health insurance scheme across prioritized municipalities. This figure represents 11 percent of all migrants enrolled in the subsidized regime from 2020 to date (Indicator 30).

EMERGING LESSONS

- To ensure a comprehensive approach, it is important to provide training on gender equality, social inclusion, human rights, and prevention of xenophobia to not only technical health care personnel but also administrative and support staff in healthcare institutions. Since non-clinical personnel play a significant role in shaping the overall healthcare experience, usually serving as the first point of contact for migrants in healthcare facilities, their inclusion in such training is crucial. Profamilia initially developed training for human resources in 21 healthcare institutions.

Recognizing the importance of involving all client-facing staff, 50 percent of the administrative staff joined providers in the training. Administrative and support staff received sensitizing training in language use to prevent and mitigate micro-aggressions and xenophobic behavior. Staff updated administrative forms including admission forms and service referrals to include gender, nationality, identity, and chosen names. Staff were also trained in developing strategies to accommodate migrants with disabilities. This comprehensive approach aims to empower all staff in improving the health care experience for migrants.

- High turn-over of staff during implementation of the capacity strengthening strategy with territorial entities and community-based organizations has slowed down progress and made project implementation more difficult. To mitigate this impact, a good practice is to systematize and document all actions carried out during project execution. This type of resource will facilitate the engagement of new staff and leadership on the project as they assume their new positions. LHSS has implemented this practice with all organizations and entities it has had strengthening activities with through a Pause and Reflect session. The aim of this meeting is to capture key learnings and recommendations, leaving the information readily available for reference by new staff members.

CHALLENGES

- Turnover of Ministry personnel has delayed the approval of LHSS's methodology for implementing the Cooperation and International Relationship Strategy at the territorial level. Despite delays, LHSS has established communication channels to ensure that the MOH continues to review and approve the Activity's strategy within the agreed upon time frame.
- Due to upcoming local and regional elections, several government officials are winding down operations and preparing for new administrations. This has increased the workload of government officials and decreased their attention to the project. LHSS has adjusted its work in Q3 to match the capacities of government officials by prioritizing the completion of the Activity's most urgently required interventions. LHSS will continue to employ strategies to help guarantee the participation and support of government officials in the Activity.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

- July 5, 2023, Cali, Pause and Reflection workshop with Propacífico and the health care institutions that are part of the "Mentor Hospital Strategy" (*Estrategia de Hospital Padrino*).
- July 12, 2023, Bogota, Pause and Reflect workshop with 17 grantees.
- July 13, Bogota, Local and innovative solutions for integration and inclusion: Migration and Health. This event will share lessons learned for the sustainability of interventions in the past year.
- August TBD, Bogota, Second Digital Transformation Forum, "Results in Health."

PRIORITIES NEXT QUARTER

- Present an updated GESI strategy that includes wide dissemination of key concepts, variables, and indicators among health staff. This strategy aims to ensure a clear understanding of GESI objectives and approaches, while generating practical tools to integrate LHSS GESI approaches.
- Launch GESI Toolboxes and facilitate the dissemination and use of this resource by territorial entities, community-based organizations, and health service providers.

- Continue negotiations with the Santo Domingo Foundation to select a local organization to implement a pilot aimed at financing maternal health packages for pregnant women with irregular and pendular migratory status in the city of Barranquilla.
- Continue to support the Ministry in implementing and monitoring the Acceleration Plan for the Reduction of Maternal Mortality.
- Develop a roadmap and technical guidelines to coordinate and operationalize Regulatory Centers for Emergencies and other health emergency response bodies.

LHSS DOMINICAN REPUBLIC

HIGHLIGHTS THIS QUARTER

- LHSS collaborated with the government and private sector stakeholder to co-create a roadmap to increase private sector participation in Dominican Republic's (DR) national HIV response. The roadmap will be owned by the government and used as a living document to improve coordination and collaboration between private and public health sector entities.
- LHSS developed a tool to assess community-based services in selected PEPFAR and non-PEPFAR supported HIV clinics. The tool will help identify the availability of facility-level resources, data collection and planning processes, and barriers to delivering and expanding community-based services. Results from the assessment (being conducted in Q4) will guide government counterparts and implementing partners to enhance planning and mobilization of resources required to deliver community-based services.

QUARTERLY ACTIVITY PROGRESS

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.

Building on Q2 progress, LHSS developed an assessment tool to measure resources and technical assistance required to expand the delivery of community-level HIV services. The tool consists of an interview guide with a five-section questionnaire covering overview information about HIV clinical sites, current HIV services being delivered at the community level, human resources for health, resources such as budget, transportation, and planning capacity, and collecting data on community-based HIV services. LHSS will conduct data collection visits in coordination with the National Health Service in early July 2023. The National Health Service will use findings from the assessment to inform the design, programming and decision-making process required to address unmet need through expanded community-accessible HIV services.

Through a series of consultations, LHSS collaborated with the USAID Mission in the DR to define selection criteria, prioritize, and select the assessment sites. In total, five HIV clinics were selected representing a mix of facilities supported by USAID, the CDC, and the National Health Service. Most clinics are in the Distrito Nacional. The mix of assessment sites also includes PEPFAR priority facilities, clinics with high and low performance levels, and a facility not supported by PEPFAR.

Intervention 1.2 Support development of guidelines for use of HIV self-tests. Upon USAID's request and approval, this intervention was removed from the Activity work plan this quarter.

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. LHSS has continued discussions with the National Social Security Council to accelerate the approval process for incorporating antiretroviral coverage into the DR's social security system. Building on these discussions, LHSS coordinated with USAID/DR to draft a follow-up letter addressed to the Minister of Labor, who also serves as the Council's director, summarizing the proposal to include antiretrovirals (ARVs) and requesting the status of the approval process. USAID/DR submitted the letter to the Council in June 2023 and is pending a response to identify next steps towards securing the approval.

Intervention 2.2 Facilitate Increased Private Sector Engagement in The National HIV response. In Q2, LHSS held consultations with USAID/DR, conducted interviews with private sector stakeholders, and facilitated a workshop with key stakeholders to explore the potential role of private sector entities (e.g., private health care providers, pharmaceutical industry, tourism sector, major private sector employers) in the national HIV response. Based on information gathered during these discussions, LHSS developed a roadmap to increase the scope of engagement and participation of private sector entities in the delivery of HIV services nation-wide. The roadmap proposes activities to address gaps in the national HIV response, increase private sector participation, and strengthen current efforts to expand access to HIV health care services. Proposed activities are organized under four objectives:

- Strengthening governance and coordination between the public health sector and the private sector
- Promote interventions to increase detection, treatment and adherence to ART
- Improve social protection mechanisms in health for the migrant population
- Strengthen knowledge management and standards of preventive health and the national HIV problem

In addition, LHSS has included a brief analysis of proposed interventions and their feasibility considering current political will and potential impact in the national HIV response, this analysis can support the prioritization of tasks and engagement with counterparts to implement the roadmap. A first draft was submitted to USAID/DR in May 2023. After receiving feedback from the Mission, LHSS is currently preparing an updated version reflecting a revised approach suggested by USAID. The project will submit the finalized roadmap to USAID for review and approval in early Q4.

LHSS has been conducting a brief desk review on international experience, best practices, and guidelines surrounding the formation of public-private sector coordination boards and mechanisms focused on strengthening collaboration in public health between the two sectors. LHSS will use findings from the desk review to inform its approach to working with the GODR and private stakeholders to create a coordination board. This intersectoral body would oversee and provide guidance on implementing and monitoring roadmap interventions.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS has iteratively worked to developing a private sector engagement roadmap outlining interventions to address gaps in the national HIV response and to promote social health protection initiatives. Activities proposed in the roadmap aim to strengthen and expand access to HIV health care services among at-risk and priority populations. In addition, LHSS will assess selected HIV program facilities to identify resources and logistical needs required to sustain and expand community-based services. Findings from the assessment will inform strategies to expand access to HIV services among hard-to-reach and underserved populations.

WASTE, CLIMATE RISK MANAGEMENT

The LHSS DR team 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 DR FY23 Annual Work Plan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

The first draft of the roadmap was submitted to USAID/DR for review. LHSS plans to finalize the roadmap in Q4 (Indicator #4). The Activity will also finalize the standard U.S. Government (PEPFAR) private sector engagement indicators.

Given Activity work plan modifications, indicators related to HIV self-testing activities have been removed (Indicators #1 and #2).

EMERGING LESSONS

- To improve multisector collaboration, engagement of key stakeholders needs to be sustained and routinized through an established mechanism to convene and promote dialogue among sectors. Such a platform can facilitate definition and alignment of priorities, develop agreements to leverage multi-sectoral collaboration, design tailored interventions, and identify key actors to champion a stronger national HIV response. In the DR, where this type of coordination mechanism does not yet exist or is ineffectual, external actors like LHSS can help jumpstart the process, but require time to build buy-in and local partner ownership of these foundational efforts.

CHALLENGES

After building consensus with USAID/DR on the selection criteria for the HIV community-based services assessment, final site selection and initiation of data collection were delayed due to a lengthy coordination process with implementing partners, including consideration of inputs from CDC on site selection. In the meantime, LHSS focused on finalizing the assessment tool, remained actively engaged with officials in the National Health Service, including soliciting their input on the tool, and started preparing an outline of the deliverable for this intervention.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

Private sector engagement roadmap for strengthening the national HIV response. Submitted May 10, 2023.

EVENTS NEXT QUARTER

No upcoming events.

PRIORITIES NEXT QUARTER

- Conduct field visits to selected HIV community-based activities assessment sites. Proceed with data collection in early July 2023.
- Finalize private sector engagement roadmap to strengthen the national HIV response.
- Once the finalized roadmap is approved by USAID, engage with private sector stakeholders to validate the proposed interventions.
- Submit to USAID/DR LHSS draft work plan for FY24.

LHSS DEMOCRATIC REPUBLIC OF CONGO (DRC)

HIGHLIGHTS THIS QUARTER

- The LHSS DRC Activity hosted a workshop with implementing partners in May 2023 to disseminate the findings from the health financing landscape analysis. This analysis produced stakeholder consensus on findings and recommendations which include strengthening the management capacity of the Finance and Administration Directorate.
- As part of its continuous support to the Ministry of Health's (MOH) Finance Administration Directorate, LHSS has finalized indicators for the MOH's Logistics and Assets Management Strategy.
- LHSS also worked with the Finance Administration Directorate to produce the legal documents necessary to implement the information system for the Directorate's Logistics and Assets Management strategy. The Activity will support the dissemination of these documents in Q4.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Increase Understanding of Gaps And Opportunities to Strengthen Governance And Health Financing.

The Activity collaborated with MOH's health financing technical committee on disseminating and validating the results and recommendations of the landscape analysis, in two phases. In the first phase, the results and recommendations were disseminated to various stakeholders, including the MOH, Kinshasa School of Public Health, and other partners involved in health financing and the process of operationalization of the Finance Administration Directorate. The second phase of dissemination took place during the monthly meeting of the MOH's commission on health financing that included representatives from the Finance and Administration Directorate, Planning Directorate, and Strategic Purchasing Unit.

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

The Activity supported the Kinshasa School of Public Health in completing the data analysis for the flat-rate pricing policy study in healthcare facilities in the DRC. Three types of data analyses were conducted: 1) qualitative analysis to identify and explain the differences between levels of success implementing the policy, as well as the user experience, 2) quantitative analysis to identify factors associated with effective implementation of flat-rate pricing policy, and 3) technical and financial feasibility analysis to develop recommendations to improve financial management at the healthcare facility level, and to identify actions needed at all health system levels (e.g., government, partners, patients, health personnel, and administrators). The analysis is on track to be finalized in Q4.

Additionally, following the acceptance of the LHSS DRC abstract to disseminate the study's results at the International Health Economics Associate conference, the team compiled the preliminary results which will be presented on July 11, 2023.

Objective 3: Develop the Organizational and Technical Capacity Strengthening Efforts and Technical Capacity of the Finance and Administration Directorate and Counterpart Entities at the Provincial Level to Strengthen Public Financial Management.

The Activity held two workshops to finalize the data collection tools and validate the MOH's Logistics and Assets Management Strategy. This strategy will be used by the Finance and

Administration Directorate to track MOH assets and to better understand how assets are allocated among MOH offices. In addition, the Activity supported the MOH in producing legal documents on the integration of administrative and financial management indicators into the MOH's Health Information System. These legal documents include a draft decree to operationalize the National Health Information System, a draft decree establishing the National Health Information System Multisectoral Committee, a circular note to the MOH's Secretary General requiring MOH entities to provide data to the National Health Information System, and an operator's manual for National Health Information System. Integration of these indicators will ensure accurate monitoring of government assets. They include the percentage of budget funds that have been allocated, and the percentage of revenue raised against annual targets.

LHSS DRC also conducted an assessment of the institutional capacity of the one unit, two programs, and three directorates (other than the Finance Directorate,) involved in health financing. The Activity collected this information through key informant interviews from these entities. The purpose of this capacity assessment was to identify opportunities to strengthen the organizational capacity of these partners. The directorates interviewed included the Office for Strategic Purchasing, the National Program for the Promotion of Health *Mutuelles*, and the Directorate-General for Health Organization and Management. Findings from the key informant interviews informed the development of a capacity strengthening plan and accompanying roadmap. LHSS will begin implementing activities in Q4 pending the new workplan approval. Findings from the key informant interviews informed the development of a capacity strengthening plan and accompanying roadmap. The Activity has generated interest from the World Bank in supporting additional activities in the coming months. Discussions are ongoing between the Activity and the World Bank to identify these additional activities.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

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

WASTE, CLIMATE RISK MANAGEMENT

The LHSS DRC Activity 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 Finance Directorate continued to receive support from the Activity to manage health financing for UHC (Indicator 4).

Regarding Indicator 7, the average variation in the use of prenatal consultation services (CPN) has slightly increased compared to the previous quarter.

EMERGING LESSONS

LHSS anticipates identifying emerging lessons as the Activity progresses. It is important to receive the Ministry's leadership buy-in of an activity to ensure that there is full participation from stakeholders. LHSS was finding it difficult to receive feedback from stakeholders when conducting research on the DRC Health Financing Landscape Analysis. The LHSS team approached the Secretary General for Health to assist with following up with these stakeholders and as a result, he

set up a committee to ensure the coordination of the research. Through this committee LHSS has been able to finalize the landscape and ensure full participation from stakeholders. LHSS has taken this lesson forward and has ensured that the Ministry's leadership is informed and committed to LHSS's activities moving forward.

CHALLENGES

The Activity experienced delays initiating data collection for the flat-rate pricing policy study due to delays in obtaining exemptions and approvals from DRC's local ethics committee. In response to these delays LHSS has been working with the Kinshasa School of Public Health to ensure that data analysis and finalization of the study occur within the approved timeline.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Report on the institutional capacities of the Ministry of Health structures involved in governance and health financing in the DRC. Submitted to the DRC Mission. April 3, 2023
- Consensus document on the results and recommendations from health financing landscape analysis in the DRC. Submitted to the DRC Mission. May 31, 2023
- Capacity strengthening plan for health financing structures in the DRC. Submitted to the DRC Mission. May 31, 2023
- Progress Report on LHSS's capacity strengthening support to Financial Directorate. Submitted to the DRC Mission. May 31, 2023

EVENTS NEXT QUARTER

- Dissemination workshop to present the study results on flat-rate pricing policy. All stakeholders involved in health financing will be invited to participate. Anticipated for July 2023, Kinshasa DRC.

PRIORITIES NEXT QUARTER

- Finalize the report on the flat-rate pricing policy study in healthcare facilities in the DRC.
- Continue to support the Financial Directorate in implementing its capacity strengthening plan.

LHSS EAST AFRICA REGIONAL

HIGHLIGHTS THIS QUARTER

- LHSS collaborated with its grantee, the Intergovernmental Authority on Development (IGAD), and project partners to conduct a landscape assessment in the Djibouti/Ethiopia cross-border site, Ghalafi/Semera, from April 24 – May 3, 2023. This assessment focused on understanding the site's digital health information system and health financing landscape. It included high-level engagement with Ministry of Health (MOH) officials in both countries, the Semera Regional Bureau in Ethiopia, key informant interviews with cross-border officials, and health management teams. Results will inform LHSS's interventions with site cross-border health actors to improve the digitization and interoperability of facility health information systems, as well as areas of opportunity in developing health financial protection options for cross-border populations.
- In collaboration with the Health Information System Program and a local subcontractor, IntelliSOFT, LHSS deployed the cross-border digital health solution module in nine health

facilities at three Kenya/Uganda cross-border sites (including Busia, Malaba, and Sio Port). The deployment exercise included the installation of the upgraded cross-border digital health solution module, which will enable the sharing of health information across facilities, and training of health facility data managers and health information system users.

- IGAD and LHSS collaborated on a review of financial protection options for vulnerable mobile and cross-border communities. This review included key informant interviews with national and sub-national health stakeholders in Djibouti and Ethiopia. The findings were used to build upon a previously conducted desk review and develop a report of health financial protection options for cross-border communities that can be further explored and tested in the East African Community (EAC) and IGAD regions. LHSS plans to disseminate the report to IGAD and EAC stakeholders during a Regional Intergovernmental Organization (RIGO) workshop scheduled for November 2023.

QUARTERLY ACTIVITY PROGRESS

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

In June 2023, LHSS installed the upgraded cross border digital health solution module in nine Kenya electronic medical record facilities across three Kenya/Uganda cross-border sites. During the installation, the team, which included IntelliSOFT, the Health Information System Program, and sub-national health management team members, trained 25 facility data managers and officers on the module. The upgraded cross-border digital health solution module includes a cross-border population screening tool and reporting functionalities. Following the deployment, IntelliSOFT is offering ongoing remote support to facilities including troubleshooting and resolving system and user issues.

After the presentation of the cross-border digital health solution readiness assessment findings to the Uganda MOH division, LHSS submitted the assessment findings to USAID. Findings identify facilities on the Ugandan side of the border that meet all cross-border digital health solution requirements and are therefore considered “ready” for installation. LHSS plans to deploy the cross-border digital health solution module in these “ready” facilities in August 2023.

LHSS submitted a report highlighting key discussions, recommendations, and directives from the EAC Expert Working Group on Digital Health, Data, Technologies & Innovation to USAID. This report details the objectives for the Expert Working Group in reviewing the cross-border digital health solution module and working to integrate it with EAC’s existing health scorecard. Key recommendations include for donors and implementing partners to support the EAC Secretariat and Expert Working Group in developing a regional data sharing framework and cross-border data sharing guidelines. Additional recommendations include for donors and implementing partners to scale up resources for technical assistance aimed at improving digitization at cross-border sites. In Q4, EAC will work with LHSS to finalize and present the data sharing instruments to the sectoral council of ministers.

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

LHSS worked with IGAD to review the status of regional level cross-border policies and directives generated over the past two years to determine the domestication status across IGAD partner states. The project found that IGAD lacked the internal processes needed for tracking such policies and directives, such as appointed focal points for tracking initiatives and advocates for domestication.

In Q4, LHSS will support IGAD through its grant to identify key policy focal persons from IGAD partner states to review progress of domestication and implementation of regional decisions and directives. This review will also examine factors that support, and those that impede, efficient and effective domestication and implementation of the policies. Finally, the review will include recommendations and a road map for fast-tracking domestication and improving meeting effectiveness and decision making.

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

In coordination with LHSS, IGAD coordinated and conducted key informant interviews with national and sub national health stakeholders and service providers in Djibouti and Ethiopia. The purpose of these interviews was to build upon a previously conducted desk review of health financial protection options for cross-border communities. This review includes available evidence on health financial protection for mobile populations facing vulnerability in the EAC and IGAD regions and provides a list of health financing options and necessary conditions, which can be further explored and tested in the EAC and IGAD regions. LHSS plans to disseminate the review to IGAD and EAC stakeholders during a RIGO workshop planned for November.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS has been developing addendums to the Landscape Analysis report⁴ for various cross-border health sites added along the Rwanda/Tanzania border and an upcoming analysis along the Ethiopia/Djibouti border. This analysis includes a special focus on gender equality and social inclusion considerations. LHSS is using data collection tools that ensure the needs of women and other vulnerable or socially excluded groups crossing borders are represented throughout the assessment and its findings.

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

LHSS supported the EAC in convening one meeting (Indicator 3.2 Number of cross-border health financing governance and advocacy network meetings (disaggregated by type)) of its health financing governance and advocacy network in Entebbe, Uganda between March 30 – April 1, 2023. A total of 18 participants from EAC member states attended this meeting (Indicator 3.1 Number of RIGO-level health finance experts working group attendees attending regular meetings at least once a year). Meeting participants discussed and agreed on the methodology and approach that will be used in the forthcoming mid-term review of the EAC's Health Investment, Priority Framework (2018 – 2028).

LHSS also conducted three assessments covering a total of nine facilities and two digital health MOH offices in Djibouti and Ethiopia along the Galafi/Semera border between April 22 – May 3, 2023. The three assessments included: 1) a landscape analysis (Indicator 1.2 Digital landscape analysis completed), 2) a digital readiness assessment (Indicator 1.3 Number of ready-border

⁴ [Landscape Analysis Report: LHSS East Africa Cross-Border Health Activity | Local Health System Sustainability Project \(lhssproject.org\)](https://lssproject.org)

facilities mapped and supported with cross-border digital health system installation (disaggregated by site and country)), and 3) a healthcare protection options assessment (Indicator 3.3 Number of cross-border health financial protection options or products identified and included in the menu of cross-border health financing options). All three assessments allowed LHSS to review the new Galafi/Semera border site's current landscape across its intervention areas. This information will be used to inform future targeted interventions in the site to improve health information system readiness and financial protection for cross-border populations.

Finally, LHSS deployed a cross-border digital health solution module in nine facilities within three cross-border sites (Busia, Sio Port, and Malaba) along the Kenya/Uganda border (Indicator 1.4 Number of cross-border facilities using the cross-border digital health system (disaggregated by site and country)). The module enables the nine health facilities along the Kenya and Uganda border to exchange health information securely and digitally.

EMERGING LESSONS

- To ensure the inclusion of the cross-border digital health system module within the national electronic medical records systems, LHSS worked with Palladium, an implementing partner providing digital health support to the Kenya MOH, and IntelliSOFT, the subcontractor that designed the module and oversees maintenance. LHSS is applying the lesson of partnering with all relevant actors, beyond just the government, in health information system improvement by fostering similar relationships in Uganda, with not only the MOH Division of Health Information but with the CDC-funded Monitoring and Evaluation Technical Support Program.

CHALLENGES

- LHSS is working with IGAD through a grant to support activities across project objective areas, including the convening of partner states. The project found that three IGAD partner states are in the USAID restricted country list. This affects convening since IGAD requires 50 percent+1 partner state to attend its decision-making meetings. However, USAID is working to provide the project some guidance going forward.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Task 1.1.2 – Forum report for EAC Expert Working Group on Digital Health, Data, Technologies & Innovations, submitted June 30, 2023
- Task 1.2.2 – East Africa Health Facility Digital Readiness Assessment Report for Uganda Facilities at Three Uganda/Kenya Cross-border Sites, submitted June 30, 2023

EVENTS NEXT QUARTER

- July 12-24, 2023, Cross-Border Health Data Sharing Forum for digital health stakeholders in the Ministries of Kenya and Uganda, the National AIDS and STIs Control Program (Kenya), Palladium and the M&E Technical Support Program to discuss architecture for effective data sharing between the EMR systems of Uganda and Kenya. This forum will also cover tools harmonization and data elements to enable cross-border data sharing, and collaboration on EMR customizations and enhancements to align with the cross-border module.
- July 25-27, 2023, Capacity building workshop to support EAC in utilizing cross-border health evidence for advocacy and decision-making.
- September 5-8, 2023, Technical demonstration of data sharing between Kenya and Uganda cross-border facilities using the CB-DHS interoperability layer and simulation of hosting of regional data at EAC headquarters in Arusha.

- September 25-28, 2023, Regional meeting to review draft EAC Regional health data governance framework (overarching tool) and the EAC Regional cross-border health data sharing guidelines (specific to cross-border).

PRIORITIES NEXT QUARTER

- Simulation of hosting the Regional Health Information Exchange at EAC headquarters in Arusha, including a demonstration of the CB-DHS interoperability layer to facilitate data sharing between facilities in Uganda and Kenya.
- Hold cross-border digital health solution forum with Uganda and Kenya MOHs and implementing partner stakeholders to facilitate stakeholder discussions on architecture for effective data sharing between the electronic medical record systems of Uganda and Kenya, and harmonization of data elements for cross-border data sharing.
- Strengthen EAC health secretariat's capacity to utilize cross-border health evidence for advocacy and decision-making.

LHSS JORDAN

HIGHLIGHTS THIS QUARTER

- LHSS worked with the private sector to develop and upload 12 online Continuing Professional Development (CPD) courses to the E-JAWADA platform. As of June 19, 2023, 7,877 CPD course completion certificates have been issued to health care professionals, including physicians and nurses.
- LHSS trained 70 participants on “Best Practices in Intensive Care Unit (ICU) Management” and 32 nutritionists and pharmacists on phase one of the “Nutritional Management for ICU Patients” program.
- LHSS completed the first draft of the CPD Sustainable Finance Strategy to propose funding sources for the implementation of the Jordanian Health Professional License Renewal Bylaw requiring the establishment of the CPD system for health care professionals.
- USAID’s Monitoring, Evaluation and Learning (MEL) Activity started the mid-term evaluation of the LHSS Jordan Activity. This evaluation will identify remaining priorities toward institutionalizing CPD and inform future health system strengthening priorities in Jordan.
- LHSS participated in the MEL Conference and Expo organized by the Monitoring, Evaluation and Learning Activity Project on June 13-14, 2023. LHSS facilitated a CPD panel and shared a data-driven development strategies infographic and the Collaborating, Learning, and Adapting competition submission on the COVID-19 call center for contact tracing.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Institutionalize the Continuing Professional Development System.

LHSS and the Jordan health councils supported the Ministry of Health’s (MOH) CPD Project by drafting CPD activity standards for the Institutional Development and Quality Control Directorate. LHSS also supported the directorate in organizing its first CPD activity standards orientation for 12 MOH and council assessors who will be trained to accredit and monitor CPD activities.

Building on the recommendations formulated after the two learning visits to the Department of Health in Abu Dhabi, LHSS facilitated two meetings with the learning visit participants to create an

action plan for the MOH, the Jordan Medical Council, Jordan Nursing Council, High Health Council, and Royal Medical Service. This action plan outlines clear next steps and persons responsible for each activity.

LHSS completed the first draft of the CPD sustainable finance strategy. The strategy recommends engaging the private sector and revisiting the types of CPD activities required to mitigate costs. LHSS is also working with the National CPD Committee to identify additional low cost and high-quality activities accessible to all health care providers.

The CPD private sector campaign, implemented by LHSS grantee Between the Lines, exceeded 14 million impressions on Facebook and Instagram, reached more than 7 million health care professionals, and leveraged a Google Display Network and campaign for 2 million website views. The purpose of this campaign is to explain the CPD bylaw and requirements to health care professionals. LHSS organized 20 webinars attended by over 3,000 participants. The CPD private sector campaign distributed approximately 25,000 flyers and banners across clinics and private health centers throughout the Kingdom and sent over 150,000 text messages to health care professionals. LHSS continued its support to the MOH's CPD Project by conducting 100 training-of-trainers sessions (out of 112 planned sessions) on license renewal, requirements, and process. Each training was attended by 25 health care providers.

LHSS supported the implementation of a CPD Project plan to install the national CPD electronic system, including enhancements to the CPD training platform. LHSS also updated the Licensing Professions and Health Institutions Directorate's information system and supported the Royal Medical Services with critical hardware for CPD implementation. LHSS conducted three meetings with MOH finance and technical staff to manage and track the USAID-funded CPD Project.

Objective 2: Institutionalize and Sustain the COVID-19 Response Activities.

On April 19, LHSS coordinated with the MOH on a dissemination workshop on the epidemiological analysis of COVID-19. Workshop discussions included lessons and opportunities to strengthen future contact tracing initiatives.

LHSS subcontractor Jordanian American Physicians Association organized the CPD-accredited Renal Replacement Therapy bootcamp along with second year fellows from the MOH, Royal Medical Services, Jordan University Hospital, and King Hussein Cancer Center. LHSS also collaborated with the Jordanian American Physicians Association on a one-day Critical Care Pharmacotherapy Symposium for 31 pharmacists from the MOH and Royal Medical Services.

To introduce the ICU interdisciplinary team approach, LHSS conducted a "Best Practices in ICU Management" training aimed at developing ICU management skills and promoting teamwork and decision-making processes. In all, 32 MOH and Royal Medical Services nutritionists and pharmacists participated in the training. LHSS facilitated the theoretical part of the "Nutritional Management for ICU Patients" training. Training activities were submitted for CPD accreditation and approved by the Jordanian Medical Council. In Q3, the new telemedicine bylaws were approved by the Legislative Bureau, and they currently await cabinet approval.

Objective 3: Strengthen the Quality of the MOH Laboratory Systems.

In preparation for the Central Laboratory's upcoming mock accreditation survey, LHSS continued weekly visits to ensure completion of action plans measured through the Health Care Accreditation Council Accreditation Standards 2021 edition. LHSS's quality assurance consultant provided support to the Central Laboratory in developing accreditation documentation requirements, including standard operating procedures and policies, and conducting a required customer satisfaction survey.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS and the MOH held the first Gender Advisory Committee meeting, during which LHSS oriented committee members on gender and social inclusion, gender concepts and national gender priorities. The Activity and the MOH also introduced the Government's Gender Policy pillars and requirements during the meeting. Committee members agreed to develop terms of reference for the Gender Advisory Committee and the Project Management, Planning and International Relations Directorate's Gender Unit. LHSS also provided technical support to the Gender Unit to develop an executive action plan and unit mandates. The Gender Unit and Gender Advisory Committee members will provide their feedback on the terms of reference, gender unit mandate, and executive plan to be approved by the Gender Advisory Committee. LHSS also reviewed the CPD gender policy for finalization and approval in Q4. The LHSS Gender Specialist developed an annual gender knowledge and awareness action plan, for internal and external use among LHSS staff, CPD focal points, and health councils. LHSS coordinated with the USAID-funded Promoting the Voices and Leadership for Women Activity to identify strategies for sustainability of LHSS activities with the MOH.

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

During Q3, LHSS trained 71 participants from the MOH and Royal Medical Service in "Best Practices in ICU Management" (Indicator: Number of HCPs trained on the implementation of competency framework).

LHSS also completed the accreditation awareness training session initiated in Q2 to reach 110 lab technicians and laboratory leadership teams (Indicator: Number of central laboratory staff trained on accreditation and standards).

As of the end of Q3, the Central Laboratory had achieved a total 57 standards of the Health Care Accreditation Council's accreditation standards over the seven clusters. This constitutes 84 percent of the LHSS target and 75 percent of the total 86 standards required (Indicator: Number of HCAC Laboratory accreditation standards that are met by the Central Laboratory).

EMERGING LESSONS

As part of the lessons learned from the Abu Dhabi learning visits, LHSS and the MOH are discussing the potential advantage of shifting to the model used in the UAE and Bahrain where all the governing and regulatory functions of the CPD system are housed in one entity that regulates the licensing and relicensing of HCPs and health facilities. Under consideration is moving from the current fragmented CPD relicensing and quality assurance system, where responsibility is shared across the MOH and health professional councils, to a model featuring a central regulatory body responsible for oversight and management of the whole system. LHSS will continue to explore this option with stakeholders.

CHALLENGES

- LHSS is following up with the central MOH to support the Central Laboratory in completing two accreditation critical standards: laboratory waste management and the installation of fire/smoke alarms in health facilities. Each of these standards is essential to attain accreditation.

- The finalization of the CPD Financing Strategy deliverable was delayed due to unavailability of the consultant (for personal reasons) and the lack of readily available costing data. The deliverable was submitted to the USAID Mission in Jordan in Q3.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- CPD Sustainable Financing Strategy. Submitted May 31, 2023.

EVENTS NEXT QUARTER

- July 2023, National Symposium for Regional Exchange of CPD.
- July and August 2023, Advanced Ventilator Bootcamp (two sessions).
- August 2023, Neuro and Body Imaging Bootcamp.
- August 2023, Central Laboratory Mock Accreditation Survey.

PRIORITIES NEXT QUARTER

- Carry out an evaluation of the private sector campaign implemented by LHSS grantee, Between the Lines.
- Disposition, installation, and training for Jordan University Hospital staff on the utilization of medical equipment.
- Support the MOH in disseminating the CPD activity standards.
- Disseminate the CPD Sustainable Financing Strategy to key stakeholders.

LHSS LAC BUREAU

HIGHLIGHTS THIS QUARTER

- With LHSS support, the Interinstitutional Interagency Board of Health and Migration in Honduras validated the Activity’s Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts. As a result of actively seeking input from the Board, the proposed Roadmap interventions will be included in the Board’s Strategic Plan, thereby increasing the likelihood of their implementation.
- LHSS hosted a webinar titled “Advancing Health Care Access for Women Migrants in Latin America” in June 2023. The event featured four panelists from organizations across the Latin America and Caribbean region who discussed a range of priority topics including challenges expanding social health protection for migrant women, strategies for strengthening social health protection policies, and promising practices to promote collaboration among various actors to strengthen social health protection for women and children in high-migration contexts.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Strengthen Social Health Protection Mechanisms to Increase Access to High-Quality Health Services for Women in High Migration Contexts in Honduras.

LHSS presented, discussed, and validated the Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts with the Interinstitutional Interagency Board of Health and Migration in Honduras. With LHSS assistance and feedback from Board member organizations, the Board incorporated the Roadmap activities into its Strategic Plan 2023-2026. LHSS joined the Board’s small working groups to revise the Ministry of Health’s

(MOH's) *Guía de Atención para el Migrante* (Guide for Migrant Care), two working groups have been created to support the revision process with a combination of technical experts and leading staff from the MOH through these working groups, LHSS is supporting the MOH in updating its protocols for maternal and child health service delivery within the Guide for Migrant Care. In addition, the MOH is updating the protocols for mental health. Other organizations participating include the International Committee of the Red Cross, the National Migration Institute and others.

- The Activity is developing a proposal for the MOH to establish a network across all parts of the health care system to increase migrants' access to effective health care services. LHSS held meetings with MOH officials and network specialists to inform them of the scope and objectives for this proposal. In addition, LHSS started mapping existing health networks nationwide and identifying areas with high migration to prioritize health system strengthening strategies.
- The Activity is designing a financing gap study and implementation plan. The study will focus on the geographic areas of Honduras with the highest levels of returned and in-transit migrants. The study will include funding gaps for priority services, current sources of funding, and funding requirements to meet the health care needs of the migrant populations.
- LHSS is developing a methodology and framework to assess existing health information systems policies, platforms, and practices for in-transit and returned migrant women and children in Honduras. Assessment findings will help the government identify opportunities to strengthen the migrant health information system. Findings will also improve the government's understanding of the health needs and health service gaps for in-transit and returned migrants, especially women and children.

Objective 2: Increase Awareness of Efforts to Expand Access to Social Health Protection for Women in High-Migration Contexts.

On June 14, 2023, LHSS hosted a webinar titled "Advancing Health Care Access for Women Migrants in Latin America." Four panelists shared perspectives on the most prominent challenges to expanding social health protection in high-migrant contexts. In a discussion moderated by P4H Social Health Protection Network, the panelist also discussed strategies to strengthen collaboration and advocate for policy changes. The webinar was attended by 68 participants from 25 countries. A recording was shared with all 248 people from 65 countries who registered for the event.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS prioritization of key issues related to women's health contributes towards advancing gender empowerment and equality. LHSS is supporting the MOH in updating its *Guide for Migrant Care* to improve access among migrant women and children to quality sexual and reproductive health services as well as overall migrant care in maternal and childcare, sexual gender-based violence and mental health, these protocols are all part of the guide for migrant care.. LHSS is also developing a proposal for the MOH to optimize health networks nationwide, with an emphasis on strengthening service referrals for women and children in high-migration contexts.

WASTE, CLIMATE RISK MANAGEMENT

The LHSS LAC Bureau Activity 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 hosted a webinar titled “Advancing Health Care Access for Women Migrants in Latin America.” This activity aims to increase awareness and knowledge on expanding social health protection among migrant populations. The webinar has been broadly disseminated through multiple channels and actors (Indicator #5).

EMERGING LESSONS

In Honduras, NGOs are an important stakeholder in providing healthcare. The MOH provides health services to the general population and does not consistently collect information on migration status. However, the MOH contracts NGOs to provide primary care services to remote and vulnerable populations. NGOs also provide services to migrants. Because these NGOs are paid by the MOH based on resident population data, these organizations typically collect more comprehensive data than MOH facilities. Thus, NGOs and the MOH’s Unit of Decentralized Management (which manages the NGOs’ service agreements) will be important sources of information for the LHSS financing and health information systems assessments.

CHALLENGES

As LHSS began developing standard operating procedures for the provision of health services at migrant care centers, counterparts at the MOH and the Board of Health and Migration identified changes needed in the existing policy framework to expand access to health care services to migrant populations. LHSS is supporting the MOH in updating the Health Care Guide for Migrant Population and revising and updating the protocols for maternal and childcare. This change also represents a strain in the expected implementation timeline of the activity for this fiscal year. LHSS is working with the MOH to follow a clear implementation timeline to finish this task on time and is holding regular follow-up meetings with USAID’s LAC Bureau and USAID’s Mission in Honduras to share progress and discuss next steps.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

LHSS submitted the draft revised AMELP to USAID/LAC Bureau for review and concurrence on March 31, 2023. The Activity received approval from the COR on June 13, 2023.

EVENTS NEXT QUARTER

- September 2023, Webinar, theme to be determined in consultation with USAID.

PRIORITIES NEXT QUARTER

- Task 1.1.2: Complete development of standard operating procedures to strengthen primary health services in Honduran first-response migrant centers attending to women, adolescents, and girls.
- Task 1.1.3: Complete proposal for strengthened coordination among first response and primary care centers in Honduras.
- Task 1.1.4: Continue institutional strengthening support to Board of Health and Migration to raise its profile as a mechanism for coordination and advocacy for health for populations vulnerable to migration.
- Task 1.2.2: The LHSS health finance expert and country manager will travel to Honduras to support implementation of financing gap study.
- Task 1.3.1: Continue 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 the second and third editions of LHSS LAC regional newsletter in English and Spanish. Audiences will include key stakeholders from academia, government, NGOs, civil society, international organizations working on social health protection, migration, and health.
- Task 2.1.3: Produce a podcast episode on migrant women, adolescents and girls' health and social health protection.
- Develop the FY24 work plan.

LHSS MADAGASCAR

HIGHLIGHTS THIS QUARTER

- The LHSS Madagascar Activity organized a team building workshop in May 2023 with the Ministry of Health's (MOH) Universal Health Coverage (UHC) Support Unit to align LHSS's work plan interventions with the UHC Unit's annual work plan. LHSS collaborated with the Unit to prioritize and determine which interventions will be supported by LHSS going forward, and those to be implemented in collaboration with other development partners. Modalities of collaboration between the new LHSS Madagascar leadership (which began in Q2) and the UHC Unit team were established.
- The Activity updated a technical note to guide development of the community-based health insurance (*mutuelles*) capacity strengthening plan. The note highlights the need to establish larger risk pools instead of the small economic savings groups or agricultural cooperatives that are currently being discussed by the government.
- The Activity hired additional technical and administrative staff, including the financial and administrative director, the monitoring and evaluation advisor, and the health financing advisor.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Promote, and Help to Increase, Domestic Resource Mobilization to Make Faster Progress Towards Universal Health Coverage.

The Activity initiated discussions with the UHC Support Unit on next steps in updating the National Health Financing Strategy implementation plan. The LHSS health financing advisor, who will be partially seconded to the UHC Unit, will assist the Unit in updating the plan to reflect the changing priorities of the Ministry since the Strategy's finalization in 2022, in collaboration with the World Bank's consultant.

The Activity reached out to UNICEF to initiate support for the mobilization of domestic revenue for the health sector. The aim of this effort is to develop updated fiscal analyses, to promote dialogue, and inform budgetary discussions due in Q4. The Activity recruited a public financial management consultant to support the MOH Financial Directorate in preparing a stronger, evidence-based analysis required for the 2024 budget negotiations. The consultant will also help to identify specific areas to increase allocative efficiency such as improving budget alignment with priorities and execution.

LHSS collaborated with ITEM, a local firm, to strengthen the UHC Unit's capacity to monitor its organizational and institutional development, by adding a monitoring and evaluation component to its capacity strengthening progress measurement tool. All documents and materials used to strengthen the Unit's capacity are available through this interactive tool. LHSS and ITEM also began developing an activity focused on team building between MOH leaders at the central level.

The Activity continued to provide intermittent coaching sessions on leadership and management for the UHC Unit director.

In May 2023, the Activity's chief of party attended the Health Finance sub-committee where the Activity was formally introduced to the sub-committee members. ITEM is working with the UHC Unit to determine the most effective type of technical support LHSS can provide to the sub-committee, moving beyond drafting meeting agendas and meeting minutes.

Objective 2: Support the Government of Madagascar to Promote Health Financial Protection Mechanisms.

In collaboration with development partners and other line ministries, the Activity supported the UHC Unit in developing its plan of health *mutuelles* during two technical workshops organized by the UHC Unit. The UHC Unit was focused on supporting micro informal sector groups to establish many small, independent *mutuelles* schemes. However, the Activity advised the UHC Unit ahead of the workshops to instead establish a larger risk pool at communal or district levels that can accommodate the smallest independent schemes to facilitate financial sustainability. Following the workshops, the Activity held meetings with the UHC Unit to develop a timeline for conducting the feasibility study for health *mutuelles* in districts where the communal *mutuelles* will be demonstrated.

Objective 3: Improve Availability and Use of Health Budget and Expenditure Data.

With support from WHO, the MOH has initiated the development of national health accounts for the fiscal years 2019 to 2021. The current exercise is a breakthrough, following several interrupted attempts since 2010 to update national health accounts. After consultations with WHO and the MOH's Planning Directorate, LHSS will co-finance a two-week workshop to analyze and map health accounts data. The Activity will also provide technical input to interpret the results that will inform important policy decisions, for example through policy briefs.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity continues to provide organizational capacity strengthening coaching sessions to all the UHC Support Unit members, including 10 women out of 18 staff (55 percent). Ongoing discussions about the design of *mutuelles* include discussions that focus on ensuring men and women have equal access to enroll in and utilize *mutuelles*.

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

LHSS submitted the Activity Monitoring, Evaluation, and Learning Plan (AMELP) to the USAID Mission in Madagascar in April 2023. LHSS addressed comments received from USAID and resubmitted the AMELP plan on June 20, 2023 for USAID/Madagascar concurrence.

EMERGING LESSONS

None to report this quarter.

CHALLENGES

LHSS interventions related to domestic resources mobilization, planning, and budgeting are also supported by other development partners. The constellation of actors is not yet effectively coordinated and managed. The purpose of the health financing sub-committee is to strengthen coordination among the actors, but the UHC Support Unit is still struggling to do this, in its role as facilitator. ITEM is working with the UHC Unit to strengthen this aspect. Separately, in Q3, the Activity conducted a series of one-on-one meetings with key partners to ensure LHSS interventions were complementary to existing partner interventions.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

No events scheduled.

PRIORITIES NEXT QUARTER

- Conduct a team building and leadership meeting with all MOH central level directors to create a common vision and understanding of UHC across the entire Ministry, building from the government's UHC Strategy and the National Health Financing Strategy.
- Support the MOH in organizing the *mutuelles* feasibility study and support the *mutuelles* study tour in Senegal and another francophone African country (TBD).
- Provide technical support to the Financial Directorate to strengthen budget analysis for the 2024 budget negotiations.
- Initiate engagement with the House Committee of the National Assembly to build coalitions that can advocate for increased prioritization of health sector allocations in the government budget.

LHSS NAMIBIA

HIGHLIGHTS THIS QUARTER

- With LHSS's support, the Ministry of Health and Social Services, through its Directorate of Special Programs, has secured the Namibian Cabinet's approval of the social contracting policy (Decision No 4th /4.4.23/002). This marks a pivotal moment for the sustainability of Namibia's HIV response, allowing the Ministry to contract civil society organizations to provide health and HIV services. Historically, these services have typically been provided at community levels and are mostly dependent on donor funding.
- LHSS co-facilitated a meeting with stakeholders on health financing in Namibia. Results from this meeting determined the direction of health financing reforms required for Namibia to make progress towards achieving Universal Health Coverage (UHC). Representatives from key sectors, including government ministries, private providers, medical aids funds, regulatory bodies and development partners participated. Participants reached consensus on suitable options for health financing that will be incorporated into the UHC policy. LHSS is supporting the Ministry in developing this policy.
- LHSS collaborated with the Ministry to convene three stakeholder working group sessions to apply selection criteria for health interventions that will be included in the essential health services package. Having ranked and prioritized the health interventions, LHSS will conduct

scenario analyses on the affordability and budget impact of intervention options for inclusion in the essential health services package.

- The Global Fund's Technical Review Panel has approved Namibia's grant application for HIV/AIDS, Tuberculosis, and Malaria, paving the way for the grant to be awarded. This accomplishment is attributed in part to the technical support provided by LHSS to the Ministry's Global Fund Program Management Unit.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Support the Ministry of Health and Social Services in Implementing the UHC Policy and Efforts Towards Sustainable Health Financing.

In partnership with the Ministry's Directorate of Policy and Planning, the Activity orchestrated a productive two-day health financing meeting of the health financing technical working group on May 13-14, 2023. Participants engaged in deliberations about viable health financing options in Namibia, encompassing revenue generation, pooling, and purchasing. The objective of the meeting was to achieve consensus on the most suitable options to incorporate into the UHC policy. To guide these technical discussions, LHSS conducted an analysis of various health financing options. Findings from this analysis, combined with meeting feedback, were used to develop the health financing policy brief for UHC. This brief will be used by the Ministry for further advocacy and engagement efforts with key stakeholders.

With the Ministry's Directorate of Policy and Planning, the Activity co-facilitated a two-day workshop on April 13-14, 2023, targeting parliamentarians as high-level law-making bodies in Namibia. The aim of this workshop was to foster consensus-building and secure buy-in on the proposed priorities that are to be included in the UHC policy. Distinguished members from the National Assembly, National Council, and other influential legislative bodies actively participated, voicing their concerns and perspectives on crucial matters. These included enhancing primary healthcare, alleviating financial burdens, and fortifying the resilience of the healthcare system, particularly in the areas of infrastructure and equipment. A follow-up meeting with the parliamentarians is planned for Q4.

Collaborating closely with counterparts from the Ministry, the Activity developed a UHC communications strategy. This strategy will be used by the Ministry to guide communication, advocacy, and stakeholder engagement efforts to develop the UHC policy and to ensure continued progress towards UHC.

LHSS continues to support the Ministry's Global Fund Program Management Unit, amplifying its commitment to facilitating successful outcomes and ensuring the continued flow of donor funds to the country. With LHSS's support, the Namibian Global Fund Program Management Unit has made significant strides in finalizing the acceleration plan, an activity aimed at expediting the Ministry's utilization of Global Fund funds. This plan serves to streamline processes and enhance efficiency in fund absorption. As of May 26, 2023, the Global Fund reported having completed acceleration efforts for the COVID-19 grant, which has now been forwarded to the Global Fund country team for their review and approval.

In support of the Ministry's goal of advancing the delivery of community-based primary healthcare services in peripheral areas and hard-to-reach communities, the Activity is working in close collaboration with the Primary Healthcare Directorate to develop a comprehensive and costed national community health workers' strategy. This strategy will outline key operations, deployment, and implementation approaches for community health workers. The Activity is in the final stages of recruiting a consultant who will work with the Ministry's team to develop and cost this strategy.

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 the Essential Health Service Package. The Activity co-facilitated a prioritization workshop held on March 29-30, 2023, during which stakeholders prioritized services by applying the agreed-upon criteria. These criteria included burden of disease, equity, feasibility, and cost-effectiveness. During the workshop, LHSS and the Ministry agreed that the interventions should be clustered by disease to facilitate their review, and, as a proxy for the population's overall health needs, burden of disease should take precedence over other criteria. The Activity developed revised prioritization tools which grouped interventions into broader categories aligned with burden of disease. As a result of this revised approach, LHSS held a second stakeholder workshop on May 29-30th, 2023 which focused on the application of the burden of disease criteria. During a third workshop on June 7-8, 2023, stakeholders reviewed and ranked interventions using the equity, feasibility, and cost-effectiveness criteria. Additionally, stakeholders determined the appropriate level of care (e.g., primary, secondary, or tertiary) for these services. Workshop outcomes were consolidated with stakeholder input to generate a list of prioritized health interventions for potential inclusion in the Essential Health Service Package. This deliverable was submitted to USAID at the end of Q3.

The Activity maintains its collaboration with the Ministry and the local research institution to conclude the costing study on health and HIV services. Data has been consolidated and is undergoing rigorous quality reviews. The analysis of results and the completion of the costing report is anticipated in Q4.

LHSS onboarded a public financial management advisor in April 2023. This advisor is working closely with the Ministry's Policy and Planning Directorate, the Directorate of Finance and Logistics, and the Ministry of Finance to strengthen budgeting and resource allocation processes within the Ministry of Health and Social Services.

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.

In April 2023, the Cabinet formally approved the social contracting policy that was jointly developed by LHSS and the Ministry. The social contracting policy will enable the Ministry to contract civil society organizations for provision of health, especially at community-level. LHSS will also assist the Ministry in implementing the policy as part of its ongoing work plan.

LHSS is supporting the Policy and Planning Directorate and the Directorate of Finance in developing a process manual for private sector and social contracting. This manual will facilitate and guide the implementation of the social contracting policy and allow the Ministry to achieve efficiencies through improved contract management. The social contracting policy will enable the Ministry to leverage private sector resources to expand access to healthcare services to the country's population. The process manual is expected to be finalized in Q4.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

Priority populations identified in the health equity analysis report developed by LHSS were used to guide the ranking of health interventions for inclusion in the essential health services package. During the prioritization meeting held in June 2023, stakeholders worked to ensure that interventions are responsive to the needs of priority populations. Priority populations include people living in rural areas (more than 10 kilometers from a health facility) with lower socio-economic status (such as female-headed households, children, populations whose main

languages spoken are Khoisan, Rkuvango, and Zambezi, people with disabilities, and people over the age of 60), commercial sex workers, survivors of gender-based violence, and people living with HIV and TB.

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

LHSS has reached 90 percent of Indicator 1 target (# PPD-led engagements/meetings with multisector stakeholders for the implementation of a high-level UHC plan and sustainable health financing reforms). LHSS achieved this progress by co-facilitating consultations with members of parliament and the national council on the UHC policy in April 2023. The Activity also supported a two-day health financing technical working group meeting in May 2023.

In Q3, the Activity reached 70 percent of its target for Indicator 2 (# of PPD-led initiatives that apply evidence in mobilizing resources for health, benefit package planning, design, and costing). This was achieved by facilitating activities to support the review of the Essential Health Service Package. This review included consultations with the World Health Organization – Africa Region and targeted stakeholder engagements to prioritize which essential health services to include in the Package.

LHSS surpassed its target for Indicator 4 (# of PPD-led engagement activities held for the improvement of access to care and strengthened stewardship by GRN) which now stands at 125 percent. In Q4, the Activity will fast track activities for Indicators 3 (# of capacity strengthening activities conducted (by target—DFL, PPD, MoF) to develop systems and processes to improve resource allocation and utilization. LHSS will conduct an assessment in Q4 for Indicator 5 (percent of USG-assisted organizations with improved performance) to measure capacity improvement within the Ministry of Health and Social Services.

EMERGING LESSONS

None noted this quarter.

CHALLENGES

Limited availability of technical staff within the Ministry has delayed completion of the revised Essential Health Service Package. Despite these capacity limitations, the Package technical working group chairperson, who currently heads both the Primary Health Care and Special Programs Directorates at the Ministry, remains steadfast in the Ministry's commitment to sustain progress. Additional Ministry officials have been given responsibility for managing the process of completing the Package. As a result, the Essential Health Service Package is expected to be finalized during Q4. LHSS is working with the Ministry to ensure improved coordination across stakeholders and activities to mitigate 'collaboration fatigue' and achieve more strategic stakeholder engagement interactions.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- UHC Communications Strategy. Submitted June 30, 2023.

- List of Prioritized Services for Possible Inclusion in the Essential Health Service Package. Submitted June 30, 2023.
- Policy Brief on the Analysis of Health Financing Options. Submitted June 30, 2023.

EVENTS NEXT QUARTER

- July 17-19,2023, LHSS Pause and Reflect meeting, Windhoek.
- July/August 2023, UHC policy validation workshop, Windhoek.
- August/September 2023, EHSP validation meeting for prioritized services, Windhoek.
- September 2023, dissemination of the time-driven activity-based costing study results, Windhoek.

PRIORITIES NEXT QUARTER

- Develop the costed community health worker strategy.
- Conduct a scenario analysis on the affordability and budget impact of including prioritized health services in the Essential Health Service Package.
- Finalize the results and report on the time-driven activity-based costing study on selected health and HIV services.
- Develop a guidance manual to improve Ministry budgeting and resource allocation processes.
- Finalize the process manual for private sector and social contracting.
- Develop a practical communications guide for UHC.

LHSS NIGERIA

HIGHLIGHTS THIS QUARTER

- LHSS collaborated with state counterparts in Nasarawa State to release health equity funds from the 13 local government authorities. These funds will provide health insurance coverage for an additional 10,000 people classified as vulnerable by the state. The state also initiated the enrollment of approximately 50,000 individuals comprising of local government authority employees and their dependents in the social health insurance scheme.
- LHSS conducted state-level training-of-trainers on facility and financial management in Nasarawa and Plateau States using a standardized national toolkit, training over 1000 individuals at the state and local government authority levels. Step-down trainings have also been completed by officials who received LHSS training. Based on this wide reach of personnel trained, LHSS expects to see improved financial management in subsequent quarters.
- In Lagos, LHSS supported the enrollment of an additional 820 Persons Living with HIV (PLHIV) in financial protection schemes through community support groups and USAID- implementing partners. A total number of 1,373 PLHIV have been enrolled since the beginning of the LHSS project.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Expand Financial Risk Protection in Targeted States to Reduce Financial Barriers and Out-Of-Pocket Payments.

LHSS collaborated with government and civil society organizations to conduct field testing of the harmonized national Basic Health Care Provision Fund (BHCPF) accountability framework in Nasarawa State. The State used feedback from this field testing to revise the framework which they will begin using in August 2023. Additionally, LHSS supported three subcommittees of the National Health Insurance Authority to develop strategies to operationalize the Authority's Act 2022. The subcommittees cover innovative financing for the vulnerable group fund, mandatory health insurance, and operational guidelines review. LHSS provided technical expertise during the subcommittee meetings and assisted in drafting each subcommittee's strategy documents.

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.

Building on the commitments made by the Executive Governor of Nasarawa State in the Chatham House high level meeting on Universal Health Coverage in Quarter 1, LHSS supported the State Health Insurance Agency in facilitating the release of health equity funds from all 13 local government authorities to provide health insurance coverage to an additional 10,000 poor and vulnerable people in the state. This will enable equitable access to quality essential health services for more poor and vulnerable people in the state and shows progress towards achieving universal health coverage. The state also initiated payroll deductions for the local government employees enabling their enrollment and that of their dependents in the social health insurance scheme. LHSS conducted organizational capacity strengthening assessments in Zamfara, Plateau, and Nasarawa. Assessment findings were used to inform the development of an organizational capacity strengthening plan highlighting areas for intervention which the project will support in subsequent quarters. LHSS also supported Nasarawa and Zamfara States in conducting stakeholder workshops on Universal Health Coverage (UHC) roadmap development. During these workshops, stakeholders identified barriers to UHC and brainstormed how to address them, including how to reach rural communities such as farmers and nomads. LHSS conducted a stakeholder meeting in Zamfara State on mandatory health insurance to ensure a common understanding of the health insurance law and support the development of a multi-sectoral framework for operationalizing compulsory participation in the state's contributory health care scheme.

Objective 3: Increase the Proportion of Revitalized and Fully Functioning Primary Health Care Facilities to Provide Essential Health Services.

LHSS trained finance staff at Zamfara State Primary Health Care Board and accountants from all 14 local government health authorities on BHCPF facility fund management and reporting. This will ensure completion of facility financial reporting templates and timely submission of facility fund management reports from all BHCPF facilities, enabling them to receive authorization to receive Direct Facility Finance payments. The trained Zamfara State Primary Health Care Board finance staff and the 28 account officers from all 14 local government authorities have applied their knowledge and successfully compiled the financial data into the local government authority summary sheets and submitted to the Board.

Additionally, LHSS facilitated a learning exchange between Nasarawa and Zamfara States on financial documentation and reporting for BHCPF. This enabled the BHCPF implementation teams in Zamfara to learn the best practices from the Nasarawa State team to ensure optimal financial documentation and reporting from facilities. Peer to peer learning catalyzes rapid improvement because it motivates and challenges the learning group to improve their capacity and output having seen the progress made by the other state counterparts.

Objective 4: Expand Coverage and Integration of HIV Services into State Health Insurance Schemes and Basic Healthcare Provision Fund.

In collaboration with the Eko Social Health Alliance team of the Lagos State Health Management Agency and PLHIV networks, LHSS improved awareness, uptake, and participation of PLHIV in financial protection schemes through presentations at 15 facility and community support group meetings. These meetings provided opportunities for LHSS to explain the benefits of enrollment and range of services available for PLHIV at the facility and community levels. These engagements have led to the enrollment of 751 PLHIV into the state health insurance scheme in Q3 who are now able to access care in their chosen health facilities.

In addition, LHSS has been working with PEPFAR supported implementing partners in Lagos State to improve uptake of financial protection schemes for Orphans and Vulnerable children and their caregivers. LHSS supported the Orphans and Vulnerable Children treatment partner (ARFH-ICHSSA 2) project by offering enrollment opportunities to 69 people (52 children and 17 caregivers) who can now access a broader range of health services through the BHCPF.

Objective 5: Improve Sub-National Public Financial Management for HIV And Promote Domestic Resource Mobilization Public Financial Management Update.

LHSS supported the Lagos State AIDS Control Agency in the early development and submission of fund requisition memos for the release of budgeted funds. To date, Lagos State AIDS Control Agency has received budgetary releases up to 112M NGN (\$255,000) out of 689M NGN (\$1.5M) appropriated from the FY23 budget. LHSS is working with stakeholders to ensure prompt approvals and releases of submitted memos to improve the budget execution.

LHSS has supported the Kano State AIDS Control Agency in becoming a member of the Kano state Health Financing Technical Working Group. During a meeting of the Technical Working Group, the Ministry of Budget and Planning informed Kano State AIDS Control Agency that there have not been any budgetary releases in 2023 due to lack of submission of fund requisition memos by the agency. Following this communication, LHSS held a meeting with Kano State AIDS Control Agency leadership which revealed insufficient understanding of the Public Financial Management (PFM) processes e.g., the need to write justification memos for already approved budget funds. LHSS provided technical guidance to the Kano State AIDS Control Agency based on the 2023 Annual Operational Plan to identify budget line items and activities to be prioritized for fund requisition memos from the 2023 budget.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS conducted a Gender Equality and Social Inclusion (GESI) assessment in Nasarawa, Plateau, Zamfara, Kano and Lagos States to measure existing gender and social norms and practices that influence implementation of financial risk protection schemes. LHSS conducted this assessment collaboratively with stakeholders including government, private, and civil society organizations. A critical finding was the lack of GESI awareness by policymakers and subsequent absence of pro-active efforts to overcome cultural norms and beliefs about gender roles that negatively impact enrolment or use of financial protection programs. LHSS will integrating GESI capacity building and process changes to BHCPF enrollment drives and demand generation activities.

WASTE, CLIMATE RISK MANAGEMENT

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

PROGRESS ON PERFORMANCE INDICATORS

- LHSS Nigeria contributed to an increase in general population enrollment in financial protection schemes across the state health insurance agencies from a baseline of 0.85 percent in 2021 to 2.27 percent in Q3 FY23 (Indicator 2). Enrollment numbers are expected to increase as states submit their June 2023 enrollment data. This information represents average summative data across LHSS-supported states.
- LHSS contributed to an increase in the percentage of priority populations (i.e., the lowest two quintiles) covered by risk pooling mechanisms, from a baseline of 0.64 percent in 2021 to 1.83 percent in Q3 (Indicator 9). This information represents average summative data across LHSS-supported states.
- LHSS contributed to the total number of clients tested for HIV/AIDS under State Health Insurance Schemes, bringing the total number of clients tested in Lagos to 17,148- 149 percent of the annual target (Indicator 19).

EMERGING LESSONS

- The use of virtual platforms for peer learning and knowledge exchange is cost effective and catalyzes quick improvement. It motivates and challenges the groups participating, like those in Zamfara and Nasarawa, to improve their capacity and output having seen the progress made by the other state counterparts.

CHALLENGES

- The state-wide labor union strike in Plateau State impacted BHCPF implementation and disrupted the provision of health services. LHSS is working with Plateau State to use community health influencers promoters and service providers to sustain access to health care services where available.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Quarterly tracking reports on enrollment and access to HIV services. Submitted to the USAID Mission in Nigeria, June 30, 2023.
- State produced quarterly report on HIV expenditures. Submitted to USAID/Nigeria June 30, 2023.
- GESI Analysis. Submitted to USAID/Nigeria June 30, 2023.
- Plan for organizational capacity strengthening of Nasarawa State Health Insurance Agency Submitted to USAID/Nigeria June 30, 2023.
- Plan for organizational capacity development of Nasarawa State Primary Health Care Development Agency. Submitted to USAID/Nigeria June 30, 2023
- Quarterly fund management reports for Nasarawa and Plateau. Submitted to USAID/Nigeria June 30, 2023.

EVENTS NEXT QUARTER

- Basic Health Care Provision Fund Retreat in Lagos, July 2023.
- High-level health insurance review meeting in Nasarawa/ Plateau States, August 2023.
- Public Financial Management Workshop for Kano, July 2023.
- Joint Peer learning session on HIV integration and Domestic Resource Mobilization between Lagos and Kano States, July 2023.
- Lagos State Health Insurance Summit, July 2023.

PRIORITIES NEXT QUARTER

- Conduct training-of-trainers on facility and financial management for health care workers in Zamfara. Conduct facility training for health workers in Plateau.
- Conduct fiscal space analysis and resource tracking in Nasarawa, Plateau and Zamfara States.
- Implement organizational capacity strengthening plans with State Health Insurance Agencies and State Primary Healthcare Development Agencies in Nasarawa/Plateau/Zamfara States.
- Strengthen capacity in public financial management for Kano State AIDS Control Agency.
- Meet with PEPFAR implementing partners on sustainability strategies for HIV integration.

LHSS PERU PEPFAR

HIGHLIGHTS THIS QUARTER

- LHSS supported the MOH and other partners to draft a bill that would enable migrants and refugees living with HIV and/or TB in Peru to access Public Health Insurance. On June 7, 2023, Congresswoman Paredes formally presented the bill to the Congress of the Republic.
- LHSS and the MOH finalized technical documents supporting improved HIV services for both Venezuelan migrants and Peruvians living with HIV. These new resources include: the technical dossier to modify the results-based budget (Ppr 016 TBC – HIV / AIDS), enabling public sector financing of new HIV prevention and surveillance measures; a policy proposal to incorporate community-based organizations in the provision of services for screening and linking persons living with HIV (PLHIV) to antiretroviral treatment (ART) care; and a methodological guide to decentralize ART centers to primary healthcare facilities.
- LHSS concluded an assessment of structural barriers to inclusion and access to services for LGBTQ migrants. The assessment will guide public and international cooperation toward improving HIV services for LGBTQ migrant and non-migrant populations.

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 refugees and migrants with HIV or TB to access the Comprehensive Health Insurance (SIS).

LHSS collaborated with the bill advisory group (e.g., UNAIDS, IOM, UNHCR, local NGOs and institutions, government counterparts, and academia) and Congresswoman Paredes and her advisors to finalize the draft bill that would enable migrants and refugees living with HIV and/or TB to access public comprehensive health insurance, regardless of their migration status. On June 7, 2023, Congresswoman Paredes officially submitted the bill to the Congress of the Republic. To promote approval of the bill, LHSS collaborated with the above listed organizations to develop an advocacy plan that is being implemented by the bill advisory group. As the bill had already been sent by the Congressional Health Commission for review by several ministries, the plan aims to build support among government institutions, members of Congress, public opinion, and key communities. Although there are still several steps remaining for the bill to become law, the presentation of the bill marks a significant milestone in the approval process.

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 coordination with the Directorate of HIV, STDs, and Hepatitis, in developing a technical dossier to modify the results-based budget (Ppr 016 TBC – HIV / AIDS). The dossier will support negotiations with the Ministry of Economics and Finances to secure funding for improved HIV prevention and surveillance measures, such as pre-exposure prophylaxis (PrEP) and assisted contact notifications for PLHIV, which will benefit both Venezuelan migrants and Peruvians living with HIV. The final report was presented to the MOH's Vice-Minister of Public Health, Directorate of Planning and Budget, and the Directorate of Strategic Public Health Interventions, and submitted to the MOH on May 17, 2023.

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 held meetings with the Directorate of HIV, STDs, and Hepatitis, the MOH Directorate of Planning and Budget, the Ministry of Development and Social Inclusion, UNAIDS, CARE Peru, Partners in Health, and 14 community-based organizations, to discuss and offer recommendations on the best approach for hiring community-based organizations to provide diagnostics and referrals to MOH ART centers. LHSS presented and discussed the proposal with the Vice-Ministry of Public Health, the Directorate for the Prevention and Control of HIV/AIDS, Sexually Transmitted Diseases and Hepatitis – Peru the Directorate of Planning and Budget, UNAIDS, Partners in Health, the National Multisectoral Health Coordinator (CONAMUSA) and the USAID Mission. These high-level stakeholders provided valuable feedback and recommendations. On June 14, 2023, LHSS held a validation meeting with leaders of community-based organizations in Lima, Callao, Piura, and Ucayali, and received valuable feedback.

Task 1.3.2: Create a proposal for a methodological guide to decentralize ART to primary healthcare facilities.

LHSS finalized the methodological guide for the decentralization of ART to primary healthcare facilities. The objective is to increase access to HIV care to reduce HIV-related morbidity and mortality among Venezuelan migrants and Peruvian PLHIV. Public, private, and mixed health institutions nation-wide will use this new decentralization guide.

Objective 2: Support Planning for Cross-Border Continuity of HIV Care for Migrants.

Task 2.1.1: Extend the migrant health observatory grant in time, scope, and amount.

LHSS continued supporting the Peruvian Observatory of Health and Migration (OPEMS) through the grant for Universidad Peruana Cayetano Heredia. In May 2023, OPEMS published its fourth bulletin. This edition presented a compilation of data showing that a large portion of the Peruvian population maintains perceptions of high criminality among Venezuelans, despite studies indicating that most crimes are committed by nationals. It signals the prevalence of misinformation and sensationalist media as continued drivers of stigma against the migrant community. In addition, the Observatory launched an awareness-raising communications campaign against xenophobia called #TodxsSomosMigrantes. The Observatory held meetings with the MOH, as outlined in the Interinstitutional Cooperation Agreement signed in Q2, to receive data on migrant's health care indicators (e.g., HIV and/or TB) from the MOH that will be disseminated on the Observatory's webpage. Additionally, LHSS and the Observatory participated in the Working Group on Communication for Integration between Migrant and Host Populations, an initiative of the Peruvian Ministry of Foreign Affairs, to introduce the Observatory's migration-related communications activities across the country.

On June 6, 2023, OPEMS co-organized a virtual colloquium with the Observatory of Migration and Human Mobility of Chile titled, "Migrants in no man's land: crisis on the border between Chile and Peru" attended by more than 50 participants.

In addition, on June 12, 2023, LHSS presented the results of the “Report on the exchange of cross-border health information on HIV and the roadmap” at the HIV workshop of the IX Regional Meeting of the Quito Process, an organization that involves 13 Latin American countries (Paraguay, Panama, Mexico, Guyana, Ecuador, Costa Rica, Chile, Brazil, Colombia, Peru, Dominican Republic, Uruguay, Argentina) responding to the Venezuelan migration crisis in the region.

Objective 3: Strengthen Care and Support Networks for LGBTQ, Migrants and Nationals.

Task 3.1.1: Rapid Assessment of Structural Barriers Faced By Venezuelan LGBTQ Migrants In Accessing Health Services And Services For Protection Of Human Rights, And/or Gender-Based Violence.

LHSS concluded the assessment of structural barriers to inclusion and access to services for Venezuelan LGBTQ migrants. On May 18, 2023, the Activity presented the preliminary results in a webinar titled "Access to rights of LGBTIQ refugees and migrants in Peru: A look from the health experience." This webinar was associated with the International Day against Homophobia and Transphobia organized by the International Organization for Migration (IOM). The report provides an overview of the social protection system and existing civil society interventions serving the Venezuelan LGBTQ migrant and refugee populations living in Peru. The report presents recommendations for public institutions, civil society organizations and international partners to address access barriers experienced by these groups. The final report was submitted to USAID for approval June 12, 2023.

Task 3.1.2: Capacity Strengthening of Local Providers To Improve Quality Of Care To Venezuelan LGBTQ Migrants In Prioritized Areas Of Metropolitan Lima, La Libertad And Piura.

In coordination with the MOH, LHSS supported its grantee PROMSEX in completing a needs assessment of mental health centers and sexual and reproductive services in selected health centers. Findings from the assessment informed the development of a proposed capacity-strengthening strategy for health personnel in Lima, Piura, and Trujillo providing care to LGBTQ migrants and nationals. In June 2023, LHSS held meetings with the Directorate of Mental Health and the Directorate of Sexual and Reproductive Health to share progress on the development of online course content and to prepare the call for enrollment of health workers scheduled for July 2023.

Task 3.1.3: Strengthen the Capacities of Eight Community-Based Organizations to Engage, Support and Link LGBTQ Migrants and Nationals with Health Services, Human Rights Protection Services and Preventive and Care Services for Gender-Based Violence.

LHSS supported PROMSEX in conducting a needs assessment of eight beneficiary community-based organizations in Lima, Trujillo, and Piura. Findings from this assessment will inform the development of a capacity-strengthening strategy. LHSS also signed collaboration agreements with these organizations to initiate activities aimed at improving care for LGBTQ migrants and nationals, including PLHIV.

LHSS met with public institutions (e.g., the National Superintendence of Migration and the Ombudsman's Office) and NGOs (e.g., Veneactiva and Mas Igualdad) to carry out capacity strengthening activities. On May 18, 2023, the National Superintendence of Migration held a virtual workshop for community-based organizations to provide accurate guidance for immigration status regularization processes for LGBTQ migrants seeking information. On June 2, 2023, Veneactiva held a workshop on community-based monitoring plans for organizations serving migrant populations. LHSS also coordinated with the Ministry of Justice to involve their Free Legal

Assistance Centers (Alegra Centers) in providing workshops for community-based organizations in Q4. These workshops will focus on services available to LGBTQ migrants and nationals and information to facilitate referrals.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS Peru Activity works to ensure that services incorporate an intersectional gender and sexual diversity perspective to mitigate barriers to access for people who identify as LGBTQ or have an HIV diagnosis, especially migrants. In Q3, for example, the Activity initiated interventions in partnership with community-based organizations to expand access to health care and peer-support services among LGBTQ populations and PLHIV, particularly in the areas of HIV screening and treatment referrals.

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 completed the technical file for a bill to expand migrants and refugees with HIV/TB access to comprehensive health insurance (Indicator 1).
- LHSS engaged 10 stakeholders in coordination activities to promote the approval of the bill allowing migrants with HIV or TB to access Integrated Health Insurance and receive health care irrespective of migration status (Indicator 2)
- LHSS developed a methodological guide for the decentralization of ART centers to primary healthcare facilities to improve access to ART for Venezuelan migrants and Peruvian PLHIV (Indicator 3)
- LHSS contributed to the ongoing dissemination of information related to the expansion of health services for migrants through the Peruvian Migration and Health Observatory (OPEMS). The site received 767 visits in Q3 (Indicator 4).

EMERGING LESSONS

No emerging lessons.

CHALLENGES

Q3 was marked by political instability in Peru leading to a new Minister of Health in June 2023. LHSS's MOH counterparts changed several times, delaying coordination of project activities. Adding to this complex situation, the Dengue Epidemic reoriented public health priorities and activities. To address these challenges, LHSS held meetings with new authorities to ensure continued progress toward workplan activities and to foster consistency of program interventions. This engagement effort has been key to obtaining MOH support for ongoing activities.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Proposal for a methodological guide to decentralize ART to primary healthcare. Submitted to the COR on June 15, 2023.
- Report on barriers to inclusion and access for Venezuelan LGBTQ migrants. Submitted to USAID for approval on June 12, 2023.

EVENTS NEXT QUARTER

- No upcoming events.

PRIORITIES NEXT QUARTER

- Implement activities to promote approval of the bill to allow refugees and migrants with HIV and/or TB to access Comprehensive Health Insurance.

PERU (MPOX)

HIGHLIGHTS THIS QUARTER

- LHSS completed implementation of the communication campaign to prevent mpox in the high-burden populations through community activities and social media dissemination with the Regional Health Directorates of Loreto and La Libertad, the Integrated Health Network Directorates of North Lima, Central Lima, and South Lima, and community-based organizations from Lima, La Libertad, and Iquitos.
- LHSS worked in close collaboration with the MOH to finalize resource documents for the MOH, the Integrated Health Network Directorates, Regional Health Directorates and the Regional Health Management Offices to strengthen the national Monkey Pox (mpox) response. These new resources include regional-level guidance to implement the National Technical Norm for the Prevention and Case Management of Patients Affected by mpox, and a report summarizing technical assistance provided.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Strengthen the MOH Capacity to Communicate Appropriate Mpox Information To Vulnerable Populations.

Task 1.1.2 Support The Implementation Of The Communication Strategy In High Burden Populations In Lima And Two Prioritized Regions.

In Q3, LHSS grantee CONACCION completed two workshops to strengthen the capacity of 72 individuals in delivering reliable and effective mpox prevention health messages. Participants included personnel from health directorates and facilities working with high-risk populations, as well as leaders of community-based organizations from Lima, La Libertad, and Iquitos. Additionally, CONACCION conducted an online workshop to strengthen the use of digital platforms such as Canva and Facebook. Workshop participants included 30 healthcare staff and key community members.

In June 2023, LHSS completed implementation of the communications campaign to prevent mpox in high burden populations. LHSS disseminated virtual and printed communication materials through face-to-face community activities at LGBTQ social meeting places in Iquitos and Lima, reaching 400 and 600 individuals, respectively. In Trujillo, LHSS held a comprehensive health fair attracting 300 participants. LHSS disseminated publications and messages through social media networks specifically created for the campaign, complementing dissemination through institutional social networks of the Regional Health Directorates from Loreto and La Libertad, and the Health Network Directorates from North Lima, Central Lima, and South Lima. Health personnel and community-based organizations actively utilized platforms such as Facebook, TikTok, Instagram, WhatsApp, and even the LGBTIQ dating platform "Grindr." The project reached a total of 4,423 individuals through these various communications channels.

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 finalized the Guidance for the implementation at the regional level of the National Technical Norm for The Prevention and Case Management of Patients Affected by mpox. This resource was developed in close coordination with Directorate for Prevention and Control of HIV, STDs, and Hepatitis and the Regional Health Directorates from La Libertad and Loreto.

In addition, the Activity finalized the report summarizing assistance provided to support implementation of the National Technical Norm for the Prevention and Case Management of Patients Affected by mpox in La Libertad and Loreto.

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, mainly the LGBTQ community, heterosexual men who engage in same-sex behavior, and people living with HIV. LHSS supported CONNACION, the grantee tasked with implementing the Activity's communications campaign, in disseminating key messages and carrying out key elements such as message socialization, supporting community-based organization engagement with key populations, and media outreach through the communication channels used by the high burden mpox population.

WASTE, CLIMATE RISK MANAGEMENT

The approved work plan determines that LHSS Peru 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 developed three documents for mpox emergency response at the regional level: a guide to implement the technical norm for prevention and two proposals for the update of the regional emergency preparedness and response plan for mpox in La Libertad and Iquitos. (Indicator 11).
- Through communications grantee CONACCION, LHSS garnered 4453 reactions (likes, comments, and shares) through its communications campaign to prevent mpox in high burden mpox populations. Campaign messages were disseminated through a variety of social networks created for the campaign, institutional social networks of the Regional Health Directorates from Loreto and La Libertad, and the Health Network Directorates from North Lima, Central Lima, and South Lima, and health personnel and community-based organizations (Indicator 10).

EMERGING LESSONS

Mpox target communities (as populations with high burden of the disease, such as men who have sex with men, and men living with HIV) tend to be hard to reach due to high levels of homophobia and HIV stigma in the country. So, it was not easy to reach them for the mpox prevention communication campaign. To address this challenge, CONACCION, LHSS grantee, decided to disseminate messages not only in social media networks (Instagram, Facebook, TikTok, WhatsApp) but also on the LGTBIQ dating platform "Grindr" and in-person spaces where the target

population socializes. This resulted in a higher-than-expected reach. LHSS recommends implementing this kind of strategy to efficiently access and reach similar populations.

CHALLENGES

During the dissemination of the mpox communication campaign, it became evident that many public institutions and community-based organizations did not have active social networks active and/or the necessary communication skills to manage them. In response, LHSS through CONACCION, held workshops to strengthen the capacity of selected public institutions and community-based organizations to manage Canva and Facebook. These organizations will be able to apply this new knowledge and skills in their own future communication campaigns.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Guidance for the implementation at the regional level of the National Technical Norm for The Prevention and Case Management of Patients Affected by mpox (NTS N°191-MINSA/DGIESP-2022). Submitted to USAID Mission on June 23, 2023.
- Report on assistance provided for the implementation of the National Technical Norm for the Prevention and Case Management of Patients Affected by mpox in selected regions. Submitted to USAID Mission on June 30, 2023.

EVENTS NEXT QUARTER

No upcoming events.

PRIORITIES NEXT QUARTER

- LHSS has submitted all deliverables for this Activity. Next quarter LHSS will address any remaining comments from USAID to finalize and disseminate these deliverables.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

HIGHLIGHTS THIS QUARTER

- The USAID Health System Sustainability Activity (the Activity) and the Ministry of Health (MOH) successfully conducted the first meeting of the Health Management Information System Technical Working Group (HMIS TWG). This platform brings together internal and external stakeholders to strengthen the HMIS and promote holistic engagement.
- The Activity and the MOH organized a validation workshop to review the findings from the health labor market analysis. This analysis provides insights into the status and pipeline of the health workforce, which will inform the development of the next iteration of the multi-year National Strategic Plan of Human Resources for Health.
- The Activity led coaching sessions for members of the new Health Financing Unit to strengthen their skills in data collection and analysis. As a result, the Unit conducted a preliminary analysis of the MOH's 2019-2022 public health expenditures and presented preliminary findings to the MOH's director of Budget and Financial Management. Being able to present this type of analysis represents a significant milestone considering the Unit's nascency.
- The Activity celebrated the first anniversary of *Rede ba Saude Timor-Leste (Rede ba Saude)*, a network of health sector civil society organizations, at an event honored by the presence of His

Excellency the President of the Republic of Timor-Leste and the Chargé d’Affairs of the U.S. Embassy in Timor-Leste. The event provided *Rede ba Saude* an opportunity to advocate for increased accountability in the health sector.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Improve Health System Governance, Financing, and Information Systems Through Data-Driven Decision-Making.

To address lack of clear lines of authority, duties, and responsibilities within the MOH, the Activity collaborated with the MOH to develop a process and tool for effective delegation of authority and handover procedures that can be employed when officials are on leave or during periods of staff turnover. This initiative focused on senior level positions including directors, department chiefs, and unit heads. The Activity supported the General Director of Corporate Services in drafting and issuing official internal instructions from the MOH to all staff. In Q4, the National Directorate of Human Resources will lead implementation of these guiding tools with technical assistance from the Activity.

The Activity led coaching sessions for Health Financing Unit members to strengthen their skills in data collection, cleaning, and analysis. As a result, the unit conducted a preliminary analysis of the MOH’s 2019 – 2022 public health expenditures and presented the preliminary results to the MOH Director of Budget and Financial Management. This represented a significant milestone considering the Health Financing Unit’s nascency. The analysis revealed static budget execution rates (an average of 89 percent), low expenditures on capital and development budgets (3 percent of total annual expenditures), and a high volume of budget adjustments between activities and line-items.

The Activity co-organized with the MOH the first meeting of the HMIS TWG which brought together 10 partners to support the governance, leadership, and stewardship role of the HMIS department in strengthening the country’s health information system. During the meeting, the MOH emphasized its priorities while partners shared details of their interventions to enhance the HMIS. The MOH highlighted the importance of alignment and coordination between development partners. The Activity and the MOH co-developed and finalized the first draft of eight out of 23 Timor-Leste Health Information System data forms, advancing the ongoing process of updating the HMIS guidelines.

Objective 2: Strengthen Health Sector Workforce Management.

The Activity completed a health labor market analysis to enhance the MOH’s understanding of market dynamics, evaluate health education institutions and workforce pipeline, and generate evidence-based recommendations for the next iteration of the National Strategic Plan of Human Resources for Health. The Activity shared preliminary results of this analysis with stakeholders. The findings highlight deficiencies in health workforce planning, uneven deployment of health professionals, and lack of availability, competencies, motivation, and performance among multidisciplinary care teams. Additionally, there is a disparity between the supply of trained professionals and the demand for health facilities. Recommendations encompass policies and training in health labor education, planning, management, retention, handover, performance, productivity, financing, regulation, and licensing.

The Activity supported the National Directorate of Human Resources in identifying champions to disseminate and support the use of the new job descriptions manual in regional hospitals and central services in Dili. This dissemination process helped health service personnel at the municipal level understand how to develop standardized job descriptions and performance indicators for health workers.

The Activity is supporting the National Directorate of Human Resources in conducting weekly learning and exchange sessions in health workforce management. Topics include writing and reviewing standardized job descriptions and managing overtime according to procedures and guidelines.

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

The Activity and the MOH jointly conducted an orientation on the MOH-owned community-based health monitoring tool to strengthen capacity in designing and implementing social and behavior change activities for application at the village-level. The orientation was attended by 13 *Rede ba Saude* members from 13 municipalities, 30 personnel from the MOH, and two municipality health services officials. After the orientation, a *Rede ba Saude* member from the special administrative region of Oe-Cusse committed to seeking funds and piloting the tool in two villages.

The Activity and *Sharis Haburas Comunidade* collected baseline village-level data across nine newly established village health assemblies on key reproductive, maternal, neonatal, child, and adolescent health indicators in two administrative posts that will be used to measure progress of the community-based health monitoring. This data collection exercise presented an opportunity to strengthen the grantee's data collection capacity.

The community-based monitoring for health program is a government-led community-level initiative which emphasizes community-led activities and solutions. Through this program, *Sharis Haburas Comunidade* supported 14 integrated community health services, benefiting a total of 79 pregnant mothers who accessed antenatal care, 80 under-5 children who received immunizations, and 135 under-5 children who received nutrition support.

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

The Activity, in collaboration with Forum *Organizasaun Naun Governental Timor-Leste* (FONGTIL), an umbrella civil society organization overseeing *Rede ba Saude*, celebrated the first anniversary of *Rede ba Saude*'s establishment. His Excellency the President of the Republic of Timor-Leste attended the event, along with 37 civil society organizations from across the country. During the event, the Activity launched a [health system primer](#) designed to enhance engagement between the MOH and *Rede ba Saude* by clarifying their respective roles in health system strengthening.

The Activity and the MOH awarded a grant to FONGTIL to co-develop strategic actions with *Rede ba Saude* members. The grant aims to strengthen local health civil society organizations, enhance constituent engagement, and support data-based advocacy for a more robust and inclusive health system in Timor-Leste. To support the grant implementation, the Activity conducted a training-of-trainers program on health advocacy for selected staff from FONGTIL, *Rede ba Saude*, and the MOH. A total of 26 male and female participants received instruction to become master trainers. This new cohort of master trainers will conduct cascade training to other *Rede ba Saude* members at the municipality-level, improving their ability to engage in evidence-based health advocacy.

With support from the Activity and other partners, the MOH partnership department finalized a stakeholder mapping tool that identifies partners operating in the country along with their respective activities. The collected data with this new tool will improve strategic decision making and guide investments in the health sector for equitable resource distribution.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity supported the MOH in adding gender-disaggregated parameters to its public financial management capacity assessment so the MOH could gain insights into possible differences

between male and female experiences and impacts across its performance indicators. One such finding was that most finance officers (87 percent) are female. These positions were considered lower-level positions, and many officers lacked knowledge or experience in public financial management. They often acquired these skills on the job without formal training. To address this gap, the Activity will support the health governance and human resources departments in implementing competency-based recruitment to enhance the capacity of new hires.

The community-based monitoring for health manual, specifically the section on village health assembly committee development, outlines the criteria for selecting village health assembly committee members. The criteria aim for a balanced committee composition, with a 40/60 percent split between community leadership positions and those who represent marginalized groups (e.g., individuals with disabilities, ethnic minorities, and other vulnerable populations), respectively. Additionally, the Activity prioritizes gender balance by ensuring equal representation of men and women within the committee. These guidelines, which promote gender equality and social inclusion, are integrated into the community-based monitoring for health manual, providing guidance for the selection and formation of village health assembly committees.

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

- Conducted an assessment to improve the MOH governance capacity; organized two Friday learning sessions to improve staff skills; and trained *Rede ba Saude* and MOH staff on the health advocacy cycle (Indicator 3).
- Implemented 14 community health programs in six villages (Indicator 11).

EMERGING LESSONS

Involving MOH budget officials and health financing unit members in the public financial management capacity assessment created a safe space for open dialogue among colleagues from different directorates. Inviting broad participation facilitated the sharing of challenges and fostered collaboration in addressing capacity gaps related to budget and financial management. Similarly, bringing civil society organizations and the MOH together in a shared learning space to discuss the advocacy cycle proved to be highly effective. The civil society organizations played a crucial role in identifying health issues from the community, while the MOH provided insights into the underlying reasons behind these challenges. The engagement allowed both parties to recognize the importance of regular communication, as civil society organizations may identify health challenges but lack sufficient information to understand the systems-related root causes. Conversely, while the MOH may have background knowledge about the causes, they lack comprehensive information about the impact of these challenges on communities being served at the lower levels. Creating opportunities to close this type of information gap underscores the need for ongoing dialogue and collaboration between diverse stakeholders to ensure a holistic understanding of health system challenges and to the formulation of effective responses.

CHALLENGES

Local stakeholders have relied heavily on the Activity team to support local engagement efforts, indicating a need for further coaching and technical support to empower local partners to assume greater leadership in these activities and to encourage ownership of their tasks. To address this challenge, the Activity has been providing mentorship and working closely with identified

champions to assign them responsibilities for key tasks and then monitor their progress on these tasks to celebrate milestones in increased ownership and identify areas where additional support may be needed.

MOH officers lack competencies in the stakeholder mapping system integrated into the Timor-Leste Health Information System (HIS). This has resulted in the MOH heavily relying on the expertise of a World Health Organization (WHO) expert. Consequently, when the WHO expert is unavailable or out of the country, the MOH encounters difficulties in conducting mapping activities. This gap underscores the need to develop internal MOH capacity to ensure the sustainability of stakeholder mapping efforts. The Activity continues to work closely with the MOH to build such capacities as they are outlined in the capacity strengthening action plan.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables due and/or submitted during this quarter.

EVENTS NEXT QUARTER

- July 2023: Validation workshop on the health financing glossary; Launch ceremony for the grantee's grant in Manufahi; Community Based Monitoring for Health training.
- August 2023: *Rede ba Saude* and MOH panel discussion on health system strengthening.
- September 2023: Cascade training on advocacy to *Rede ba Saude* members.

PRIORITIES NEXT QUARTER

- Conduct a political economy analysis and propose recommendations.
- Implement capacity strengthening programs for health workers on inclusive reproductive, maternal, neonatal, child, and adolescent health in two administrative posts, and community-based monitoring for health for village health assembly members.
- Establish and facilitate health promotion working group meetings in Manufahi and Covalima.
- Provide capacity strengthening on health advocacy cycles for *Rede ba Saude* members.

LHSS UKRAINE

HIGHLIGHTS THIS QUARTER

- In a key step to establishing a legal foundation to broaden use of telemedicine services in primary, specialized, emergency, palliative, and rehabilitation care, the Government of Ukraine submitted a draft law *On Amendments to Certain Legislative Acts of Ukraine on the Functioning of Telemedicine* to the Parliament of Ukraine on June 16, 2023. The Ministry of Health (MOH) introduced the draft with LHSS support. After its review, the Parliament Health Committee recommended adoption of the draft law on June 27, 2023.
- At the MOH's Inter-Agency Working Group on Telemedicine meeting held on May 30, 2023, LHSS shared findings from its landscape assessment to update policy makers, development partners, and other stakeholders on the state of telemedicine in Ukraine. The working group is a platform, established with LHSS support, for stakeholders to contribute to and remain informed about the development of telemedicine and related coordination efforts. Views discussed during the meeting were incorporated into updated policies and regulatory frameworks.

- The MOH, National Health Service of Ukraine, and State-Owned Enterprise eHealth approved a set of comprehensive policies and detailed project plans that were drafted with technical assistance from LHSS. In sum, these policies and plans constitute the design of Ukraine's telemedicine model. The approvals have paved the way for LHSS to formulate comprehensive technical specifications around teleconsultation, telemetry, and teleradiology functionalities within the central eHealth database.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Strengthen Telemedicine Governance, Policies, and Financing

At the Inter-Agency Working Group meeting on May 30, 2023 LHSS presented key findings from the [Landscape Assessment of Telemedicine in Ukraine](#) to key policy makers and development partners. LHSS also published a [blog post](#) linking the assessment to earlier findings from the team's [international telemedicine review](#). The post summarizes recommendations to Ukrainian stakeholders on actions needed to steer Ukrainian telemedicine development towards best practices.

Drawing on analyses from these assessments, LHSS supported the MOH legal team in drafting the law *On Amendments to Certain Legislative Acts of Ukraine on the Functioning of Telemedicine*. Its adoption will establish a legal foundation for the broader use of telemedicine services in medical care and rehabilitation. The law defines an updated concept of telemedicine and related terminology; establishes a comprehensive regulatory framework for telemedicine; enables emergency medical care provision through telemedicine; expands the scope of telemedicine to encompass prevention, diagnosis, monitoring, and treatment; incorporates telemedicine into the professional responsibilities of medical practitioners; and recognizes telemedicine's capacity to promote inclusivity by facilitating access to health services for individuals with disabilities.

LHSS also continued to work with the National Health Service of Ukraine on integrating telemedicine into the Program of Medical Guarantees for 2024. The MOH and National Health Service of Ukraine agreed to analyze costs associated with implementation of telemedicine at the facility level. With LHSS support, the analysis will define cost categories and estimate resources needed to deliver telemedicine at the health facility level. The National Health Service of Ukraine will use the results of this analysis to refine the Program of Medical Guarantees purchasing arrangements.

In Q3, LHSS continued to support the MOH, National Health Service of Ukraine, and State-Owned Enterprise eHealth in finalizing comprehensive policies and detailed plans tailored to teleconsultations, telemetry, and teleradiology. These policies and plans will enable LHSS to formulate technical specifications to develop and modernize digital solutions, specifically targeting the implementation of teleconsultation, telemetry, and teleradiology functionalities within the eHealth central database. LHSS will continue to openly communicate with stakeholders and incorporate any additional inputs during the refinement of the draft technical specification in Q4.

Objective 2: Advance Equitable, Sustainable Access to Health Services Using Telemedicine

LHSS published [a call for concept papers](#) targeted at local organizations as the first step in applying for grant funding. Proposed activities should expand medical care provision among populations that stand to benefit most from telemedicine, such as internally displaced people, people living in occupied and recently de-occupied territories, people with disabilities, and people with chronic diseases and mental health conditions. Through their proposed projects, local grantees will strengthen their technical capacity to work in telemedicine, as well as their organizational capacities to plan, organize, and manage tasks.

LHSS continued to coordinate with USAID implementing partners and share best practices in the provision of telemedicine services in Ukrainian health facilities. In Q3, LHSS and USAID's Health Reform Support project facilitated an MOH-led meeting convening heads of health facilities as a cross-learning event. Health providers from Dnipro city and Kyiv oblast who received technical assistance from LHSS shared best practices and experiences using telemedicine to provide health services. The MOH expressed interest to work with LHSS and conduct similar, regular meetings with doctors to promote the widespread adoption and maximize the effective use of telemedicine.

Objective 3: Strengthen GOU Capacity to Respond to Urgent Needs for Conflict and Post-Conflict Telemedicine Solutions

LHSS supported the MOH in expanding health care access among vulnerable groups through partnerships with the Government of Ukraine, private companies, and civil-society organizations. In Q3, LHSS carried out the following work to implement solutions donated to Ukraine as humanitarian aid. Additional information on progress is in the performance indicator section.

- Tested a new telemetry TytoCARE device, verifying its claimed functionality for subsequent adoption by the MOH.
- Began discussing the potential distribution of a new system, AIDoc, to a facility in Chernihiv oblast.
- Connected a facility in Odesa oblast to the BrainScan telemedicine system.
- Connected three facilities in Kharkiv and Lviv oblasts to the Rehabilitation Gaming System.
- Supported the MOH and State-Owned Enterprise eHealth in distributing 19 additional Lite v.4 (Teladoc) devices in Kyiv city and Lviv, Kyiv, Cherkasy, Chernihiv, Zhytomyr, Ivano-Frankivsk, Donetsk, and Odesa oblasts to meet the most urgent needs of underserved populations. LHSS facilitated the equipment delivery and set-up, created accounts for doctors, and trained them on the devices.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The draft law mentioned under Objective 1 proposes to add a new principle on "adherence to the principles of barrier-free and inclusive provision of medical and/or rehabilitation assistance, including the use of telemedicine methods and tools" to Article 4 of the current law *Basics of Healthcare Legislation* in Ukraine. If adopted, this will promote inclusivity and remove barriers to accessing health care services, for example, by emphasizing the importance of telemedicine platforms and that services are accessible to individuals with disabilities.

Distributing telemedicine solutions to recently de-occupied areas of Ukraine with underserved populations, particularly those living in rural areas close to the Russian border, addresses some challenges in accessing health care. Devices like HomeDoctor enable remote monitoring of vital signs and facilitate communication with family doctors so patients receive timely care without needing to travel through areas with ongoing hostilities. The MOH has highlighted this practice on its website, emphasizing the importance and impact of telemedicine in reaching and supporting underserved communities.

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

In Q3, LHSS made the following progress:

- LHSS trained 151 health providers to use donated telemedicine solutions (Indicator 6).
- LHSS engaged 11 new health facilities across Ukraine in the use of donated telemedicine solutions (Indicator 7).
- LHSS provided 221 technical assistance interactions to health providers using donated telemedicine solutions (Indicator 8).
- Supported by LHSS training and technical assistance, health facilities provided 1,042 services to patients using telecommunication technologies (Indicator 5).
- The total value of donated telemedicine solutions effectively used as a result of LHSS's support reached \$3,676,900 in June 2023 (Indicator 10).

EMERGING LESSONS

- LHSS learned that integrating health provider performance monitoring with a community of practice format is an effective approach to promote the implementation of telemedicine tools. In collaboration with the State-Owned Enterprise eHealth, LHSS co-hosted an online meeting that brought together approximately 170 participants and focused on health provider performance and experiences in utilizing donated telemedicine solutions. Following this online meeting, LHSS received an unusually high number of calls from doctors expressing interest in being included in the project. LHSS has already begun registering these doctors in the system and providing training sessions.
- LHSS learned that creating messaging groups enables doctors to discuss organizational issues more effectively than via email. Several Ukrainian health facilities have begun using doctor-to-doctor teleconsultations with the Germany-based Charite clinic, which requires Ukrainian doctors to submit consultation requests via email. Communicating by email often slowed responses, prolonged correspondence, and ultimately delayed resolution to the issue requiring consultation. LHSS created Telegram groups to replace email, which resulted in shorter response times and a more streamlined teleconsultation process. This temporary solution will be reevaluated as the number of participating facilities increases.

CHALLENGES

LHSS is collaborating with USAID's Public Health Systems Recovery and Resilience project to use the Teladoc Solo Platform to provide mental health services to various population groups, such as survivors of trauma and war, children and adolescents, and other vulnerable and marginalized populations. However, there are several customizations needed from Teladoc to ensure integration of the platform with the project's workflow, data security, and personal information confidentiality requirements. LHSS is using the established, basic Teladoc platform for now to ensure there is no compromise in protecting patient information, however this means the project does not always have necessary data for reporting. The group is discussing the best way forward.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

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

- Pre-application online briefing sessions for organizations seeking to fund activities under the LHSS Grants Program. Dates: July 10, July 24, August 7, August 28, and September 4, 2023.

PRIORITIES NEXT QUARTER

- Collaborate with the MOH and Cabinet of Ministers of Ukraine to ensure the timely progress and approval of the telemedicine strategy and operational plan by the Government of Ukraine.
- Engage with the MOH and Health Care Committee of the Parliament to actively support the approval process of the draft law *On Amendments to Certain Legislative Acts of Ukraine on the Functioning of Telemedicine* by the Parliament.
- Collect and review concept papers from potential local grantees on a rolling basis.
- Create a comprehensive technical specification for the development and modernization of digital solutions, specifically targeting the implementation of teleconsultation, telemetry, and teleradiology functionalities within the central eHealth database.
- Conduct a cost analysis of telemedicine implementation at the health facility level.

LHSS VIETNAM

HIGHLIGHTS THIS QUARTER

- With LHSS's support, the MOH and Vietnam Social Security (VSS) granted electronic logistic management information system (eLMIS) accounts to national and provincial government stakeholders, health facilities, and TB drug suppliers. LHSS provided training to approximately 2,000 health staff on social health insurance TB drug quantification and eLMIS use. The eLMIS is strengthening Vietnam's ability to effectively manage the Social Health Insurance's TB program through enhanced oversight of TB commodity quantification, procurement, supply, utilization, reallocation, and cost reimbursement.
- The Drug Administration of Vietnam granted marketing authorization extensions for two antiretrovirals (ARVs), including Tenofovir Disoproxil Fumarate, Lamivudine, and Dolutegravir and Tenofovir Disoproxil Fumarate, Lamivudine, and Efavirenz 400 mg Tablets. In sum, these ARVs address the needs of over 90 percent of patients receiving antiretroviral therapy (ART) through Social Health Insurance. The extended marketing authorizations are a legal prerequisite to ship these ARVs to health facilities. Increased access to these drugs will facilitate continuous access to lifesaving treatment for approximately 140,00 people living with HIV (PLHIV).
- LHSS worked with the Vietnam Administration for HIV/AIDS Control (VAAC) to develop a web-based tool designed to enhance the efficiency and effectiveness of HIV program monitoring at the national and provincial levels in the areas of resource planning, budget allocation, and expenditures. This web-based tracking tool helps improve the accuracy, validity, and timeliness of the data reported by the provincial Centers for Disease Control and VAAC. Data extracted from this tool can be used to inform budget planning and advocacy efforts for local budget increases.

QUARTERLY ACTIVITY PROGRESS

LHSS made considerable progress toward sustainability, local ownership, and capacity strengthening, categorized by objective below. In Q3, LHSS published a [success story on the](#)

eLMIS for the management of the TB drug supply chain. LHSS 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 Social Health Insurance.

The Social Health Insurance claim review system currently requires a manual data review process. To reduce errors and enhance efficiency in the review system, LHSS is selecting a grantee to implement an intelligent document processing system that can extract information from and automate this system. LHSS selected CMC Applied Technology Institute among the four short-listed applicants based on its relevant technical and financial capacity, broad experience, and strong track record of performance implementing similar artificial intelligence projects. LHSS is working with the grantee to finalize the scope of work and will submit the grant documentation for USAID's approval in early Q4. Grant implementation is tentatively scheduled to begin in late July 2023.

To reform Vietnam's provider payment system and enhance the quality and efficiency of service delivery, LHSS and VSS co-organized a workshop to disseminate "international experiences on diagnosis-related group monitoring systems and the analysis results of the bypass policy on the health insurance." As a result of the workshop, VSS leadership pledged to continue its collaboration with the MOH, national and international experts, and development partners to implement a diagnosis-related group payment system in Vietnam.

Objective 2: Support the Government of Vietnam in Sustainably Financing HIV Prevention and Treatment Services.

Using social contracting to deliver HIV services is a novel financing mechanism in Vietnam, with which the public and policy stakeholders are not familiar. To support the endorsement of HIV service delivery as a public service using the state budget, LHSS and VAAC developed a mass media campaign, to be conducted from July 2023 through July 2024, to raise awareness and acceptance of social contracting in Vietnam among policymakers, the media community, and the public. To monitor HIV resource planning, budget allocation, and expenditures at national and provincial levels, LHSS developed a web-based tool to ensure that VAAC and provincial Centers for Disease Control can enter and oversee HIV budgeting and spending data and identify and address gaps. LHSS and VAAC plan to launch the tool in Q4, provide training to provincial Centers for Disease Control on its use, and support VAAC in monitoring how the tool is being used and the application of data analysis to inform resource needs and budgeting decision-making. LHSS finalized the study protocol and data collection tools for the out-of-pocket expenditure assessment among public sector Social Health Insurance ARV patients and obtained local and Abt Institutional Review Board approvals. Data collection in the nine selected provinces is scheduled to be completed in Q4 for analysis and reporting, pending VAAC data collection approval (see Challenges). The assessment will generate evidence to support the MOH's efforts to reduce out-of-pocket costs and strengthen financial protection for PLHIV.

Objective 3: Strengthen the Capacity of Vietnam's Supply Chain Management System to Drive Improved Patient Outcomes.

LHSS's coordination efforts with the Drug Administration of Vietnam resulted in the Administration's approval of a marketing authorization extension for Tenofovir Disoproxil Fumarate, Lamivudine, and Dolutegravir and Tenofovir Disoproxil Fumarate, Lamivudine, and Efavirenz 400mg in April 2023. These two ARVs address the needs of more than 90 percent of Social Health Insurance ART patients in Vietnam. This extension helped expedite the currently delayed shipment and supply of the drugs to health facilities. Importantly, the extension facilitated continuous ARV access

among PLHIVs and enabled the 2024 – 2025 ARV procurement cycle to continue without interruption. LHSS tested the operation of the upgraded HIV Medicine System with the provincial Centers for Disease Control and selected health facilities in two provinces. Based on testing results and feedback from end users, LHSS finalized and officially handed over the HIV Medicine System to VAAC for use and management. The upgraded System will improve the supply chain management of ARVs from different funding sources, including quantification, procurement, drug receipt planning, supply, utilization, stock, reallocation, and patient reporting. In Q3, LHSS continued to follow up with the Drug Administration of Vietnam on the marketing authorization registration status of various ARVs. The Drug Administration of Vietnam granted a three-year marketing authorization for TLE400 in late June 2023 and completed their review of the Dolutegravir tablet 50mg dossier. The marketing authorization approval for this drug is now pending. To prepare the dossier for SHI drug inclusion, LHSS is working on a systematic review of the cost-effectiveness, efficacy, and budget impact analysis of adding Dolutegravir to the SHI drug list.

Objective 4: Support the Government of Vietnam in Integrating TB Services into Social Health Insurance.

LHSS partnered with the MOH and VSS to grant eLMIS accounts to the National TB Program, 63 Provincial TB Programs, nearly 900 TB treatment facilities, and TB drug suppliers across Vietnam. LHSS, together with other USAID implementing partners, organized a series of hybrid training courses to instruct approximately 2,000 health staff from health facilities and Provincial TB Programs on Social Health Insurance TB drug quantification for the 2024–2025 procurement cycle. The training also covered eLMIS use for drug quantification, reallocation, usage management, and reporting. After the training, health facilities and Provincial TB Programs conducted TB drug quantification exercises for the 2024 – 2025 procurement cycle using the eLMIS. The National TB Program also used the eLMIS to consolidate data for national drug demand. LHSS selected three provinces with very limited TB budget allocation (Ha Giang, Thai Nguyen, and Quang Binh) as priority provinces to support the development of their annual budget plan and mobilization of provincial funding for TB activities for 2024. Support to these provinces is part of LHSS's assistance to the National TB Program's efforts to mobilize the local budget for the TB program. This initiative aims to improve the financial sustainability of TB activities.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY AND SOCIAL INCLUSION

Over half (61 percent) of in-person participants in LHSS's 12 technical meetings, workshops, and trainings were female. These women held a range of positions including organizational leadership at central and provincial government agencies and clinical health care providers.

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 USG-assisted organizations with improved performance [CBLD-9 indicator] and the percentage of TB patients receiving Social Health Insurance TB drugs (Indicator #23) increased from 83 percent and 73 percent, respectively, in Q2 to 96 percent and 90 percent,

respectively in Q3. LHSS's capacity-strengthening support to government agencies and supply chain work facilitating uninterrupted commodity access contributed to these results.

EMERGING LESSONS

As the updated eLMIS for TB drug management is rolled out to health facilities, LHSS identified inaccuracies in the list of Social Health Insurance TB treatment facilities, precluding these facilities from accessing and using the eLMIS for drug quantification. Moving forward, LHSS recommends that the National TB Program work with Provincial TB Programs to compile an accurate list of Social Health Insurance TB treatment facilities prior to the drug procurement cycle. In addition, the National TB Program should create an eLMIS demonstration account for facilities that do not yet have their own account.

CHALLENGES

The MOH's late approval of the 2023 open-bid ARV tender selection plan, scheduled to be completed by April 2022 but not granted until February 2023, caused an eight-month delay in the procurement of these drugs. In addition, several open-bid drugs for 2023 have not yet been procured due to a lack of tender applicants and tenders bids that did not meet qualification criteria. LHSS continued to support the VAAC in its collaboration with the National Centralized Drug Procurement Center to conduct re-bids for drugs not yet procured. These bids will meet drug demands for the last six months of 2023. LHSS provided intensive technical assistance and coordination support to expedite the development of the 2024 – 2025 ARV drugs tender selection plan, which was delayed by one month due to the lengthy process of clarifying drug demand. Additionally, data collection for the out-of-pocket expenditure study has been delayed due to VAAC's lengthy and bureaucratic approval process. LHSS updated the USAID Mission in Vietnam on this situation and requested support in resolving the issue.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Progress of National Social Contracting Pilot Implementation, resubmitted to USAID/Vietnam, May 24, 2023.
- New Features in the Upgraded HIV Medicines Management Tool, resubmitted to USAID/Vietnam, May 24, 2023.
- Recommendations to Develop a Reserve Fund to Fill Emergency HIV and TB Funding Gaps in Vietnam, submitted to USAID/Vietnam, June 30, 2023.
- Web-based Tool to Monitor HIV Resource Planning, Budget Allocation, and Expenditures, submitted to USAID/Vietnam, June 30, 2023.
- Summarizing LHSS's Technical Assistance in Support of the New MOH Decision on Output Data Standards and Formats for Management, Verification, and Payment for Medical Services, Including HIV Indicators, submitted to USAID/Vietnam, June 30, 2023.

EVENTS NEXT QUARTER

- July 11, 13, and 18, 2023: Technical visits to Thai Nguyen, Quang Binh, and Ha Giang to support the development and mobilization of the 2024 provincial TB budget.
- July 2023: Technical assistance visits to Khanh Hoa, Binh Thuan, Quang Nam, and Da Nang to monitor the ARV drug management and the use of supply chain management tools (HIV Medicine System and eLMIS.)
- Date TBD: Training sessions/technical workshops to guide Social Health Insurance examinations and reimbursement policies in Quang Binh and Thanh Hoa provinces.

- July 2023, Hanoi: A technical working group meeting to discuss the proposal and data collection tools for the mid-term assessment of social contracting pilot implementation.
- Date TBD: Training for provincial Centers for Disease Control and VAAC staff on using the web-based tool to monitor provincial HIV budget planning and allocation.

PRIORITIES NEXT QUARTER

Eight remaining deliverables will be submitted to the Mission. USAID approved the carry-over of three deliverables to the next fiscal year.

Objective 1: Support the Government of Vietnam in Strengthening Public Financial Management (PFM) Systems for Public Health and Achieving Greater Efficiencies in Social Health Insurance.

Finalize the grantee's scope of work and begin implementation. Complete and share with related stakeholders the first draft of the analysis report on the Defined Daily Dose of Social Health Insurance antibiotics, and produce a final report based on collected comments. Complete the recruitment for and start the disease patterns analysis. Continue with the review of policies on health service fee schedules and taxes in public health facilities.

Objective 2: Support the Government of Vietnam in Sustainably Financing HIV Prevention and Treatment Services.

Complete the recruitment of local consultants and develop the study protocol and data collection tools for the mid-term social contracting assessment. Work with VAAC and the selected media service vendor to start the media campaign to promote social contracting in Vietnam. Test the operation of the web-based resource tracking tool in select provinces and hold trainings for provincial Centers for Disease Control and VAAC on tool use. Support the MOH's Department of Legal Affairs in reviewing Decision 2188 on Social Health Insurance ARV centralized procurement and copayment subsidies for PLHIV. Complete data collection for the out-of-pocket expenditure assessment.

Objective 3: Strengthen the Capacity of Vietnam's Supply Chain Management System to Drive Improved Patient Outcomes.

Continue supporting the MOH in procuring price negotiation and open-bid ARVs for 2024–2025. Finalize reports on the cost-effectiveness and budget impact of Dolutegravir and support the development of a proposal to the MOH to include Dolutegravir in the Social Health Insurance drug list. Work with VSS to design an HIV patient database following the new Decision 130 on HIV treatment indicators for effective management of HIV treatment. Train staff from 63 provincial Centers for Disease Control on utilization of the eLMIS for Social Health Insurance ARV management. Work with VAAC to monitor TLD and TLE400 stock and utilization to estimate demand, propose reallocation, and send requests to suppliers to plan for new shipments, as needed. Support VAAC to collaborate and problem-solve with the National Centralized Drug Procurement Center if supply challenges arise under the 2022-2024 framework agreement. Work with VAAC on reallocation and/or guidance on an alternative regimen for patients on the TLE 600mg-based regimen to mitigate the impact of the failed rebidding of Efavirenz 600mg for 2023.

Objective 4: Support the Government of Vietnam in Integrating TB Services into Social Health Insurance.

Continue supporting the National TB Program and Department of Health Insurance in providing input for the Circular 36 revision. Provide technical assistance to the National TB Program in the Social Health Insurance TB drug procurement process including the development of a tender selection plan. Work with priority Provincial TB Programs on budget development, and with

provincial Departments of Health on mobilization of local budget for TB activities in 2024. Work with the National TB Program to conduct a rapid assessment of provincial TB budgeting, identify bottlenecks, and report them to the MOH for its guidance.

SECTION 5: QUARTERLY PROGRESS REPORTS FOR ARPA-FUNDED ACTIVITIES

LHSS COLOMBIA (ARPA)

HIGHLIGHTS THIS QUARTER

- LHSS grantee, Fundación SIDOC, completed capacity strengthening initiatives in mental health, reaching more than 300 Venezuelan migrants and members of host communities in Cali. These initiatives encompassed promoting, preventing, and supporting strategies to enhance emotional well-being. The goal of this effort is to strengthen social-emotional skills and equip participants with the necessary tools to respond to mental health challenges. Strengthening the capacity of target populations in this area will help them cope effectively with existing and potential future health shocks.
- LHSS grantee, Sociedad Colombiana de Pediatría, organized Regional Vaccine Update Forums in Cartagena, Cali, and Bucaramanga. Attended by over 500 doctors, pediatricians, and vaccinators, the forums are expected to positively impact COVID-19 and other vaccination coverage by improving participants' knowledge about the vaccines and addressing any concerns and questions related to their effectiveness and vaccination myths.
- LHSS won first place at the inaugural Congress on Public Health and Epidemiology conference for its poster documenting Colombia's experiences responding to COVID-19 from 2020 to 2022.

QUARTERLY ACTIVITY PROGRESS

In Q3, LHSS held eight "Café y Tequeño" events. This strategy aims to strengthen Colombia's "localization" approach to integrating migrants in the health system by facilitating connections between community-based organizations, migrants, returnees, host communities, and health secretariats in the eight VRIO cities.

ARPA Objective 1: Accelerate Widespread and Equitable Access to and Delivery of Safe and Effective COVID-19 Vaccinations.

LHSS grantee, Sociedad Colombiana de Pediatría, organized Regional Vaccine Update Forums in Cartagena, Cali, and Bucaramanga. Attended by over 500 doctors, pediatricians, and vaccinators, the forums are expected to positively impact vaccination coverage by improving the knowledge of participants and addressing myths and misinformation about vaccine effectiveness.

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

Strengthened governance and management of the migrant health response.

LHSS continues to support improved communication and healthy coexistence between migrant and host communities to strengthen the management of the migrant health response. LHSS grantee, Fundación SIDOC, which finalized operations in June 2023, hosted workshops for 130 community members from Cali. The workshops focused on community building, improving life

skills, and forming healthy habits through art to strengthen social skills. Similarly, Fundación SIDOC completed community-based mental health training for more than 100 Venezuelan migrants and host communities in Cali. This training focused on promoting assertive communication, mitigating xenophobia, and fostering a healthy lifestyle.

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

LHSS continues to support migrants to enroll in health insurance by collaborating with and promoting community-based organizations as active facilitators of the enrollment process. LHSS grantee, Fundación Mahuampi, hosted a training on strategies for the inclusion of migrants and returnees in the health insurance scheme. These strategies were presented to 25 health workers during the training to address existing communication barriers in the health insurance enrollment process.

Similarly, Fundación Comparte una Vida por Colombia hosted workshops in Cúcuta to provide information on health insurance enrollment and the migrant regularization process. Nearly 100 migrants and returnees participated in these workshops. Convening the workshops also strengthened alliances between LHSS and local and international institutions, improving the ability of stakeholders to provide comprehensive care to migrants and returnees.

ARPA Objective 3: Strengthen Health System Resilience for Responding to Current and Future Shocks, Including the COVID-19 Pandemic.

LHSS grantee, Universidad Simón Bolívar, made significant progress writing a book that highlights LHSS's work strengthening Colombia's health system resiliency. The publication will showcase the systematization process and summarize key learnings and recommendations from Colombia's COVID-19 response to address future health emergencies. The book builds on LHSS's winning poster, titled, "Heroes and Heroines of the Pandemic: Systematization of experiences in the response to the COVID-19 pandemic in Colombia," submitted to the inaugural Congress on Public Health and Epidemiology, organized by the Faculty of Medicine of Los Andes University, between June 1-2, 2023.

LHSS continues to strengthen health system resiliency through community-based mental health rehabilitation interventions led by its grantees. Through Universidad de Manizales, LHSS has certified over 50 healthcare providers in the WHO Mental Health Gap Action Program. This program aims to expand mental health services as well as neurological and substance use disorders. The certification program has strengthened the capacity of healthcare providers to conduct early detection and treatment of mental health concerns. Providers have learned how to identify early warning signs and prevent the escalation of mental health crises, similar to those experienced during the COVID-19 pandemic.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

Fundación SIDOC incorporated a GESI approach into their social skills training of 480 migrants and host communities (81 percent of whom were women). Through group meetings, participants identified and strengthened personal and social skills, and reflected on the importance of building community cohesion based on respect and recognition of cultural and individual differences. Migrants were also equipped with tools to recognize and use pathways of care according to their needs and advance sexual rights through promoting the acceptance of differences. In addition, migrants were able to identify their healthcare registration status and were equipped with tools and next steps to continue their registration process and subsequent access the healthcare system.

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 576 health personnel (94 percent of whom were women) on vaccination topics, which is expected to promote vaccination among the migrant population and the host communities (Indicator 25).

In Santiago de Cali, Fundación SIDOC completed community-based mental health initiatives for 199 Venezuelan migrants and members of host communities. These initiatives included workshops on social skills and art focusing on improving communication and emotional skills. The initiatives aim to equip participants with necessary tools to cope with health challenges, such as COVID-19 (Indicator 34).

LHSS and Universidad de Manizales trained 189 health workers in community rehabilitation in mental health (90 percent of whom were women). The knowledge acquired in these trainings supports the quality improvement of mental health rehabilitation for migrants and host communities (Indicator 34).

EMERGING LESSONS

Territorial entities can more efficiently manage the use of humanitarian drug donations when they receive cross-cutting training on the legal and regulatory process governing donations. LHSS grantee, Banco de Medicamentos, identified a generalized lack of knowledge among territorial entities in the management of donations. Through training and the creation of an instruction manual with the territorial entities, Health Secretariats, and health care institutions, LHSS increased institutionalized knowledge on how to legally manage, monitor, and conduct pharmacovigilance for future drug donations.

LHSS recommended more flexible timelines and forecasting methods to assist territorial entities in accurately estimating the time required for drug delivery after needs are quantified. The time gap between identifying the need for medicine and receiving drug donations is considerable. Additionally, drug needs and inventories can vary seasonally, and the complex dynamics and agendas within territorial entities make it challenging to adhere to regular delivery schedules. The Banco de Medicamentos will be applying LHSS's recommendations in its next round of hospital donations.

CHALLENGES

LHSS has faced challenges with frequent turnover of healthcare personnel and lack of commitment to attend the updated course of vaccines. LHSS implemented initiatives to improve participant retention in the course, such as personalized monitoring procedures and an app that allows healthcare personnel to access lectures without the internet.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

- July 15, 2023, Cúcuta, Regional Vaccine Update Forum with the Colombian Society of Pediatrics.

- July 24, 2023, Barranquilla, "Memory, Stories, and Lessons: COVID-19 Pandemic in Colombia 2020-2022" book launch.

PRIORITIES NEXT QUARTER

- Grantee, Universidad de Manizales: Disseminate communications strategy focused on reducing the stigma surrounding mental health in Riohacha and Maicao.
- Initiate new donation agreements with the community-based organizations in the cities of Barranquilla, Bucaramanga, Cartagena, and Medellín.
- Complete UNIMINUTO grant aimed at strengthening capacities in information, education, and communication within 23 territorial entities to promote the inclusion and integration of the migrants, returnees, and host communities into the health system.

LHSS JAMAICA (ARPA)

HIGHLIGHTS THIS QUARTER

- Following work plan approval at the beginning of Q3, LHSS began implementation of workplan Objective 1 in collaboration with its grantee, Health Connect Jamaica (HCJ), to develop an internal and external communications strategy to guide development of promotional video and radio spots. These products will raise awareness of the organization's provider network and drive demand for the services offered. LHSS also started work under Objective 2, completing a desk review of relevant social contracting literature pertaining to Jamaica and the Caribbean region. LHSS collaborated with the Ministry of Health and Wellness to identify areas where LHSS can support the Ministry's social contracting mechanisms to improve their partnerships with the private health sector.
- LHSS awarded a follow-on grant to HCJ. The grant will allow HCJ to continue administering COVID-19 vaccines through its provider network and supports HCJ's institutional capacity strengthening goals.

QUARTERLY ACTIVITY PROGRESS

The Jamaica Activity began implementing *Intervention 1.1*, working with HCJ to draft an external communications strategy. The strategy will guide HCJ to raise awareness about their private provider network and create demand for their HIV and COVID-19 services. The strategy will build on recommendations from an HCJ capacity assessment conducted by LHSS in Year 1. These include recommendations for target audiences, key messages, and communication channels. LHSS also began laying the groundwork for the video and radio advertisements that the Activity will develop to support HCJ's marketing activities. LHSS supported HCJ in creating a concept for the videos that will feature animated characters seeking medical advice from private doctors who are a part of the HCJ network. The videos will address subjects including COVID-19, HIV/AIDS, and mental health. The video and radio spots will be recorded and aired in Q4.

The LHSS team also made progress on *Intervention 2.1*, which supports the Ministry of Health and Wellness in developing a social contracting framework that will facilitate improved public-private relationships with the country's private health sector. This effort seeks to address gaps that the Activity identified in Year 1 while developing a private provider surge support plan, and through the Activity's Pause and Reflect session with local stakeholders held in January 2023. The team conducted desk research to explore existing social contracting and public-private purchasing frameworks in Jamaica and the broader Caribbean, and to identify opportunities where LHSS can

address potential gaps. With support from the USAID Mission in Jamaica, LHSS met with senior representatives at the Ministry including the Acting Permanent Secretary and the Director of Health Service Policy Coordination. The meeting provided LHSS an opportunity to reintroduce the project, share findings from the desk review, and explore areas where LHSS can provide support. These areas include developing an operating manual that is expected to include guidelines and templates for social contracting partnerships, performance indicators, and monitoring frameworks for private health sector contractors. In Q4 LHSS will continue to engage and be guided by Ministry priorities to ensure that the outputs of this activity align with their overall objectives related to social contracting in the health system.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS prioritizes support for vulnerable populations and integrates GESI considerations into all activities. For example, LHSS is continuing to support private sector partners to understand the key factors behind vaccine hesitancy for target populations, including young people and religious individuals, and incorporates this understanding into its communications program. LHSS is also helping HCJ understand and address GESI-based barriers to joining its private sector network, and supporting HCJ to develop a network expansion strategy that explicitly addresses GESI-related obstacles.

WASTE, CLIMATE RISK MANAGEMENT

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

PROGRESS ON PERFORMANCE INDICATORS

LHSS submitted the draft revised Activity Monitoring, Evaluation, and Learning Plan on June 13, 2023, and is currently pending USAID/Jamaica review and concurrence. Progress against indicators will be reported in Q4 once the Plan is finalized and approved.

EMERGING LESSONS

LHSS Jamaica's meeting with the Ministry revealed that senior officials were not fully aware of the project's activities due to shifting responsibilities within the Ministry. Identifying this gap served as a reminder about the importance of maintaining open lines of communication and regularly updating key stakeholders within the Ministry to enhance the effectiveness of LHSS's partnerships and to foster a collaborative environment. To address this gap, the Activity requested USAID/Jamaica's support in identifying stakeholders within the Ministry whose responsibilities align with the objectives of the project. The LHSS team then sent relevant information about the project to these Ministry stakeholders about the Activity's work, partners, and plans.

CHALLENGES

LHSS encountered difficulty in reaching and obtaining substantive feedback from the Ministry of Health and Wellness regarding Intervention 2.1 due to the departure of key counterparts at the end of the previous work plan period. This was a significant hurdle and has caused a delay in the intervention's progress. To address this challenge, LHSS solicited USAID's support in facilitating connections with key Ministry representatives. LHSS was then able to arrange a meeting and engage in constructive discussions to move the implementation forward.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

LHSS Jamaica Activity Monitoring, Evaluation, and Learning Plan, submitted to USAID/Jamaica, June 13, 2023.

PRIORITIES NEXT QUARTER

- Complete Intervention 1.1: Establish marketing and demand generation programs to increase brand awareness of the HCJ network and increase awareness of the network's COVID-19 services.
- Complete Intervention 1.2: Strengthen Health Connect Jamaica's capacity to integrate COVID-19 vaccination and case management services into its private provider network.
- Completed Intervention 2.1: Support the Government of Jamaica in developing a framework to improve purchasing of services from the private health sector and submit the deliverable "*Framework for institutionalized public-private contracting for improved health service delivery*".
- Successful closeout of the LHSS Jamaica Activity, including a closeout event.

TAJIKISTAN (ARPA)

HIGHLIGHTS THIS QUARTER

- Over 195 health workers from rural health facilities in the Bokhtar zone participated in the World Immunization Week events hosted by LHSS, the Republican Center for Immunophylaxis, and the Republican Healthy Lifestyle Center in April 2023.
- LHSS conducted monitoring and mentoring visits in eight pilot districts in Bokhtar region to assess knowledge among health workers on proper vaccine procedures. Previous monitoring results indicated high staff turnover and knowledge gaps among newer employees. During the monitoring visits, LHSS trained 125 health care workers to address these gaps. Subsequent knowledge assessment results showed a significant increase (23 percent) in vaccination safety knowledge, improvement of vaccine storage practices, and enhanced recording and reporting on COVID-19 vaccine usage.
- LHSS, the Bokhtar Department of Health, and the Ministry of Health and Social Protection of Population (MoHSPP) held a training of trainers for 60 health facility staff from Bokhtar and Sughd regions on medical waste management techniques. This training aimed to strengthen the capacity of local trainers and improve infection prevention control at health facilities.
- To combat misinformation and increase community commitment to vaccinations, LHSS and the Republican Healthy Lifestyle Center co-organized a workshop for 30 health specialists and media representatives in Khatlon region and held a recognition event for local journalists.

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 June 30, 2023, Tajikistan has received almost 22 million vaccine and booster doses and administered more than 21 million doses. In Q3, LHSS continued to support vaccine administration in 23 districts in two regions.

To increase vaccine uptake in eight pilot districts of Bokhtar region, LHSS conducted eight mentoring and monitoring visits with health workers to improve reporting, data recording, and vaccine storage. The Activity also assessed knowledge on proper vaccination procedures among health care workers. Previous monitoring results indicated high staff turnover rates with knowledge gaps among newer employees. During the mentoring visits, the LHSS technical team trained 125 health care workers on site to address these gaps. The knowledge assessment results showed a significant increase (23 percent) in vaccination safety knowledge, improvement of vaccine storage practices, and recording and reporting on COVID-19 vaccines usage.

Intervention 2: Strengthen Healthcare Worker Skills and Knowledge to Administer Vaccination Programs.

In April 2023, in celebration of the World Immunization Week, LHSS, the Republican Centre for Immunoprophylaxis and the Republican Healthy Lifestyle Center conducted a two-day event to recognize the best community health workers from 15 districts of the Bokhtar zone for their work on improving community health through vaccinations. The event included a contest for health workers who provide immunizations in pilot districts in the Bokhtar zone. Over 195 health care workers from rural health care facilities participated in this event. Representatives of Khatlon Hukumat, the Department of Health and the director of the USAID Mission in Tajikistan officially opened this event recognizing the efforts and achievements of health care workers in pilot districts at the facility and community levels. Participants, including the Republican Centre for Immunoprophylaxis representatives and health care workers from districts with high vaccination rates, shared their lessons learned, best practices, achievements, and challenges faced while increasing community vaccination rates. LHSS distributed 195 COVID-19 vaccine informational packages. All health workers in attendance received gifts from the Hukumat and the director of USAID/Tajikistan. Khatlon TV and other media outlets broadcasted these events.

In collaboration with the MoHSPP, UNICEF, and World Health Organization (WHO), LHSS prepared training modules on facility-based medical waste management. These modules were used during three day-long training-of-trainers workshops held at the national and regional levels, beginning April 2023. These trainings included information about the proper collection, storage, transportation, and disposal of medical waste. In total, 60 representatives of the San Epidem Station and primary health facilities from Dushanbe, Sughd, and Khatlon regions were certified as national and regional trainers. Post-test results from all three trainings showed an average 37.5 percent increase in participants' knowledge about medical waste management.

LHSS trained 15 staff from the Centers for Immunoprophylaxis on vaccine supply management. The training included a warehouse module and a supply chain management tool for the Republican Centers for Immunoprophylaxis. LHSS presented implementation results during the final round table in Q2. To ensure long-term sustainability, LHSS transferred ownership of the database to the Republican Center for Immunoprophylaxis. Based on this successful training, the Republican Center for Immunoprophylaxis has requested that LHSS train staff in the Sughd region.

Intervention 3: Address Vaccine Hesitancy.

LHSS and the Republican Healthy Lifestyle Center conducted a workshop for 30 healthcare workers and journalists from the Bokhtar region. The purpose of this workshop was to socialize health prevention practices among the community leaders and local journalists to combat misinformation and increase uptake of COVID-19 vaccinations at the community-level. Workshop participants received a social and behavior change communication package developed by LHSS. The package includes information about COVID-19 boosters, COVID-19 myths, and quizzes for use in community engagement efforts.

During the workshop, LHSS announced the winners of a contest among journalists on vaccination and prevention of diseases, including COVID-19. Thirty-five media outlets submitted competition entries. Five outlets received awards in the following categories: best article in the local newspaper, best TV program broadcasted on Khatlon TV, best radio program broadcasted in Khatlon, best public service announcement developed and broadcasted through the media, and best media product posted on social media.

As a result of LHSS media engagement activities, 20 communications materials reporting on vaccination were distributed through national and regional media channels. This material included two articles, three TV and two radio broadcasts, two pieces published online, and 11 social media posts covering COVID-19, vaccinations, and LHSS activities.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity developed accessible informational packages on COVID-19 prevention and vaccination which included a short video and public service announcement that was specifically tailored towards persons with disabilities.

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 achieved progress in seven out of its eight indicators during Q3. The sole indicator against which progress was not made is Indicator CV1.2-2, due to Tajikistan not receiving any additional vaccines. LHSS contributed to the development of ten social and behavior change communication 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 (Indicator CV.2.6-22).

EMERGING LESSONS

There is still a need for appropriate educational materials to combat misinformation and vaccine hesitancy at the community-level. To address this gap, the Activity collaborated with stakeholders and partners to develop materials tailored to the socio-cultural and religious norms of the country. These materials can be used and adapted by the MoHSPP and partners during future outreach campaigns.

CHALLENGES

Healthy Lifestyle Centers play a key role in disseminating information about COVID-19 prevention and vaccines. However, lack of funding has impeded the ability of these Centers to distribute educational materials on COVID-19. LHSS identified the need to strengthen cooperation among community and religious leaders and to support the continuation of Healthy Lifestyle Centers' community engagement efforts.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

Recognition event for medical worker's day, August 2023

PRIORITIES NEXT QUARTER

- Provide technical assistance on forecasting and supply chain management for vaccine administration in nine pilot sites.
- Convene a technical working group meeting with the MOHSPP and key partners to review COVID-19 vaccination rates, troubleshoot challenges and identify next steps.

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

HIGHLIGHTS THIS QUARTER

- The USAID Health System Sustainability Activity's (the Activity) completed a feasibility assessment for integrating the COVID-19 call center with the ambulance and emergency call centers. The assessment provided insights into the National Service of Ambulance and Medical Emergency five-year strategic plan (2023-2028) that prioritizes the improvement of call centers with a focus on the functional and operational aspects of the call centers' integration.
- The Activity, through its grantee, *Hamutuk Nasaun Saudável* (HAMNASA), supported the Ministry of Health (MOH) in administering COVID-19 vaccines to school-age children (12–17 years) in six municipalities. A total of 1,632 vaccines were administered in the six municipalities, representing a 251 percent increase from Q2). These vaccines included 438 first doses (198 males and 240 females), 344 second doses (152 males and 192 females), and 850 boosters (329 males and 521 females).

QUARTERLY ACTIVITY PROGRESS

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

The Activity, through a grant to HAMNASA, supported the expansion of the MOH's COVID-19 response efforts to two additional municipalities, Aileu and Lautem. The MOH, the USAID Mission in Timor-Leste, local leaders, community members, and other implementing partners participated in the grant launch event. The event highlighted USAID/Timor-Leste's support to the Government of Timor-Leste in assisting HAMNASA and municipality health professionals in mobilizing rural communities with low vaccination coverage to receive COVID-19 vaccinations. As of Q3, a total of 730 vaccination doses have been administered to community members in the two municipalities. In 16 out of 61 *sucos* in Aileu and Lautem.

In Q3, HAMNASA played a vital role in facilitating the administration of COVID-19 Pfizer vaccines by closely coordinating with municipality health services and engaging in community mobilization activities, including door-to-door vaccination campaigns. A total of 1,632 doses, consisting of 438 first doses, 344 second doses, and 850 booster doses, were administered to school-age children (12–17 years old) across the six municipalities. HAMNASA also collaborated with the municipality health services and the local community to conduct a one-day orientation session for 184 new community role models in the target municipalities. The orientation covered topics such as COVID-19 disease, addressing misinformation, available vaccinations, and behavior change communication related to COVID-19. These role models serve as vaccination champions,

mobilizing the community, promoting vaccination uptake, and encouraging the use of health services.

The Activity began two assessments of its vaccination promotion interventions. First, the Activity collected data to identify enabling factors, barriers, and motivations surrounding COVID-19 vaccination uptake among community members, providers, and community leaders in four municipalities. Findings, which will be shared in August 2023, will help HAMNASA and the MOH enhance the reach of future vaccination campaigns. Second, the Activity began data collection for its assessment of GESI-friendly COVID-19 vaccination practices. Lessons and best practices derived from this assessment will be shared with the MOH and other stakeholders for use when designing future gender sensitive, inclusive community interventions.

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 shared the findings of the call center feasibility assessment with the MOH, the National Service of Ambulance and Medical Emergency, and other key stakeholders. The assessment examined the feasibility of integrating the COVID-19 call center with the ambulance and emergency call center, aiming to guide the development and improvement of COVID-19 call center services so its operation would be sustained beyond crisis situations through other MOH call centers. Integrating the two call centers will enhance overall effectiveness in responding to emergencies. The Activity also provided a roadmap outlining essential components for successful integration. These included governance structure, management processes, standard operating procedures, call flow processes, scripts and FAQs for agents, capacity strengthening plan, indicators, and software design. The National Service of Ambulance and Medical Emergency has reflected these recommendations in its five-year strategic plan.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

HAMNASA's community-level interventions are designed to promote and encourage equitable participation of both male and female citizens, and to ensure equal access to vaccinations and health services. In Q3, HAMNASA conducted COVID-19 risk communication, community engagement sessions and vaccine orientations for 596 non-healthcare workers (with 62 percent of the participants were female and 38 percent were male). Among the 184 role models trained in Q3, there were 114 males and 70 females.

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 Q3, the Activity made the following progress:

- Activity grantee HAMNASA disseminated COVID-19-related messages to a total of 17,407 individuals via brochures, social media platforms, and mobile phones (Indicator CV.1-1).
- Activity grantee HAMNASA organized training sessions for 184 role models to strengthen their capacity as vaccination champions for community mobilization (Indicator 1.3-3).

EMERGING LESSONS

The Activity and HAMNASA have learned that using role models in community mobilization

activities such door-to-door vaccination activities efforts have contributed to increasing vaccination uptake among community members ages 12 –17 and 18 and above, particularly in areas with low coverage. This approach is helping to increase vaccination rates in selected communities that have remained stagnant despite wide availability of COVID-19 vaccines at all health facilities. Findings and evidence of role model efforts will be shared more formally in Q4.

CHALLENGES

In Q3, the MOH merged three entities to establish the *Instituto Nacional de Saúde Pública Timor-Leste*, directly impacting two Activity interventions. This merger caused delays in 1) completion of laboratory technician refresher training material created jointly with the new institute, and 2) obtaining local institutional review board committee approval for the assessments examining community mobilization strategies and GESI friendly vaccination practices. Both delays were resolved by the end of Q3.

The Activity encountered difficulties in reaching the national vaccination coverage target in all six municipalities for three reasons. First, despite targeted Risk Communication and Community Engagement efforts, communities perceive COVID-19 as less threatening due to drastically lower mortality rates and see less urgency around receiving the vaccine. Second, the focus on political matters during Parliament Elections diverted attention from COVID-19 vaccination, resulting in low participation in community outreach programs. Third, discontinuation of first-aid packages from the government due to limited budget allocation and ongoing political campaigns made it challenging for HAMNASA to persuade community members to receive vaccines without incentives. To overcome these challenges, the Activity is preparing to refocus the community's attention on vaccination and promote its importance once the election is over.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables due and/or submitted this quarter.

EVENTS NEXT QUARTER

- July 2023: Share findings of the assessment of community mobilization activities.
- August 2023: Share findings of the assessment of GESI-friendly vaccination practices.

PRIORITIES NEXT QUARTER

- Complete vaccination campaigns in target municipalities.
- Complete refresher training of laboratory technicians.
- Complete assessment of GESI-friendly COVID-19 vaccination practices and community mobilization activities to increase vaccination uptake.