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# QUARTERLY PROGRESS REPORT

## FY2024 QUARTER I

October 1, 2023 – December 31, 2023

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

## THE LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

The Local Health System Sustainability Project (LHSS) is a five-year (2019–2024) global activity funded by USAID as Task Order 1 under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is to support achievement of USAID health systems strengthening priorities as a means to increase access to universal health coverage (UHC).

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

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# ACRONYMS

AMELP	Activity Monitoring, Evaluation, and Learning Plan
ARPA	American Rescue Plan Act
ARV	Antiretroviral
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
GHS	Global Health Security
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
HPHC	High Performing Health Care (Tool)
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
LGI	Local Government Institutions (Bangladesh)
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
MOHSP	Ministry of Health and Social Protection of the Population – Tajikistan
MOHSS	Ministry of Health and Social Services - Namibia
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
PAHO	Pan American Health Organization
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 Immunoprophylaxis (Tajikistan)
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

# INTRODUCTION

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

Advancing sustainable improvements in integrated health systems is at the core of the global LHSS project mandate. To do so, country-based and core activities implement interventions according to the [LHSS Strategy for Sustainable Health System Strengthening](#). LHSS seeks to ensure interventions are locally led, support local capacity strengthening at the institutional and system levels, apply complex aware monitoring and evaluation practices where feasible, and facilitate the capture and dissemination of lessons learned.

In Year 5, LHSS is placing renewed emphasis on learning and planning for sustainability beyond the life of the project. In Quarter 1, LHSS country activities amended their Monitoring, Evaluation, and Learning (MEL) plans to align with their Year 5 work plans. These amendments ensured that Activity Monitoring, Evaluation, and Learning Plans (AMELPs) are aligned with updated country Sustainability and Transition Plans, including indicators for capacity strengthening, sustainability and transition. Country AMELPs reference sustainability, capacity strengthening and transition learning questions that feed into the LHSS Task Order MEL plan and aspects of the LHSS Global Knowledge Strategy that focus on key questions around factors that contribute to sustaining and scaling up system-level performance improvements. Country teams engaged with their respective USAID Missions to plan for in-person and virtual meetings scheduled for Quarter 2. These discussions will focus on lessons learned and steps needed to promote the sustainability and/or scale up of system improvements supported by LHSS beyond the life of the project.

By the end of Quarter 1, LHSS funding to local partners reached 19 percent of total project spending, bringing the total cumulative spending during the life of the project to over \$30 million. The LHSS grants program awarded nine grants, three of which were follow-on awards. By the

*“...We witnessed a significant strengthening of organizations dedicated to addressing health system and migrant integration challenges, fostering a mark on the communities and stakeholders they serve. Moreover, the transfer of capacities promoted the sustainability of results, ensuring our Mission efforts continue to yield positive results long after the program’s conclusion. LHSS Grants Under Contract embodied a transformative approach that empowered change and will continue to drive progress in our field.”*

*Alejandro Diaz, Venezuelan  
Response and Integration Office,  
USAID/Colombia*

end of Quarter 1, LHSS had awarded nine grants totaling \$1.2 million, with 100 percent of funds going to local partners in five countries (i.e., Afghanistan, Colombia, Nigeria, Timor-Leste and Ukraine), and in the East Africa region. Among the grantees, 60 percent were non-traditional partners, meaning, organizations that have received less than \$25 million in direct or indirect awards from USAID over the past five years.

In Quarter 1, LHSS began using concept notes as a first step in the pre-award process. The purpose of soliciting concept notes from prospective grantees is to gauge initial interest and organizational capacity to compete for grant funding. This solicitation method lowers the barrier of entry for non-traditional partners and minimizes administrative burdens on prospective grantees by saving them time and costs associated with submitting full applications. In using the call for concept notes, this solicitation method yielded the highest response rate to date among prospective grantees. For example, solicitation of concept notes in Ukraine created opportunities for new connections between LHSS and local actors within the health system of that country. LHSS communications with prospective grantees in Ukraine during this pre-award stage has enabled the project to gain a deeper understanding of the breadth and range of local organizations, while creating an opportunity for applicants to learn about LHSS, its grants program, and initiate aspects of co-design for the activities they are proposing to be funded. Following this process, LHSS selected two new organizations in Ukraine to receive an award.

## GENDER EQUALITY AND SOCIAL INCLUSION

Ensuring GESI is integrated and implemented LHSS activities is crucial for achieving LHSS project goals of sustainable gender equitable and inclusive outcomes, and for enhancing health results for marginalized, underserved and diverse populations (e.g., women and girls, young people, persons with disabilities and the LGBTQI+ community). At the project-level, GESI focal points from multiple LHSS country programs comprise the GESI Focal Point Network. In close collaboration with senior technical advisors, they strategically support mainstreaming GESI throughout activities and strengthening staff understanding of GESI in health system strengthening (HSS) efforts. For example, during the Network's November 2023 meeting, GESI and MEL specialists convened to discuss learnings during activity implementation and adaptations needed based on GESI program monitoring. Teams shared that after monitoring and evaluating implementation of their activities, they saw a need to build GESI capacity across all levels of health system stakeholders. This is especially true in contexts working to achieve reforms that encompass increased equity and inclusivity. In these many instances, enhanced GESI capacity across the board is needed among those in decision-making positions (e.g., officials in ministries of health or state health insurance agencies) to those carrying out policy decisions (e.g., those working in service delivery and health insurance coverage). Due to high interest and engagement, the group agreed to hold a follow-up session to further explore what individual teams have learned about the role of GESI in HSS.

The LHSS Colombia Activity continued providing GESI technical support to a dozen health institutions across the country by ensuring GESI is integrated into their workplans. The Activity held an event to recognize partners' progress integrating GESI into their work.

In Nigeria, LHSS completed a GESI analysis in several states. Findings showed capacity gaps among government health entities and health insurance agencies. In response, the Nigeria Activity developed a GESI training module and conducted a workshop to strengthen GESI capacity among state health insurance agencies and primary health care development boards. The Nigeria Activity also developed a resource titled *Guidelines for integrating equity and identifying populations facing vulnerability*. This product will support partner state ministries, departments, and agencies in integrating GESI within health services and help identify vulnerable populations requiring support accessing health insurance.



## 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.

**Publications and Deliverables.** In Q1, LHSS posted 61 unique resources to the LHSS website, including reports, stories, and webinar recordings. Across all publications, users downloaded LHSS resources 1433 times this quarter. This value does not include document views, which the project is not able to track. The number of document views on the website would likely be even higher. The publications most downloaded in Q1 include:

1. [\*Establishing Career Pathways for Community Health Workers – Models and Key Considerations\*](#) (84 downloads)
2. [\*Catalog of Approaches to Improve Technical Efficiency in Health Systems\*](#) (68 downloads)
3. [\*Learning Brief, HRH Resource Optimization to Improve Health Care Service Delivery and Quality: Synthesis from the JLN Learning Exchange\*](#) (39 downloads)
4. [\*Theory of Change for Integrating Social Determinants of Health into Education, Training and Service Delivery\*](#) (37 downloads)

**Success Stories and Blogs.** LHSS continues to publish content on Medium and the LHSS website that helps USAID communicate the value of its assistance under LHSS. These stories, as a group, attracted 1527 views and 586 reads during this quarter alone. Below are five new success stories published and promoted in Q1 that share LHSS impact and insights.

- [\*Peer Trainers Champion Health Workforce Reforms in Timor-Leste\*](#)
- [\*Namibia Stands Close to Adopting Universal Health Coverage Policy\*](#)
- [\*A Locally Led Approach Strengthens Urban Health Care in Bangladesh\*](#)
- [\*We Must Be in It Together\*](#)
- [\*USAID Transforms Health Data Collection and Reporting in Timor-Leste\*](#)

**Webinars.** LHSS hosted or participated in two webinars during this reporting period.

- On December 6, 2023, LHSS hosted a Spanish-language webinar with USAID on [\*Health in Migration Corridors: A Fundamental Right\*](#) and 100 people attended.
- On December 12, 2023, LHSS participated in a hybrid event hosted by USAID and the Woodrow Wilson Center and USAID on [\*Achieving Health For All: Lessons from Strengthening Health Systems in the COVID-19 Response\*](#). Thirty-seven people attended in-person and 218 attended online.

**Conferences.** LHSS presented at three conferences during this reporting period.

- *Health Budget Execution: From Bottlenecks to Solutions*, (Poster) at the Montreux Collaborative on Fiscal Space, Public Financial Management and Health Financing, November 13-17, 2023.
- *Vietnam Experience Transitioning from PEPFAR to the Government-led ARV Supply Chain System* at the Global Health Supply Chain Summit, November 14-16, 2023.
- *Using Telehealth to Strengthen the Capacity of Health Care Workers in Remote Areas of Colombia during COVID-19*, at the Global Digital Health Forum, December 4-6, 2023.

**LHSS Website.** From October 1-December 31, 2023, LHSS attracted 4,855 visits (average of 1600 visits per month) to its website, with a high engagement rate of around 52%. Half of site users came from outside the U.S., representing 150 countries. Bangladesh, Colombia, Nigeria, Timor-Leste, and Ukraine are among the countries with the highest number of users outside the U.S.

**Social Media.** On X (formerly Twitter), LHSS posted an average of 63 tweets per month, resulting in approximately 25K impressions and 112 link clicks to LHSS web pages. On Facebook, an average of 51 posts per month resulted in 270K impressions and 115 link clicks to LHSS web pages. On LinkedIn, an average of 25 posts per month resulted in 19K impressions and 430 link clicks to LHSS web pages. In Q1, LHSS added 85 new followers on X, 77 new followers on Facebook, and 173 new followers on LinkedIn. LHSS participation in recognition of UHC Day on December 12, 2023, generated over 81K impressions and 258 clicks to LHSS web pages.

**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. Due to webinar attendance, new staff, and subscription requests on the LHSS website, the Project's global mailing list grew to over 4300 total subscribers.

## MEL AND PERFORMANCE

In Quarter 1, LHSS revised its Task Order (TO) MEL plan and received USAID approval on December 28, 2023. The revised TO MEL plan is now aligned with the LHSS Global Knowledge Strategy and better reflects monitoring and learning priorities during the project's final year.

As of end of FY24 Quarter 1, LHSS is implementing activities in 18 countries (two of which are regional bureau funded activities), along with 25 core funded and six directed-core activities. LHSS submitted 37 technical deliverables during this quarter.

**Figure 1: Active Country and Regional Activities Contributing to the Three LHSS Objectives**




<b>Increased financial protection</b> 	<b>Increased population coverage</b> 	<b>Increased quality of essential services</b> 
<b>16 Activities</b> Afghanistan, Bangladesh, Cambodia, Colombia, DR, DRC, East Africa Region, Jordan, Kazakhstan, LAC, Madagascar, and Nigeria Namibia, Timor-Leste, Ukraine and Vietnam	<b>14 Activities</b> Afghanistan, Colombia, DR, East Africa Region, Jamaica, Jordan, Kazakhstan, LAC, Namibia, Nigeria, Tajikistan, Timor-Leste, Ukraine, and Vietnam	<b>9 Activities</b> Afganistan, Colombia, DR, East Africa Region, Jordan, Kazakhstan, Nigeria, Tajikistan, and Vietnam

Table 1 presents progress on selected indicators that LHSS reports quarterly, highlighting notable achievements in country activities.

**Table 1: FY24 Q1 Progress on Selected LHSS Task Order Indicators**

Indicators	Data	Notes
<b>Goal: Transition to a sustainable, self-financed health system that delivers responsive, equitable, and quality services to all*</b>		
<b>Objective 1. Increased financial protection</b>		
1.1 Number of LHSS-supported countries with observed improvement in population coverage through enrollment in USAID-assisted financial protection schemes in area(s) receiving USAID assistance.	3 (Afghanistan, Colombia, Nigeria)	Enrollment of 1,448 Venezuelan migrants in the health insurance scheme in Colombia; Increased population enrollment in financial protection schemes in Nigeria from a baseline of 0.85 percent in 2021 to 4.02 percent by the end of FY24 Quarter 1. In Afghanistan, 80% of LHSS-supported facilities offered one or more financing strategies. Half of patients served in these facilities were low-income.
1.2 Number of LHSS-supported countries that have taken steps to identify or reduce key public financial management (PFM) bottlenecks, such as lack of capacity at subnational level to adhere to PFM guidelines, rigid line-item budget structures, cumbersome budget formulation processes, and late disbursements to strengthen budget execution.	4 (Colombia, Namibia, Timor-Leste, and DRC)	Support in developing strategic messages for presentation at a global meeting of the Budget Community of Practice in Timor-Leste; Support to territorial entities and health service providers on billing and auditing medical accounts for services provided to the irregular Colombia migrant population; Contributions to roadmap to facilitate the transition to program-based budgeting as part of broader reform process in Namibia; and Supporting the DRC MOH's Directorate of Administration and Finance in implementing and monitoring increments to health program disbursement rates.

Indicators	Data	Notes
<b>Objective 2. Increased population coverage</b>		
2.1 Number of persons trained with U.S. government assistance to advance outcomes consistent with gender equality or female empowerment via their role in public or private institutions or organizations (GNDR-8).	74 (Colombia)	Strengthened capacities of participants in territorial entities and local community-based organizations to reduce stigma, discrimination, and inequality in Barranquilla, Medellín, and Santa Marta. Ninety-three percent of participants were women; 19 percent were health officials, while 81 percent were from local community-based organizations.
2.4 Number of people who received a first dose of an approved COVID-19 vaccine (COV-1) with U.S. government support.	14,111 (Tajikistan)	A total of 14,111 people received the first dose of the COVID-19 vaccine in all 23 pilot districts, of which 6,715 (47%) men and 7,396 (53%) women.
<b>Objective 3. Increased service coverage of quality essential services</b>		
3.2 Number of countries where USAID provided equipment, commodity, policy, and/or training support for infection prevention and control related to COVID-19 (USAID Global COVID-19, 6.0) and other emergencies.	3 (Colombia, Jordan, and Tajikistan)	Training of 434 health personnel to formulate contingency plans for health emergencies, and community-based public health surveillance; and additional 92 community members in prevention strategies and health emergency response in Colombia. In Jordan, support for the adoption of an ICU Interdisciplinary Team policy, a CPD accredited 25-day intensive respiratory therapy and mechanical ventilation training, and training of 240 health providers on implementation of competency framework. On-the-job training on Infection, Prevention and Control (IPC) for COVID-19 in Tajikistan.
<b>Cross-cutting Sub-objective X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, implement, manage, oversee, and implement health system functions</b>		
X.1.1 Percentage of U.S. government-assisted organizations with improved performance (CBLD-9).	87.5%	Organizations include the Afghanistan Social Marketing Organization (Afghanistan), the Health Secretariat of the Municipality of Necoclí (Colombia), and 23 government organizations in Vietnam (including the Ministry of Health, Vietnam Social Security, National TB program, and provincial agencies).
X.1.2 Percentage of the TO work implemented by local partners.	19% (cumulative)	LHSS is on track to meet the Task Order target of 20%.

\*12 LHSS has identified 20 health system performance improvements for documentation in the Global Knowledge Strategy, principally in the areas of leadership and governance, financing, and population coverage.

## GLOBAL KNOWLEDGE STRATEGY

Building on project learning processes and project implementation experience, the global knowledge strategy provides a roadmap for synthesizing lessons and promising practices to inform and advance the global field of integrated health systems strengthening.

### **Workstream 1: Studying Determinants of Health System Performance.**

Most LHSS country activities completed Step 1: Identifying performance improvements in the health system and documenting sources of evidence for the improvement. Several country teams also solicited feedback from their respective Mission on the identified performance improvement, often with very positive feedback. LHSS developed a framework and methodology for Step 2: Identifying determinants and lessons learned about determinants of the performance improvement and Step 3: Identifying conditions and actions to sustain, scale and/or institutionalize the performance improvement. Additionally, the team began preparing training materials to support country teams in their Workstream 1 activities. In Quarter 2, country activities will implement Steps 2 and 3 and document results and recommendations in the final country activity reports.

### **Workstream 2: Identifying Promising Practices in Migration and Health, Health System Resilience, and Resource Optimization.**

LHSS made good progress on three promising practices briefs, with a final draft of promising practices for *Integrating and Including Migrants in National Health Systems*, and first drafts of promising practices briefs for *Building Resilience in Health Systems and Strengthening Sub-National Level Planning and Budgeting for Health*. LHSS promising practices briefs will be included as part of USAID's Health Systems Strengthening (HSS) Practice Spotlight Series.

## MANAGEMENT AND PARTNERS

During Q1, LHSS hired an additional 26 staff and engaged 13 new consultants worldwide. At the end of Q1, 259 staff were working on LHSS (not including consultants).

In October 2023, the LHSS Peru Activity closed with the successful completion of all tasks and deliverables. LHSS prepared and submitted a final activity report to the USAID Mission in Peru and held a closeout workshop with country stakeholders.

# 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 FY24 Quarter 1 core-funded activities are provided below. For full updates, please reference [Section 2](#) of this report.

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

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS published the USAID approved learning brief titled *Pooling Reforms to Strengthen Health Financing for Universal Health Coverage* (UHC) on the LHSS website and promoted it on social media. The brief will be used by country partners to support reforms that improve pooling arrangements.
- LHSS continued developing its e-learning modules, using content from the approved Year 3 landscape report and webinar on pooling arrangements for UHC held in September 2023 for USAID Mission and Headquarters staff.

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

### FY24 QUARTER 1 HIGHLIGHTS

LHSS completed course development for both e-learning modules on priority setting and budget execution and submitted them to USAID for review.

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

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS received concurrence from the USAID Mission in Colombia to pilot the social determinants of health process guide. Piloting this guide will ensure that it is a practical tool for use by country leaders, planners, and educators who are investing in their health workforce for more person-centered and responsive care.
- LHSS began identifying a prospective local grantee to implement the process guide in Colombia. The purpose of the grant will be to: 1) pilot the process guide at the country level, and 2) gather feedback from a broad set of local stakeholders and institutions on the utility and practicality of the process guide.

- LHSS received approval from USAID to begin work on integrating social determinants of health competencies into health workforce programming through the follow-on activity, Activity 29.

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

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS completed the micro-design for the e-learning module on expanding financial protection and began developing the module on the Articulate 360 platform. Based on a global literature review and Senegal case study, users will learn about financial and non-financial barriers to expanding social health protection schemes and interventions countries have used to address these barriers.

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

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS supported the Peru Ministry of Health (MOH) in conducting a literature review and facilitating consultations with MOH, sector experts and other stakeholders to help define priority primary health care interventions and best practices that will be incorporated into Peru's 2025-27 multi-year financial planning.
- LHSS received concurrence from the USAID Mission in Namibia to begin its planned work to provide technical assistance to Namibia's MOH on linking budgets with priority setting. The Activity developed a scope of work for a consultant who will support the MOH in this work.
- LHSS presented work on improving planning and budget execution at the 2023 WHO Montreux Collaborative Agenda on fiscal space, public financial management and health financing ("Montreux") in November 2023.

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

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS drafted an outline for the toolkit on governance of the private sector in mixed health systems.
- LHSS conducted a rapid desk review to identify challenges governments may face in governance of private sector actors.
- LHSS began consultations with members of the private sector and an informal governance advisory group to obtain their feedback on the toolkit outline, tools, and potential governance challenges faced by governments.

## CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS conducted a virtual meeting to review the Sustainability and Transition (S&T) Toolkit with LHSS Country Activity Chiefs of Party and Senior Technical Advisors in early November 2023.
- The Activity team incorporated feedback from meeting participants into the interactive PDF and submitted the Toolkit to USAID for review and approval on November 30, 2023.

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

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS launched data collection using the High Performing Health Care (HPHC) tool in Timor-Leste in November 2023. Survey implementation remains ongoing, with over 50 responses across the public, private, NGO, and international organization sectors as of December 31, 2023. The survey is currently set to close in early January 2024.
- LHSS secured approval from Colombia's Ministry of Health in November 2023 to begin data collection using the HPHC tool. The survey was subsequently launched in late November 2023 and is expected to close in January 2024. The survey had received nearly 30 responses by the end of December 2023.
- LHSS developed an outline of the Activity's two country report deliverables which will be shared with USAID for review in Quarter 2. LHSS also began planning for validation meetings planned for early 2024 to discuss and finalize the results of the survey with key stakeholders, including the USAID Missions in Timor-Leste and Colombia.

## CORE ACTIVITY 26/32: LEARNING AGENDA: EVIDENCE GAP MAPPING, PARTS 2 AND 3 (ACTIVITY 14 FOLLOW-ON)

### FY24 QUARTER 1 HIGHLIGHTS

- Activity 26 concluded in FY24 Quarter 1 with the submission of the final two learning briefs on Learning Questions 4 (Integration and engagement of local voices) and 6 (Social and behavior change). These briefs provide an executive summary of the identified evidence around each Learning Agenda Question.
- LHSS received approval from USAID to begin work on the follow-on activity, Activity 32, which will focus on conducting two updates of the online Evidence Gap Map for all six Learning Agenda Questions. The Activity will also expand tagging capabilities and prepare to transition the platform to USAID and/or a new partner ahead of the LHSS project close-out.



## CORE ACTIVITY 27/33: HSS PRACTICE SPOTLIGHTS (ACTIVITY 11 FOLLOW-ON)

### FY24 QUARTER 1 HIGHLIGHTS

LHSS produced and submitted two Practice Spotlight briefs:

- The brief titled Collaborative Learning to Drive Policy Change and Action, was written by external authors.
- The brief titled Applying a Social Determinants of Health Lens to Improve Outcomes, was written by LHSS.

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

### FY24 QUARTER 1 HIGHLIGHTS

- Approval for this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

## CORE ACTIVITY 29: SOCIAL DETERMINANTS OF HEALTH AND HEALTH WORKERS (ACTIVITY 10,17, & 19 FOLLOW-ON)

### FY24 QUARTER 1 HIGHLIGHTS

- Approval for this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

## CORE ACTIVITY 30: RESOURCE OPTIMIZATION E-LEARNING COURSE

### FY24 QUARTER 1 HIGHLIGHTS

- Approval of this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

## CORE ACTIVITY 31: HEALTH FINANCING SUPPORT TO AFRICA CDC

### FY24 QUARTER 1 HIGHLIGHTS

- Approval for this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

# CORE ACTIVITIES 34 AND 35: TAILORING POLICY DIALOGUE AND PROGRAM SUPPORT TO COUNTRIES' BUDGETARY SPACE FOR HEALTH

## FY24 QUARTER 1 HIGHLIGHTS

- Approval for these activities was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

## CORE-DIRECTED HIGHLIGHTS

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

## EFFECT OF COVID-19 RESPONSE ON HEALTH SYSTEMS

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS prepared and conducted in-person workshops in Lima, Peru and Accra, Ghana to discuss the Most Significant Change processes in both countries. The goal of the workshops was to bring together key informants from each location who had participated in the learning activities to verify and rank the change stories, two vital steps in this documenting the change process.
- The Activity continues to support one consultant in each of the five participating countries (i.e., Peru, Colombia, Ghana, South Africa, and Tajikistan) as each country implements its Most Significant Change learning activity. LHSS supports the local consultants in areas such as primary data collection, workshop planning and implementation, data analysis and interpretation, and reporting. This support is tailored to each country's stage in capturing the change process.
- LHSS participated in a dissemination event co-hosted by the Woodrow Wilson Center in partnership with USAID and the MOMENTUM Knowledge Accelerator project to present results and lessons from the COVID-19 Learning Activity. Over the past year, USAID commissioned multiple learning activities to better understand the role of health systems strengthening approaches and digital health within COVID-19 investments in low-and middle-income countries. The LHSS Activity is part of this broader exploration of how COVID-19 funding addressed immediate needs while also helping countries build health system resilience to respond to health system shocks.

## INTEGRATING COMMUNITY HEALTH WORKERS INTO PRIMARY HEALTHCARE

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS published its technical brief titled "Establishing Career Pathways for Community Health Workers – Models and Key Considerations" to the LHSS website and to the USAID Development Experience Clearinghouse. This resource was among the most downloaded products on the website during October 2023. The brief contributes to the global knowledge base on the design and implementation of career advancement approaches for community health workers (CHWs).
- LHSS completed a scoping trip to Mozambique in October 2023 for upcoming technical assistance (TA) and operations research and began drafting an implementation plan for these activities with the LHSS Mozambique activity lead.
- LHSS received concurrence from the USAID Mission in Tanzania to proceed with the in-country TA portion of the Activity. The scoping trip to Tanzania to begin co-design of the Activity's work there will take place early in Quarter 2.

## SUPPLY CHAIN DIGITAL HEALTH INNOVATION GRANTS (CSL)

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS solicited and evaluated grant applications and began award negotiations with one prospective grantee in Ghana and a second in Uganda. These awards will strengthen the capacity of each grantee to expand their digital platform and reach in their respective countries, conduct health care outreach in underserved regions, and increase access to family planning commodities, information, and decision support.

## DECISION SUPPORT TOOL FOR OUTSOURCING SUPPLY CHAIN SERVICES (CSL)

### FY24 QUARTER 1 HIGHLIGHTS

- In collaboration with USAID, LHSS continued to refine its draft Excel Decision Support Tool and Advocacy PowerPoint presentation.
- LHSS submitted preliminary drafts of both deliverables to USAID for review in late November 2023. The Activity and USAID agreed that feedback will be incorporated in the final deliverables which will be submitted at the end of the follow-on activity in June 2024.

## LANDSCAPE ANALYSIS FOR HEALTH CARE FUND OF FUNDS

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS conducted a desk review of the impact-investing and health care markets in South and Southeast Asia. The Activity presented findings from the desk review to the USAID Center for Innovation and Impact.
- LHSS has begun conducting key informant interviews with Fund Managers in the select geographies. In Q1, the Activity interviewed 6 Fund Managers in South and Southeast Asia.
- A final report structure and outline was developed in preparation for the final deliverable.

## POLITICAL ECONOMY ANALYSIS OF CENTRAL MEDICAL STORE IN CAMEROON

Activity Lead: Shipra Srihari

### FY24 QUARTER 1 HIGHLIGHTS

- Approval of this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.
- LHSS completed the micro-design for the e-learning module on expanding financial protection and began developing the module on the Articulate 360 platform. Based on a global literature review and Senegal case study, users will learn about financial and non-financial barriers to expanding social health protection schemes and interventions countries have used to address these barriers.

## 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 continued to support country-led responses to COVID-19 in 1 country with funding provided through the American Rescue Plan Act (ARPA) 2021.

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

### *AFRICA*

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## LHSS DEMOCRATIC REPUBLIC OF CONGO

### HIGHLIGHTS

- LHSS is supporting the MOH in reducing its dependence on partner funds by implementing a new mechanism and tools to facilitate disbursement of adequate funding to the health sector. To advance this goal, the Activity supported the development of tools to facilitate rapid disbursement of health funds, including new guidelines for monitoring public expenditures and a Circular Note published in December 2023.
- DRC's health sector faces a low rate of disbursement of public resources. To address this challenge, LHSS provided technical and financial support to train Ministry of Health (MOH) managers and staff in operationalizing the decentralization of the public expenditure process. The objective of this training was to equip staff involved in the expenditure chain to effectively fulfill their roles and to have the MOH's Financial Directorate Health facilitate the management of the decentralized public expenditure process sector wide.

## LHSS EAST AFRICA REGION

### HIGHLIGHTS

- LHSS partnered with IntelliSOFT, the CDC-funded Monitoring and Evaluation Technical Support Program of Uganda, and Uganda's Ministry of Health (MOH) to embed the cross-border mobility screening module into the National Electronic Medical Record Package and subsequently deployed it to 12 Ugandan/Kenya border sites.
- LHSS and the Intergovernmental Authority on Development (IGAD) finalized a landscape assessment of Ghalafi/Semera, the Djibouti/Ethiopia cross-border site, and validated findings with the health ministries of Ethiopia and Djibouti. Based on the CB-DHS readiness assessment findings, a recommendation has been put forward and prioritized to develop a mobile-enabled Cross Border Digital Health Solution, a virtual platform that will facilitate the collection, analysis, and reporting of data pertaining to access to services, including HIV care and treatment, among mobile populations.
- LHSS and IGAD convened focal persons from IGAD partner states involved in health policy to review progress on domestication of regional decisions and directives. Meeting participants also identified and documented bottlenecks impeding efficient implementation of policies made by the Sectoral Council of Health. Findings from this meeting will be integrated into IGAD communication and advocacy strategy.

## LHSS MADAGASCAR

### HIGHLIGHTS

- LHSS supported the Ministry of Health's (MOH) Universal Health Coverage (UHC) Support Unit in drafting the National Health Financing Strategy implementation plan. The plan outlines important activities, timelines, and roles for operationalizing the health financing strategy and accelerating progress towards UHC.
- The Activity facilitated an MOH UHC Support Unit workshop in December 2023 to disseminate the results from the health mutuelles feasibility study in the Fénérive- Est district. The workshop also presented findings from the study trip by UHC Support Unit staff and government policy makers to Senegal. Outcomes and recommendations from the workshop will inform the next phase of the health mutuelles pilot.
- The Activity supported the MOH's National Health Accounts technical and steering committee in conducting a rapid assessment of national health accounts institutionalization. Results of this assessment provided insights into best practices and challenges and helped the MOH prepare for its 2022 National Health Accounts exercise, typically conducted once the government's fiscal year is completed.

## LHSS NAMIBIA

### HIGHLIGHTS

- LHSS Namibia supported the Ministry of Health and Social Services (MoHSS) in validating the universal health coverage (UHC) policy framework and the analyses on the costing of the Essential Health Services Package between November 8-10, 2023 with a wide range of stakeholders. These health reforms aim to improve the delivery of quality and affordable healthcare to all citizens.
- The Activity worked in collaboration with the Ministry's Primary Healthcare Directorate to jointly lead a series of meetings to develop a costed strategy for community health workers. This strategy forms part of broader reforms to strengthen the community-based healthcare policy and its operationalization for improved access to healthcare at the community-level, especially in remote and hard-to-reach areas.
- On December 6, 2023, LHSS Namibia collaborated with the MoHSS to launch the resource tracking exercise covering the period from 2020/21 to 2022/23 which generated estimates of both health and HIV spending in Namibia.

## LHSS NIGERIA

### HIGHLIGHTS

- LHSS trained counterparts to strengthen the referral process to better link patients at primary health clinics to secondary care as part of an overall strategy to improve quality of care for the poor and vulnerable enrolled in the Basic Health Care Provision Fund (BHCPF). In Nasarawa State, referrals improved from 4 in October 2022 to 187 in October 2023.
- LHSS supported high-level stakeholder coordination and engagement with the Zamfara State Government to advocate for the expansion of financial risk protection for the poor and

vulnerable. This effort led to the allocation of \$1,184,834 (NGN1,000,000,000)<sup>1</sup> for the Zamfara State health equity fund in the 2024 budget. At a cost of NGN 12,000 per individual, this amount can provide health insurance coverage for approximately 83,000 poor and vulnerable people throughout the state.

- As a result of capacity strengthening provided in public financial management (PFM) to the Kano State Agency for the Control of AIDS, the Agency was able to advocate for an additional budgetary release of \$95,972 (NGN 81M) in Quarter 1. This additional funding brings the total budgetary releases for the FY23 budget to \$177,725 (NGN 150M), representing 51 percent of the total budget. Prior to LHSS intervention, the Agency's budgetary release as of June 2023 stood at zero.

## ASIA

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### LHSS AFGHANISTAN

#### HIGHLIGHTS

- LHSS analyzed FY23 financial data from seven grantees, examining cost recovery rates and revenues generated prior to and during the LHSS intervention in FY23. Technical assistance provided by the Activity supported five of the grantees in optimizing their business models, contributing to significant growth in organizational revenue and cost recovery rates. These results will help the grantees become more financially sustainable and increase the equitable provision of services, contributing to strengthening the overall private health sector.
- The Activity fostered partnerships between social marketing organizations and service provider grantees to procure quality health products at more affordable price points than is possible on the open market, thereby extending savings to their patients.

### LHSS BANGLADESH

#### HIGHLIGHTS

- LHSS oriented members of health standing committees (e.g., officials from the municipality, Civil Surgeon and Family Planning offices) from three municipalities on implementing public health and primary health care (PHC) plans and monitoring service delivery. Participants learned the process of tracking progress of implementation of planned activities, mobilization of essential resources towards operational readiness of PHC centers, monitoring service delivery, and strategically engaging communities through health awareness campaigns.
- LHSS supported each of its six project-supported municipalities in conducting outreach sessions and health awareness campaigns on topics including dengue prevention and vitamin A supplementation. LHSS supported the municipalities in strategically planning these activities, including the targeting campaigns and documenting progress against their implementation plans. LHSS also facilitated the inclusion of community feedback mechanisms to address community engagement in the PHC plan. Moulvibazar municipality increased the number of its PHC satellite outreach sessions.

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<sup>1</sup> An exchange rate of 844 Niara to 1 USD

## LHSS CAMBODIA

### HIGHLIGHTS

- LHSS facilitated dissemination of the results from the interoperability pilot project to government officials and development partners. The successful pilot in Siem Reap and Kampong Cham provinces led to the approval of a national roll-out of a single registration portal.
- LHSS supported the General Secretariat in improving its monitoring and evaluation reporting dashboard by implementing several upgrades. These include secure login processes and real-time information availability, a Telegram social media platform notification system to provide timely updates, and the integration of data from the National Payment Certification Agency. The system now ensures stakeholders are aware of key events and process updates in a timely manner.
- LHSS supported the National Payment Certification Agency's organizational reform, including the development of a digital claims management concept note to support the Agency's information technology (IT) team that has transitioned from the MOH.
- LHSS supported training for antiretroviral therapy (ART) sites on ID Poor registration, resulting in 30 percent of all people living with HIV (PLHIV) becoming registered in the social protection scheme.

## USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

### HIGHLIGHTS

- The USAID Health System Sustainability Activity (the Activity) awarded grants to two local organizations: St. John of God International Health and Hamutuk Ita Ajuda Malu Health. USAID also approved a grant to the Timor-Leste Medical Association, bringing the total of grantees under the Activity to eight. Each of the grants focuses on improving different aspects of governance and civic engagement, with an aim to improve the quality of health care provision.
- Members of Rede Ba Saúde Timor-Leste (REBAS-TL) began systematically collecting evidence on local health system challenges, such as supply shortages and provider absenteeism, and presenting them to the National Parliament. The authorities accepted the report and the Activity is supporting REBAS-TL in developing monitoring mechanisms to track the government's response and resolution of these challenges.

## LHSS VIETNAM

### HIGHLIGHTS

- With LHSS's support, the National TB Program and the Department of Planning and Finance updated GeneXpert test costing with a unit cost for the GeneXpert cartridge. This resulted in the Ministry of Health (MOH) issuing Circular 22/2023/TT-BYT to update the social health insurance (SHI) services fee schedule, allowing health facilities to claim SHI reimbursement for the full cost of GeneXpert tests. The costing has therefore promoted accessible test provision and financial sustainability for health facilities and patients through the SHI scheme.



- LHSS organized workshops to facilitate multisectoral solutions to address issues related to obtaining health insurance cards and viral load tests for People Living with HIV (PLHIV). This work contributed to increasing the accessibility of SHI HIV services. The workshops also strengthened the capacity of provincial agencies and health facilities to supply and manage antiretroviral (ARV) drugs, HIV viral load testing, and cost reimbursements.
- LHSS completed an assessment of out-of-pocket expenditures and willingness among PLHIV to pay for ARVs at public treatment facilities. Findings provided insights into current out-of-pocket expenditures, factors influencing these expenditures, and the willingness of PLHIV to pay for this service. The study will inform ongoing efforts to track HIV/AIDS spending and contribute to policy development enabling financial protection for PLHIV.

## *EUROPE / EURASIA*

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### LHSS UKRAINE

- In response to a Ministry of Health (MOH) request, LHSS drafted amendments to the MOH orders and Cabinet of Ministers of Ukraine decrees that regulate the provision of primary, emergency, specialized, palliative, and rehabilitation care for use in telemedicine. These amendments aim to position telemedicine as a tool for enhancing access to and quality of medical care by standardizing and clarifying its role.
- As a result of continued dialogue between LHSS and the National Health Service of Ukraine, telemedicine services are now included in 31 of the 41 medical and rehabilitation care service packages covered by the state-funded Program of Medical Guarantees for 2024, a substantial increase from 11 packages in 2023. This expansion is expected to scale up use of telemedical services and reconnect people to timely and quality health care during wartime conditions.
- LHSS facilitated the development and signing of a Memorandum of Understanding to establish a public-private partnership between the MOH and Spanish private company IneHealth Team SL to provide Idonia teleradiological software and associated applications.

## *LATIN AMERICA AND CARIBBEAN*

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### LHSS COLOMBIA VRIO

#### HIGHLIGHTS

- In December 2023, the Mayor's Office of the city of Cúcuta gave a special recognition to LHSS Colombia for its continued assistance to the Secretariat for Social Development's Sembrando la Migración (Seeding Migration) program. The Activity's support has enabled the socio-economic integration of migrants, returnees, and host populations in the city.
- LHSS Colombia continued to collaborate with other USAID-funded projects in Colombia to provide a comprehensive response to migration flows and to promote the integration of migrant and returnee populations into host communities. The Activity worked with USAID's Integra project to provide guidance to migrants on how to access to health care, USAID's Juntos Aprendemos (Together We Learn) project to design a strategy for enrolling children and adolescents in Medellín in the health system, and with the Opportunities Without Borders project to promote the socio-economic integration of migrants experiencing

homelessness, including promoting their enrollment in health insurance and access to mental health care.

## LHSS DOMINICAN REPUBLIC

### HIGHLIGHTS

- LHSS worked with the USAID Mission in the Dominican Republic (DR) and the National Council for HIV and AIDS to begin implementing the Private Sector Engagement roadmap developed in FY23. In Quarter 1, the National Council approved the proposed roadmap and in collaboration with LHSS planned next steps to launch the public-private coordination board and other Year 4 implementation priorities.
- LHSS began its assessment of the private sector health information systems. Conducted in partnership with the National Health Service and private sector health providers, the assessment aims to support the integration of data management systems of private HIV services providers with public sector health information systems. LHSS identified possible tools to collect data from the private sector and began discussions with private providers on potential mechanisms to improve their reporting into government systems.

## LHSS LAC BUREAU

### HIGHLIGHTS

- On November 30, 2023, LHSS supported the Interinstitutional, Interagency Board of Health and Migration's, known as MIISM, leadership in convening its Board of Directors to agree on next steps in updating the organization's strategic plan. Updating the strategic plan is a key step toward providing a clearer strategic direction and strengthening the organization's performance.
- LHSS presented preliminary findings of the Honduras migrant health information system assessment to the Board of Health and Migration and the Ministry of Health (MOH) at the national level and gathered valuable feedback on the assessment findings. Based on the assessment results, LHSS will develop recommendations for improving the availability and quality of migrant health information and strengthening evidence-based decision-making.
- On December 6, 2023, LHSS hosted a webinar titled "Health in Migration Corridors: A Fundamental Right." Panelists discussed challenges vulnerable populations experience accessing social protection and health services along migratory corridors in the Latin America and the Caribbean (LAC) region, and strategies to address migrant needs through humanitarian aid and health systems strengthening efforts. The webinar was attended by 110 participants, 57 percent of whom were from LAC countries.

## LHSS PERU

### HIGHLIGHTS

- The LHSS Peru Activity closed October 2023 with the successful completion of all deliverables and grants. To mark the completion, LHSS submitted its End of Activity Report to the USAID Mission in Peru and held a closing workshop with grantees, community-based organizations, the Ministry of Health (MOH) and other local partners. The purpose of the workshop was to solicit partner feedback on the Activity. Participants also identified and shared learnings from the work of LHSS grantees to strengthen the capacity of community-

based organizations to welcome LGBTQI+ migrant and non-migrant populations and link them to accessible health care services.

- Between April 2021 and October 2023, LHSS Peru completed 45 technical products and deliverables across four programmatic areas. These included improving the availability of comprehensive HIV services for migrants, accelerating and expanding access to COVID-19 vaccinations, strengthening MOH capacity to communicate information to vulnerable populations on preventing transmission of Monkeypox, and strengthening care and support networks for LGBTQI+ migrants and nationals. The End of Activity Report includes detailed information on the Activity's milestones and lessons learned. The LHSS FY23 Annual report includes final reporting on the Peru Activity's FY23 deliverables and indicators.

## *MIDDLE EAST*

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### LHSS JORDAN

#### HIGHLIGHTS

- LHSS supported the Ministry of Health (MOH) in launching the first wave of its continuing professional development (CPD) National Campaign targeting health care providers, leveraging the success of the LHSS private sector campaign launched earlier in FY23.
- LHSS supported the MOH in launching the CPD platform, now accredited by the National CPD Committee with LHSS technical assistance. This is a significant step forward in giving health care providers across Jordan access to accredited online CPD courses.
- LHSS completed delivery and installation of medical equipment purchased to support and sustain the Jordan University Hospital Adult Critical Care Fellowship Program, a critical component supporting implementation of the Interdisciplinary team approach.
- LHSS helped establish respiratory therapy units at two additional MOH hospitals (Basma and Karak), and the MOH Secretary General approved and adopted respiratory therapy policies at the central MOH level which will enhance quality of care in these units.

# COUNTRY ACTIVITIES FUNDED THROUGH AMERICAN RESCUE PLAN ACT 2021 HIGHLIGHTS

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

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

## LHSS TAJIKISTAN (ARPA)

### HIGHLIGHTS

- LHSS continued to provide technical support to Republican Center for Immunoprophylaxis (RCIP) to vaccinate target populations in 23 pilot districts. During the reporting period, 6,052 clients received vaccinations.
- LHSS and the RCIP conducted two recognition events for vaccinators, community health workers, and journalists to celebrate their work and dedication toward improving community health efforts to prevent COVID-19 and other infectious diseases. The recognition event held in Khujand drew 70 participants from eight project districts, while the event held in Bokhtar drew 140 participants from 15 project districts.
- LHSS conducted monitoring and mentoring visits to six pilot Centers for Immunoprophylaxis in districts located in the Sughd Region. During these visits, and in subsequent training, LHSS supported health workers in addressing and resolving priority challenges identified during the monitoring visits. These included lack of training (particularly among new hires), absence of proper cold chain management of vaccines, and lack of accurate accounting and reporting.
- In collaboration with the Republican Healthy Lifestyle Center, LHSS conducted training for religion leaders from 15 districts in Bokhtar to improve their knowledge about the benefits of immunization in preventing diseases and strengthening healthy lifestyles throughout the population. The trainings offered basic education on vaccines, especially against COVID-19, and emphasized the important role that religion leaders play in strengthening community commitments toward vaccination and promoting healthy lifestyles.

## SECTION 2: FY24 QUARTER 1 PROGRESS REPORTS FOR CORE-FUNDED ACTIVITIES

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

Activity Lead: Sarah Insanally

#### FY24 QUARTER 1 HIGHLIGHTS

- LHSS published the USAID approved learning brief titled *Pooling Reforms to Strengthen Health Financing for Universal Health Coverage* (UHC) on the LHSS website and promoted it on social media. The brief will be used by country partners to support reforms that improve pooling arrangements.
- LHSS continued developing its e-learning modules, using content from the approved Year 3 landscape report and webinar on pooling arrangements for UHC held in September 2023 for USAID Mission and Headquarters staff.

#### ACTIVITY PROGRESS

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

Complete.

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

LHSS received USAID approval of its external learning brief in October 2023. The brief is based on content from LHSS's approved landscape report titled *Pooling Reforms to Strengthen Health Financing for Universal Health Coverage*, that USAID approved in Year 4, Quarter 2. It focuses on the role of pooling health risks and resources in promoting equity, efficiency, and financial protection to accelerate progress toward UHC and describes country experiences with reforms to improve pooling arrangements. Following USAID approval, the Activity team finalized the brief and disseminated it on the LHSS website and social media platforms.

LHSS continues to develop its e-learning module with content from the approved landscape report on pooling arrangements for UHC. The module is intended to provide an interactive learning experience and contribute to a deeper understanding of options for pooling reforms and country experiences. The module also incorporates key messages from global experts participating in the September 7, 2023, webinar for USAID Mission and headquarters staff. LHSS requested an extension and will submit the module to USAID in Year 5 Quarter 2. USAID approved this extension in December 2023.

#### EVENTS NEXT QUARTER

No events planned for next quarter.

#### PRIORITIES NEXT QUARTER

Complete the e-learning module.

## CHALLENGES

No challenges experienced this quarter.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted to USAID in Quarter 1.

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

Activity Lead: Anna Wadsworth

### FY24 QUARTER 1 HIGHLIGHTS

LHSS completed course development for both e-learning modules on priority setting and budget execution and submitted them to USAID for review.

### ACTIVITY PROGRESS

In Year 4, technical teams from Activity 1 (Improving budget execution) and Activity 2 (Institutionalizing national priority-setting for health) worked with an instructional designer from LHSS partner TRG to package content for the two e-learning modules. These modules drew on lessons learned and promising practices from countries participating in the respective peer learning exchanges led by each Activity through the Joint Learning Network. TRG produced full drafts of the e-learning modules which were subsequently shared with USAID for review and approval.

LHSS was granted an extension of this activity to December 31, 2023, to accommodate extra time needed to ensure that the e-learning modules align with PAHO's Virtual Campus e-learning platform.

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

Full drafts of the e-learning modules were developed and submitted to USAID in late December 2023. Prior to submission, the priority setting module was presented to USAID in November 2023 to solicit feedback which was subsequently addressed in the final draft. Following review and COR approval of the modules, LHSS will record and incorporate voice over narrations of the modules. LHSS will also have both modules translated into French, as agreed with USAID.

LHSS continues to coordinate with PAHO and will work with its IT point person to configure the modules and upload them onto the e-learning platform.

### EVENTS NEXT QUARTER

- No upcoming events.

### PRIORITIES NEXT QUARTER

- Record and incorporate voiceover narrations in English for both modules.
- Translate modules into French, as agreed with USAID.
- Launch the finalized e-learning modules on PAHO's virtual campus.
- Promote and disseminate modules in conjunction with USAID and PAHO.

### CHALLENGES

- No challenges were encountered this quarter.

### DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

- E-learning modules for both budget execution and national priority setting processes.

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

Activity Lead: Mignote Haile

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS received concurrence from the USAID Mission in Colombia to pilot the social determinants of health process guide. Piloting this guide will ensure that it is a practical tool for use by country leaders, planners, and educators who are investing in their health workforce for more person-centered and responsive care.
- LHSS began identifying a prospective local grantee to implement the process guide in Colombia. The purpose of the grant will be to: 1) pilot the process guide at the country level, and 2) gather feedback from a broad set of local stakeholders and institutions on the utility and practicality of the process guide.
- LHSS received approval from USAID to begin work on integrating social determinants of health competencies into health workforce programming through the follow-on activity, Activity 29.

### ACTIVITY PROGRESS

#### **Intervention 1: Pilot the SDOH Process Guide.**

LHSS received concurrence from the USAID Mission in Colombia November 2023 to pilot the social determinants of health process guide. Building on LHSS's work in Colombia strengthening the technical and functional capabilities of health providers and community action groups serving migrant populations, the country offers a promising context in which to pilot the process guide. Using the guiding questions from the guide, the Activity began discussions with the LHSS Colombia team to define the objective, steps, geography, and local stakeholders for integrating social determinants of health-related competencies into their existing work. This work included outlining the context-specific social determinants of health-related challenges and priorities. The team initiated recruitment of a local consultant who will serve as the point of contact for the pilot, with a target start date of late January 2024.

After confirming the pilot could be implemented in Colombia, LHSS also began translating the process guide into Spanish. LHSS will review and finalize the translated guide in Quarter 2 and share with partners and stakeholders in Colombia.

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

Intervention 2 will begin in Quarter 2.

#### **Intervention 3: Produce and Disseminate Communication Material.**

Intervention 3 will begin in Quarter 3.

### EVENTS NEXT QUARTER

No events planned in Quarter 2.

### PRIORITIES NEXT QUARTER

- Continue co-designing the process and anticipated output of the process guide pilot with the LHSS Colombia team.



- Work closely with local partners in Colombia to facilitate a stakeholder engagement process. Key actors may include public and private sector entities, community or patient groups, relevant health training institutions, and professional associations.
- Hire a local consultant to serve as in-country point of contact for implementation of the pilot in Colombia.
- Organize pre-solicitation meetings with prospective grantees interested in carrying out the pilot. Ascertain their priorities, map existing resources and capacities, determine the appropriate grant mechanism, and co-develop the scope of the grant for solicitation.

## CHALLENGES

No challenges encountered in Quarter 1.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables submitted in Quarter 1.

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

Activity Lead: Heather Cogswell

### FY24 QUARTER 1 HIGHLIGHTS

LHSS completed the micro-design for the e-learning module on expanding financial protection and began developing the module on the Articulate 360 platform. Based on a global literature review and Senegal case study, users will learn about financial and non-financial barriers to expanding social health protection schemes and interventions countries have used to address these barriers.

### ACTIVITY PROGRESS

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

LHSS completed the micro-design of the e-learning module and shared the model design outline with USAID. LHSS incorporated USAID's feedback and began developing the module in the Articulate 360 platform. The first step to developing the course in the Articulate platform involves building out the information from the micro-design into user-friendly and easy-to-read slides with visuals and graphics. The e-learning module will be hosted on Articulate and featured on LHSS, USAID, and the Social Health Protection Network (P4H) websites. Due to space limitations around displaying both English and French translations, LHSS and USAID agreed to focus on producing just an English version for this course.

LHSS requested a proposed launch of the e-learning module in Quarter 2. This will allow sufficient time to address USAID's feedback and requested adjustments in the module before the proposed launch date.

This timeline extension is reflected in the Activity's revised Year 5 work plan.

### EVENTS NEXT QUARTER

No events are planned for next quarter.

### PRIORITIES NEXT QUARTER

LHSS will launch the e-learning module and promote the course through the LHSS and USAID networks.

### CHALLENGES

No challenges encountered this quarter.

### DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted this quarter.

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

Activity Lead: Karishmah Bhuwane

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS supported the Peru Ministry of Health (MOH) in conducting a literature review and facilitating consultations with MOH, sector experts and other stakeholders to help define priority primary health care interventions and best practices that will be incorporated into Peru's 2025-27 multi-year financial planning.
- LHSS received concurrence from the USAID Mission in Namibia to begin its planned work to provide technical assistance to Namibia's MOH on linking budgets with priority setting. The Activity developed a scope of work for a consultant who will support the MOH in this work.
- LHSS presented work on improving planning and budget execution at the 2023 WHO Montreux Collaborative Agenda on fiscal space, public financial management and health financing ("Montreux") in November 2023.

### ACTIVITY PROGRESS

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

LHSS continued to support Peru's MOH in defining its health priorities and ensuring these priorities are reflected in national health budgets. Peru's MOH has identified strengthening primary health care as a priority area, with the minister of health personally emphasizing his commitment to lead and champion efforts to strengthen the MOH's capacity to prepare their multi-annual and annual budget allocation processes in alignment with the priorities established for 2024-27.

LHSS supported the MOH in conducting a literature review and consultations with the MOH, sector experts and other stakeholders to define PHC interventions and best practices that will be incorporated into the 2025-27 multi-year financial plan. Findings of the literature review informed a subsequent policy brief produced by the Peru MOH with LHSS technical support that describes PHC services that should be provided to the population and the necessary organizational and governance structures and targets required to support these services.

This technical assistance, and documentation of the process of identifying these priorities and allocating resources to them, will strengthen the MOH's capacity to effectively link its budgets with national health care priority-setting processes. Other countries interested in developing this capacity will be able to use and adapt Peru's process and experience to their own context.

LHSS also supported the MOH in developing a poster on the government's ongoing initiatives to improve budget formulation and execution in Peru. The poster was presented by the MOH in collaboration with LHSS at the 2023 WHO Montreux Collaborative Agenda on fiscal space, public financial management and health financing ("Montreux") in November 2023. LHSS also provided closing remarks during a budget execution panel session to share its experiences and learning under Core Activities 1 (Improving Health Budget Execution), 2 (Institutionalizing National Priority Setting Processes) and 23. Presenting at the Montreux meetings provided LHSS a highly visible platform to disseminate learnings, share expertise, and facilitate a rich

discussion with a broad audience. Participants at the event included government officials and technical partners in the global sphere of public financial management for health.

LHSS received USAID/Namibia concurrence to begin providing technical assistance to the Namibia MOH on linking budgets with priority setting. The LHSS Namibia activity is already supporting reviews of the national benefit package, alignment of programs, and the Chart of Accounts for program-based budgeting. Building on this work, Activity 23 will focus on documenting and addressing challenges faced by MOH entities at the sub-national level associated with allocating budgets to priorities.

LHSS plans to conduct a rapid assessment to: 1) understand regional-level programs from the Ministry of Finance's program-based budgets and Chart of Accounts, and 2) examine challenges experienced at the regional-level associated with allocating and executing program budgets and the level of autonomy that regional offices have in the budget cycle. LHSS will then provide technical support to address one of the identified challenges in collaboration with the MOH. The Activity has developed a consultant scope of work to support technical assistance to the MOH which will be shared with USAID/Namibia and then posted for open recruitment.

LHSS has also begun planning its forthcoming technical brief deliverable for this Activity. In consultation with project resource optimization specialists, the Activity team has identified initial attributes and objectives to guide the development of the brief. The technical brief will document the experiences and lessons learned from Peru and Namibia and will provide a resource to other countries interested in adapting the practices in their own contexts.

## EVENTS NEXT QUARTER

No events scheduled for next quarter.

## PRIORITIES NEXT QUARTER

- Recruit a local consultant and begin providing technical assistance to the MOH in Namibia.
- Begin developing the technical brief deliverable to document country processes and lessons learned and share an outline for USAID review.

## CHALLENGES

No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted in Quarter 1.

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

Activity Lead: Shipra Srihari

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS drafted an outline for the toolkit on governance of the private sector in mixed health systems.
- LHSS conducted a rapid desk review to identify challenges governments may face in governance of private sector actors.
- LHSS began consultations with members of the private sector and an informal governance advisory group to obtain their feedback on the toolkit outline, tools, and potential governance challenges faced by governments.

## ACTIVITY PROGRESS

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

LHSS developed a preliminary outline for the toolkit on governance of the private sector in mixed health systems. The outline includes an introduction to the toolkit, navigation in the online platform, the importance of governance for effective oversight and engagement of the private sector in universal health coverage, common governance challenges governments may face when engaging private sector actors, tools to address the specific governance challenges, and a summary of tools and resources governments can use as they develop capabilities to govern a mixed health system. LHSS will continue to work closely with USAID to determine the appropriate toolkit framework with realistic utilization for end users in mind. Depending on the timing, the outline may reflect the progression model for private sector governance being developed by the World Health Organization, with whom LHSS is coordinating.

LHSS conducted a rapid desk review to identify challenges country governments may face when engaging the private sector. These challenges will be documented and categorized based on how they might manifest in health system functions. LHSS consulted the WHO strategy report<sup>2</sup> on engaging the private health service delivery sector through governance, the WHO Country Connector on Private Sector in Health website<sup>3</sup>, development partner websites, resources published from Abt's SHOPS+ project, and other published literature to identify said challenges. LHSS will include these challenges in the toolkit to provide realistic and concrete examples for toolkit users who work in country governments. LHSS will continue revising challenges as recommended by informal advisory group members and by USAID.

LHSS began consultations with its informal advisory group to discuss toolkit progress. This group consists of global experts and country representatives in private sector engagement and

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<sup>2</sup> Engaging the private health service delivery sector through governance in mixed health systems: strategy report of the WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO.

<sup>3</sup> [Home | Country Connector \(ccpsh.org\)](#)

governance, with members representing Johns Hopkins University, the Namibian Ministry of Health, Impact for Health, Insight Health Advisors, and the Asian Development Bank. During these sessions, LHSS is obtaining feedback on relevant resources and tools for inclusion in the toolkit, a high-level review of challenges country governments can face in their oversight of private sector actors, and how the proposed toolkit outline is organized.

LHSS and USAID met with WHO to share updates on the progress and status of the toolkit. WHO is supporting similar private sector governance work. The LHSS toolkit will be thematically organized around specific governance behaviors defined by WHO in its recent strategy report. LHSS and USAID requested that WHO share its progression model for private sector governance. WHO has not yet shared any materials but agreed to share the progression model ahead of a check-in meeting scheduled during Quarter 2, where the parties will discuss how to align approaches.

## EVENTS NEXT QUARTER

No events planned for next quarter.

## PRIORITIES NEXT QUARTER

- Continue consultations with informal advisory group members.
- Continue to develop the toolkit outline and add content to be included in the final toolkit.
- Meet with LHSS partner TRG to continue discussions on developing the toolkit in the Articulate 360 online platform.

## CHALLENGES

LHSS had been experiencing delays coordinating with WHO to ensure alignment of its toolkit with WHO's progression model. Following a lengthy silence, WHO informed LHSS and USAID in November 2023 that it would like to continue collaborating on this activity. In response, LHSS has been strategizing about how to best ensure alignment with WHO moving forward. In response to delays experienced by LHSS communicating with and accessing important data from WHO, and to ensure future alignment with WHO, LHSS has obtained USAID approval to extend the timeline for this activity into Quarter 3.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted in Quarter 1.

## CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

Activity Lead: Sarah Insanally

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS conducted a virtual meeting to review the Sustainability and Transition (S&T) Toolkit with LHSS Country Activity Chiefs of Party and Senior Technical Advisors in early November 2023.
- The Activity team incorporated feedback from meeting participants into the interactive PDF and submitted the Toolkit to USAID for review and approval on November 30, 2023.

### ACTIVITY PROGRESS

#### **Intervention 1: Develop the Sustainability and Transition Toolkit.**

LHSS finalized the development of the interactive S&T Toolkit this quarter. On November 8, 2023, LHSS invited LHSS country activity chiefs of party and senior technical advisors to provide feedback on the draft toolkit during a virtual validation meeting. Approximately fifteen participants reviewed the draft toolkit and provided feedback on the organization of the toolkit, ease of use, and relevance to country programs. Participants also discussed the usefulness and relevance of specific tools and suggested additional tools for inclusion. The toolkit was also submitted to USAID for a preliminary review before formal submission. LHSS incorporated the feedback received during the validation meeting and reviews to finalize and submit the toolkit to USAID on November 30, 2023.

### EVENTS NEXT QUARTER

No events are scheduled for next quarter.

### PRIORITIES NEXT QUARTER

Make any final edits to the S&T toolkit following USAID's review and resubmit for COR approval.

### CHALLENGES

No challenges were experienced.

### DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

LHSS submitted the Sustainability and Transition toolkit to USAID on November 30, 2023.

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

Activity Lead: Mignote Haile

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS launched data collection using the High Performing Health Care (HPHC) tool in Timor-Leste in November 2023. Survey implementation remains ongoing, with over 50 responses across the public, private, NGO, and international organization sectors as of December 31, 2023. The survey is currently set to close in early January 2024.
- LHSS secured approval from Colombia's Ministry of Health in November 2023 to begin data collection using the HPHC tool. The survey was subsequently launched in late November 2023 and is expected to close in January 2024. The survey had received nearly 30 responses by the end of December 2023.
- LHSS developed an outline of the Activity's two country report deliverables which will be shared with USAID for review in Quarter 2. LHSS also began planning for validation meetings planned for early 2024 to discuss and finalize the results of the survey with key stakeholders, including the USAID Missions in Timor-Leste and Colombia.

### ACTIVITY PROGRESS

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

Complete.

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

LHSS launched the HPHC survey in Timor-Leste following USAID's translation of the HPHC tool to Bahasa Indonesia in early November 2023. LHSS invited over 170 organizations to respond to the survey. Due to the country context requiring additional time to increase response rates among target stakeholders, and the need for a representative pool of responses (i.e., 80-100 responses to achieve reliable results), LHSS extended the survey deadline by one month to allow for additional participation. The LHSS Activity team and local consultant overseeing the survey conducted a series of virtual and in-person response reminders (e.g., via email, WhatsApp, text message, phone call, in-person visits), which resulted in a total of 52 responses by the end of December 2023. The survey remains open and will continue collecting responses until January 3, 2024. At that point, LHSS will consult with USAID to determine whether a second extension will be needed to ensure broad participation before moving to the next phase of the activity.

In late November 2023, LHSS launched its parallel HPHC survey in Colombia following approval on November 20, 2023, by the country's Ministry of Health to implement the tool. LHSS sent survey invitations to over 250 participants from across the public, private, international organization, and non-profit sectors. The Activity team and in-country consultant completed several virtual and in-person follow-ups, similar to those conducted in Timor-Leste, which resulted in nearly 30 responses by the end of December 2023. The survey is ongoing through January 2024.

In addition to implementing the surveys in Timor-Leste and Colombia, the Activity developed a detailed outline for its country reports. A 4-page report for each country will be submitted to USAID in March 2024. The reports will summarize the HPHC survey findings of Timor-Leste



and Colombia's health systems performance and recommendations for strengthening health system processes related to quality, equity, and resource optimization. The Activity will develop the reports in Quarter 2 and finalize the recommendations following virtual stakeholder validation meetings held in each country.

## EVENTS NEXT QUARTER

No events planned for next quarter.

## PRIORITIES NEXT QUARTER

- Finalize data collection and prepare 4-page country reports for Timor-Leste and Colombia with validated recommendations.
- Disseminate the reports via the LHSS website and other project communications and social media channels, as appropriate.

## CHALLENGES

Due to ongoing competing priorities in Colombia, the Activity team experienced significant challenges coordinating a meeting with the Ministry of Health. This delayed the launch of the Colombia survey by over three months, as local protocols required approval from the MOH to proceed. Despite these challenges, the Activity team was able to work closely with the LHSS Colombia team and USAID Colombia to find alternative approaches to obtain formal MOH approval for in-country data collection, which was obtained in late November 2023. LHSS requested and received a timeline extension to March 2024 to accommodate this delay.

Survey participants have been slow to respond to the survey in both countries. This is a potential risk LHSS proactively identified at the work planning stage. The Activity has been working to address this challenge by conducting targeted response reminder follow-ups via in-country networks.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted this quarter.

## CORE ACTIVITY 26/32: LEARNING AGENDA: EVIDENCE GAP MAPPING PARTS 2 AND 3 (ACTIVITY 14 FOLLOW-ON)

Activity Lead: Ekpenyong Ekanem

### FY24 QUARTER 1 HIGHLIGHTS

- Activity 26 concluded in FY24 Quarter 1 with the submission of the final two learning briefs on Learning Questions 4 (Integration and engagement of local voices) and 6 (Social and behavior change). These briefs provide an executive summary of the identified evidence around each Learning Agenda Question.
- LHSS received approval from USAID to begin work on the follow-on activity, Activity 32, which will focus on conducting two updates of the online Evidence Gap Map for all six Learning Agenda Questions. The Activity will also expand tagging capabilities and prepare to transition the platform to USAID and/or a new partner ahead of the LHSS project close-out.

### ACTIVITY PROGRESS

#### **Intervention 1 (Activity 26): Conduct Evidence Gap Mapping (Part 2).**

Intervention 1 was completed in FY24.

#### **Intervention 2 (Activity 26): Review and Compile Learnings from the Evidence.**

LHSS used the established process and template from Activity 14 to draft and submit technical briefs for USAID Health System Strengthening (HSS) Learning Question 4 on including local voices and priorities and Learning Question 6 on integrating social and behavior change. The learning briefs are short and accessible resources designed to inform other programs and studies and support the incorporation of evidence across specific parts of the HSS program cycle from design through to monitoring. The documented learnings will improve HSS program and outcomes by ensuring program managers, funders, local country partners, and governments have the latest HSS knowledge to guide program design and implementation.

#### **Intervention 3 (Activity 26): Convene Technical Meetings.**

Intervention 3 was completed in FY24.

### EVENTS NEXT QUARTER

As part of the follow-on Activity 32, LHSS will participate in a USAID-hosted internal brown bag event to continue discussions and promotion of the Evidence Gap Map. As LHSS has done at previous such presentations, the Activity will invite submission of new evidence. Currently scheduled for February 2024, USAID will host the event and lead communication and promotion efforts, while LHSS develops the presentation agenda and content with guidance from USAID.

### PRIORITIES NEXT QUARTER

- LHSS will finalize and disseminate the technical briefs for Learning Questions 4 and 6 after receiving final approval from USAID. These resources will be posted on the LHSS website and promoted through LHSS and USAID social media networks.
- LHSS will begin working on Interventions 4 and 5 under Activity 32. This will include updating the evidence mapping related to Learning Questions 1 (systems thinking), 2

(sustainability and scale), 3 (HSS measurement), and 5 (localization and whole of society engagement). This will include adding new evidence as it is identified and submitted. The Activity will add new search capabilities to the Evidence Gap Map as agreed with USAID and update the associated two-page technical briefs as needed.

- LHSS plans to move the Evidence Gap Map from its project website to the USAID or alternate partner site to maintain broad access and sustainability following the end of the project. The Activity will initiate discussions with USAID and/or a new partner to plan the new platform and develop navigation guidance and instructions once transfer plans are established.

## CHALLENGES

No challenges experienced in Quarter 1.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

LHSS submitted the final two technical briefs for Learning Question 4, Integration and Engagement of Local Voices, and Learning Question 6, Social and Behavior Change.

## CORE ACTIVITY 27/33: HSS PRACTICE SPOTLIGHTS (ACTIVITY 11 FOLLOW-ON)

Activity Lead: Anna Wadsworth

### FY24 QUARTER 1 HIGHLIGHTS

LHSS produced and submitted two Practice Spotlight briefs:

- The brief titled *Collaborative Learning to Drive Policy Change and Action*, was written by external authors.
- The brief titled *Applying a Social Determinants of Health Lens to Improve Outcomes*, was written by LHSS.

### ACTIVITY PROGRESS

#### **Intervention 3: Production and Dissemination of Externally Produced Briefs (FY22 Funding).**

LHSS requested and received an extension to submit the deliverables under this intervention in May 2024 under the Year 5 work plan. USAID and other implementing partners are drafting three briefs: 1) *Promoting Inclusivity in Health System Decision Making*, 2) *Applying Behavioral Science to the Design of Financial Protection Programming*, and 3) *Equity- Enhancing Implementation Research*. LHSS will produce these briefs upon receipt from USAID.

#### **Intervention 4: Production and Dissemination of LHSS-Developed Brief and Externally Produced Briefs (FY23 Funding).**

LHSS finalized and submitted the brief it authored titled *Applying a Social Determinants of Health Lens to Improve Outcomes*. This resource will be used to inform future health system strengthening interventions by illustrating the benefits of interventions associated with social determinants of health- in terms of their relevance, effectiveness, quality, and access – all of which contribute to improving equity of care.

USAID finalized and sent LHSS an externally produced brief titled *Collaborative Learning to Drive Policy Change and Action*. LHSS will produce this brief and the remaining two externally produced briefs under this intervention as they are received from USAID. LHSS requested an extension to produce these three briefs to May 2024 under the Year 5 work plan.

#### **Intervention 5: Production and Dissemination of LHSS- Authored Brief and Externally Authored Briefs (FY24 Funding).**

Approval for Intervention 5 was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2 under Core Activity 33.

### EVENTS NEXT QUARTER

No events are scheduled for next quarter.

### PRIORITIES NEXT QUARTER

- LHSS and USAID will work together to determine and finalize the topics of two forthcoming briefs on resource optimization.

- LHSS will begin drafting outlines for the resource optimization briefs. The Activity will also identify and reach out to potential advisory committee members to request their engagement and guidance on the briefs.
- LHSS will begin disseminating and promoting the Practice Spotlight brief products. Dissemination and promotion channels will be determined together with USAID.
- LHSS will continue providing dissemination analytics for the Spotlight briefs, including average duration visitors spend on Spotlight brief web pages, number of downloads, number of new versus returning visitors, geographic profile of users, and page views attributable to promotional efforts.

## CHALLENGES

No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

- *Collaborative Learning to Drive Policy Change and Action*. Submitted Nov. 30, 2023.
- *Applying a Social Determinants of Health Lens to Improve Outcomes*. Submitted Dec.28, 2023.

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

Activity Lead: Mariam Reda

### FY24 QUARTER 1 HIGHLIGHTS

Approval for this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

## CORE ACTIVITY 29: SOCIAL DETERMINANTS OF HEALTH AND HEALTH WORKERS (ACTIVITY 10,17, & 19 FOLLOW-ON)

Activity Lead: Mignote Haile

### FY24 QUARTER 1 HIGHLIGHTS

- Approval for this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

## CORE ACTIVITY 30: RESOURCE OPTIMIZATION E-LEARNING COURSE

Activity Lead: Sarah Insanally

### FY24 QUARTER 1 HIGHLIGHTS

- Approval of this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

## CORE ACTIVITY 31: HEALTH FINANCING SUPPORT TO AFRICA CDC

Activity Lead: Elaine Baruwa

### FY24 QUARTER 1 HIGHLIGHTS

- Approval for this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

## CORE ACTIVITIES 34 AND 35: TAILORING POLICY DIALOGUE AND PROGRAM SUPPORT TO COUNTRIES' BUDGETARY SPACE FOR HEALTH

Activity Lead: Julia Watson

### FY24 QUARTER 1 HIGHLIGHTS

Approval for these activities was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

# SECTION 3: FY24 QUARTER 1 PROGRESS REPORTS FOR DIRECTED-CORE ACTIVITIES

## EFFECT OF COVID-19 RESPONSE ON HEALTH SYSTEMS

Activity Lead: Yordanos Molla

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS prepared and conducted in-person workshops in Lima, Peru and Accra, Ghana to discuss the Most Significant Change processes in both countries. The goal of the workshops was to bring together key informants from each location who had participated in the learning activities to verify and rank the change stories, two vital steps in this documenting the change process.
- The Activity continues to support one consultant in each of the five participating countries (i.e., Peru, Colombia, Ghana, South Africa, and Tajikistan) as each country implements its Most Significant Change learning activity. LHSS supports the local consultants in areas such as primary data collection, workshop planning and implementation, data analysis and interpretation, and reporting. This support is tailored to each country's stage in capturing the change process.
- LHSS participated in a dissemination event co-hosted by the Woodrow Wilson Center in partnership with USAID and the MOMENTUM Knowledge Accelerator project to present results and lessons from the COVID-19 Learning Activity. Over the past year, USAID commissioned multiple learning activities to better understand the role of health systems strengthening approaches and digital health within COVID-19 investments in low-and middle-income countries. The LHSS Activity is part of this broader exploration of how COVID-19 funding addressed immediate needs while also helping countries build health system resilience to respond to health system shocks.

### ACTIVITY PROGRESS

#### **Intervention 1: Prepare for and Design the Learning Activity.**

Intervention 1 has been completed.

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

The Activity and Complexity Aware Monitoring expert, Heather Britt, continued supporting each of the five country consultants according to their needs and present phase of the learning activity. The phased approach reflects variations in the consultants' hire dates and local institutional review board requirements. The Activity continues to set and meet clear timelines for implementation of the study in each site, depending on the country context.

The following actions were completed in FY23 Quarter 4 by the Peru, Colombia, and Ghana teams, and in Quarter 1 by the Tajikistan and South Africa teams:



- Addressing and finalizing local institutional review board requirements (South Africa will complete this action in Q2).
- Identified country-specific domains of health system change, defined by health system functions and sub-functions.
- Identified key informants, high-level implementers who have and can access information on how and where COVID-19 funds have been disbursed and used.

The following activities were completed in FY23 Quarter 4 by the Peru team, in Quarter 1 by the Ghana and Colombia teams, and are in process in Tajikistan and South Africa.

- Interviewed primary intended users, including implementing partners and USAID Mission staff.
- Finalized domains of change based on input from primary intended users.
- Prepared a sampling and data collection plan to interview local actors, such as ministries of health and other implementing partners which were directly involved with the COVID-19 response in their countries.

The following activities were completed in Quarter 1 by the by Peru and Ghana teams and are in progress in Colombia. Tajikistan and South Africa will begin these activities in Quarter 2.

- Interviewed key stakeholders involved in implementing COVID-19 emergency funds within the countries.
- Developed change stories (based on desk reviews) reflecting preliminary data covering the four dimensions of change (i.e., change description, project contribution, significance of the change, and its ripple effects).
- Planed and conducted in-person workshops to verify and rank the developed change stories.

### **Intervention 3: Synthesize, Document, and Disseminate Learnings.**

Following the workshops in Lima, Peru and Accra, Ghana verifying and ranking change stories, the consultants from each country conducted preliminary analyses based on the workshop findings. Both consultants are actively conducting analyses of the full data sets and preparing to document key findings. These findings will be summarized in country-specific slide decks and serve as deliverables for this learning activity.

On December 12, 2023, the technical leads presented preliminary findings of the on the Learning Activity implementation to date at an event in Washington DC hosted by the Wilson Center in partnership with USAID and MOMENTUM Knowledge Accelerator project. The session was attended in person by 37 participants and 218 live online viewers. The session has attracted more than 200 webcast views.

## **EVENTS NEXT QUARTER**

LHSS will conduct the remaining three learning activity in-person workshops in Bogota, Colombia; Johannesburg, South Africa; and Dushanbe, Tajikistan. LHSS will continue to support all five of the in-country consultants at each stage of implementation as the team collects and analyzes data.

## PRIORITIES NEXT QUARTER

- Prepare and facilitate three in-person Most Significant Change workshops in Bogota, Colombia, Johannesburg, South Africa, and Dushanbe, Tajikistan.
- Conduct data analyses with findings from each country.
- Develop a slide deck for each participating country to present study methods, data collected, key findings, and recommendations.
- Develop three learning briefs corresponding to each study objective. Key findings across all participating countries will be included in each of these briefs.

## CHALLENGES

No challenges experienced during Quarter 1.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted in Quarter 1.

# INTEGRATING COMMUNITY HEALTH WORKERS INTO PRIMARY HEALTHCARE

Activity Lead: Kate Greene

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS published its technical brief titled “Establishing Career Pathways for Community Health Workers – Models and Key Considerations” to the LHSS website and to the USAID Development Experience Clearinghouse. This resource was among the most downloaded products on the website during October 2023. The brief contributes to the global knowledge base on the design and implementation of career advancement approaches for community health workers (CHWs).
- LHSS completed a scoping trip to Mozambique in October 2023 for upcoming technical assistance (TA) and operations research and began drafting an implementation plan for these activities with the LHSS Mozambique activity lead.
- LHSS received concurrence from the USAID Mission in Tanzania to proceed with the in-country TA portion of the Activity. The scoping trip to Tanzania to begin co-design of the Activity’s work there will take place early in Quarter 2.

## ACTIVITY PROGRESS

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

Completed in Year 4.

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

The Activity conducted a scoping trip to Mozambique in October 2023 to meet with the Ministry of Health (MOH) and other relevant stakeholders, including the USAID Mission in Mozambique, to understand the current state of community health workers in the country, and to define a scope and budget for TA and operations research. The team also onboarded the newly hired country lead during the trip. LHSS found that the timing of the CHW Activity is ideal as the Agentes Polivalentes de Saúde, Mozambique’s CHW program, is at an inflection point whereby TA and operations research planned by LHSS can support the ongoing community health system reform. Specifically, LHSS’s TA proposes interventions focused on supporting a GESI analysis to understand barriers associated with gender and social norms for women in the CHW program. The Activity will also develop a roadmap for formalizing the CHW program by integrating it into the job architecture and salary scales used by the MOH and Public Service Commission. The roadmap will also integrate aspects of supportive supervision in UpScale, the community-based health information system currently being used by CHWs. Finally, the roadmap will develop a career progression framework, creating management pathways for the CHW hiring and promotion processes. LHSS has submitted a draft scope of work to USAID/Washington for these interventions.

In Quarter 1, LHSS worked in Namibia on planning and implementation of its five TA workstreams. These activities included conducting the initial country CHW assessment developing a training curriculum framework, getting the training curriculum certified by the

National Qualification Authority, facilitating the registration of CHWs with the Health Professions Council of Namibia, and implementing a pilot for supportive supervision. The Activity began recruitment of a consultant to develop the curriculum framework, with an anticipated start in January 2024. In addition, LHSS continued planning for an in-person workshop on the Community Health Worker Assessment and Improvement Matrix (CHW AIM) tool. LHSS revised this tool during Quarter 1 and will pilot it in Quarter 2 in Namibia. The tool is intended to facilitate a dialogue between CHWs, their supervisors, and program managers, and to document the current state of CHW professionalization and career progression. The findings will inform recommended revisions to the tool and help LHSS provide contextualized and targeted TA in Namibia.

Finally, LHSS received concurrence from the USAID Mission in Tanzania in November 2023 to proceed with the in-country TA portion of the Activity in this third and final country. LHSS met with USAID/Tanzania to discuss Tanzania's priorities related to CHW career progression, implementation modalities for LHSS's TA, and plans for a scoping trip. LHSS and the Tanzania Mission also agreed on communication channels and protocols for high-level events. LHSS began recruitment of a country activity lead for Tanzania, with an anticipated start date in January 2024. LHSS plans to complete a scoping trip to Tanzania in Quarter 2 once the country activity lead is onboarded. LHSS has also continued discussions with the Abt-led Public Sector Systems Strengthening Plus (PS3+) Project and identified an advisor on the PS3+ project who will support collaboration between the activity, the Ministry of Health, and other relevant local partners. LHSS is reviewing relevant materials such as Tanzania's CHW program guidelines to inform the draft country scope of work.

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

LHSS published a technical brief titled "Establishing Career Pathways for Community Health Workers – Models and Key Considerations" that synthesizes findings from the Activity's desk review and experts convening held in FY 23. The brief has been published on the LHSS website, promoted on social media and uploaded to the USAID Development Experience Clearinghouse website. The brief has also been translated into French and Portuguese and shared with participants of the experts convening. LHSS has initiated work on planning the production of three spotlight briefs and shortlisting potential conferences for the Activity to present its learnings.

### **EVENTS NEXT QUARTER**

- A scoping trip to Tanzania is planned for early in Quarter 2.
- The CHW assessment tool workshop in Namibia is planned for early in Quarter 2.

### **PRIORITIES NEXT QUARTER**

- Plan and carry out the CHW assessment tool workshop trip to Namibia.
- Hire a consultant to develop Namibia's CHW training curriculum framework.
- Plan and carry out the scoping trip to Tanzania.
- Hire a country lead to oversee the day-to-day activity implementation in Tanzania.
- Finalize the scopes of work for Mozambique and Tanzania.

### **CHALLENGES**

No challenges were encountered in Quarter 1.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted in Quarter 1.

# SUPPLY CHAIN DIGITAL HEALTH INNOVATION GRANTS (CSL)

Activity Lead: Tenly Snow

## FY24 QUARTER 1 HIGHLIGHTS

LHSS solicited and evaluated grant applications and began award negotiations with one prospective grantee in Ghana and a second in Uganda. These awards will strengthen the capacity of each grantee to expand their digital platform and reach in their respective countries, conduct health care outreach in underserved regions, and increase access to family planning commodities, information, and decision support.

## ACTIVITY PROGRESS

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

LHSS short-listed two prospective grantees, one in Ghana and a second in Uganda, based on their technical and financial applications. The candidates were asked to submit revised applications to address questions raised by the Grant Evaluation Committee during their review process. Each of the grant awards will be in the fixed amount of approximately US \$60,000.

Between October to December 2023, LHSS held four virtual meetings with each of the prospective grantees to discuss their technical applications, grant program descriptions, and to identify technical assistance needs. LHSS is in the final stages of awarding the two grants.

Through these awards, the prospective grantees will strengthen their technical capacity to expand their digital platforms and reach throughout their respective countries. Each organization will also increase its access to family planning commodities, information, and supply chain decision support. Additionally, the grantee in Ghana will build its capacity to conduct health camps and outreach in underserved areas, while the grantee in Uganda will increase strategic partnerships with public and private sector stakeholders.

Negotiations with both grantees are expected to conclude in early January 2024. LHSS anticipates submitting the grants to USAID for approval by mid-January and remains optimistic that grant implementation will begin by the end of January 2024.

In November 2023, Tenly Snow took over from Alysha Beyer as Activity Lead.

## EVENTS NEXT QUARTER

- No events are scheduled for next quarter.

## PRIORITIES NEXT QUARTER

- Complete grant negotiations with the selected entities in Ghana and Uganda.
- Submit grants to USAID for approval.
- Begin grant implementation and technical support.

## CHALLENGES

No challenges experienced during Quarter 1.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted in Quarter 1.

# DECISION SUPPORT TOOL FOR OUTSOURCING SUPPLY CHAIN SERVICES (CSL)

Activity Lead: Anna Wadsworth

## FY24 QUARTER 1 HIGHLIGHTS

- In collaboration with USAID, LHSS continued to refine its draft Excel Decision Support Tool and Advocacy PowerPoint presentation.
- LHSS submitted preliminary drafts of both deliverables to USAID for review in late November 2023. The Activity and USAID agreed that feedback will be incorporated in the final deliverables which will be submitted at the end of the follow-on activity in June 2024.

## ACTIVITY PROGRESS

### **Intervention 1: Develop a Decision Support Tool.**

In collaboration with USAID, LHSS continued to develop the draft Excel Decision Support Tool and Advocacy PowerPoint presentation. The Activity liaised with experts from Abt's IT and digital departments to build functionality of the Excel tool, with a focus on refining its logical framework. LHSS shared the final draft Excel tool with USAID in late November 2023 and received minor feedback on December 8, 2023. LHSS also shared a near-final draft of the Advocacy PowerPoint slide deck with USAID in late November 2023.

LHSS worked closely with USAID and Abt's in-house IT experts to explore transitioning the Excel tool to a web-based platform. Based on this research, the Activity recommended to USAID that the tool be hosted on a web platform rather than in Excel. LHSS and USAID agreed to transition the tool to a web-based platform in the next phase of the Activity. Both parties also agreed to shift the timeline for submission of both deliverables to the follow-on activity. LHSS provided USAID with budget and activity inputs related to the follow-on which will include the proposed transition, a country pilot, and dissemination. In response to a request from USAID received by the Activity on December 18, 2023, LHSS will submit a modified workplan on January 8, 2024, outlining the follow-on interventions.

## EVENTS NEXT QUARTER

- No events scheduled for next quarter.

## PRIORITIES NEXT QUARTER

- Submit the modified work plan with the follow-on interventions and revised deliverables.
- Begin building the web-based version of the decision support tool.

## CHALLENGES

As previously documented, LHSS has experienced challenges developing the Decision Support Tool using the originally intended Excel platform. Based on the scope and intended dissemination of the tool Excel no longer appears to be the appropriate platform. LHSS has



proposed web-based alternatives such as Drupal and is actively discussing a final platform choice with USAID.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

- No deliverables were submitted this quarter.

# CORE ACTIVITY: LANDSCAPE ANALYSIS FOR HEALTH CARE FUND OF FUNDS

Activity Lead: Arun Asok

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS conducted a desk review of the impact investing and health care markets in South and Southeast Asia. The Activity presented findings from the desk review to the USAID Center for Innovation and Impact.
- LHSS has begun conducting key informant interviews with Fund Managers in the select geographies. In Q1, the Activity interviewed 6 Fund Managers in South and Southeast Asia.
- A final report structure and outline was developed in preparation for the final deliverable.

## ACTIVITY PROGRESS

### **Intervention 1: Landscape Analysis of the Impact Investing and Healthcare Markets in South and Southeast Asia.**

The objective of the Activity is to analyze the needs of health care fund managers in South and Southeast Asia and the expectations of fund investors, and then design a fund of funds and technical assistance strategy. Specifically, the activity focuses on fund managers based and investing in India, Bangladesh, Indonesia, Vietnam, Philippines, and Singapore (based but investing regionally).

During Q1, the Activity conducted a desk review landscape analysis of the impact investing and healthcare markets in India, Bangladesh, Philippines, Vietnam, and Indonesia. The purpose of the landscape analysis was to understand current impact of capital flow, sectors invested in, average ticket sizes, and gaps and challenges in the financing and health systems. The review also identified areas of opportunities for investing in healthcare enterprises.

The analysis studied data collected over a ten-year period to ensure a comprehensive pre- and post-COVID representation and adopted the definition of the Global Impact Investing Network for “Impact Investors” and “Investing” in alignment with industry standards.

Key findings from the landscape analysis include unmet demand for preventive care in middle-income countries, insufficient numbers of health care personnel, high out-of-pocket expenditures, under-resourced primary health care programs, funding deficits up to \$1 million, and lack of investment in preventive health care. The key findings from the desk review were then used to design a questionnaire for key informant interviews with fund managers and asset owners in the select geographies.

### **Intervention 2: Key Informant Interviews with Fund Managers in South and Southeast Asia.**

Through the landscape analysis, the Activity identified early stage and/or first-time fund managers who are investing in the healthcare sector in South and Southeast Asia (e.g., Verge Health Fund, Lok Capital, and Patamar Capital). Data from the landscape analysis was used to design a questionnaire that aims to explore investment funds, sizes, transactions, challenges, and opportunities for mobilizing financing and investing in healthcare enterprises in the two regions. The objective of the questionnaire and landscape analysis is to understand the primary

expectations and challenges experienced by investors. This information will guide the design of fund of funds and technical assistance strategies.

The key informants were selected based on geographic focus, alignment with healthcare mandate, and a willingness to participate in the future phases of the Activity. The Activity interviewed six fund managers across South and Southeast Asia. The interviews will inform the design of the key informant questionnaire for the asset owners (i.e. those who invest in these funds such as J&J Impact Fund and UBS Optimus Foundation) to explore health sector challenges and investment opportunities. This probe will also explore challenges identifying and supporting emerging fund managers, the application of climate and gender lenses within healthcare investments, and impact measurement strategy as a Fund and for their portfolio companies.

## EVENTS NEXT QUARTER

No events are planned for next quarter.

## PRIORITIES NEXT QUARTER

The Activity will continue interviews with key informant asset owners, begin data analysis, and share key findings from the key informant interviews with USAID. The Activity will also begin drafting the final report during the data analysis phase in preparation for completion of the report in Quarter 3.

## CHALLENGES

No challenges experienced this quarter.

## DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted in Quarter 1.

## CORE DIRECTED ACTIVITY: POLITICAL ECONOMY ANALYSIS OF CENTRAL MEDICAL STORE IN CAMEROON

Activity Lead: Shipra Srihari

### FY24 QUARTER 1 HIGHLIGHTS

- Approval of this activity was received near the end of FY23 Quarter 4. Progress will be reported beginning in FY24 Quarter 2.

# SECTION 4: FY24 QUARTER 1 PROGRESS REPORTS FOR COUNTRY AND REGIONAL ACTIVITIES

## LHSS AFGHANISTAN

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS analyzed FY23 financial data from seven grantees, examining cost recovery rates and revenues generated prior to and during the LHSS intervention in FY23. Technical assistance provided by the Activity supported five of the grantees in optimizing their business models, contributing to significant growth in organizational revenue and cost recovery rates. These results will help the grantees become more financially sustainable and increase the equitable provision of services, contributing to strengthening the overall private health sector.
- The Activity fostered partnerships between social marketing organizations and service provider grantees to procure quality health products at more affordable price points than is possible on the open market, thereby extending savings to their patients.

### ACTIVITY PROGRESS

#### **Objective 1: Provide Financial and Technical Support to the Afghan Social Marketing Organization (ASMO) Aimed at Expanding its Role and Improving its Organizational Capabilities to Deliver Sustained Impact.**

Using a highly structured FY23 performance review, the Activity virtually mentored ASMO to address gap areas for further focus and capacity strengthening as the organization finalized its FY24 workplan. The following technical assistance priorities emerged for FY24:

- Prioritize and develop a strategy to increase institutional sales given that half of ASMO's product basket requires a provider recommendation and prescription.
- Focus on high selling and high margin products to achieve a balanced mix of health impact and revenue goals.
- Refine unique selling propositions and sales pitches of slow-moving products for consumers, retailers, and wholesalers.

The Activity also supported ASMO in designing the research methodology and implementation plan for a Distribution Coverage and Monitoring Survey, scheduled for Quarter 2. This survey will inform ASMO's market coverage, equity of access, and stock availability planning processes. Support from LHSS will help ASMO improve its planning and operations to expand access to products for peri-urban populations and sustain its key role in the health system.

LHSS analyzed ASMO's financial sustainability using ASMO's FY23 financial performance data. The results revealed the achievement of 46 percent cost recovery rate against the annual target of 52 percent. A combination of stock outs of high selling products and a significant surge in commodity costs led to ASMO's shortfall.

**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 compared revenue and cost recovery rates prior to and during the LHSS intervention in FY23 for grantees supported under Objective 2. Results showed that technical assistance provided by LHSS to these grantees supported optimization of their business models, contributing to significant growth in organizational revenue and cost recovery rates for five out of six grantees. The grantee, DKT International, fell short of its FY23 target by 23 percent despite significant revenue growth. This shortfall was mainly due to the organization not being able to recover costs associated with setting up its network within five months of the fieldwork during FY23. Despite this challenge, DKT was able to build a network of 100 midwives and 500 pharmacies in low-income areas across the provinces of Kabul and Balkh, thereby increasing access to IUDs and implants.

LHSS found that by procuring family planning commodities on the open market, its service provider grantees (e.g., French Medical Institute for Mothers and Children, Amiri Medical Complex) are paying higher prices (especially for IUDs and implants) than if they were to buy the same commodities through ASMO's partners. In response, LHSS fostered partnerships between social marketing organizations and its service provider grantees to facilitate the latter's procurement of quality health commodities at a more affordable cost. Cost savings gained through these new partnerships will improve affordability and acceptance of family planning among clients served by these grantees.

The Activity worked with its grantees to develop and finalize their FY24 annual workplans. Based on facilitated FY23 annual performance reviews, the Activity co-strategized with grantees to identify and address gaps in data reporting, service provision, demand generation, and the continuum of care. The grantees included the mutually agreed action points in their FY24 annual workplans.

The Activity also co-developed and finalized two strategic plans with Greenstar. The first plan, a Business and Sustainability plan for the Afghan Family Guidance Association's Comprehensive Reproductive Health Center, aims to streamline referrals of sexual and reproductive health cases from primary level static clinics and community midwives. This change will enhance the Association's social enterprise model scheduled for rollout in FY24. The second strategic plan outlines the two-tier low-touch provider network, which Greenstar will roll out in FY24 Quarter 2.

Finally, the Activity finalized two assessment tools. The Strategic Management and Organizational Capacity Assessment and Strengthening Tool will be used to establish a baseline and monitor the grantees' progress against CBLD-9 indicators. The Patient Economic Status Assessment Tool will be used to efficiently target LHSS-supported demand-side financing schemes among indigent populations by the grantees. This tool will undergo a 30-day trial prior to its institutionalization.

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

The Activity supported ASMO in better integrating gender and social inclusion into its annual workplan and promotional materials. Through the Activity's assistance to improve the grantees' planning and management functions, ASMO continued expanding its coverage in low-income areas of peri-urban districts and slums. Grantees supported under Objective 2 of the Activity served approximately 76,260 low-income and women patients with free or discounted services using integrated financing schemes. In addition, the Activity supported the participation and certification of grantee and LHSS staff to participate in USAID's training on voluntarism and informed choice in family planning activities.

## 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 FY24 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

**Progress on Indicators under Objective 1:** The Activity used a combination of data analysis, strategy review and staff mentorship in its support to ASMO. This assistance resulted in increased access to and availability of ASMO products in low-income areas of the peri-urban districts and slums by expanding to 61 new markets including opening 21 new and reactivating 348 retail outlets, and by sustaining its network of 146 midwives collaborating with 32 hospitals and 126 pharmacies located in such localities. ASMO offered family planning information and counselling through 1,561 social marketing outlets, reaching 352,431 people through social media and inter-personal communication channels with GESI-compliant social behavior change messages. By expanding access to products and information, ASMO delivered 37,754 couple years of protection through the sale of contraceptives, 34,198 person years of protection through sale of maternal and child health products, protected 4,068 people from waterborne diseases through 9.8 million sales of water disinfectants, and treated 20,339 childhood diarrheal episodes with the sale of oral rehydration salts and zinc.

**Progress on Indicators under Objective 2:** The Activity supported grantees under objective 2 in continuing the process of strengthening and expanding coverage, access, quality, affordability, and efficiency of priority healthcare services in their catchment areas through recently added static and mobile delivery channels. These initiatives resulted in training 553 private providers in priority technical areas, reaching 393,240 people through mass media, and 74,657 people through interpersonal communication channels. In sum, the grantees served 155,660 patients with priority health services (about 75 percent of whom were women) through 115 U.S. government-supported health service providers and facilities using integrated financing schemes. Those served included 76,260 indigent patients (over 90 percent of whom were women). Family planning counseling and services were offered by 645 U.S. government-assisted sites. A total of 2,974 children under five years old (approximately 55 percent of whom were girls) received U.S. government supported nutrition-specific interventions.

## EMERGING LESSONS

LHSS grant support, though small in the organizational business context, demonstrates that providing targeted support across a diverse group of grantees can have a catalytic effect to strengthen organizational capacity. This can result in increased patient uptake and lead to enhanced financial sustainability within private sector health providers.

## CHALLENGES

A combination of stockout, high commodity costs, and slow recovery of the cost of setting up the network midwifery clinics and pharmacies in low-income localities, contributed to two social marketing organizations, Afghan Social Marketing Organization (ASMO) and DKT International, falling short of achieving their annual cost recovery targets.

The Taliban imposed fresh restrictions on public awareness campaigns, community sensitization, and social behavior change communications with specific emphasis on family planning and women-friendly clinics. These restrictions augment existing barriers to creating demand and addressing reproductive health-related myths and misconceptions prevalent among women and men. The imposition of restrictive policies and Taliban threats have heightened the awareness of and potential for insecurity among project staff. Pharmaceutical retailers and wholesalers fear becoming targets for harassment.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted in Quarter 1.

## EVENTS NEXT QUARTER

No upcoming events.

## PRIORITIES NEXT QUARTER

- Support ASMO in developing its Strategic Sustainability Plan for the next two calendar years (2024/2025).
- Conduct the Strategic Management of Organizational Capacity Assessment for grantees supported under the Activity's Objective 2.
- Support grantees in rollout of the 2-tier low-touch provider network
- Support AFGA to finalize preparation for rolling out AFGA's Comprehensive Reproductive Health Centre initiative and pilot.
- Assist Greenstar in the rollout and testing of the Patient Economic Status Assessment Tool for grantees to adopt and use.

## ENGAGING LOCAL AUDIENCES

Engaged local stakeholders, networks including MOPH, Afghanistan Food and Drug Authority and provincial health directorates through its grantees in workshops, TV, radio, billboard campaigns & community outreach sessions to raise awareness of services provided by grantees.



# LHSS BANGLADESH

## FY 24 QUARTER 1 HIGHLIGHTS

- LHSS oriented members of health standing committees (e.g., officials from the municipality, Civil Surgeon and Family Planning offices) from three municipalities on implementing public health and primary health care (PHC) plans and monitoring service delivery. Participants learned the process of tracking progress of implementation of planned activities, mobilization of essential resources towards operational readiness of PHC centers, monitoring service delivery, and strategically engaging communities through health awareness campaigns.
- LHSS supported each of its six project-supported municipalities in conducting outreach sessions and health awareness campaigns on topics including dengue prevention and vitamin A supplementation. LHSS supported the municipalities in strategically planning these activities, including the targeting campaigns and documenting progress against their implementation plans. LHSS also facilitated the inclusion of community feedback mechanisms to address community engagement in the PHC plan. Moulvibazar municipality increased the number of its PHC satellite outreach sessions.

## ACTIVITY PROGRESS

### **Objective 1: Improved Capacity of LGIs to Strategically Plan, Resource, Manage, and Monitor PHC in Urban Settings.**

To support Local Government Institutions (LGIs) in operationalizing their PHC implementation plan, LHSS conducted a two-day comprehensive orientation to 50 participants from three municipalities. Participants included health standing committee members, sanitary, health and conservancy inspectors, PHC center managers, and elected counselors. LHSS tailored training modules to the specific needs of each municipality based on their PHC implementation plans. This orientation strengthened the capacity of municipalities to efficiently implement and monitor PHC and public health activities, ensuring the optimal functionality of PHC centers, their ability to track service delivery, and mobilize essential resources for sustainable health outcomes.

LHSS supported six municipalities in implementing public health and health awareness activities such as school health programs, dengue prevention, vitamin A supplementation campaigns, and deworming programs aligned with national health campaigns and national school health programs. LHSS supported the municipalities in strategically planning these activities, including the targeting campaigns and documenting progress against their implementation plans. For example, Habiganj municipality conducted three ward-level health awareness meetings and reached 260 communities between July and December 2023. Sirajganj municipality reached 21,432 children under 5 with a Vitamin A supplementation campaign in December 2023, and Natore Municipality conducted deworming sessions in 30 schools in October 2023. Additionally, as part of PHC plan implementation progress monitoring, LHSS facilitated the inclusion of community feedback mechanisms to address community engagement in the PHC plan. LHSS further explored using an existing platform called 'Grievance – Redress Cell', an institutionalized committee within the LGIs created to solicit community feedback. LHSS will further explore the opportunity and work with the municipalities to effectively utilize this platform to better meet health care needs at the community-level.

LHSS supported three municipalities in establishing and operationalizing three PHC centers to ensure their effective management and monitoring by the respective municipalities. Between October and December 2023, four PHC centers in Habiganj, Natore, Naogaon municipalities, and two satellite centers in Moulvibazar Municipality provided 2,367 outpatient services. A total of 1,889 vaccination doses were delivered to children under two years old through the newly established static and satellite centers for the expanded program on immunization in Habiganj, Moulvibazar, and Natore municipalities.

LHSS worked with the Contract Management Committee of Bogura municipality to establish the reporting mechanism from the contracting agency and ensure alignment with existing reporting mechanisms of the Directorates General of Family Planning and Health Services. LHSS collected relevant health service registers and reporting forms and shared them with Bogura municipality and contracting agency. The contracting agency now shares monthly progress reports with the municipality. Between October and December 2023, health care providers from the comprehensive PHC center in Bogura Municipality provided 834 outpatient services. This center organized 97 community-based satellite sessions to provide PHC services. These satellite sessions generated demand for services, and increased patient flow. Beginning in December 2023, Bogura municipality has used this comprehensive PHC center to begin holding vaccination sessions under the expanded program on immunization and provided 51 vaccination doses to children under years old. In Quarter 2, LHSS will initiate strengthening the capacity of the Contract Management Committee to monitor service quality and collect facility data on a routine basis.

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

To measure the effectiveness of its interventions, LHSS implemented a grant to the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b) to carry out implementation research. icddr,b has collected primary data from seven LHSS- supported LGIs, analyzed these data, and shared preliminary findings with the project. icddr,b is currently refining the data analysis based on feedback from LHSS and will share a final technical report within the first month of Quarter 2. Preliminary results indicate that LHSS capacity strengthening initiatives improved knowledge and understanding among health standing committees about their mandate to provide PHC through costed public health and PHC implementation plans.

LHSS has developed two audio-visual products. The first documents LHSS technical support to six LGIs in preparing costed PHC implementation plans and showcasing the process and impact from the LGIs' perspective. The second product captures lessons learned and the impact of applying a peer learning approach to advancing PHC. The Activity published a blog post featuring Habiganj Municipality highlighting the importance of locally led approaches for sustainable health outcomes (see link in the “Engaging Local Audiences”).

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

LHSS has initiated and supported four LGIs in recording gender segregated service utilization data at PHC facilities. To ensure an inclusive decision-making process, LHSS encouraged and ensured participation of elected female counselors in the orientation for PHC implementation plan and monitoring. Female counselors also participated in the PHC implementation plan monitoring and supervision teams. LHSS supported collaboration between the Natore Municipality and a local NGO to engage female paramedics in performing antenatal and postnatal care services in the newly opened PHC center. Engaging female paramedics to

deliver these services is an important step toward addressing gender-related barriers in healthcare delivery, particularly when there is a male doctor, such as the case in Natore.

## ENVIRONMENTAL COMPLIANCE REPORTING

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

Six LGIs that prepared PHC plans during FY23 Quarter 4 have implemented most of the activities listed in their costed plans running of July 2023 to June 2024. LHSS met 100 percent of the target for FY 2024 (October 2023 to March 2024). (Outcome Indicator 1: Number of laws, policies, regulations, action plans or standards formally proposed, adopted, or implemented as supported by USG assistance)

LHSS strengthened the capacity of 50 health standing committee members to ensure effective implementation of PHC plans and their ability to monitor the progress of planned activities. The Activity met 69 percent of the target for FY 24 (October 2023 to March 2024). (Output Indicator 5 - Number of local government persons trained in PHC management)

The health standing committees of four LGIs in the Rajshahi division and two LGIs in Sylhet division are inviting technical staff from the local offices of Civil Surgeon and Deputy Director Family Planning to their regular meetings. These technical staff participate in reviewing the progress of PHC implementation plans and provide strategic guidance to the LGIs on implementation of PHC activities. The Activity met 86 percent of the FY24 target (October 2023 to March 2024). (Output Indicator 7 - Number of health standing committees functional in City Corporations/Municipalities as a result of U.S. government support)

## EMERGING LESSONS

Effective coordination among all three units of LGI health departments (conservancy, water and sanitation, EPI) is essential for addressing public and PHC challenges in an integrated fashion. While LHSS brought representatives from all three units together during the preparation of PHC implementation plans, continued coordination among the three units is necessary to successfully implement these plans. An important lesson learned is the need to institutionalize the coordination among the three units through periodic planning and progress review meetings. This type of inter-unit coordination was of less importance prior to LGIs becoming closely engaged in expanding the delivery of PHC services. Going forward, institutionalizing coordination among the three units will be essential for maximizing synergies between LGIs' public health and PHC interventions.

Continued engagement between LGI health departments and local offices of Civil Surgeon and Deputy Director Family Planning is important, not only while planning is underway, but also during the implementation of PHC plans. For example, in Natore district where this type of engagement has not been strong, lack of resources for the newly opened PHC (e.g., insufficient commodities) is impacting service delivery. Consistent engagement of representatives from the Civil Surgeon and Deputy Director Family Planning offices during the planning and implementation phases will be vital to ensure the sustainability of high quality PHC services in existing and new centers.

## CHALLENGES

As national elections approached during Quarter 1, LHSS encountered some implementation challenges in project LGIs. Several partners at the LGI level included elected officials who were busy with campaigns, which limited their availability and attention the project received from the leadership teams. In addition, repeated calls for nationwide strikes and 'stay at home' requests by the opposition political parties limited the movement of LHSS staff within the project area. In response, LHSS kept its activities on track by working with selected LGI members through virtual meetings and by maximizing actions achieved on days without strikes.

## DELIVERABLES SUBMITTED IN QUARTER 1

Technical Brief on LHSS Peer Learning Activities in Bangladesh, submitted to USAID on November 14, 2023.

Lessons from three PHC Models with LHSS Bangladesh Supported LGIs, submitted to USAID on November 14, 2023.

Advocacy for Urban Primary Health Care, submitted to USAID on November 14, 2023.

## EVENTS NEXT QUARTER

- Conduct an orientation workshop on implementation and monitoring PHC plans and activities in Sirajganj, Naogaon, and Joypurhat municipalities.
- Hold a peer learning and progress review meeting in Rajshahi and Sylhet Divisions.
- Hold local-level resource mobilization convenings in six LGIs of Rajshahi and Sylhet Divisions.

## PRIORITIES NEXT QUARTER

- Support LGI-level institutionalization of the mechanism to regularly review and monitor PHC implementation progress and activities.
- Develop a plan with municipalities for sustaining their PHC activities initiated under the project.

## ENGAGING LOCAL AUDIENCES

LHSS Bangladesh engaged stakeholders at municipality and city coporation levels and the USAID Mission in Bangladesh through the following communications products and existing LHSS channels:

Facebook Posts Piloting Most Significant Change monitoring tool:

- <https://www.facebook.com/photo/?fbid=659316932976496&set=a.421805416727650>
- <https://www.facebook.com/photo/?fbid=648637634044426&set=a.421805416727650>

X (formerly known as Twitter):

- The Most Significant Change monitoring is a complexity-aware monitoring approach
- LHSS co-facilitated a workshop on developing and implementing primary health care plans

LHSS Website:

- [A Locally Led Approach Strengthens Urban Health Care in Bangladesh](#)

- [Piloting-most-significant-changemsc-monitoring-tool-lhss-bangladesh](#)

LHSS YouTube Channel:

- [Transforming Health Care in Bangladesh's Urban Communities](#)

# LHSS CAMBODIA

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS facilitated dissemination of the results from the interoperability pilot project to government officials and development partners. The successful pilot in Siem Reap and Kampong Cham provinces led to the approval of a national roll-out of a single registration portal.
- LHSS supported the General Secretariat in improving its monitoring and evaluation reporting dashboard by implementing several upgrades. These include secure login processes and real-time information availability, a Telegram social media platform notification system to provide timely updates, and the integration of data from the National Payment Certification Agency. The system now ensures stakeholders are aware of key events and process updates in a timely manner.
- LHSS supported the National Payment Certification Agency's organizational reform, including the development of a digital claims management concept note to support the Agency's information technology (IT) team that has transitioned from the MOH.
- LHSS supported training for antiretroviral therapy (ART) sites on ID Poor registration, resulting in 30 percent of all people living with HIV (PLHIV) becoming registered in the social protection scheme.

## ACTIVITY PROGRESS

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

LHSS supported the General Secretariat's National Social Protection Council (GS-NSPC) in disseminating results from the interoperability pilot conducted in Siem Reap and Kampong Cham provinces. The purpose of this pilot was to establish the national social protection registry in preparation for national roll-out of the single registration portal.

The Activity also supported the General Secretariat's monitoring and evaluation team in improving its reporting dashboard login security and increasing the availability of real time information to enable reporting units to monitor data entry progress. A Telegram real time notification system now ensures stakeholders are aware of key events and process updates in a timely manner. Data from the National Payment Certification Agency has already been integrated into the GS-NSPC's monitoring and evaluation platform. LHSS also supported the National Payment Certification Agency's organizational reform process and developed a digital claims management concept note to support the Agency's IT team.

### **Objective 2: Strengthening the Decentralization of Health Financing.**

The final draft of the HIV-National Policy to End AIDS by 2025, developed by the National AIDS Authority (NAA) with LHSS support, was submitted for technical working group review. LHSS supported the MOH's National Center HIV/AIDS, Dermatology, and STDs in training staff at 19 ART sites to register PLHIV into the ID Poor social protection system. LHSS began the procurement process of tablets and printers for ID Poor registration at 55 ART sites. LHSS completed data cleaning for the TB Patient Cost Survey, including re-coding all variables and generating new variables for subgroup analysis. Data analysis is in process, including accounting for assumptions about total direct cost and indirect costs, imputing some household expenditure costs and income, and accounting for catastrophic costs. LHSS has engaged

Burnet Institute to support the first ever Cambodia TB Optima study that will guide optimal allocation of funds for the TB response.

LHSS presented the draft malaria importation/vulnerability and receptivity risk assessment tool to World Health Organization (WHO)'s malaria technical working group and the National Malaria Program as part of LHSS's prevention of re-establishment of malaria pilot model design. WHO recommended that LHSS adjust the pilot's focus from the commune level to the village level. The National Malaria Program joined LHSS on a field visit to discuss the pilot plan with Battambang province leadership, provide orientation on the tool, and assess 12 communes to determine which communes are a) high, b) low, and c) no risk. Findings from this assessment will inform the design of intervention package piloted in the 12 communes. LHSS engaged with the Asia Pacific Leadership Malaria Alliance, the Cambodia Malaria Elimination Project 2, and other Cambodia-based stakeholders to provide support to the National Malaria Program in developing its national malaria sustainability strategic plan.

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

In all activities that LHSS has implemented in collaboration with government counterparts and partners, the Activity has maximized opportunities to promote equal participation and a focus on social inclusion. For example, during the national validation workshop for the National Strategic Plan 6, LHSS encouraged leadership among key populations affected by HIV to participate. In this instance, representatives of young men who have sex with men delivered opening remarks to raise awareness about their concerns. On the other hand, the LHSS-supported expansion of registration of PLHIV in IDPoor is a key social inclusion activity for the social protection scheme.

## PROGRESS ON PERFORMANCE INDICATORS

- Among 73 ART sites, 31 are now able to register PLHIV into the IDPoor program. (Indicator 16a - Number of ART sites with staff trained and equipped to register PLHIV into ID Poor)
- An estimated 30 percent of PLHIV are registered in IDPoor, up from 13.5% last quarter (Indicator 10 - Number and Percent of PLHIV covered under social financial protection scheme ID poor)
- 84 commune/Sangkats have HIV activities and funds included in their Commune Investment Plans, up from 59 in FY23 Quarter 4. (Indicator 17- Number of commune/Sangkats that have HIV activities and funds included in CIP)

## EMERGING LESSONS

Through LHSS's work on the interoperability pilot, it has become clear that the National Payment Certification Agency needs to foster political connections with various stakeholders to build trust as the Agency takes on claims management for the National Social Security Fund.

A steering committee advising the implementation of the TB Patient Cost Survey is more likely to support its results and recommendations because of a sense of ownership of the process and (anticipated) results. LHSS will assemble a similar steering committee for the TB Optima study and the National TB Spending Assessment.

## CHALLENGES

The roll out of the national social protection registration single portal will stress the institutional capacity of the GS-NSPC team. The Asian Development Bank declined to fund the GS-NSPC

proposal for continued support from Ernst and Young (India), so the external technical support burden is falling on a local company, IntechDev. LHSS and General Secretariat management are working on a mid-term solution for in-house training and technical support to communes requiring technical support during the pilot project. The General Secretariat IT team is hiring five more positions to manage the workload.

LHSS faced delays in completing the TB Patient Cost Survey during Quarter 1 due to challenges in data analysis. LHSS has hired an additional international consultant to assist in this process. LHSS continues to follow up with WHO to ensure the protocol for the National TB Spending Assessment meets WHO's expectations and standards.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted during Quarter 1.

## EVENTS NEXT QUARTER

- Government-to-Person Workshop, organized by GS-NSPC with support from the World Bank (Phnom Penh, January 31, 2024).
- GS-NSPC's next monitoring and evaluation workshop with Social Protection stakeholders (date TBD in Quarter 2).
- Conduct several events during Social Protection Week (February 2024).
- Final review of the HIV-National Policy to End AIDS by 2025 by Interministerial Technical Working Group (January 2024).

## PRIORITIES NEXT QUARTER

- Support the General Secretariat IT in recruitment of five new information and communication technology staff, and revision and approval of its final Digital Strategic Plan.
- Support the National Payment Certification Agency in assuming control of claims management of the National Social Security Fund
- Finalize the HIV National Strategic Plan 6, with LHSS funding for translation and printing. Continue supporting the MOH's National AIDS Program in ART site training. This will include conducting 12 trips to train 27 staff by March 2024
- Complete the TB Patient Cost Survey data analysis and hold a consultative workshop with stakeholders.
- Complete and disseminate results from the Battambang province risk assessment of malaria importation/vulnerability and receptivity using LHSS's risk assessment tool.

## ENGAGING LOCAL AUDIENCES

The Activity will report on its efforts to engage local audiences in Quarter 2.



# LHSS COLOMBIA VRIO

## FY24 QUARTER 1 HIGHLIGHTS

- In December 2023, the Mayor's Office of the city of Cúcuta gave a special recognition to LHSS Colombia for its continued assistance to the Secretariat for Social Development's *Sembrando la Migración* (Seeding Migration) program. The Activity's support has enabled the socio-economic integration of migrants, returnees, and host populations in the city.
- LHSS Colombia continued to collaborate with other USAID-funded projects in Colombia to provide a comprehensive response to migration flows and to promote the integration of migrant and returnee populations into host communities. The Activity worked with USAID's Integra project to provide guidance to migrants on how to access to health care, USAID's Juntos Aprendemos (Together We Learn) project to design a strategy for enrolling children and adolescents in Medellín in the health system, and with the Opportunities Without Borders project to promote the socio-economic integration of migrants experiencing homelessness, including promoting their enrollment in health insurance and access to mental health care.

## ACTIVITY PROGRESS

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

In Quarter 1, LHSS supported government officials at the departmental and local levels in the closing stages of their terms to prepare for a leadership transition in early 2024. LHSS met with health secretariats, directors, and other public servants in prioritized territories to evaluate Territorial Operational Plans, present achievements from working with community-based organizations, identify challenges, and review progress indicators to evaluate *Intégrate Centers* (*integration centers*). To ensure continuity of LHSS's work, the Activity supported stakeholders in incorporating findings from each of these areas into handover reports they will provide to new territorial and municipal administrations. LHSS also identified and communicated priority interventions that incoming local officials could consider in response to migratory flows and to improve territorial health. Each of these initiatives aims to foster Colombia's continued focus on promoting migrants' health, during and after the upcoming political transitions.

The Activity continued providing key support to 10 *Intégrate Centers* to provide guidance on health system enrollment and health care access, reaching over 23,400 migrants between May 2022 and October 2023. Among those receiving support, 64 percent were women. These centers have been integral to guaranteeing migrants have continued access to the Colombian health system and responding to the needs of populations that experience greater challenges accessing adequate and culturally appropriate health information.

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

On November 22, 2023, the Activity convened a launch event for the pilot Performance-Based Contract mechanism in Barranquilla. In attendance were officials from the Ministry of Health (MOH), Barranquilla District Mayor's Office, Simón Bolívar University, and representatives from civil society and the private sector. Using a performance-based structure, the Santo Domingo Foundation will finance a package of prenatal care services for 300 pregnant women from Venezuela with irregular migratory status residing in Barranquilla. These services will be delivered by a local health care provider known as MiRed Barranquilla. As a package, they aim

to improve maternal and perinatal mortality and morbidity indicators in the Venezuelan migrant population, and to increase early detection and mitigation of pregnancy-related risks.

Through the Activity's previous work adapting USAID's Technical Efficiency Guide<sup>4</sup> and developing an implementation roadmap in Colombia, local health systems stakeholders identified as a priority improving billing and auditing of services provided to the irregular migrant population. Building on this work, LHSS supported the MOH in designing and hosting in-person and virtual capacity strengthening workshops on this topic for the project's territorial entities and health service providers. A total of 75 territorial entity personnel from Bogotá, Cali, and Riohacha attended one of three in-person workshops, and 81 health care providers and territorial entity personnel from the departments of Atlántico, Norte de Santander, and Santander, and from the cities of Barranquilla, Cartagena, Cúcuta, Medellín, and Santa Marta attended a virtual workshop. During these workshops, each territorial entity formulated action plans that contribute to optimizing health system resources through better billing and auditing processes.

The Activity continued support that has been provided since October 2021 to enroll the migrant population in Colombia's health insurance scheme, facilitating their access to comprehensive health services. In Quarter 1, the Activity supported 21 events to enroll 1,448 Venezuelan migrants. Since launching this strategy, LHSS has supported 388 events during which 109,245 Venezuelan migrants were enrolled in insurance. This figure represents 10 percent of the total number of migrants enrolled in the subsidized health insurance scheme in project territories.

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

Work done under the LHSS grant for Universidad del Rosario strengthened the capacity of 81 health and human resources staff from six cities including Barranquilla, Bucaramanga, Cartagena, Cúcuta, Riohacha and Santa Marta through a certificate program called "Implementation of a Family and Community-Based Approach to Comprehensive Health Care." The MOH, Universidad del Rosario, and LHSS conducted a needs assessment to understand the capacity strengthening needs of program participants and tailored the curriculum to meet these needs. Participants gained knowledge and ability to use tools they can apply in their daily work at health care centers. Over the long term, this capacity strengthening effort will support health care workers and health care centers in providing high quality services using a family and community-based model.

The Activity supported the Salutia Foundation in creating the Health Quality Assurance Model, which the foundation shared (along with its technology tool, TGuiaIV) with the health officials from Bucaramanga, Cartagena, Cúcuta, Riohacha, and Santa Marta. The tools allow territorial health authorities to monitor compliance among health providers with quality standards. The model and tool aim to strengthen quality assurance and access to health care services, including for migrants, citizens who have returned and host communities, and increase responsiveness among health workers to clients' needs.

On November 9, 2023, the Activity supported the MOH in organizing the Seventh National Forum on Quality in the Health Sector 2023. The Forum was attended by 627 in person and virtual participants and served as a platform to promote continuous improvement, innovation, and collaborative learning in health quality. The forum also prepared system stakeholders for the restructuring of Colombia's health care quality system. Participants included public health

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<sup>4</sup> [Technical Efficiency Guide - Overview | Rise 360 \(articulate.com\)](#)

officials from MOH and territorial entities, staff from public and private healthcare providers, health insurance employees, representatives from academia and biomedical companies, and citizens interested in healthcare quality.

In Quarter 1, the Activity continued to support the MOH in implementing the Acceleration Plan for the Reduction of Maternal Mortality (known by the Spanish acronym PAREMM) by starting to develop a tool to monitor pregnant women. LHSS also supported the MOH in strengthening its technical capacity to improve quality of care for pregnant women in the hospitals of the Urabá region (Apartadó, Medellín, Necoclí, and Turbo).

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

LHSS continued its efforts to bolster health system resilience. The Activity facilitated a workshop on November 20-21, 2023, led by the National Institute of Health on community-based surveillance. Attended by representatives of thirty territorial entities, the aim of this meeting was to identify lessons learned and to provide recommendations for the national government to incorporate into its new community-based surveillance guidelines. Lessons learned and recommendations also covered the establishment and operationalization of community networks.

LHSS also supported the MOH's Vaccination Drive in cities with large migrant populations (e.g., Barranquilla, Bogotá, Bucaramanga, Cali, Cartagena, Cúcuta, Medellín, Necoclí, Riohacha, Santa Marta, and Turbo). During the drives, more than 2,000 doses of routine and COVID-19 vaccines were administered to more than 1,000 migrants, returnees, and local community members. The objective of the vaccination campaign is to increase coverage, ensuring that everyone, irrespective of nationality, origin, or migratory status, initiates or completes their vaccination regimen.

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

LHSS and the MOH developed and launched a GESI toolkit to guide health workers in mitigating discrimination in delivery of health services for migrants, returnees, and host communities. LHSS also launched a GESI toolkit for front line personnel at local health care providers. Staff holding these positions (e.g., security personnel, custodians, food staff, nurses, and physicians) can have a direct impact on the ability of migrants, returnees, and refugees to access the health system. Even implicit biases held by these staff can influence how a client perceives the quality of care they have received. Aiming to foster trust among clients and facilitating access to health services, the toolkit provides information to promote recognition of patients' humanity, respect for diversity, and prevention of xenophobia.

LHSS also held an event to celebrate the work of public health institutions that incorporated the GESI approach and xenophobia prevention into their service delivery practices. The event, held on December 13, 2023, included 80 participants from the recognized public health institutions. Service providers that employ a GESI approach are better equipped to provide appropriate and high-quality health care services for migrants and host communities.

Finally, the Activity continued strengthening capacities of territorial entities and local community-based organizations by facilitating workshops using the toolkit developed with the MOH aimed at addressing barriers to health care access by reducing stigma, discrimination, and inequality. A total of 74 participants from Barranquilla, Medellín, and Santa Marta attended the workshops.

Among the participants, 93 percent were women, 19 percent were health officials and 81 percent represented local community-based organizations.

## ENVIRONMENTAL COMPLIANCE REPORTING

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 Quarter 1, the percentage of USG-assisted organizations with improved performance [Indicator #1] increased from 0 to 40 percent of the FY24 target. Two health care providers institutionalized and implemented GESI strategies and xenophobia prevention procedures in measures to prevent discrimination in health care. The Activity also supported four health institutions in implementing the comprehensive maternal-perinatal health care pathway [Indicator #22], and four USG-supported institutions in participating in quality improvement initiatives [Indicator #12], achieving 50 percent and 67 percent respectively of the annual targets. Support provided by LHSS contributes to improved maternal health outcomes and strengthened technical capacity for quality improvement.

In Quarter1, LHSS trained 434 health personnel (77 percent of whom were women), to formulate contingency plans for health emergencies, and community-based public health surveillance [Indicator #16]. An additional 92 community members (85 percent of whom were women) received training in prevention strategies, and response to health emergencies [Indicator #17]. These trainings strengthen capacity in communities to identify, care for, and respond to emerging and recurring public health challenges. These figures respectively represent 52 percent and 10 percent of the targets.

## EMERGING LESSONS

Supporting outgoing local governments in identifying strategic interventions facilitates their inclusion in handover reports, contributing to the sustainability of these interventions and their results. For example, LHSS engaged with the Director of Insurance of the Cartagena District Administrative Health Directorate to highlight progress in increasing insurance enrollment and effective access to health services. In response, the Director emphasized related interventions and results in the final management reports and handover documents.

In the absence of a clear legal framework governing territorial entities' relationships with private sector and international cooperation partners, territorial entities have not taken advantage of private sector or international resources to address the needs of vulnerable populations. Developing a comprehensive strategy for mobilizing resources from the private sector and international partners can more efficiently channel external resources to advance sustainable health care solutions for these populations. Such a strategy should identify and prioritize local needs, along with financial support, knowledge transfer, and technical assistance from the private sector and international implementing partners. LHSS implemented a similar strategy when promoting and launching a performance-based contract in Barranquilla, supported by the Santo Domingo Foundation as a private sector donor.

## CHALLENGES

Supporting the MOH in sustaining its prioritization of the National Migration and Health Observatory has been challenging. Despite LHSS's support, the MOH under Colombia's current government has not updated the Observatory website. Following months of advocacy, the MOH

transitioned responsibility for the Observatory from the Epidemiology Department to the Social Promotion Department, where it is expected to serve as an information repository for territorial-level migration-related decision-making. In FY24, LHSS will continue to reinforce knowledge management in migration and health within existing institutional structures, focusing on coordinating various migration observatories and prioritizing health topics, particularly within the national migration authority's new Observatory for Migration, Migrants, and Human Mobility, known as OM3 which is scheduled to be launched in Quarter 2. The scope of this second observatory is still being developed.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted in Quarter 1.

## EVENTS NEXT QUARTER

- Hold “*Café y Tequeño*” (Coffee and Tequeño) coordination events with local leaders from territorial entities to promote the participation of the migrant population in territorial planning processes.
- Host a breakfast event on January 23, 2024, in Bogota with journalists focused on migration and health issues to facilitate a dialogue with LHSS Colombia with the aim of sharing information, narratives, and data to strengthen journalists’ stories.

## PRIORITIES NEXT QUARTER

- Strengthen and transfer the GESI toolkit to territorial entities, community-based organizations, and prioritized health service providers.
- Continue capacity strengthening of 13 prioritized health service providers.
- Launch partnerships with Roche and Novartis to develop health care initiatives for the migrant population in VRIO-prioritized territories.
- Support the implementation of the performance-based contract with the Santo Domingo Foundation in Barranquilla, and capture lessons learned and recommendations during the first months of operation.
- Support quality improvement teams in Apartadó, Necoclí, Turbo, and the General Hospital of Medellín in developing their maternal health projects.
- Adjust the rapid diagnosis and capacity strengthening strategy for health care-associated infection surveillance to meet National Institute of Health needs.
- Quickly arrange meetings with the new health secretaries in VRIO cities to support them in incorporating migrant health interventions and priorities in their new government plans.

## ENGAGING LOCAL AUDIENCES

In line with LHSS’s dissemination and knowledge management strategy, the Activity presented at the Global Digital Health Forum 2023 between December 4-6, 2023. The Activity presented on a joint intervention with the National University Hospital of Colombia, sharing its experience using remote technical assistance and e-learning to strengthen the technical capacity of health professionals in managing critical care for COVID-19 and other respiratory illnesses. Attendees included tech providers, donors, researchers, and government representatives.

The Activity also submitted three abstracts on maternal health and community networks, mental health strategies, and community surveillance in public health to the Global Health Security

Conference. The results of the submissions will be announced in Quarter 2. On December 6, 2023, LHSS hosted a webinar titled “Health in Migration Corridors: A Fundamental Right.” Three panelists from UNHCR, Médecins Sans Frontières, and the LHSS Colombia chief of party shared experiences from their organizations on challenges associated with access to social protection and health care services among vulnerable populations along migratory corridors in the Latin America and Caribbean (LAC) region. The Activity’s chief of party presented the project’s experiences and strategies for strengthening communities and local actors. The webinar was attended by 110 participants, 57 percent of whom were from LAC countries. Finally, in Quarter 1, the Activity published 10 knowledge products on the social media accounts of the USAID Mission in Colombia and LHSS. These were disseminated across Twitter, Facebook, LinkedIn, and Instagram. These communications products included:

Facebook Posts:

- Products and activities developed for the 16 Days of Activism against Gender-Based Violence campaign
- Coverage of the event to recognize health service providers that successfully incorporated the GESI approach in their user care.

X (formerly known as Twitter)

- Performance based contract will facilitate improved management of health resources leading to quality and better health outcomes for those with irregular migratory status

# LHSS DOMINICAN REPUBLIC

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS worked with the USAID Mission in the Dominican Republic (DR) and the National Council for HIV and AIDS to begin implementing the Private Sector Engagement roadmap developed in FY23. In Quarter 1, the National Council approved the proposed roadmap and in collaboration with LHSS planned next steps to launch the public-private coordination board and other Year 4 implementation priorities.
- LHSS began its assessment of the private sector health information systems. Conducted in partnership with the National Health Service and private sector health providers, the assessment aims to support the integration of data management systems of private HIV services providers with public sector health information systems. LHSS identified possible tools to collect data from the private sector and began discussions with private providers on potential mechanisms to improve their reporting into government systems.

## ACTIVITY PROGRESS

### **Objective 1: Increase Opportunities to Mobilize Sustainable Domestic Resources for The National HIV Response.**

#### **Intervention 1.1 Support the Design and Development of a Public-Private Board to Steward Implementation of the PSE Roadmap.**

Following LHSS's efforts in FY23 to increase private sector participation in the national HIV response, the Activity began engagement with national counterparts and private sector stakeholders to develop a public-private board to support the implementation of the Private Sector Engagement roadmap. In Quarter 1, LHSS presented the initial proposal for the board's formulation to key stakeholders through one-on-one meetings. These discussions helped LHSS gauge the expectations of potential members and their level of interest in active participation. After receiving initial feedback, LHSS met with the National Council for HIV and AIDS to build consensus on the path forward and proposed dates to convene a launch meeting of the board at the Council's facilities.

Based on the Council's availability, the first board meeting will be held in early Quarter 2. At this meeting, LHSS will present the final roadmap and initial terms of reference for the board to all stakeholders. LHSS will then revise the terms based on stakeholder input. Final terms will be adopted at a subsequent board meeting as members convene to oversee implementation of the roadmap.

#### **Intervention 1.2 Support Development of HIV-Inclusive Workplace Programs.**

Building on the momentum generated through the roadmap development, LHSS will work with two sugar industry companies to co-design and/or adapt workplace health programs to include HIV services. To achieve this, LHSS conducted kick-off meetings with one of the selected companies to discuss the intervention and collect initial data on existing health programs, health promotion initiatives offered in the workplace, target populations, and potential improvements needed to include HIV services. In Quarter 2, LHSS will engage with the second of the selected companies to collect similar information and discuss a potential scope. In addition, the Activity will consult with other USAID implementing partners to design a collaborative approach and program planning to increase access to HIV services among populations targeted in the company's workplace health programs.

## **Objective 2: Strengthen Models for Increasing Access to HIV Products and Services.**

### **Intervention 2.1 Develop A Landscape Analysis to Integrate Private Sector Data into National HIV Monitoring and Evaluation Platforms.**

LHSS initiated engagement with the National Health Service to discuss the scope of the landscape analysis and expected results. The Activity will collect information on existing reporting mechanisms, data disaggregation capabilities, and existing governmental reports developed by the public health sector databases. LHSS will synthesize this information to develop recommendations for improving private sector data sharing with national HIV-related information systems.

In addition, LHSS conducted consultative meetings with selected private sector health service providers, laboratories, and the Infectious Diseases Medical Society. These meetings focused on the scope of LHSS's work, the goal of this intervention, understanding existing monitoring and data collection practices for private sector HIV services, gauging interest in improving data sharing. The discussions also explored participants' willingness to standardize reporting practices for private sector HIV services, including potential data to be collected and mechanisms to share information with the public sector. LHSS has outlined the landscape analysis report and is documenting initial findings to share with the National Health Service and develop potential recommendations.

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

LHSS will continue engaging private stakeholders and national counterparts to support implementation of the Private Sector Engagement roadmap and co-develop an HIV-inclusive health prevention workplace program with selected sugar industry companies to increase access to HIV prevention and care services in the workplace. These efforts will potentially increase access to HIV services among key and priority population (e.g., Haitian migrants and descendants of Haitian migrants) and other at-risk populations.

## **ENVIRONMENTAL COMPLIANCE REPORTING**

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 FY24 Annual Work Plan, and with host country laws and regulations.

## **PROGRESS ON PERFORMANCE INDICATORS**

Progress on performance indicators will be reported beginning in Quarter 2 since the Activity focused on intervention start-up and stakeholder engagement in Quarter 1.

## **EMERGING LESSONS**

During the evaluation of private sector information systems, the Activity found high potential for implementing a plan to collect useful information quantifying HIV services delivered through the private sector. However, maintaining confidentiality of HIV service delivery information is a high priority among private sector providers, and a key factor in deciding whether to participate in sharing it with the public sector. In response, LHSS is already developing mechanisms to ensure private sector HIV data confidentiality so that sharing this information with the government can become a viable option.



## CHALLENGES

LHSS faced challenges engaging with counterparts to schedule and hold kick-off interventions and convene the first meeting of the public-private coordination board due to the booked meeting schedules and monitoring visit schedules of national counterparts. To address this challenge, LHSS convened separate meetings with selected stakeholders and national counterparts to discuss interventions, plan for next steps in Quarter 2, and collect data wherever feasible and appropriate.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted in this quarter.

## EVENTS NEXT QUARTER

Launch meeting of the public-private coordination board. Date in Quarter 2 TBD.

## PRIORITIES NEXT QUARTER

- Plan and conduct the first meeting of the public-private coordination board with national counterparts and private sector stakeholders to present the roadmap and proposed terms of reference of the board.
- Work with all selected sugar industry companies and USAID implementing partners to co-design and/or adapt the HIV-inclusive workplace health prevention program.
- Continue discussions with the National Health Service and private sector stakeholders to gather information on reporting mechanisms to strengthen data sharing on HIV services between the public and private sectors and build consensus on possible actionable recommendations.

## ENGAGING LOCAL AUDIENCES

LHSS has conducted multiple meetings with national counterparts and stakeholders to discuss interventions and technical support needs and the Activity's workplan. During these meetings, LHSS has updated all partners on the Activity's progress to date, and next steps for the roadmap, formation of the private-public coordination board, and the systems information landscape analysis.

# LHSS DEMOCRATIC REPUBLIC OF CONGO (DRC)

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS is supporting the MOH in reducing its dependence on partner funds by implementing a new mechanism and tools to facilitate disbursement of adequate funding to the health sector. To advance this goal, the Activity supported the development of tools to facilitate rapid disbursement of health funds, including new guidelines for monitoring public expenditures and a Circular Note published in December 2023. These tools help to circumvent obstacles related to the disbursement of health funds by defining the role of the different government services at each stage of the disbursement process and by specifying the disbursement execution timeline as part of the decentralization of scheduling. The Circular Note provides administrative weight to the government services concerned.
- DRC's health sector faces a low rate of disbursement of public resources. To address this challenge, LHSS provided technical and financial support to train Ministry of Health (MOH) managers and staff in operationalizing the decentralization of the public expenditure process. The objective of this training was to equip staff involved in the expenditure chain to effectively fulfill their roles and to have the MOH's Financial Directorate of Health facilitate the management of the decentralized public expenditure process sector wide. In addition to the Financial Directorate executives, some officials from the General Secretariat and the Public Procurement Unit also took part in the training.

## ACTIVITY PROGRESS

### **Objective 1: Strengthen Health Financing and Governance for More Efficient Allocation and Use of Resources.**

Current government laws and regulations for domestic resource mobilization make it difficult for the MOH to mobilize resources on a consistent basis. Certain legal nomenclature acts are not activated while others are, thus causing the flow of revenue. This situation is attributable to the absence of clear regulations. There is also an absence of regulation concerning the processing time for filing public health spending documents. To address this challenge, LHSS supported the MOH's Finance Directorate and the General Secretariat in strengthening the capacity of its director to monitor funds disbursement from the Ministry of Finance to the MOH. Specifically, the Activity and the Finance Directorate co-developed disbursement plans for the third and fourth quarter of the MOH's 2023 fiscal year and produced four tools. These are: 1) guidelines on public expenditure monitoring mechanisms, and 2) a circular note to encourage MOH managers, administrative, and financial officials to apply these tools. Additionally, the Activity facilitated two workshops with the Finance Directorate and the revenue-generating services to discuss the fundamental principle of equality of income and expenditures as defined in the 2011 Law No. 11/O11 on public finances. These workshops highlighted the bottlenecks that limit the mobilization of revenue for the health sector and focused on monitoring and harmonization of data on the budget allocations for revenue-generating services. These interventions made it possible to collect data on the evolution of the disbursement rates that changed from 51,3 percent in September 2023 to 47 percent in October 2023. The mobilization of revenue from the sector has also increased. In the first half of 2023, the MOH mobilized CDF (Congolese franc) 97,916,645,621 out of CDF 87,428,552,760 expected, i.e. an achievement rate of 112%. In the second half of the year, CDF 130,869,006,773 were mobilized out of CDF 130,869,006,773, representing an achievement rate of 149.7%. As a result of these interventions, LHSS expects

that the MOH Finance Directorate to be able to work effectively and have clear action items, including budget fund disbursement requests and tools, that they can use to follow up with the Ministry of Finance.

### **Objective 2: Contribute to the Modernization of the Public Financial Management System Within The MSPHP.**

To strengthen the financial and budgetary functions of sectoral ministries, the government has carried out a series of reforms through the 2011 Law No. 11/011 on public finances. These reforms led to several innovations, including program-based budget management. The transition to program-based budget management requires assigning each government sector, including the MOH, the responsibility of managing the public expenditure chain. However, due to the delay in establishing the MOH Finance Directorate, managers of this Directorate were not trained by the Public Finance Reform Steering Committee on key aspects of public finance and program-based budget management. To address this gap, the Activity collaborated and provided technical support to experts in the Ministry of Finance and Budget to deliver training sessions for the ten executives of the Finance Directorate on how to manage the public expenditure chain. The training focused on the normative framework of the decentralization of scheduling, which consists of explaining to the executives of the Financial Directorate and the Secretary General the different legalities relating to the Law of Public Finances (*Loi relative aux Finances Publiques*) (LOFIP), the Decree relating to General Regulations on Public Accounting, the Decree on Budgetary Governance, the Budgetary Nomenclature, and the procedures manual execution of expenses. The objective of this second training was to increase knowledge within the Financial Directorate and MOH Secretary General executive office about the laws and regulations governing program-based budgetary management. These trainings responded to the MOH's need to effectively implement this new budgetary process, improve the traceability of financial information, and institutionalize accountability in the financial management of resources. The results of these activities will help equip the MOH Finance Directorate with the necessary tools and skills to improve its capacity to monitor and implement Public Financial Management interventions, which can in turn support the flow of more resources to the MOH to enhance service delivery.

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

LHSS collaborated with the MOH to ensure that men and women were represented and equally benefitted from the training workshops. The Activity continues to proactively integrate GESI into all relevant workshops and meetings, recognizing that these are development goals as well as accelerators towards achieving universal health coverage. LHSS does this by working with the MOH to ensure gender parity in meeting attendance and identifying women who can play larger roles in leading meeting discussions. Each organizational capacity strengthening activity or training involved the participation of at least three women from the Financial Directorate of Health and/or the General Secretariat. By applying a GESI lens to its technical support on health financing. By applying a GESI lens to its technical support on health financing, the Activity is encouraging more equitable financing processes and systems, helping the government to create financial protection for vulnerable populations, including women, children, and rural residents.

## **ENVIRONMENTAL COMPLIANCE REPORTING**

LHSS DRC is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the

CRMP and WMP/SOP sections of the approved LHSS DRC FY23 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

During Quarter 1, LHSS developed two key documents to support increased disbursement rates within the health sector: 1) “Guidelines on public expenditure monitoring mechanisms,” which aim to set clear deadlines that will make the disbursement mechanism more fluid, and 2) “The circular note,” (developed by executives from the General Secretariat of Health, the Financial Directorate’s, and Ministry of Budget and Finance), which outlines actions required to advance the MOH’s disbursement plan (*Indicator #2: Number of materials (plans, manuals, standard operating procedures) developed to support the strengthening of the Financial Directorate’s capacity*).

Fourteen members of the Financial Directorate, Planning Directorate, and General Secretariat participated in two organized training workshops titled, 1) “Atelier d’élaboration du Plan de Décaissement trimestriel du MSPHP”, and “Formation des cadres de la DAF et autres acteurs sur le cadre normatif de la déconcentration de l’ordonnancement.” (*Indicator #5: Number of people trained by LHSS as part of the Activity’s capacity strengthening plan*).

## EMERGING LESSONS

To address the challenge of improving the low disbursement rate of government allocations to the health sector, it has been important to identify and act on several prerequisites, such as the development of the four disbursement management tools produced in collaboration with the Finance Directorate.

## CHALLENGES

The process of restructuring the Financial Directorate has introduced challenges. All positions in the Directorate, except that of the director, are open for recruitment. Although current staff members are encouraged to apply, not all are guaranteed positions at the end of the recruitment process. The new executives and officials could take office in the second quarter of 2024. The Activity is working closely with the Directorate to develop a continuity plan to ensure capacity strengthening activities will continue during and after the restructuring process.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted during Quarter 1.

## EVENTS NEXT QUARTER

LHSS will facilitate workshops with the MOH to support continued implementation of the decentralized public expenditure chain and strengthen capacity within the Financial Directorate to manage the disbursement of health funds in the DRC.

## PRIORITIES NEXT QUARTER

- In collaboration with the MOH’s Planning Directorate, LHSS will co-develop the roadmaps to implement recommendations from the Health Financing Landscape Assessment and Flat Rate Pricing Policy Report, developed in FY21 and FY22, respectively.
- LHSS will continue to monitor changes in the organization capacity of the Financial Directorate based on the baseline results from capacity self-assessment completed by members of the Directorate at the outset of the DRC Activity.

- The Activity will continue to strengthen the Finance Directorate's capacity to manage program-based budgeting.

## ENGAGING LOCAL AUDIENCES

- As the main external partner providing organizational capacity strengthening support to the Financial Directorate, LHSS presented its activities and progress to several stakeholders, including the MOH's General Secretariat for Health and the World Bank.
- LHSS also published and widely disseminated the Health Financing Landscape Report and supported the MOH in taking ownership of the results and recommendations presented in the study.

# LHSS EAST AFRICA REGIONAL

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS partnered with IntelliSOFT, the CDC-funded Monitoring and Evaluation Technical Support Program of Uganda, and Uganda's Ministry of Health (MOH) to embed the cross-border mobility screening module into the National Electronic Medical Record Package and subsequently deployed it to 12 Ugandan/Kenya border sites.
- LHSS and the Intergovernmental Authority on Development (IGAD) finalized a landscape assessment of Ghalafi/Semera, the Djibouti/Ethiopia cross-border site, and validated findings with the health ministries of Ethiopia and Djibouti. Based on the CB-DHS readiness assessment findings, a recommendation has been put forward and prioritized to develop a mobile-enabled Cross Border Digital Health Solution, a virtual platform that will facilitate the collection, analysis, and reporting of data pertaining to access to services, including HIV care and treatment, among mobile populations.
- LHSS and IGAD convened focal persons from IGAD partner states involved in health policy to review progress on domestication of regional decisions and directives. Meeting participants also identified and documented bottlenecks impeding efficient implementation of policies made by the Sectoral Council of Health. Findings from this meeting will be integrated into IGAD communication and advocacy strategy.

## ACTIVITY PROGRESS

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

LHSS collaborated with Uganda Electronic Medical Record partners, including the CDC-funded Monitoring and Evaluation Technical Support Program and the MOH's Department of Health Informatics, to embed the cross-border mobility screening module in the Uganda Electronic Medical Record. Inclusion of the screening module in the standard national records package will facilitate the collection, analysis, and reporting of access to services (HIV and others) among mobile populations.

In preparation for the deployment of the Cross Border Digital Health Solution in Ugandan facilities, LHSS supported the Department of Health Informatics in facilitating a meeting between the USAID Mission in Uganda and implementing partners that support health facilities at the Kenya/Uganda cross-border site. By October 2023, the Cross Border Digital Health Solution had been deployed to 12 additional facilities on the Uganda side of three cross-border sites (i.e., Busia, Malaba and Sio Port). IntelliSOFT and the Monitoring and Evaluation Technical Support Program of Uganda are providing ongoing support to troubleshoot any challenges that may emerge as facilities begin using the digital health solution. LHSS partners are working with the CDC-funded Kenya Health Management Information System project towards embedding the cross-border mobility screening module into the standard Electronic Medical Register in Kenya.

LHSS collaborated with IGAD and project partners to analyze findings from the digital readiness assessment conducted by the Activity at the Djibouti/Ethiopia cross-border site, Ghalafi/Semera. Assessment results showed that none of the facilities at the cross-border site have the essential digital infrastructure required to implement digital health solutions. Significant gaps include the unavailability of computers, limited internet connectivity, and an unreliable power supply. LHSS conducted a validation meeting with key MOH stakeholders in Ethiopia and Djibouti to share the

assessment findings and recommendations from the readiness assessment. Key among the recommendations is for LHSS and its local digital partner, IntelliSOFT, to support IGAD in developing a mobile phone-enabled Cross Border Digital Health Solution that can be used by cross border facilities that have considerable digital infrastructural weaknesses. So far, the minimum viable product demonstrating the capabilities of the CB-DHS to be used through a mobile application has been presented to representatives of IGAD and MOH from Djibouti and Ethiopia. Based on feedback received, IntelliSOFT is enhancing features of the mobile enabled cross border reporting system including aligning the system's data elements with existing patient registers in Djibouti and Ethiopia and including data elements for referral and cross border registration.

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

LHSS provided support to IGAD through a grant to convene a series of country meetings of key health policy focal persons from IGAD partner states. The purpose of these meetings was to review the progress of domestication and implementation of decisions and directives made by the Sectoral Council of Health. Participants of these in-person and virtual meetings included officials from Kenya, Uganda, Somalia, Ethiopia, and Djibouti.

The health policy workshops have enabled IGAD to strengthen its partner engagement by involving stakeholders and counterparts in reviewing progress on, and bottlenecks impeding, policy implementation at the national and regional levels, establishing a centralized repository for regional cross-border health policies and agreements, and fostering collaboration on IGAD's communications and advocacy strategy supporting implementation of cross-border policies in the region.

### **Objective 3: Strengthened Regional and National Financing, Resource Mobilization, and Accountability for CB Health.**

LHSS collaborated with the East African Community health secretariat in conducting a desk review of bottlenecks that impede timely communication and coordinated responses to cross-border health threats in the region. Building on this desk review LHSS held a workshop in December 2023 in collaboration with the East Africa Community Technical Working Group on communicable and non-communicable diseases. The purpose of the workshop was to develop recommendations on capacity building tools and activities to address data sharing bottlenecks and improve the capacity of cross-border facilities and port health staff to effectively share information and respond to cross- border health threats.

Finally, LHSS completed a menu of cross-border financial protection options for mobile vulnerable populations in the Eastern Africa Region. These financial protection options will be presented to the East Africa Community and IGAD health secretariats during learning meetings planned for February 2024. During these meetings, LHSS will facilitate discussions with the Regional Intergovernmental Organization (RIGO) secretariats about piloting and testing the health financing options with partner states.

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

In FY24 Quarter 1, LHSS has been conducting a post-intervention review to reflect upon progress made towards strengthening RIGO capacity in domestication and implementation of regional health directives and policies. The data collection tool used by LHSS captures

information on the impact of the Activity's work on the needs of women and other vulnerable or socially excluded groups crossing borders.

## ENVIRONMENTAL COMPLIANCE REPORTING

LHSS East Africa 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 East Africa FY21 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

In partnership with IntelliSOFT, the Monitoring and Evaluation Technical Support program of Uganda, and the Uganda MOH's Department of Health Information, LHSS supported the deployment of the Cross-Border Digital Health Solution in 12 facilities on the Uganda side on the Kenya/Uganda border (Indicator 1.3. Number of cross-border health facilities using CB-DHS (disaggregated by cross-border site and country)).

On the Kenyan side, the number of facilities with the Digital Health Solution increased 30 percent, from six to nine facilities between FY23 Quarter 4 and FY24 Quarter 1. LHSS also trained 21 health staff in sites on both sides of the Kenya/Uganda border, increasing the percentage of trained staff increased by 33 percent from FY23 Quarter 4 to FY24 Quarter 1 (Indicator 1.4. Number of cross-border facility health workers trained to operate CB-DHS).

## EMERGING LESSONS

To ensure the sustainability of the Cross-Border Digital Health Solution module past the life of the LHSS project, the module must be integrated into the standard Electronic Medical Register package in countries using the module at their cross-border sites. To position the Digital Health Solution for long-term use, LHSS is working through its local partner IntelliSOFT with the CDC-funded Health Management Information System project toward embedding the module within the Kenya Electronic Medical Register. LHSS has already integrated the module within Uganda's standard electronic medical register package. LHSS will be sharing this lesson with IGAD.

## CHALLENGES

The project experienced delays implementing planned activities due to conflicting schedules and priorities across the two RIGOs and their member states, including the re-prioritization of activities by new leadership in the East Africa Community. All delayed activities have been rescheduled to take place by February 2024.

Due to the RIGOs' emphasis on joint decision-making and harmonization among all partner states, the absence of USAID-restricted countries at the table has resulted in delayed decision-making at RIGO meetings. The project has addressed this challenge by holding one-on-one meetings with member countries, requiring a lengthier process than a group meeting. For instance, LHSS conducted a series of individual meetings with key health policy focal persons from IGAD partner countries to review the progress of domestication and implementation of decisions and directives made by the Sectoral Council of Health (see Objective 2).

## DELIVERABLES SUBMITTED IN QUARTER 1

LHSS East Africa AMELP, submitted November 9, 2023.



## EVENTS NEXT QUARTER

LHSS will co-facilitate a meeting of the East Africa Community Regional Expert Working Group for Digital Health, Data, Technologies, and Innovation between February 12-15, 2024. During this meeting, partner state experts will review the regional data-sharing instruments developed through LHSS's grant to the Community.

The East Africa Community's technical working group for health systems and policy will meet to review, validate, and provide recommendations to guide implementation of the regional health strategy and policy instruments that will be approved by the Inter-parliamentary Forum and Council of Ministers. These instruments were developed or reviewed under the East Africa Community's grant with LHSS. They include the East Africa Community's Cross Border Communications and Advocacy Strategy, its Regional Health Data Governance Framework, and its Health Sector Investment Priority framework. This meeting will take place between February 16-20, 2024.

## PRIORITIES NEXT QUARTER

LHSS will facilitate a project performance review workshop to identify lessons learned from the Activity. Participants will include representatives from the East Africa Community, IGAD and the USAID Mission in Kenya. Findings from the meeting will inform future cross-border health program initiatives in the region. The Activity will use the LHSS project's Global Knowledge Strategy approach to guide the discussion of lessons learned.

## ENGAGING LOCAL AUDIENCES

Local audiences have been able to read more about the work LHSS has achieved with RIGOs through articles published on the East Africa Community and IGAD sites outlining progress achieved toward developing health data governance structures and the domestication on regional health policies.

- EAC set to develop Health Data Governance in foster digital transformation of the health sector in East Africa <<https://www.eac.int/press-releases/147-health/2966-eac-set-to-develop-health-data-governance-in-foster-digital-transformation-of-the-health-sector-in-east-africa>>
- IGAD Commences the First Technical Workshop on Domestication and Implementation of Regional Health <<https://igad.int/igad-commences-the-first-technical-workshop-on-domestication-and-implementation-of-regional-health-policies/>>

# LHSS JAMAICA (GLOBAL HEALTH SECURITY)

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS has taken proactive steps to initiate the implementation of new interventions in Jamaica. These focus on enhancing global health security (GHS), particularly by bolstering health workforce competencies. In December 2023, the Activity began recruiting a consultant with expertise in GHS and health workforce in the region. The consultant will play a pivotal role in conducting a rapid assessment of the Jamaican landscape. Recommendations from the study will shape targeted technical assistance to strengthen the Government of Jamaica's ability to prevent, detect, and respond to emerging infectious diseases.
- LHSS is currently organizing a scoping visit to Jamaica scheduled for the end of January 2024. During this visit, the Activity will engage with critical stakeholders (e.g., the Ministry of Health and Wellness, Pan-American Health Organization (PAHO), and the Caribbean Community) to co-create detailed implementation plans aimed at fostering collaboration and coordination for improved global health security in the region.

## ACTIVITY PROGRESS

USAID has extended its partnership with LHSS in Jamaica for a third year, marking the Agency's enhanced commitment to strengthening global health security with a specific focus in Jamaica on increasing health workforce capacity and competencies. This extension represents a vital step toward addressing Jamaica's ongoing vulnerability to handle emerging infectious diseases and pandemics. This need was underscored by challenges such as those experienced during the COVID-19 pandemic and the ongoing dengue outbreak.

LHSS developed and received approval in December 2023 to implement its FY24 workplan. The overarching goal is to strengthen human resource capacity within the public and private health sectors to prevent, detect, and respond to emerging infectious diseases. LHSS will provide technical assistance and support key partners, including the Ministry of Health and Wellness, training institutions, and the private sector. In addition, LHSS will support regional global health security through engagement with the Caribbean Community to ensure alignment and consistency between LHSS's work and global health security initiatives across the Caribbean region. Objectives of the LHSS FY24 workplan are to 1) Support integration of the One Health approach for global health security into Ministry and private sector health workforce financing, planning, management, and/or monitoring, 2) Strengthen private sector capacity to address global health security workforce gaps, and 3) Strengthen implementation of regional GHS initiatives.

LHSS has started recruitment for a skilled technical consultant with deep subject matter expertise and relevant regional expertise. The consultant will augment the LHSS team and conduct a rapid yet comprehensive assessment of Jamaica's current GHS landscape. The assessment will identify strengths, gaps, and opportunities for improvement. By gathering critical data and insights, LHSS aims to inform strategic decisions and prioritize interventions to strengthen the nation's ability to effectively prevent, detect, and respond to emerging infectious diseases. LHSS has fully staffed the Activity and coordinated closely with USAID to refine its workplan.

The LHSS team will conduct a scoping visit to Jamaica in January 2024. During this visit, the team will engage with key stakeholders working to advance GHS initiatives in the region (e.g., the Ministry of Health and Welfare, PAHO, and the Caribbean Community). The scoping visit is a critical step towards establishing a unified approach, ensuring that LHSS's efforts are harmonized with regional and international strategies. The exercise will offer an invaluable opportunity for open dialogue, sharing expertise, and identifying areas where collective action can be most effective. Through these engagements, LHSS aims to finalize its work plan implementation plans and strengthen partnerships that will enhance coordination to bolster global health security measures across the Caribbean region.

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

LHSS proactively integrates GESI into all activities, recognizing that these are development goals in their own right and accelerators toward achieving universal health coverage. In FY24, LHSS will continue focusing on different and intersecting vulnerabilities and constraints experienced by underserved and marginalized populations during a pandemic response and incorporate key learning into its support for One Health workforce competencies, approaches, and risk communication initiatives.

## ENVIRONMENTAL COMPLIANCE REPORTING

LHSS Jamaica 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 Jamaica FY24 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

Implementation of FY24 interventions has not yet begun.

## EMERGING LESSONS

Implementation of interventions has not yet begun.

## CHALLENGES

No challenges encountered during Quarter 1.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted in Quarter 1.

## EVENTS NEXT QUARTER

LHSS will organize and conduct a scoping visit to Jamaica in January 2024.

## PRIORITIES NEXT QUARTER

LHSS will begin implementation of its FY24 workplan in Quarter 2, beginning with a rapid assessment of GHS workforce capacities related to One Health Approach and priority emerging infectious diseases.

## ENGAGING LOCAL AUDIENCES

LHSS published and disseminated broadly on LHSS's Medium platform and through social media a success story capturing the project's achievements during FY22 and FY23. Titled "We

*Must Be In It Together,*” the story reflects key achievements including the number of vaccines administered, the capacity and financial support provided to the private health sector, and the technical assistance provided to the Ministry to strengthen its health system.

# LHSS JORDAN

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS supported the Ministry of Health (MOH) in launching the first wave of its continuing professional development (CPD) National Campaign targeting health care providers, leveraging the success of the LHSS private sector campaign launched earlier in FY23.
- LHSS supported the MOH in launching the CPD platform, now accredited by the National CPD Committee with LHSS technical assistance. This is a significant step forward in giving health care providers across Jordan access to accredited online CPD courses.
- LHSS completed delivery and installation of medical equipment purchased to support and sustain the Jordan University Hospital Adult Critical Care Fellowship Program, a critical component supporting implementation of the Interdisciplinary team approach.
- LHSS helped establish respiratory therapy units at two additional MOH hospitals (Basma and Karak), and the MOH Secretary General approved and adopted respiratory therapy policies at the central MOH level which will enhance quality of care in these units.

## ACTIVITY PROGRESS

### **Objective 1: Institutionalize a Sustainable CPD System in Jordan.**

LHSS played a pivotal role in supporting the MOH Health Communication and Awareness Directorate's launch of the first wave of its national CPD campaign, reaching nearly 30,000 health care providers nationwide.

LHSS supported the MOH in launching the National CPD Committee's accredited CPD Training Platform. This new resource will significantly increase access among health care providers to online accredited CPD courses. The platform serves as a comprehensive, free hub offering a variety of medical courses created by experts based on state-of-the-art health care practices.

LHSS is working with the Medical Education and Training Directorate to strengthen its CPD capacity by automating work processes, designing a mobile application, introducing live sessions to improve CPD training platform functionality. The Activity is also supporting the Directorate in upgrading the Masar platform, which provides CPD information to health care providers, and linking it with the virtual CPD system. Finally, LHSS worked with Directorate to launch the advanced Training of Trainers program, targeting 50 trainers to create a pool of skilled trainers within MOH capable of providing high quality training courses to providers at various levels of the health system.

### **Objective 2: Strengthen ICU Health System's Resilience to Respond to Future Shocks.**

LHSS continued capacity strengthening among MOH and Royal Medical Services intensive care unit (ICU) interdisciplinary team members through support for 129 nurses to participate in CPD accredited training in critical care nursing. LHSS also supported a CPD accredited 25-day intensive respiratory therapy and mechanical ventilation training. A total of 50 MOH clinical pharmacists completed an online ICU specialized pharmacotherapy course through the Jordanian American Physicians Association (JAPA) Academy CPD accredited platform. LHSS and the Physicians Association collaborated in conducting an advanced ultrasonography bootcamp for 21 Adult Critical Care fellows from the MOH, Royal Medical Services, and Jordan University Hospital. The Jordanian American Physicians Association also organized a practice

exam to measure overall clinical competencies of 14 second year fellows in preparation for their Jordanian Medical Council board exam. Finally, LHSS completed delivery and installation of medical equipment purchased to support and sustain the Jordan University Hospital Adult Critical Care Fellowship Program, a critical component supporting implementation of the Interdisciplinary team approach.

In addition to building health worker competencies in critical care, LHSS also supported the MOH in adopting an ICU Interdisciplinary Team policy. This effort included collaboration among the three MOH targeted hospital management teams (i.e., from Al-Basheer, Al-Karak, and Princess Basma hospitals) to implement the interdisciplinary team approach within their respective ICUs. This effort included field visits to monitor implementation and documentation of how the approach is being integrated in each site. LHSS also supported the MOH in developing its first respiratory therapy unit policies and workflow procedures, which have been officially adopted officially by MOH.

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

LHSS continued supporting the central laboratories in preparing for their accreditation by co-developing action plans to address gaps identified in the mock survey, supervising the development and adaptation of standard operating procedures, and training staff on these procedures. To help close critical standards gaps, LHSS is procuring fire alarm systems for both central laboratories buildings, to be installed February 2024. Accreditation of the central laboratory will strengthen the public diagnostic system and bolster the country's preparedness to respond to future health emergencies and ensure the uninterrupted delivery of priority health services.

### **Objective 4: Initialize and Test Telemedicine Services in Jordan.**

LHSS supported the establishment of four telemedicine instruction committees which began meeting during Quarter 1 to discuss their respective areas of regulatory expertise to support implementation of the recently adopted telemedicine bylaw. The four committee topic areas include service provision and medical records, medication transportation and distribution, list of fees for non-syndicated medical and health professions, and pre-requisite conditions for licensing and re-licensing. LHSS also developed an assessment methodology and tools for use during the forthcoming telemedicine pilot.

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

LHSS continued its support to the MOH gender unit by conducting three educational sessions for staff to provide advanced knowledge on women's rights aligning with Jordan's obligations under international human rights mechanisms. LHSS issued a GESI grant to local partner, Al-Jidara, to conduct a needs assessment of the MOH's female employees in central and rural directorates and provided recommendations to the MOH Gender Advisory Committee on promoting improved gender equality and social inclusion throughout the health workforce. The grant includes training of trainers for 37 MOH focal points who will incorporate GESI approaches.

LHSS assisted the Jordan Medical Council and the Jordan Nursing Council in assessing their role to promote GESI in CPD activities. This effort was a follow up to the August 2023 workshop which focused on enabling staff from health councils to mainstream gender in CPD activities. The councils reviewed their current practices in assigning positions by gender in the educational committees. LHSS's initial analysis of Jordan Medical Council found low representation of women in medical committees in comparison to those in dentistry. LHSS will work gradually to

encourage health councils to implement gender mainstreaming initiatives within their resources and capacities.

## ENVIRONMENTAL COMPLIANCE REPORTING

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

## PROGRESS ON PERFORMANCE INDICATORS

LHSS trained 357 health care providers in critical care nursing, respiratory therapy, and ICU pharmacology, in addition to conducting a training bootcamp in advanced critical care ultrasonography for the Advanced Critical Care Fellowship Program (Indicator 21 AMELP FY24).

LHSS trained 89 central laboratory staff, team members and accreditation review members in strengthening their patient communication skills in preparation of the final accreditation survey (Indicator 27 AMELP FY24). Progress on these indicators (21 and 27) has contributed to the sustainability of the new critical care model and improved laboratory management and governance processes.

## EMERGING LESSONS

The successful establishment of the MOH's first three respiratory therapy units involved a comprehensive approach that considered several factors. These included each unit's placement within the hospital management structure, approval of a functional scope of work for the unit, and development of a policy governing the unit's primary functions. This approach also included training health care providers to become skilled respiratory therapists with clear job descriptions. Future efforts to introduce new or reorganized health services within the MOH may benefit from replicating this successful approach.

## CHALLENGES

The status of the High Health Council remains in flux and may be dissolved. This poses a challenge because the Council plays a critical role in CPD governance and accreditation of CPD activities for health professionals. In response, LHSS remains in close communication with key stakeholders and is working with them to develop contingency plans such as transitioning the Council's CPD role to an alternate entity.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted during Quarter 1.

## EVENTS NEXT QUARTER

- LHSS will collaborate with the MOH in launching the virtual CPD system at a national stakeholder event.
- LHSS will hold three training sessions for the Health Communications and Awareness Directorate focusing on strategic campaign planning, digital media advertising, social media advertising, and online campaign assessment.
- LHSS will be organizing an accreditation ceremony for the Central Laboratory once the accreditation survey is completed.

## PRIORITIES NEXT QUARTER

- Prepare for the second wave of the National CPD Campaign.
- Launch trainings for the MOH, Royal Medical Services, and private sector CPD focal points.
- Install and hand over the fire alarm systems at the Central Laboratory.
- Work with Med Labs and Jordanian Experts for Training, local private sector CPD partners, to record and digitalize 16 CPD-accredited online courses.

## ENGAGING LOCAL AUDIENCES

LHSS achievements were highlighted in the implementing partners newsletter issued by the USAID Mission in Jordan.

As part of the ongoing CPD national campaign, LHSS produced a video featuring the MOH's Secretary General Eng. Elham Khraisat.



# LHSS KAZAKHSTAN

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS selected a vendor (IML Red Germany) to conduct the upcoming quality management system assessment of the six laboratory workspaces in the Ministry of Health's (MOH) focal unit responsible for overseeing laboratories, referred to as Scientific and Practical Centers for Sanitary and Epidemiological Expertise and Monitoring (the Centers). This quality management system assessment will provide the Centers with an external evaluation of its operations and support management in determining the main laboratory and staffing performance requirements, and training needs. These will be compared to industry benchmarks and standards. This initial assessment is critical to the Republic of Kazakhstan's efforts to demonstrate Kazakhstan's current capabilities and needs for a high-quality laboratory to support the country's One Health preparedness, in the event of future pandemics or shocks to the health or other development sectors.
- The Activity supported the Government of Kazakhstan in planning for its first intersectoral One Health working group meeting which will be held in Almaty between February 8-9, 2024. For the first time, this meeting will bring together global health security experts from several ministries including health, ecology, and agriculture. The working group will create a platform for dialogue and knowledge sharing and serve as an important step in further strengthening the capacity of the One Health workforce in Kazakhstan.
- LHSS supported creation of a technical working group (TWG) within the Centers to collect existing training materials, including material from the World Health Organization's (WHO) Global Health Security (GHS) One Health Global Laboratory Leadership Program. The TWG will hold discussions on the curriculum approval process with the representatives from the MOH, Ministry of Agriculture, and Ministry of Ecology and Natural Resources. The goal of this TWG is to develop a standardized One Health curriculum including a short leadership short course that offers continuing medical education credits.

## ACTIVITY PROGRESS

### **Objective 1: Support the GORK's Efforts to Improve the National Laboratory System.**

LHSS selected IML Red Germany to conduct the upcoming quality management system assessment of the Centers' six laboratories. The Activity also identified vendors to provide cost estimates and technical specifications related to the ventilation system in the Centers' building. LHSS will discuss options with the USAID Mission in Kazakhstan to determine preferences for ventilation improvements. These upgrades will enhance the overall biosafety and biosecurity standards of the Centers' laboratory complex and provide additional safety and security to the Centers' personnel.

### **Objective 2: Support the GORK in Strengthening the Capacity of its One Health Workforce.**

The Activity is supporting the MOH in launching the country's first One Health intersectoral TWG which will function within the Centers. Through close cooperation with the MOH, Ministry of Agriculture, and Ministry of Ecology and Natural Resources, LHSS finalized the list of the working group participants. The Activity supported the MOH in convening a two-day One Health intersectoral TWG meeting in February in Almaty. This support included creating a draft agenda, concept note and other scope-related material that was shared with the participating ministries

and partners prior to the meeting. The TWG will serve as a platform for the participants to discuss important and time-sensitive issues related to joint planning, joint investigation, information exchange, mutual learning, and early warning systems at the national and sub-national levels.

To support establishment of the TWG, LHSS collected existing training materials from WHO, the U.S. Centers for Disease Control and Prevention (CDC), USAID and other recognized sources. These resources will shape the content of the first GHS One Health short leadership course funded by USAID. The TWG will discuss the curriculum approval process with the MOH, Ministry of Agriculture, and Ministry of Ecology and Natural Resources representatives. Led by and hosted by the director of the Centers, this TWG brings together the heads of the reference laboratories and specialists from the national training centers.

In Quarter 1, LHSS also supported the National Center of Public Health in expanding participation in CDC's new One Health Field Epidemiology Training Program course to participants from the Veterinary Committee under the Ministry of Agriculture.

The Activity began discussions with the National Center of Public Health under the MOH to explore potential options for institutional twinning and learning exchanges between the Centers' laboratory staff and experts in the United States, Southeast Asia, and Europe. In Quarter 2, LHSS will discuss knowledge sharing preferences with the Centers and the MOH, and co-develop terms of reference including expectations, outcomes, and learning objectives for the learning exchanges.

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

As the Activity works with local stakeholders to create a One Health working group, it will ensure that the working group meetings are offered at times, in locations, and in formats that are accessible to everyone, particularly women and persons with disabilities.

## ENVIRONMENTAL COMPLIANCE REPORTING

LHSS Kazakhstan 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 Kazakhstan FY23 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS completed four initiatives aimed at establishing and strengthening the One Health TWG, up from 1 initiative in FY23 Quarter 4 (Indicator #8).

## EMERGING LESSONS

The Activity will report on emerging lessons in Quarter 2, following the One Health technical working group meeting and laboratory assessment results.

## CHALLENGES

Initially, LHSS encountered a lack of responses to its request for proposals to implement the Activity's upcoming quality management system assessment of the Centers' laboratories. LHSS reissued its request on November 8, 2023, to seek additional applications from potential vendors and ensure selection of the most qualified and well-equipped candidate to carry out this task. By the end of the solicitation period, the Activity had only received proposals from two

companies: IML Red and MSBC. Going forward, LHSS will conduct outreach to prospective subcontractors to gauge their interest and capacity and anticipate potential contracting delays to ensure activities remain on schedule.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted in Quarter 1.

## EVENTS NEXT QUARTER

The first One Health intersectoral technical working meeting, February 8-9, 2024.

## PRIORITIES NEXT QUARTER

- Carry out the Quality Management Systems assessment of the Centers' laboratories, February 2024.
- Begin targeted procurements to enhance biosafety and biosecurity for laboratories including all necessary delivery, installation, operationalization, and training required per equipment type, February 2024.
- Develop content for the One Health short course and plan trainings, March-April 2024.

## ENGAGING LOCAL AUDIENCES

The Activity updated the Kazakhstan country page on LHSS global website: [Kazakhstan | Local Health System Sustainability Project \(lhssproject.org\)](https://lhssproject.org). LHSS will produce a success story highlighting the first intersectoral working group meeting in February 2024.

## LHSS LAC BUREAU

### FY24 QUARTER 1 HIGHLIGHTS

- On November 30, 2023, LHSS supported the Interinstitutional, Interagency Board of Health and Migration's, known as MIISM, leadership in convening its Board of Directors to agree on next steps in updating the organization's strategic plan. Updating the strategic plan is a key step toward providing a clearer strategic direction and strengthening the organization's performance.
- LHSS presented preliminary findings of the Honduras migrant health information system assessment to the Board of Health and Migration and the Ministry of Health (MOH) at the national level and gathered valuable feedback on the assessment findings. Based on the assessment results, LHSS will develop recommendations for improving the availability and quality of migrant health information and strengthening evidence-based decision-making.
- On December 6, 2023, LHSS hosted a webinar titled "Health in Migration Corridors: A Fundamental Right." Panelists discussed challenges vulnerable populations experience accessing social protection and health services along migratory corridors in the Latin America and the Caribbean (LAC) region, and strategies to address migrant needs through humanitarian aid and health systems strengthening efforts. The webinar was attended by 110 participants, 57 percent of whom were from LAC countries.

### ACTIVITY PROGRESS

#### **Objective 1: Strengthen SHP Mechanisms to Increase Access to High-Quality Health Services for Women and Children in High Migration Contexts in Honduras.**

##### **Task 1.1.1: Support MIISM to Update the MIISM 2023-2026 Plan and Develop Accompanying M&E Plan.**

On November 30, 2023, LHSS collaborated with leadership of the Board of Health and Migration to convene its Board of Directors to discuss next steps in updating the organization's strategic plan. In addition to presenting a proposed plan for the update process, LHSS led the group in a SWOT analysis to identify strengths, weaknesses, opportunities, and threats. Board leadership agreed to a timeline for updating the strategic plan in Quarter 2, including a workshop to discuss objectives and activities in detail. Updating the strategic plan will be a key step toward providing a clearer strategic direction and will strengthen the organization's performance.

##### **Task 1.1.2: Complete Study and Proposal to Strengthen Referral Systems Across Networks of Migrant First Response Centers and Primary Care Centers.**

LHSS conducted a literature review of referral systems for migrant populations, including Honduras's referral systems and policies, and others including Greece and the US-Mexico border. The Activity also visited migrant first response centers, including the Centers for Returned Migrants in Cortés Department and a Center for Irregular Migrants in El Paraiso Department. In consultation with the MOH, USAID's Bureau for Latin America and the Caribbean, and the USAID Mission in Honduras, LHSS decided to focus its analysis of referral systems on three types of services that are high priority for migrant women: maternal health services, referral for survivors of sexual violence, and mental health services. In Quarter 2, LHSS will conduct key informant interviews with migrant first response center personnel.

### **Task 1.2.1: Complete Health Financing Gap Study.**

LHSS conducted data collection trips to Cortés in the north and El Paraíso Departments on the southeast border with Nicaragua to meet with regional authorities and follow up on data requests. Official requests were sent through MOH channels, and LHSS has collected most of the necessary data for the three target populations: returned migrants, in-transit migrants, and persons at risk of migrating. These visits were instrumental in further adapting the methodology and data analysis processes. In Q2, LHSS will analyze the data, and in collaboration with the Board of Health and Migration Chair, present preliminary results to the Board in a plenary session and to other relevant MOH stakeholders. The results and recommendations of the study will be used by MOH and its partners in MIISM to inform resource allocation efforts through the annual budget planning process. The study will disaggregate the financing gap by sex where data permits in order to identify particular areas of need in relation to women's health.

### **Task 1.3.1: Finalize the Honduras Migrant HIS Assessment.**

LHSS finalized key stakeholder interviews and presented preliminary findings of the health information system assessment to the MOH and Board of Health and Migration in a plenary session. As discussed with USAID/Honduras, LHSS will work with the Board Chair to complete the assessment and jointly present findings to high-level MOH leadership in Quarter 2 to incorporate further feedback prior to finalizing the deliverable. Preliminary findings point to systemic weaknesses in the governance of HIS for the general population that in turn drive challenges for strengthening HIS systems for migrants and have led to fragmented systems across institutions. One promising development is an upcoming PAHO-supported pilot of a tablet-based form to enter data directly into a new module of the MOH Health Vigilance System. However, scaling up the approach will face obstacles, including current MOH regulations requiring paper-based reporting. LHSS will continue to engage PAHO to identify potential opportunities for synergy and collaboration.

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

On December 6, 2023, LHSS hosted a webinar titled "Health in Migration Corridors: A Fundamental Right." Three panelists shared experiences from their organization about challenges vulnerable populations experience accessing social protection and health services along migratory corridors in the LAC region. In a discussion moderated by the LHSS LAC Bureau Activity Manager, panelists also discussed strategies and solutions to address migrant needs through humanitarian aid and health systems strengthening efforts. For example, the chief of party for the LHSS Activity in Colombia described experiences and strategies for strengthening communities and local actors. The webinar was attended by 110 participants, 57 percent of whom were from LAC countries. A recording of the webinar was shared with all registrants.

LHSS published the third edition of the LAC regional newsletter titled "Insights: Migration and Health in Latin America and the Caribbean" on November 27, 2023. The newsletter, which included reports, blogs, and events from LHSS Activities throughout Latin America, as well as other regional resources from international organizations, was shared with over 290 individuals. This edition had a total of 404 opens and 33 clicks on links (this number includes both English and Spanish campaigns). The purpose of these quarterly newsletters is to disseminate curated information on recent and relevant regional events, stories, projects, news updates, and other information related to health and migration in the LAC region.

Finally, LHSS is producing a podcast episode on the importance of mental health and wellbeing among migrant populations in the LAC region, with a focus on migrant women and LGBTQ

migrants. The Activity has engaged with organizations from Peru, Colombia, and Honduras to participate as speakers on the podcast. These guest speakers will share challenges and promising practices for strengthening mental health services and wellbeing among migrant populations in their respective countries. Final production and dissemination of the podcast is planned for Quarter 2 and will be disseminated for World Health Day (April 7). The podcast will also be reshared and promoted for World Mental Health Day (Oct. 10).

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

GESI considerations inform each of the Activity objectives and interventions. For example, the webinar held December 6, 2023, during the 16 Days of Activism against Gender-Based Violence provided a platform for LHSS and panelists to raise awareness of gender-based violence and specific challenges among migrant populations. In addition, the referral systems study focuses on three sets of services of high priority for migrant women: maternal health services, referral for survivors of sexual violence, and mental health services. The Activity also uses a GESI lens in the data collection process of the financing gap study and HIS assessment by collecting and analyzing available disaggregated data of migrant women health services coverage and demands.

## ENVIRONMENTAL COMPLIANCE REPORTING

LHSS LAC Bureau 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 Bureau FY24 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

Engagement through the Activity's two knowledge products (i.e., the webinar and latest newsletter) reached a total of 514 audience interactions (Proposed Indicators 5 and 6). LHSS continued implementing the health financing gap study as planned in Cortés and El Paraíso Departments (Proposed Indicator #4). LHSS submitted the draft revised AMELP to the USAID/LAC Bureau for review and concurrence on December 21, 2023. The Activity expects concurrence and approval in Quarter 2 after revisions incorporating USAID feedback.

## EMERGING LESSONS

Preliminary results of the Honduras migrant health information system assessment indicate numerous challenges including weak governance of migrant health data and broader gaps in the health information system. Weak governance within the health information system contributes to the lack of clear strategic investment in the system. This challenge has impeded the MOH's ability to adapt the health information system to include and use migrant health data. Based on learnings from the assessment, a short to medium term priority for the MOH will be to develop a migrant health information system governance framework and a national plan to guide efforts to strengthen the system.

## CHALLENGES

Engagement of leadership from the Board of Health and Migration is a persistent challenge, as regularly scheduled leadership meetings have been cancelled or rescheduled. This represents a risk to LHSS Activity success, including meeting deadlines, given how challenging it is to receive timely and adequate feedback to complete project deliverables. To mitigate this risk, LHSS will continue to support leadership of the Board of Health and Migration to improve its

operations, including convening and management of meetings and will work with USAID's Bureau for Latin America and the Caribbean and USAID/Honduras to identify other avenues to engage higher-level leadership of the MOH and other stakeholders. A recent change in the MOH's minister position in late December 2023 may present additional challenges in Quarter 2, as a shift in this top position may portend additional personnel changes among MOH leadership and technical staff. LHSS will continue to work with current MOH contacts and with USAID to identify appropriate avenues for engagement in the event of additional personnel changes or delays.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted in Quarter 1.

## EVENTS NEXT QUARTER

No events planned.

## PRIORITIES NEXT QUARTER

LHSS will support the Board of Health and Migration in updating its strategic plan and continue implementing the referral systems study, health financing gap study, and migrant health information system assessment. The Activity will also finalize production and dissemination of the podcast episode.

## ENGAGING LOCAL AUDIENCES

The LHSS LAC Bureau Activity has pursued a knowledge management and dissemination strategy aimed toward informing audiences about the challenges and opportunities related to advancing social health protection for women migrants in LAC. The Activity shared perspectives from practitioners and thought leaders working in Colombia, Honduras, and Mexico through a virtual webinar event (in Spanish with optional English translation) and a newsletter highlighting resources in English and Spanish on migration and health in the LAC region.

Insights: Migration and Health in Latin America and the Caribbean, Fall 2023, Third edition. The newsletter was published November 27, 2023.

Virtual webinar, "Health in Migration Corridors: A Fundamental Right," December 6, 2023.

# LHSS MADAGASCAR

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS supported the Ministry of Health's (MOH) Universal Health Coverage (UHC) Support Unit in drafting the National Health Financing Strategy implementation plan. The plan outlines important activities, timelines, and roles for operationalizing the health financing strategy and accelerating progress towards UHC.
- The Activity facilitated an MOH UHC Support Unit workshop in December 2023 to disseminate the results from the health *mutuelles* feasibility study in the Fénérive- Est district. The workshop also presented findings from the study trip by UHC Support Unit staff and government policy makers to Senegal. Outcomes and recommendations from the workshop will inform the next phase of the health *mutuelles* pilot.
- The Activity supported the MOH's National Health Accounts technical and steering committee in conducting a rapid assessment of national health accounts institutionalization. Results of this assessment provided insights into best practices and challenges and helped the MOH prepare for its 2022 National Health Accounts exercise, typically conducted once the government's fiscal year is completed.

## ACTIVITY PROGRESS

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

Following validation of the government's National Health Financing Strategy in January 2023, LHSS supported the MOH's UHC Support Unit in developing a preliminary draft implementation plan. This plan includes key activities to achieve the Strategy's objectives around including domestic resource mobilization, pooling and purchasing, developing a timeline, and roles and responsibilities. These activities will be prioritized with LHSS support. In December 2023, the LHSS co-hosted a workshop with the World Bank to review the draft implementation plan and reach consensus among stakeholders on the key elements. Stakeholders included members of the UHC Support Unit, the MOH's Health Financing subcommittee, several MOH Directorates, and representatives from other ministries. Findings from the December workshop will be used to finalize costing of the implementation plan in a follow-on workshop scheduled for February 2024.

Additionally, the Activity supported the MOH in strengthening its planning and budgeting process by supporting a workshop where MOH's Finance and Planification Directorates finalized the MOH's 2024 budget.

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

LHSS supported the UHC Support Unit in conducting a feasibility study in the Fénérive-Est district during Quarter 1 to inform the design of the health *mutuelles* model in that district. The Activity also provided technical and financial support to a 15-person team of UHC Support Unit staff and government policy makers to participate in a study tour in Senegal in September 2023. The purpose of this trip was to learn from Senegal's experience designing and implementing a mechanism similar to Madagascar's to advance UHC. In November 2023, the Activity provided technical support to the UHC Support Unit to review and validate key documents, such as draft



decrees governing community-based health insurance and training curricula on the design and creation of *mutuelles* (including promotion, management, and monitoring of *mutuelles*).

During a workshop in December 2023, the Activity supported the UHC Support Unit in disseminating the results of the *mutuelles* feasibility study in Fénérive Est and findings from the Senegal study tour. Results of the feasibility study confirmed the initial hypotheses. These included: 1) the population of the Fénérive-Est District faces significant financial barriers to accessing health care, 2) working with *mutuelles* is the appropriate mechanism to address these financial barriers, and 3) the socio-economic environment in Fénérive-Est offers an enabling environment to develop *mutuelles* in that district. During the workshop, participants discussed key results from the feasibility study and best practices learned during the Senegal study tour. Foremost is the need for strong political commitment to support *mutuelles*. Workshop participants also proposed recommendations for finalizing the fundamental parameters of the overall *mutuelles* design in the Fénérive-Est District. One of these recommendations is that the UHC Support Unit should collaborate with the Fénérive-Est district to develop a roadmap to implement the *mutuelles* pilot phase in January 2024. The UHC Support Unit and LHSS plan to collaborate with other development partners working in the district of Fénérive-Est to address supply side challenges such as quality of care issues in Basic Health Centers. M-Tomady<sup>5</sup> expressed interest in supporting digitalization of the schemes.

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

In November 2023, the Activity conducted a rapid assessment to evaluate the status of institutionalizing national health accounts exercises. LHSS supported the MOH in conducting interviews with members of the national health accounts technical and steering committees and completed a review of documents used to develop the national health accounts report. LHSS presented results of the assessment to the MOH in a December 2023 workshop where lessons learned in the national health accounts production process were discussed. During the workshop, stakeholders identified best practices and challenges from previous national health account exercises. Recommendations from the assessment include: 1) establish an automatic government data collection system to improve the accounts production process, 2) strengthen institutional relations with the National Institute for Statistics to facilitate the Institute playing a more prominent role in the process of developing national health accounts, and 3) provide a budget line to finance development annual national health accounts exercise. Work accomplished during the workshop enabled the MOH to begin planning for the 2022 NHA exercise.

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

During the December 2023 workshop disseminating findings from the feasibility study in Fénérive Est, stakeholders reiterated the need to ensure social inclusion when discussing *mutuelles* membership. Various stakeholders appealed to MOH and regional authorities (e.g., health districts, and political and administrative authorities) to ensure coverage of premiums for poor populations and higher quality of facility-based services. in the five communes of the pilot phase.

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<sup>5</sup> “M” refers to mobile technology and ‘Tomady’ translates as ‘to be in good health’ in Malagasy, referring to the company and its innovative digital platform.

## ENVIRONMENTAL COMPLIANCE REPORTING

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

The Activity organized a discussion on the draft implementation plan for the National Health Financing Strategy where the UHC Support Unit demonstrated strong leadership in engaging stakeholders such as senators, deputies, and representatives from various government departments (Indicator #5, LHSS Madagascar AMELP, see Annex A).

The Activity collaborated with other partners (notably WHO and UNICEF) to support the institutionalization of National Health Accounts (Indicator #10, LHSS Madagascar AMELP). Findings from the stakeholder workshop and rapid assessment have allowed the NHA team to reflect on the progress achieved to date, identify lessons learned, and develop recommendations to improve subsequent national health account exercises. These findings also enhance Madagascar's capability to generate precise and dependable health budget and expenditure data. This is pivotal for evidence-based decision-making, policy formulation, and the effective implementation of health financing strategies, in alignment with the country's UHC goals.

## EMERGING LESSONS

Leveraging the efforts of other implementing and development partners allows for faster progress and greater efficiency. For instance, LHSS collaborated with the World Bank to advance the development and finalization of the National Health Financing implementation plan and worked with WHO to co-finance the production of the 2019-2021 NHA exercise.

## CHALLENGES

- The national elections and the ensuing changes in legislature and MOH staffing could lead to delays in the implementation of project activities. For instance, it will become more difficult to engage with the Public Health Commission of the National Assembly at the end of its current term in March 2023. To proactively address this challenge, the Activity will initiate preliminary contact with the departing legislature and engage with the new legislature and staff once they are appointed.
- The Activity continues to strengthen the capacity of the UHC Support Unit to lead UHC-related reforms, including domestic resource mobilization. However, the Activity's local partner that had been leading the group coaching sessions, *Institut de Technologie, de l'Education, et de Management (ITEM)* decided to part ways with LHSS and pursue other opportunities. The Activity is actively looking for a local firm and/or consultant to continue this work to ensure seamless capacity strengthening activities with the UHC Unit.

## DELIVERABLES SUBMITTED IN QUARTER 1

*Extension de la couverture santé universelle à travers les mutuelles de santé : les perspectives pour Madagascar au regard des expériences du Sénégal : Note Technique.* Submitted December 27, 2023.

## EVENTS NEXT QUARTER

The Activity will provide technical assistance to the district of Fénérive- Est and the UHC Support Unit to initiate the pilot phase of health *mutuelles*.

## PRIORITIES NEXT QUARTER

- LHSS will support the UHC Support Unit in finalizing its implementation plan for the National Health Financing Strategy.
- The Activity will support the government's NHA team to prepare the NHA for the 2022 financial year.

## ENGAGING LOCAL AUDIENCES

The Activity created social media posts from the December 2023 workshop on results from the dissemination the *mutuelles* feasibility study in Fénérive-Est and the Senegal study tour. LHSS also plans to engage local audiences by publishing a technical brief on strengthening national planning, budgeting, and financial management for health to mobilize health financing resources. This brief is planned for early Quarter 3.

# LHSS NAMIBIA

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS Namibia supported the Ministry of Health and Social Services (MoHSS) in validating the universal health coverage (UHC) policy framework and the analyses on the costing of the Essential Health Services Package between November 8-10, 2023 with a wide range of stakeholders. These health reforms aim to improve the delivery of quality and affordable healthcare to all citizens.
- The Activity worked in collaboration with the Ministry's Primary Healthcare Directorate to jointly lead a series of meetings to develop a costed strategy for community health workers. This strategy forms part of broader reforms to strengthen the community-based healthcare policy and its operationalization for improved access to healthcare at the community-level, especially in remote and hard-to-reach areas.
- On December 6, 2023, LHSS Namibia collaborated with the MoHSS to launch the resource tracking exercise covering the period from 2020/21 to 2022/23 which generated estimates of both health and HIV spending in Namibia.

## ACTIVITY PROGRESS

### **Objective 1: Support the Ministry of Health and Social Services' Efforts towards Universal Health Coverage and Sustainable Health Financing.**

LHSS collaborated with the MoHSS to validate the UHC policy framework as part of ongoing efforts to facilitate continuous stakeholder engagement, gathering valuable input and securing consensus to propel Namibia's UHC agenda. The validation meeting further aimed to connect the UHC policy framework with other ongoing reform decisions, including those relating to the financing of health and the affordability of the Essential Health Services Package. The validation meeting forms part of the broader validation process and is a steppingstone for the MoHSS to formalize the UHC policy framework with approval by the Cabinet, which is planned for FY24 Quarter 2.

LHSS continued to work in close partnership with the Primary Healthcare Directorate of the MoHSS to ensure comprehensive integrated service delivery at community-level, and to enhance access to community-based primary healthcare services in peripheral and hard-to-reach areas. To facilitate these reform efforts, LHSS collaborated with the Ministry to establish a community-based healthcare technical working group. The group is charged with guiding national planning, coordination, management, and resource mobilization for community-based healthcare services. The Activity also supported the Directorate to facilitate technical working group meetings to develop a comprehensive and costed national strategy for community health workers. This strategy delineates key operational, deployment, and implementation strategies. The draft strategy is scheduled to be validated by key stakeholders in FY24 Quarter 2.

### **Objective 2: Improve the Efficient Use of Resources through Evidence-Based Decision-Making and Improved Accountability.**

LHSS drafted recommendations for the implementation of program-based budgeting by the MoHSS to improve resource allocation, management, and budget execution for greater alignment with specific program requirements and the health needs of the population. LHSS Namibia further provided technical support through ongoing mentorship of key MoHSS

personnel to continuously improve their budgeting and planning efforts. LHSS's senior embedded health financing advisor also provided guidance at the Ministerial Financial Planning Management meeting to ensure that the annual planning process is aligned with UHC policy, the National Health Policy Framework, and other strategic plans. The advisor also facilitated implementation of the essential health services package.

On October 27, 2023, the MoHSS officially launched its social contracting policy. LHSS played a pivotal role in the development of this policy, which positions the Ministry to forge effective partnerships with civil society. This effort enables the sustained provision of community-level health and HIV services, particularly in remote and hard-to-reach areas, as well as among vulnerable and key populations – services which are currently mostly donor-funded. LHSS will support ongoing efforts to implement the policy by facilitating training on the social contracting standard operating procedures and implementation guidelines in Quarter 2.

From November 15-17, 2023, LHSS Namibia supported the MoHSS in facilitating a training on the combined System of Health Accounts/National AIDS Spending Assessment resource tracking approach, methodology and all necessary tools for effective data collection and analysis. The resource tracking exercise for the years from 2020/21 to 2022/23 was then officially launched by the Minister of Health and Social Services on December 6, 2023. In their speeches, both the Minister and the US Ambassador to Namibia noted the importance of resource tracking data to inform health and HIV-related policymaking, program management, and sustainable financing decisions. In ongoing efforts to institutionalize resource tracking, LHSS will actively identify and implement measures and opportunities to streamline data collection, and improve data use and ownership, while providing continuous mentoring to strengthen local resource tracking capacity. Policy questions to be answered by the exercise focus on the alignment of spending with health priorities as defined in the UHC policy framework and essential health services package, and to assess the impact of COVID-19 on health spending to inform measures for improved resilience.

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

LHSS has made concerted efforts to maximize opportunities to enhance gender equality and social inclusion throughout its activities in Namibia. LHSS ensured that special consideration was given toward improving gender equality and social inclusion during the development of both the UHC policy framework and the prioritization of services for the essential health services package. LHSS is actively pursuing these initiatives to cultivate an inclusive and equitable environment.

## ENVIRONMENTAL COMPLIANCE REPORTING

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 FY24 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

The draft Activity Monitoring, Evaluation and Learning Plan for LHSS Namibia has been completed and approved by USAID. The Activity has made significant progress toward achieving designated indicators.

LHSS is making strides in achieving the annual target on MoHSS-led initiatives for evidence-based resource mobilization and allocation in health benefit package planning, design, and costing (Indicator 2), reaching 60 percent progress in Quarter 1.

The Activity achieved 25 percent progress in capacity-strengthening activities conducted for the development of systems and processes (Indicator 3)

## EMERGING LESSONS

LHSS's strategic approach of fostering collaboration with the MoHSS through its embedded advisor has proven effective and underscores the importance of maintaining ongoing dialogue and engagement with MoHSS senior personnel. The approach has improved informed decision-making by the MoHSS, providing valuable insights into the complexities of the healthcare landscape. Through this close working relationship, LHSS has been able to facilitate the seamless navigation of regulatory processes and compliance requirements for policy development and reforms, such as the approval of the Social Contracting policy and the validation processes to secure approval of the UHC policy framework. These achievements have enhanced the Activity's credibility and trust by the counterparts within the Ministry, therein further fostering a positive and highly collaborative relationship with the Ministry.

## CHALLENGES

Limited availability and delayed access to data led to delays in the finalization of the analyses on the affordability of the essential health services package. To address these challenges, LHSS proactively followed up with the MoHSS regularly and, when necessary, organized dedicated meetings for data extraction. The Activity will validate the results of the scenario analyses with the Director of Primary Healthcare in early FY24 Quarter 2.

## DELIVERABLES SUBMITTED IN QUARTER 1

Recommendations for the implementation of program-based budgeting. Submitted to USAID on October 31, 2023.

## EVENTS NEXT QUARTER

- Validation of the costed community health worker strategy, scheduled for February 2024.
- Training on the social contracting policy, standard operating procedures, and implementation guidelines, scheduled for February 12-16, 2024.

## PRIORITIES NEXT QUARTER

- Finalize the scenario analysis on the affordability of the essential health services package and present of findings to Primary Healthcare senior management.
- Support the Ministry in facilitating the approval of the UHC policy framework by the Ministerial Policy Committee and Cabinet.
- Conduct data collection for System of Health Accounts and National AIDS Spending Assessment resource tracking study.

## ENGAGING LOCAL AUDIENCES

LHSS engaged local audiences by strategically leveraging various social media platforms and national print media. Through the creation of compelling content that resonated with Namibia's specific health interests and concerns, the Activity established a vibrant online presence and effectively amplified messages from key events such as:

- UHC policy validation meeting <https://www.lhssproject.org/news/empowering-namibias-health-care-future-universal-health-care-and-essential-health-services>
- Launch of the combined Health Accounts/National AIDS Spending Assessment <https://www.lhssproject.org/news/ministry-health-and-social-services-namibia-launches-combined-resource-tracking-exercise>
- Resource tracking training <https://www.lhssproject.org/news/institutionalizing-resource-tracking-evidence-based-decision-making-namibia>
- Success story on the development of the UHC policy framework. <https://lhssproject.medium.com/namibia-stands-close-to-adopting-universal-health-coverage-policy-5b35b7dd2c4f>

This approach garnered increased participation and support from both public and private sectors, enhancing not only the Activity's outreach but also fostering a meaningful and ongoing dialogue with the local audience.

# LHSS NIGERIA

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS trained counterparts to strengthen the referral process to better link patients at primary health clinics to secondary care as part of an overall strategy to improve quality of care for the poor and vulnerable enrolled in the Basic Health Care Provision Fund (BHCPF). In Nasarawa State, referrals improved from 4 in October 2022 to 187 in October 2023.
- LHSS supported high-level stakeholder coordination and engagement with the Zamfara State Government to advocate for the expansion of financial risk protection for the poor and vulnerable. This effort led to the allocation of \$1,184,834 (NGN1,000,000,000)<sup>6</sup> for the Zamfara State health equity fund in the 2024 budget. At a cost of NGN 12,000 per individual, this amount can provide health insurance coverage for approximately 83,000 poor and vulnerable people throughout the state.
- As a result of capacity strengthening provided in public financial management (PFM) to the Kano State Agency for the Control of AIDS, the Agency was able to advocate for an additional budgetary release of \$95,972 (NGN 81M) in Quarter 1. This additional funding brings the total budgetary releases for the FY23 budget to \$177,725 (NGN 150M), representing 51 percent of the total budget. Prior to LHSS intervention, the Agency's budgetary release as of June 2023 stood at zero.

## ACTIVITY PROGRESS

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

The government of Nigeria has embarked on policy reforms to strengthen health systems governance and review the BHCPF 2.0 to focus on universal access to key priority maternal and child health services. These reforms include expansion of the former Federal Ministry of Health to the new Ministry of Health and Social Welfare (MOH). LHSS supported several meetings with MOH stakeholders and development partners and participated in brainstorming sessions for the design of Nigeria's new sector wide approach. To ensure broad stakeholder involvement, LHSS also supported the MOH in convening consultative sessions to discuss the reforms with civil society organizations. LHSS participated in a universal health coverage (UHC) policy dialogue event organized by the MOH. During this event, LHSS shared preliminary findings of its fiscal space analysis for the vulnerable group fund (established by the National Health Insurance Authority Act 2022).

LHSS also supported the MOH in organizing a high-level event to commemorate UHC day in Nigeria. Held at the State House, this event was attended by His Excellency, the President of Nigeria, Executive Governors from 20 states, the Director General of World Health Organization, the Executive Director of the Global Fund, the mission director of USAID/Nigeria, and other dignitaries. During this event, the President of Nigeria unveiled the Nigeria Health Sector Renewal Investment Initiative and its implementation compact signed by state governors and development partners.

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<sup>6</sup> An exchange rate of 844 Niara to 1 USD



Additionally, at the quarterly Ministerial Oversight Committee meeting for the BHCPF, a memo to strengthen the financial management of the Committee's secretariat was passed. A sub-committee was established to advise the minister of health on how to operationalize funds disbursement to gateways that align with the Basic Health Care Program's sector wide approach within the Nigeria Health Sector Renewal Investment Initiative.

**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.**

To address continued sub-optimal service utilization by BHCPF enrollees, LHSS supported Plateau State Contributory Health Care Management Agency and the State Operations Coordinating Unit of the National Social Safety Net Coordinating Office. This support allowed the Agency to visit 1,077 communities and track 7,684 BHCPF enrollees through a house-to-house verification exercise that identified and linked enrollees to health facilities. Approximately 8.2 percent of enrollees requested reassignment to a facility in close-proximity and 10 percent had never accessed care in their assigned health facility because they were unaware of the BHCPF program.

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

LHSS collaborated with Zamfara State Primary Health Care (PHC) Board to train 455 health workers across 14 local government to enhance their skills in quality of care. Participants included health facility officers-in-charge, antenatal care in-charges, health management information system officers, and local government maternal and child health coordinators. LHSS supported Zamfara State PHC Board in conducting the first ever quality assessment exercise across all BHCPF facilities in the state, achieving a 100 percent coverage rate. The assessment identified several quality gaps, particularly in maternal and child health services, which the Board is currently working to resolve. Nasarawa and Plateau States also conducted quality assessments across all their BHCPF facilities. Both states achieved improved quality scores compared to FY23 Quarter 4. In Plateau State, LHSS's support led to stronger collaboration between the state's PHC board and National Youth Service Corps to alleviate gaps in human resources for health in the state. To date, the Corps has deployed at least nine trained health workers (e.g., medical doctors, nurses, and pharmacists) to PHC facilities, with a commitment from local government executives to pay their stipends.

In Nasarawa State, LHSS supported the state PHC development agency in training 400 health care providers from 219 health care facilities on two-way referrals for BHCPF enrollees and claims management. Primary care providers often fail to obtain the appropriate authorization codes for patient referrals. In addition, many secondary care providers are not familiar with the claims process, which often causes delayed or incomplete submissions. This training addressed these issues and strengthened the capacity of providers on Basic Minimum Package of Health Services, proper documentation, and the claims submission process.

LHSS also convened a multi-stakeholder meeting involving the Zamfara State Ministry of Health, the Zamfara State PHC Board and the National PHC Development Agency. The purpose of this meeting was to address challenges impeding access to BHCPF Direct Facility Financing and to establish a fiduciary PFM process for agencies' funds disbursement and use at

the board level. This effort led to the allocation of \$1,184,834 (NGN1,000,000,000)<sup>7</sup> for the Zamfara State health equity fund in its 2024 budget.

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

In Lagos State, LHSS is collaborating with People Living with HIV (PLHIV) support groups, PEPFAR-supported implementing partners, and the EKO Social Health Alliance team of Lagos State Health Management Agency (state insurance scheme) to jointly identify and implement engagement strategies to expand access to essential health services for the general public and vulnerable populations (e.g., PLHIV and orphans and vulnerable children). This engagement led to the enrollment of an additional 84,220 individuals in Quarter 1. Through technical support provided by LHSS, a cumulative total of 933,763 (up from 849,543 in FY23 Quarter 4) have been enrolled. To date, a total of 3,125 PLHIV, orphans and vulnerable children, and members of key populations have been enrolled and can now access health services under the BHCPF and state health insurance scheme. Of this total, 929 individuals were enrolled during Quarter 1.

#### **Objective 5: Improve Sub-National Government Planning and Expenditures for Increased Health Insurance Coverage for PLHIV.**

In Kano State, LHSS conducted a bottleneck analysis of the budget processes as part of its HIV landscape analysis. Findings identified basic capacity gaps in public expenditure and management skills needed to increase expenditure of approved budgets. To address this gap, LHSS provided technical assistance to strengthen the capacity of Agency staff to write persuasive requisition memos and use expenditure reporting templates. Enhanced capacity in these areas has led the Kano State Agency for AIDS Control to receive up to \$177,725 (NGN 150M), nearly 28 percent of which was released during Quarter 1. This fund allocation represents a funding increase from zero in June 2023 (prior to LHSS intervention) to 51 percent of the Agency's budget as of December 2023. The LHSS intervention is aimed at strengthening government budget mechanisms and increasing financial risk protection for PLHIV.

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

LHSS integrated GESI training in its organizational capacity strengthening workshops conducted in Nasarawa, Plateau and Zamfara States. Mainstreaming GESI into these workshops raised awareness and capacity among health systems leaders from these states to identify and mitigate GESI-related challenges that affect access to health care in their contexts.

## **ENVIRONMENTAL COMPLIANCE REPORTING**

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

## **PROGRESS ON PERFORMANCE INDICATORS**

LHSS contributed to an increase of priority populations (i.e., the lowest two quintiles) covered by risk pooling mechanisms from a baseline of 0.64 percent in 2021 to 3.36 percent in Quarter 1 in Nasarawa, Plateau and Zamfara States, according to data from state health insurance agencies records (Indicator 11: Number and percent of priority population (lowest two quintiles) covered

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<sup>7</sup> Exchange rate of 844 Niara to US \$1.

by risk pooling mechanisms). This information represents average summative data across the three LHSS-supported states.

LHSS contributed to increased enrollment of PLHIV in Lagos and Kano States from the summative average baseline of 0.8 percent in 2021 to 2.24 percent by the end of Quarter 1. This information represents average summative data across both LHSS supported states. (Indicator 16: Percent of PLHIV who are enrolled in PEPFAR-supported financial protection schemes)

## EMERGING LESSONS

Mobilizing communities to attend BHCPF enrollee townhall meetings in primary health care facilities is an opportunity to increase informal sector enrollment in health insurance. In collaboration with state counterparts, LHSS expanded these town hall meetings to all community members from the political ward served by each BHCPF facility to increase the number of people receiving information firsthand from the BHCPF program about the benefits of financial risk protection. LHSS is also making a concerted effort to ensure full participation of community gatekeepers (e.g., local government executives, traditional leaders, and religious leaders) to raise awareness about the importance of financial risk protection. In Plateau State, this has led to the voluntary purchase of health insurance premiums by 37 people in the informal sector.

## CHALLENGES

Insecurity continues to be a major threat to activity implementation in Zamfara State due to state-wide banditry and kidnapping. To ensure the facility quality of care assessment is not disrupted, LHSS trained local government health workers with strong knowledge of BHCPF facilities to become quality assessors and assumed responsibility for conducting the State-wide quality assessment.

## DELIVERABLES SUBMITTED IN QUARTER 1

State-produced HIV Budget Expenditure Report, submitted November 2, 2023.

## EVENTS NEXT QUARTER

- Meeting with National Health Insurance Authority on BHCPF 2.0, January 2024.
- National Health Insurance Authority Partners Forum Meeting, January 2024.
- Host a visit from the director of the USAID Mission in Nigeria to Lagos State, January 2024.
- Convene a multi-stakeholders' engagement meeting on the Vulnerable Group Fund in BHCPF 2.0, February 2024.
- Convene a multi-stakeholders' meeting with the National Health Insurance Authority on Mandatory Health Insurance within the framework of the Nigeria Health Sector Renewal Initiative, February 2024.
- Conduct a Kano State Learning visit to Lagos State, March 2024.
- Convene a stakeholders' meeting to align the BHCPF accountability framework with BHCPF 2.0, March 2024.

## PRIORITIES NEXT QUARTER

- Support the Lagos State Health Management Agency in conducting a retreat for state legislators January 23-24, 2024.
- Convene a meeting with National Health Insurance Authority on BHCPF 2.0, January 2024.

## ENGAGING LOCAL AUDIENCES

LHSS participated in the Health Systems Emerging Solutions Forum, a civil society-led event, where the Activity disseminated information about the project's organization capacity strengthening activities with the state health insurance agencies and state primary health care boards in Nasarawa, Plateau and Zamfara States. Forum sessions highlighted the organizational capacity assessment methodology, key findings, and preliminary results. This Forum is an annual peer learning and experience sharing meeting that provides opportunities for health systems leaders from federal and state governments, academia, and civil society organizations to discuss impactful health systems solutions in Nigeria and how to drive them to scale.

## LHSS PERU PEPFAR, HUMAN RIGHTS AND MPOX

### FY24 QUARTER 1 HIGHLIGHTS

- The LHSS Peru Activity closed October 2023 with the successful completion of all deliverables and grants. To mark the completion, LHSS submitted its End of Activity Report to the USAID Mission in Peru and held a closing workshop with grantees, community-based organizations, the Ministry of Health (MOH) and other local partners. The purpose of the workshop was to solicit partner feedback on the Activity. Participants also identified and shared learnings from the work of LHSS grantees to strengthen the capacity of community-based organizations to welcome LGBTQI+ migrant and non-migrant populations and link them to accessible health care services.
- Between April 2021 and October 2023, LHSS Peru completed 45 technical products and deliverables across four programmatic areas. These included improving the availability of comprehensive HIV services for migrants, accelerating and expanding access to COVID-19 vaccinations, strengthening MOH capacity to communicate information to vulnerable populations on preventing transmission of Monkeypox, and strengthening care and support networks for LGBTQI+ migrants and nationals. The End of Activity Report includes detailed information on the Activity's milestones and lessons learned. The LHSS FY23 Annual report includes final reporting on the Peru Activity's FY23 deliverables and indicators.

# LHSS TAJIKISTAN (GLOBAL HEALTH SECURITY)

## FY24 QUARTER 1 HIGHLIGHTS

- LHSS conducted an assessment of 14 virology laboratories that focused on 12 unique elements of the quality management system. Results of this assessment will be presented at a round table in January 2024 with participation of the Ministry of Health and Social Protection of the Population (MOHSPP) and other partners. Results will be used to prioritize key areas of technical support to the ministry, including strengthening the capacity of health care workers, creating electronic systems for data collection, and measures to improve waste management and infection prevention and control.
- LHSS and the MOHSPP initiated the work of the Laboratory Coordination Council which will focus on improving the structure of laboratory systems nationwide. The Council sent an official letter asking the MOHSPP to hold regular meetings with key partners to facilitate an ongoing process of joint decision-making and addressing performance gaps within the laboratory system.

## ACTIVITY PROGRESS

### **Objective 1: Strengthen National Laboratory Systems.**

LHSS met with development partners working in the field of laboratory sciences and have extensive experience strengthening laboratory systems in Tajikistan, particularly laboratory management information systems. Participants in two such partner meetings included the USAID Mission in Tajikistan, World Bank, FHI 360, the USAID-funded ETICA project, and Supranational TB Reference Laboratory. During the meetings, partners shared their experiences related to improving laboratory systems, challenges, and achievements. Participants also outlined strengths and weaknesses of the laboratory system, highlighting areas that require focus and dedicated collaboration among stakeholders in Tajikistan.

LHSS conducted an assessment of 14 laboratories across the country in order to prioritize key areas of technical support identified by the MOHSPP. This assessment focused on 12 elements of quality management systems including laboratory information systems, infection prevention control, laboratory waste management, laboratory quality control, workload per laboratory, and documentation requirements. The activity conducted the assessment using tools developed by WHO and the LHSS project. The Activity will present the results and recommendations from this assessment to the MOHSPP and other key partners at a round table in January 2024. Following discussions at this meeting, the MOHSPP will determine which measures to prioritize and undertake.

LHSS received an official request from the State Department Center to facilitate timely and high-quality water analyses. In response, the Activity is supporting procurement of two portable laboratories, reagents and other consumables for laboratories in Khatlon and Sughd regions. To strengthen the capacity of laboratory technicians the State Department Center has also asked LHSS to provide technical support to conduct training for laboratory technicians on the use of equipment and water quality testing and analyses.

### **Objective 2: Improve the Capacity of the Health Workforce.**

On December 8, 2023, LHSS held a meeting with WHO to discuss methods of collaboration and cooperation that avoid redundancy in providing support to the MOHSPP when implementing quality management systems and biosafety and biosecurity in laboratories. Additionally, LHSS

held a meeting with MOHSPP freelance laboratory specialist Mrs. Barno Barotova to initiate work with the Coordination Council to improve the structure of laboratory systems throughout the country. An outcome of this meeting was agreement to send an official letter to MOHSPP to resume the work of the Laboratory Coordination Council.

Several meetings were conducted with USAID and key partners including the WHO, FHI360, and Food and Drug Administration to discuss each partner's work plans and activities. The purpose of these discussions was to raise awareness about each actor's activities to promote and facilitate coordination and complementarity among the respective efforts. Additionally, LHSS conducted meetings with the MOHSPP's deputy minister to discuss LHSS's workplan and activities. Highlights of these discussions were shared among key ministry officials. Finally, LHSS convened a meeting with the head of the State Institution Center for Emergency Response in the Field of Public Health to discuss the Activity's FY24 workplan and plans to establish a multisectoral working group. The role of this working group will be to identify and address existing gaps and collaborate to improve implementation of the National Emergency Country Preparedness plan. The group will also enhance cooperation among key stakeholders in health emergency preparedness measures at the community level.

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

LHSS conducted meetings with partners during Quarter 1 to discuss project objectives and activities that incorporated GESI approaches. LHSS will continue to promote and integrate GESI approaches in all aspects of its GHS scope, including future activities to mentor health care workers mentoring and capacity development trainings.

## ENVIRONMENTAL COMPLIANCE REPORTING

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

Since GHS activities are in their initial phases, performance indicators will be reported beginning in Quarter 2.

## EMERGING LESSONS

Regular coordination meetings between implementing partners and the Laboratory Coordination Council are crucial to strengthening the country's virology laboratory system and preventing duplication of efforts.

## CHALLENGES

No challenges were encountered during Quarter 1.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted during Quarter 1.

## EVENTS NEXT QUARTER

- Hold a roundtable for MOHSPP and other key partners for LHSS to present key findings from its assessment of 14 laboratories.

- Conduct a workshop on strengthening multisectoral cooperation for emergency preparedness measures with key stakeholders to improve health system emergency preparedness coordination and cooperation.
- Convene a meeting with the Republican Health Lifestyle Center to discuss activities related to raising awareness about the role of communities in preventing environmental pollution and infection and prevention control, including waste management, in target areas.

## PRIORITIES NEXT QUARTER

- Draft the assessment report on the updated laboratory information system.
- Develop a training module on laboratory infection prevention and control based on WHO's revised Order #1119.

## ENGAGING LOCAL AUDIENCES

LHSS convened launch meetings with key partners to discuss its approach, goals, and planned activities for Quarter 2 and beyond.



# USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

## FY24 QUARTER 1 HIGHLIGHTS

- The USAID Health System Sustainability Activity (the Activity) awarded grants to two local organizations: St. John of God International Health and Hamutuk Ita Ajuda Malu Health. USAID also approved a grant to the Timor-Leste Medical Association, bringing the total of grantees under the Activity to eight. Each of the grants focuses on improving different aspects of governance and civic engagement, with an aim to improve the quality of health care provision.
- Members of Rede Ba Saúde Timor-Leste (REBAS-TL) began systematically collecting evidence on local health system challenges, such as supply shortages and provider absenteeism, and presenting them to the National Parliament. The authorities accepted the report and the Activity is supporting REBAS-TL in developing monitoring mechanisms to track the government's response and resolution of these challenges.

## ACTIVITY PROGRESS

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

Based on the findings from the Institutional Capacity Assessment conducted jointly with the Ministry of Health (MOH), the Activity awarded a grant to St. John of God International Health, an organization that supports health professionals in developing skills needed to deliver high quality health services. The grant aims to design and implement a leadership development program for MOH unit heads and directors focusing on critical thinking, decision-making, and promoting a high-performance culture. In FY24 Quarter 1, the Activity finalized the leadership development program outline and the monitoring and evaluation plan. In FY24 Quarter 2, the Activity will orient new MOH members to the leadership development program, anticipated to start April 2024.

In cooperation with the government's information technology agency, TIC Timor, the Activity trained 17 MOH staff in the use of a cloud platform. This tool will improve the ability of the MOH to manage documentation, store and share documents online and improve coordination across departments.

In Quarter 1, the Activity provided technical support to the MOH in conjunction with the World Health Organization (WHO) to develop timeframes for selected interventions included in the Health Management Information System National Strategic Plan for 2024-2030. The MOH incorporated recommendations from the Activity's [Data Analysis Capacity Assessment](#). These recommendations included MOH plans to update Timor-Leste's interoperability roadmap (which compiles data from digital platforms of each MOH program to inform decision-making) and the data dictionary for 23 reporting forms within the Timor-Leste Health Information System.

The Activity trained 17 REBAS-TL members on public financial management frameworks, budget cycle, community-based monitoring, and advocacy. Skills gained during these trainings will enable member organizations to participate more actively in finance discussions with authorities and advocate more effectively with Parliament to improve quality of health care services (see Objective 4).

Throughout FY24 Quarter 1, the Activity supported the MOH in advocating for widespread use of public financial management to improve the efficiency of resource utilization. In one example, it supported the Director General of Corporate Services in developing strategic messages for presentation at a global meeting of the Budget Community of Practice within the Public Expenditure Management Network in Asia, hosted by Timor-Leste's Ministry of Finance. During the meeting, the Director General shared the MOH's efforts to strengthen all pillars of the country's health system through improving health expenditure efficiency.

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

USAID approved an in-kind grant to the Timor-Leste Medical Association to develop competency standards and a code of ethics for medical professionals. This effort will strengthen workforce management in the public and private health sectors, with the aim of improving the quality of patient-centered services and ensuring that healthcare provision meets minimum standards. The initiative involves establishing a steering committee comprised of relevant public and private stakeholders. These standards can then inform policies related to quality, medical education and training programs, and regulatory systems such as licensure. The grant will launch in FY24 Quarter 2.

In FY24 Quarter 1, the Activity supported the National Directorate of Human Resources in identifying recruitment officers within the Directorate to become peer trainers who will operationalize three manuals (e.g., those covering performance evaluation, job descriptions, and recruitment). These recruitment officers have trained Directorate staff on using these manuals and championed roll-out of these new resources to over 450 health professionals in nine municipalities. The roll-out provides health professionals with an opportunity to share suggestions for improving recently approved job description templates, ask questions about the new performance evaluation tools and recruitment process, and provide feedback on the manuals.

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

In FY23, the Activity awarded a grant to a local civil society organization, Hamutuk Ita Ajuda Malu Health, to introduce a community-based monitoring for health approach in ten villages of Ermera municipality. In FY24 Quarter 1 the grantee established a village health assembly in each of the ten villages, totaling 240 members (135 females and 105 males). The Activity supported the grantee in ensuring the health assemblies accurately represented their populations, incorporating GESI considerations in the field manual for community-based monitoring and assembly meetings to ensure that the community members understand the importance of equity and inclusivity. For example, the field manual recommends that 60 percent of village health assemblies include representatives of people living with disabilities, pregnant and lactating mothers, and youth. Hamutuk Ita Ajuda Malu Health also completed an assessment of key challenges facing local health facilities in areas such as social, agricultural, and nutrition practices. Findings will feed into each assembly's action plan along with other data solicited from community member feedback activities. Hamutuk Ita Ajuda Malu Health will also use these data to monitor each assembly's progress over time and adjust its support to the assemblies accordingly.

The Activity assessed Hamutuk Ita Ajuda Malu Health's organizational and technical capacity by conducting interviews with its staff. Gaps identified through this process included the capacity to design social and behavior change programs, including disability and other GESI considerations. In response to these gaps, the Activity is conducting periodic staff training to support management and implementation of Hamutuk Ita Ajuda Malu Health's grant. The

Activity will also support Hamutuk Ita Ajuda Malu Health in developing a capacity strengthening action plan which will include targeted trainings to fortify the grantee's organizational and technical skills.

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

The Activity expanded its cascading advocacy cycle training for REBAS-TL members from eight municipalities in FY23 to 12 in FY24 Quarter 1. The new municipalities included Ermera, Liquica, Dili, and Oecusse. Twenty-six REBAS-TL representatives participated in these advocacy trainings to increase their knowledge on evidence-based advocacy and the advocacy cycle.

The Activity trained REBAS-TL members on planning, conducting, and monitoring health advocacy, equipping the participants with the skills to collect data and raise awareness about the priority health challenges in their municipalities. As a result, the training participants have started collecting evidence on local health system challenges, such as lack of medical supplies and equipment, absenteeism among health professionals in rural areas, and inadequate health infrastructure. Training participants presented their strongest evidence of challenges faced by five municipalities to the National Parliament. The goal of this presentation was to raise awareness and advocate for parliamentary support to resolve these health challenges and increase access to quality health services in their communities. The authorities acknowledged the importance of the evidence presented in this report. The Activity is now supporting REBAS-TL members in developing monitoring mechanisms to track the government's response and steps it is taking to address these challenges.

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

The Activity included women and representatives of other groups facing vulnerability and marginalization as membership criteria in the village health assemblies' terms of reference to require their consideration and participation in the assemblies. Inclusion of these groups during intervention planning and implementation increases opportunities to address barriers faced by these groups (e.g., access health services at the community level and inclusion in professional trainings). The village health assemblies have 15 to 20 members each charged with community-based monitoring for health. They include women, youth, people living with disabilities and other marginalized groups.

In FY24 Quarter 1, the Activity conducted four trainings with a total of 134 participants (42 percent of whom were women). Participants collaboratively identified health issues for evidence-based advocacy. The training focused on evidence-based advocacy, public financial management, and technology support. Through their active participation, women attendees forged new connections with female peers and found common ground in their shared experiences.

### **ENVIRONMENTAL COMPLIANCE REPORTING**

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

### **PROGRESS ON PERFORMANCE INDICATORS**

- The Activity supported ten villages in developing functional community health systems through establishing village health assemblies (Indicator 11).

- The Activity conducted eight information exchanges between the MOH and civil society organizations to promote accurate information sharing and accountability (Indicator 14).
- The Activity worked with civil society organizations to submit one report on health challenges and recommendations to the National Parliament (Indicator 15).

## EMERGING LESSONS

### **Supporting Transition of Key MOH Positions with a Dedicated Joint Meeting Increases Institutional Knowledge Transfer.**

Timor-Leste recently formed a new government which led to significant staff changes within the MOH and shifted some of the ministry's priorities. One of these changes included hiring a new Director of the National Directorate for Human Resources. To ensure a smooth transition and continuity of its work with the Directorate, the Activity met with the former director together with the appointed successor. Emphasizing the importance of continuity, the Activity and new Director agreed to work on two activities immediately, including dissemination of the job description manual and completion of human resources manual, and to review remaining priorities once the new Director is fully onboarded.

### **Sharing A Clear Purpose on the Use of Data Helps to Develop Trust and Openness to Exchange Information Among Communities.**

Some patients and health workers were not confident in sharing health information with REBAS-TL members. The Activity provided capacity strengthening trainings to REBAS-TL members to help them effectively communicate to communities and municipal health authorities about the benefits of sharing health information. Topics covered included the purpose of the data collection, how the data will be used, and how REBAS-TL ensures data privacy and confidentiality. Communication between REBAS-TL, communities, and municipal health authorities have made patients and health workers more willing to and confident about sharing information with REBAS-TL, and the network's use of data in its advocacy work with decision-makers. Through these actions, the Activity strengthened trust between REBAS-TL and their communities, increasing community engagement with municipal health authorities.

## CHALLENGES

The MOH has been handling multiple competing priorities and staff changes resulting from the recent election. These challenges have impacted the MOH's ability to implement the guidance outlined in its partnership manual. For example, officials have not been able to fully engage with the national health sector coordination committee, the joint health sector review and planning summit, and coordination meetings among development health partners. These engagement mechanisms are the main pillars for civil society organizations and MOH to interact, discuss health challenges faced by communities, and jointly work toward resolving these challenges to improve quality of care. The Activity continues to engage with the Directorate of Partnership and Cooperation to implement its strategy, including budgeting financial support to assist with overcoming these challenges.

## DELIVERABLES SUBMITTED IN QUARTER 1

The Activity submitted a 'Timor-Leste health labor market analysis report' to USAID in November 2023.

## EVENTS NEXT QUARTER

- Launch of learning platform with the USAID-funded non-governmental organization Advocacy for Good Governance, January 2024.
- Launch of the health financing curriculum for MOH managers and directors, February 2024.
- Launch of the Community-Based Monitoring for Health Guidelines, February 2024.

## PRIORITIES NEXT QUARTER

- Finalize the health management information systems manual, human resources manual, and community-based monitoring for health guidelines for the MOH.
- Finalize village health assembly action plans in 10 villages of Ermera.
- Finalize the advocacy manual to support REBAS-TL members with evidence-based advocacy tools.

## ENGAGING LOCAL AUDIENCES

The Activity uses its dedicated local Facebook and X accounts and local news outlets to engage with stakeholders nationwide, and the LHSS website and YouTube channel to promote its work globally. The Activity produced and disseminated the following knowledge products in Quarter 1 FY24:

Success story titled [USAID Transforms Health Data Collection and Reporting in Timor-Leste](#), published in [October 2, 2023](#).

Success story titled [Peer Trainers Champion Health Workforce Reforms in Timor-Leste](#), published in [December 21, 2023](#).

With over 1,000 followers on the Timor-Leste Facebook page, the Activity generated 34 social media posts, including four short videos and one photo story.

The Activity developed two press releases on the Hamutuk Ita Ajuda Malu Health and St. John of God International Health grant launches. Thirteen media outlets covered the events.

# LHSS UKRAINE

## FY24 QUARTER 1 HIGHLIGHTS

- In response to a Ministry of Health (MOH) request, LHSS drafted amendments to the MOH orders and Cabinet of Ministers of Ukraine decrees that regulate the provision of primary, emergency, specialized, palliative, and rehabilitation care for use in telemedicine. These amendments aim to position telemedicine as a tool for enhancing access to and quality of medical care by standardizing and clarifying its role.
- As a result of continued dialogue between LHSS and the National Health Service of Ukraine, telemedicine services are now included in 31 of the 41 medical and rehabilitation care service packages covered by the state-funded Program of Medical Guarantees for 2024, a substantial increase from 11 packages in 2023. This expansion is expected to scale up use of telemedical services and reconnect people to timely and quality health care during wartime conditions.
- LHSS facilitated the development and signing of a Memorandum of Understanding to establish a public-private partnership between the MOH and Spanish private company *IneHealth Team SL* to provide *Idonia* teleradiological software and associated applications.

## ACTIVITY PROGRESS

### **Objective 1: Strengthen Telemedicine Governance Policies, and Financing.**

The LHSS-supported Interagency Working Group responsible for developing the Telemedicine Strategy for 2023 - 2025 disbanded during Quarter 1 after achieving its set objectives. Over the course of the group's operation, some members took on frontline duties, others transitioned to different roles, and several new stakeholders expressed their interest in contributing. This necessitated an update in the group's composition. LHSS supported the MOH in establishing a new Interagency Working Group focused on the Development of Telemedicine in Ukraine with an expanded mandate to analyze the current status of telemedicine and facilitate implementation of the Telemedicine Development Strategy for 2023–2025. On December 15, 2023, the MOH convened the inaugural meeting of the new Interagency Working Group dedicated to advancing the development of telemedicine in Ukraine. Chaired by the MOH deputy minister Mariia Karchevych, the meeting was attended by 46 participants (22 members and 24 observers). LHSS provided an update on solutions for telemedicine development and highlighted achievements and priorities for the improvement of the regulatory framework governing telemedicine. This inaugural meeting was a crucial milestone in familiarizing new members with the mandate, roles, and functions of the new Interagency Working Group, as well as the achievements of the MOH to date and the priorities related to telemedicine development in 2024.

During the reporting period, LHSS prepared and shared with the National Health Service of Ukraine its draft report on telemedicine spending which included amounts, services, and types of providers engaged. LHSS will finalize the report based on the Service's feedback in January 2024. To develop this report, LHSS completed the data collection and verification from 30 health facilities covering the period of 2021 - 2022 and consolidated the information into a single database. The analytical model developed by LHSS includes different levels of analysis, including facility level, system level, geography, cost categories, and type of provider. All data will be provided to the National Health Service of Ukraine for their use in the future.

LHSS continued its dialogue with the Service to clarify telemedicine services in the Program of Medical Guarantees packages. For 2024, 31 out of 41 Program of Medical Guarantee service packages include the possibility of providing services using telemedicine. This represents a substantial increase from 4, 10, and 11 packages with telemedicine services in 2021, 2022, and 2023 respectively. This will scale use of telemedicine services and reconnect people to timely and quality health care.

At the MOH's request, LHSS drafted amendments to the MOH orders and Cabinet of Ministers of Ukraine's decrees that regulate provision of primary, emergency, specialized, palliative, and rehabilitation care. These amendments provide for the use of telemedicine in the listed types of care. These amendments also govern integration of telemedicine during the period of martial law, positioning it as a valuable tool for enhancing both access to and quality of medical care.

### **Objective 2: Restore Availability and Access of Essential Services Using Telemedicine.**

In Quarter 1, LHSS completed the evaluation stage of its grant program involving 89 local organizations. The prospective applicants submitted concept notes outlining innovative approaches to providing services using telemedicine. The concept notes represented a diverse group of various types of organizations. These included 41 non-governmental organizations, 16 entities of communal or state ownership, and 32 privately owned entities.

On December 18, 2023, LHSS conducted the final meeting of Grant Evaluation Committee. The Committee selected two organizations to submit full RFAs to receive awards, bringing the total to four recipients since the start of the grants program. The proposed grant to Charitable Foundation Sheptytskyi, which seeks to enhance services provided by mobile teams to internally displaced persons and elderly living in Lviv and Ternopil regions, was submitted and approved by USAID. The proposed grant to LLC NK Group Consulting (Doctor Online) will be submitted to USAID at the beginning of FY24 Quarter 2. This grant seeks to expand psychological services nationwide via an Assistant mobile application.

### **Objective 3: Strengthen GOU Capacity to Respond to Emergent War-Related Health Conditions and Interrupted Access to Health Services.**

In December, the MOH and *IneHealth Team SL* Company (Spain) signed an MOU to increase the capabilities of health workers through donations of Idonia software and related virtual care applications. LHSS facilitated communications with the company and is supporting MOH efforts in software installation in health care facilities in Chernihiv, Odesa, Zhytomyr and Zaporizhzhia oblasts.

During Quarter 1, telemedicine solutions donated to Ukraine as humanitarian aid operated in 342 health care facilities and were used to provide 2,872 services. To ensure high-quality service provision, the project conducted training of 64 service providers (medical and information technology workers) and organized 409 technical support sessions. Telemedicine solutions aim to solve the problem of geographical access to services. This is extremely important in situations of limited access to facilities for patients in geographically remote areas, de-occupied, and front-line territories.

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

In line with LHSS's commitment to fostering gender equality and social inclusion, the project has actively pursued opportunities to address disparities and enhance accessibility in the realm of telemedicine. To dismantle barriers hindering access to healthcare for these diverse groups, LHSS has undertaken the following initiatives:

### **Supporting Scaling Up and Utilization.**

LHSS has actively supported use and scaling up of telemedicine solutions that focus on monitoring the health conditions of pregnant women and facilitating rehabilitation after neurosensory traumas.

### **Develop Telemedicine Guidelines.**

The Project has drafted the *Procedure of Provision of Medical/Rehabilitation Care Using Telemedicine* (to be approved by MOH Order). This document outlines essential principles and addresses technical and operational aspects related to the utilization of telemedicine within the scope of such care, including the assurance of timeliness, convenience, and availability of medical and rehabilitation care for patients facing physical access challenges to healthcare facilities. The Procedure emphasizes the importance of considering the unique conditions of patients (e.g., hearing, vision, and speech) when delivering medical and/or rehabilitation assistance using telemedicine.

## **ENVIRONMENTAL COMPLIANCE REPORTING**

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

## **PROGRESS ON PERFORMANCE INDICATORS**

With its expanded scope of work and amended membership, the Interagency Working Group served as a platform for transparent policy dialogue and has launched an oversight and fostering approach for inclusive telemedicine implementation and development in Ukraine (Indicator 3).

LHSS facilitated the establishment of a public-private partnership between the MOH and the Spanish private company *IneHealth Team SL*. This strategic relationship leverages the advanced *Idonia* teleradiological software and applications for use in healthcare facilities across Ukraine. The primary objective of this partnership is to bolster the health sector's capacity to deliver accessible and high-quality free healthcare services during times of war. In total, LHSS supports seven public-private partnerships. (Indicator 4).

## **EMERGING LESSONS**

Focused attention and regular communication can be a powerful tool of indirect advocacy. LHSS consistently communicated with the National Health Services of Ukraine on the importance and feasibility of including telemedicine service provision as a part of the Program of Medical Guarantees. This quarter, the Services incorporated telemedicine services into 31 out of 41 packages developed for 2024. In 2021, 2022, and 2023 only 4, 10, and 11 packages incorporated telemedicine, respectively.

## **CHALLENGES**

When the draft Law on Telemedicine was prepared by the MOH with LHSS's support, the Activity proposed alignment of relevant regulatory acts with the Law and estimated it would take six months to complete this work. However, this timeline was reduced by the MOH to three months, and then again down to an even shorter period after Parliament approved the law. Achieving this work in a compressed period required involvement of almost the entire LHSS Ukraine team, in addition to assistance provided by a consultant. LHSS drafted and submitted the documents successfully, but this accelerated timeline diverted the team's focus away from



other priorities. The lesson learned is the critical importance of advocating for realistic deadlines when drafting amendments to regulatory acts or any other scope of work. This will ensure sufficient time to implement additional requests from the MOH without jeopardizing overall project priorities in the future.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted in Quarter 1.

## EVENTS NEXT QUARTER

- Conduct a telemedicine Interagency Working Group meeting early in Quarter 2.
- Hold discussions on LHSS Performance Improvements within the LHSS Global Knowledge Strategy framework.

## PRIORITIES NEXT QUARTER

- Facilitate regulatory amendments: LHSS will collaborate with various MOH Directorates to ensure the prompt review and approval of the proposed amendments described above to the MOH orders and Cabinet of Ministries of Ukraine Decrees.
- Submit technical brief on financing teleconsultations: This report will contribute to recommendations for improving telemedicine financing under the Program of Medical Guaranties and from other sources.
- Prepare the Summary of experiences, lessons learned, and best practices for implementation of telemedicine during the war in Ukraine (Deliverable): In close cooperation with stakeholders, beneficiaries, health care providers, LHSS will prepare a comprehensive summary documenting experience, lessons learned, and best practices related to the implementation of telemedicine during the ongoing war in Ukraine.

## ENGAGING LOCAL AUDIENCES

To disseminate information about telemedicine, the Project used various communication channels, including:

- **Telemedicine Interagency Working Group meeting:** The Interagency Working Group meeting engaged a wide range of experts. During the session participants learned about the development of the telemedicine architecture and regulatory framework.
- **Meetings with Health Care Providers:** LHSS conducted ad hoc meetings with health and rehabilitation care providers focused on the successes and challenges in the functioning of telemedicine solutions, as well as identifying needs when establishing these solutions.
- **Monthly Information Digests about LHSS Progress:** In response to the MOH request, LHSS prepared two monthly information digests (for October and November), which were published on the MOH website.
- **Article about the Rehabilitation Gaming System (RGS):** The publication of an article about the Rehabilitation Gaming System inspired health care providers to inquire about installing this system in their facilities. Consequently, the system was installed in the Odesa oblast children's hospital, leading to the development of over 30 rehabilitation treatment plans for young patients within two weeks. The National Rehabilitation Center for Mother and Child also benefited from the installation of Rehabilitation Gaming System.

- **LHSS Ukraine Fact Sheet:** The LHSS Ukraine fact sheet was approved and uploaded on the project's site in both English and Ukrainian.

# LHSS VIETNAM

## FY24 QUARTER 1 HIGHLIGHTS

- With LHSS's support, the National TB Program and the Department of Planning and Finance updated GeneXpert test costing with a unit cost for the GeneXpert cartridge. This resulted in the Ministry of Health (MOH) issuing Circular 22/2023/TT-BYT to update the social health insurance (SHI) services fee schedule, allowing health facilities to claim SHI reimbursement for the full cost of GeneXpert tests. The costing has therefore promoted accessible test provision and financial sustainability for health facilities and patients through the SHI scheme.
- LHSS organized workshops to facilitate multisectoral solutions to address issues related to obtaining health insurance cards and viral load tests for People Living with HIV (PLHIV). This work contributed to increasing the accessibility of SHI HIV services. The workshops also strengthened the capacity of provincial agencies and health facilities to supply and manage antiretroviral (ARV) drugs, HIV viral load testing, and cost reimbursements.
- LHSS completed an assessment of out-of-pocket expenditures and willingness among PLHIV to pay for ARVs at public treatment facilities. Findings provided insights into current out-of-pocket expenditures, factors influencing these expenditures, and the willingness of PLHIV to pay for this service. The study will inform ongoing efforts to track HIV/AIDS spending and contribute to policy development enabling financial protection for PLHIV.

## ACTIVITY PROGRESS

### **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.**

LHSS completed data extraction from the SHI system to the artificial intelligence Optical Character Recognition tool using 12 standard templates. The recognition tool helps to automate and improve the efficiency of the currently manual SHI claim review process. LHSS completed and shared study reports on the Defined Daily Dose of SHI-covered antibiotics for the 2019-2022 period with Vietnam Social Security and the USAID Mission in Vietnam for input. Results from the analysis will inform the development of an intervention plan to promote the rational use and prescription of antibiotics.

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

LHSS completed data collection and analysis for the mid-term assessment of the social contracting pilot. The results will measure pilot progress, identify areas for improvement before the pilot ends and provide evidence to support policy change efforts. LHSS and the Vietnam Administration of HIV/AIDS Control (VAAC) continued the media campaign to promote social contracting for HIV/AIDS services delivery with community-led organizations and social enterprises. To date, these have included five radio programs and 27 articles and posts in online newspapers and social media platforms. LHSS supported VAAC in developing economic-technical norms for 48 HIV/AIDS prevention service packages and obtained comments from 63 provinces. This process is part of LHSS's effort to support the Government of Vietnam in sustainably financing HIV prevention services and developing a policy framework that enables social contracting for these services. LHSS completed data analysis and developed a draft

report on an out-of-pocket expenditures assessment among patients who receive ARVs at SHI public treatment facilities. The study findings provided insights into the current expenditures among PLHIV on ARVs and their willingness to pay for HIV services. These results will inform efforts to track HIV/AIDS spending and develop policies enabling financial protection for PLHIV.

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

LHSS organized three technical workshops to disseminate SHI policy updates and guidance on ARV drug supply and management for HIV treatment facilities in Ho Chi Minh City and three provinces (Dong Nai, Tien Giang, and Tay Ninh). During the workshops, participants presented multisectoral solutions to barriers experienced by PLHIV in obtaining health insurance cards in Ho Chi Minh City and viral load tests contracting and coverage in Dong Nai. These solutions will facilitate the ability of patients to access these SHI-covered services. During the workshops, participants from provincial agencies and health facilities also strengthened their capacity to provide HIV services, particularly the supply and management of ARV drugs, HIV viral load testing, cost reimbursement, and the use of electronic Logistics Management Systems for ARV drug management. Additionally, LHSS supported three technical meetings of the SHI task force for ARV procurement, supply, and distribution to discuss expediting the procurement of TLD and TLE400 for 2024-2025 to ensure uninterrupted treatment for patients receiving ARVs.

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

LHSS continued supporting the National TB Program in procuring SHI TB drugs for 2024-2025 by facilitating the MOH’s approval of the drug bidder selection plan in November 2023. The National TB program subsequently published an invitation for bids on the National Bidding Network in December 2023. LHSS provided technical assistance to the National TB Program and the Department of Planning and Finance to update GeneXpert test costing with a unit cost for the GeneXpert cartridge. As a result, the MOH issued Circular 22/2023/TT-BYT on the new SHI examination and treatment services fee schedule, including the updated cost for the GeneXpert test. The Circular allows health facilities to claim SHI reimbursement for the full cost of GeneXpert testing, thus promoting test provision while ensuring financial sustainability for health facilities and patients.

LHSS supported the National Lung Hospital in providing 63 provincial TB programs with reference cost norms and cost items for TB prevention and control activities. These cost norms can be used by provinces to cost TB activities that will be funded through the provincial budget. This is part of the National TB Program’s efforts to strengthen the mobilization of local budgets, aiming to improve the financial sustainability of TB activities. This intervention follows an online assessment of the provincial budget allocation for TB activities during the 2021-2023 period jointly carried out by LHSS and the National TB Program. The assessment findings created evidence of the challenges faced by provinces in funding decentralization and prioritizing provincial budgets for TB activities.

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

LHSS organized three technical workshops with 57 percent (121 of 212) female, in-person participants. These women held various positions including central and provincial government agency leaders and clinical health care providers. The participation of these female leaders and providers highlights the important role of women in the public health sector, mainstreams the

gender perspective throughout SHI's work, and implicitly offers a role model for clients aspiring to serve their communities in the future.

## ENVIRONMENTAL COMPLIANCE REPORTING

LHSS Vietnam's commitment to carrying out environmentally responsible operations continued through ensuring compliance with conditions set out in the IEE, with mitigation measures in the CRMP and WMP/SOP sections of the approved LHSS Vietnam FY24 Annual Workplan, and with host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

Progress against annual targets: Indicator 1: Number of laws, policies, regulations, or standards formally proposed, adopted, or implemented as supported by USG assistance (actual: one<sup>8</sup>; target: four). Indicator 13: Percentage of PLHIV on ART receiving ARVs through the SHI scheme (actual: 94 percent; target: 95 percent). Indicator #15: Number of newly adopted procurement policies that enable broader ARV procurement choices (actual: one<sup>9</sup>; target: three). LHSS's capacity-strengthening support to government agencies in policy development and supply chain work contributed to these results.

## EMERGING LESSONS

Ho Chi Minh City currently has over 45,000 PLHIV receiving ARVs from SHI, representing approximately 95 percent of the city's PLHIV. It has long been a challenge for the city to reach the remaining five percent, who are unable to or irregularly access SHI services for HIV treatment due to a lack of personal identity papers or invalid SHI cards. LHSS's recent workshop on SHI policy updates and ARV supply management brought together multisectoral stakeholders from the central and provincial levels to address this gap. After the workshop, provincial stakeholders proactively collaborated to develop solutions. This example underscored the importance of creating a technical forum for stakeholders to address current SHI issues that require multisectoral solutions.

## CHALLENGES

Health information system activities in the FY24 work plan were approved by USAID Washington at the end of December 2023. LHSS temporarily paused its planned FY24 Q1 health information system activities, namely the electronic logistics management information system upgrade with HIV and TB treatment monitoring indicators, while awaiting approval of the work plan. During that time, the Activity was unable to respond to regular and ad-hoc requests for SHI data extracted from the VSS system and implementation of other HIS-related activities. LHSS and the Mission have worked together to clarify the status of health information system activities and agreed upon the next steps and outputs for the remainder of FY24.

## DELIVERABLES SUBMITTED IN QUARTER 1

- Technical Summary Report: Web-Based Tool to Monitor HIV Budget Planning, Allocation, and Expenditures in Vietnam, submitted to USAID/Washington, December 22, 2023.

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<sup>8</sup> Circular 22/2023/TT-BYT which lays out a new social health insurance services fee schedule, including that for GeneXpert tests.

<sup>9</sup> The 2024 Pre-Exposure Prophylaxis donation plan for the importation of ARVs.

- Technical Summary: Efficacy, Cost-effectiveness, and Budget Impact of Including Dolutegravir in the Vietnam SHI Fund Drug List, submitted to USAID/Vietnam, December 29, 2023.

## EVENTS NEXT QUARTER

- February 1, 2024: Technical Working Group meeting to share the preliminary results of the mid-term assessment on social contracting pilot implementation.
- March 2024 (Date TBD): A workshop to review social contracting pilot implementation progress with the pilot provinces.

## PRIORITIES NEXT QUARTER

- Finalize the artificial intelligence Optical Character Recognition tool and integrate it into the SHI claims review system. Provide training on the use of the tool to 63 provincial social security agencies.
- Support the participation of representatives of Vietnam Social Security and the Ministry of Health in a study tour to Thailand to learn about the development and implementation of the Diagnosis-Related Group-based payment method.
- Complete the assessment report on the mid-term social contracting pilot implementation and organize a review workshop on social contracting pilot implementation progress.
- Work with VAAC and the Department of Planning and Finance to adjust the list of economic-technical norms for HIV prevention service packages, and support VAAC in developing its pricing framework.
- Work with VSS, USAID, and USAID's Meeting Targets and Maintaining Epidemic Control project to resume the development of an HIV patient database following the MOH's Decision 130 on HIV treatment indicators for effective management of HIV treatment.
- Collaborate with the National TB Program to engage the Department of Planning and Finance in guiding the provincial departments of health to propose that local authorities disseminate information on cost items and cost norms for the health and population programs, inclusive of TB activities.

## ENGAGING LOCAL AUDIENCES

Within the Global Knowledge Management strategy, LHSS conducted an internal learning session to identify the two performance improvements in the health system. These were subsequently revised to reflect the Vietnam Mission's input in Quarter 1, LHSS released three [SHI policy newsletters](#), and a [video](#) that captures the experience of a young PLHIV receiving support from a community-led social enterprise participating in the current social contracting pilot. LHSS continued to promote social contracting in HIV services delivery by producing three radio programs, seven newspaper articles, and three Facebook posts.

# SECTION 5: FY24 QUARTER 1 PROGRESS REPORTS FOR ARPA-FUNDED ACTIVITIES

## TAJIKISTAN (ARPA)

### FY24 QUARTER 1 HIGHLIGHTS

- LHSS continued to provide technical support to Republican Center for Immunoprophylaxis (RCIP) to vaccinate target populations in 23 pilot districts. During the reporting period, 6,052 clients received vaccinations.
- LHSS and the RCIP conducted two recognition events for vaccinators, community health workers, and journalists to celebrate their work and dedication toward improving community health efforts to prevent COVID-19 and other infectious diseases. The recognition event held in Khujand drew 70 participants from eight project districts, while the event held in Bokhtar drew 140 participants from 15 project districts.
- LHSS conducted monitoring and mentoring visits to six pilot Centers for Immunoprophylaxis in districts located in the Sughd Region. During these visits, and in subsequent training, LHSS supported health workers in addressing and resolving priority challenges identified during the monitoring visits. These included lack of training (particularly among new hires), absence of proper cold chain management of vaccines, and lack of accurate accounting and reporting.
- In collaboration with the Republican Healthy Lifestyle Center, LHSS conducted training for religion leaders from 15 districts in Bokhtar to improve their knowledge about the benefits of immunization in preventing diseases and strengthening healthy lifestyles throughout the population. The trainings offered basic education on vaccines, especially against COVID-19, and emphasized the important role that religion leaders play in strengthening community commitments toward vaccination and promoting healthy lifestyles.

### ACTIVITY PROGRESS

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

As of December 31, 2023, Tajikistan has received a total of nearly 22 million vaccine and booster doses and supported Centers for Immunoprophylaxis in administering more than 21 million doses over the life of the activity (beginning in May 2021). During Quarter 1, LHSS continued to support the administration of COVID-19 vaccines in 23 districts across two regions.

LHSS supported two recognition events attended by a total of 215 representatives from RCIP, Republican Healthy Lifestyle Center, Primary Health Care (PHC), Hukumats (local governments), and the media. The event in Khujand drew 70 participants from eight districts of the Sughd region, while the event in Bokhtar city drew 140 representatives from 15 districts of the Khatlon region. During these events, participants shared highlights from their work in FY23, including achievements and challenges they faced. Representatives of local Hukumats and the Department

of Health expressed gratitude to all workers for their dedication and support responding to COVID-19 and their efforts to promote healthy lifestyles in the Bokhtar and Sughd regions.

Between October 16-20, 2023, LHSS conducted monitoring and mentoring visits in eight pilot district Centers for Immunoprophylaxis of Sughd region. During these visits, the Activity met with center directors to discuss the progress toward increased COVID-19 immunization coverage, achievements to date and challenges encountered. LHSS also assessed the timeliness and completeness of the COVID-19 vaccination reporting system. This reporting system, known as the international “Medicine Hospital Pharmacy Program, is a digital platform that allows Centers for Immunoprophylaxis to track vaccine supply chains from the district to regional and national levels. The program aims to improve health system data collection and streamline data analysis and reporting to support key supply chain functions, including vaccine forecasting and procurement to achieve nation-wide coverage. During the monitoring visits, LHSS learned that the program has been functioning well, except in three districts (i.e., Istaravshan, Spitamen, and Isfara). At the conclusion of the LHSS activity, RCIP will continue these mentoring and monitoring visits to ensure that trained vaccinators continue to apply their new skills administering vaccines, collecting data, and managing reporting systems within all Centers.

Following LHSS supported training for religious leaders, the Republican Healthy Lifestyle Center collaborated with the Ministry of Health and Social Protection (MOHSPP) and the Religion Committee to develop a guide for community religious leaders (imomkhatib) to outline their role in preventing infectious diseases, including COVID-19. The guide also covers the importance of preparedness and enabling communities to respond to future health emergencies. LHSS supported the process of drafting this guide which is currently being reviewed by the MOHSPP. In Quarter 2, LHSS will support the Religion Committee in printing and distributing the guide among community religious leaders in their mosques, for use during their regular community activities.

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

The Activity developed accessible (including with sign language interpretation) informational packages on COVID-19 prevention and strengthening community commitments towards vaccination. These efforts included a short video and public service announcement integrating a GESI approach and priorities which were broadcast on local television and radio programs in project districts and nationwide.

## ENVIRONMENTAL COMPLIANCE REPORTING

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

The Activity recorded progress on six out of eight indicators during Quarter 1. No progress was recorded on Indicator CV1.2-2 because Tajikistan did not need to receive any additional vaccines to complete its COVID-19 vaccination campaign. LHSS contributed to the publication and broadcast of seven print media, radio and television programs dedicated to COVID-19 prevention and general promotion of immunization. These materials will be used to engage health care workers and the public on preventing transmission of COVID-19 and the importance of vaccination (Indicator CV.2.6-22).

In collaboration with the MOHSPP and other key partners, LHSS carried out community mobilization activities through joint trainings and COVID-19 vaccination awareness raising



activities. These efforts, aimed at health care workers, media representatives and religious and community leaders, contributed to 48 percent (14,111 individuals) of the population having received their first COVID-19 vaccination dose in target areas during Quarter 1. This coverage is up from FY23 Quarter 4 which stood at 7,022 individuals having received their first vaccination dose. (Indicator CV.1.4-6 Number of people who received a first dose of an approved COVID-19 vaccine (COV-1) with USG direct support)

Similarly, during Quarter 1 LHSS's efforts contributed to 47.6 percent (4,134 individuals) having received a booster dose of the COVID-19 vaccination, up from 1,969 individuals having received a booster dose during FY23 Quarter 4. (Indicator CV.1.4-8 Number of people who received a recommended booster dose of an approved COVID-19 vaccine (COV-2,3,4) with USG direct support)

During Quarter 1, LHSS trained 22 percent of health care workers (282 individuals) in infection prevention and WASH guidelines and procedures. This figure is up from 218 health care workers trained during FY23 Quarter 4.

## EMERGING LESSONS

At the outset of the Activity, health care workers and community health teams found it challenging to engage community religious leaders in supporting and promoting COVID -19 vaccination. Most community members believe and trust their community religious leaders. Therefore, engaging these leaders to promote vaccination was a very important point of entry in pilot districts. LHSS collaborated with the Republican Healthy Lifestyle Center in training 47 community religious leaders about the importance of COVID-19 vaccination and assisted in developing guidance for use by this important leadership group. Once the guidance is approved by the MOHSPP, the Center and Religious Committee will introduce this new resource to community religious leaders in Khatlon and other selected regions.

## CHALLENGES

The Republican Healthy Lifestyle Center plays a key role in disseminating information about COVID-19 prevention and the importance of vaccines. However, gaps remain and need to be addressed. These relate to the need to improve collaboration and coordination among all stakeholders involved in increasing vaccination coverage nationwide, particularly at the community level. LHSS supported the Republican Healthy Lifestyle Center in strengthening its cooperation with stakeholders and will continue advancing these efforts.

## DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted during Quarter 1.

## EVENTS NEXT QUARTER

Install and provide training to Center for Immunoprophylaxis staff on the use of the incinerator in Sughd Oblast for the waste management in for Sughd centers.

## PRIORITIES NEXT QUARTER

- Deliver and distribute cold chain equipment to target Center for Immunoprophylaxis branches for regional vaccine storage.
- LHSS will hold its Tajikistan ARPA activity close out meeting in January 2024.

## ENGAGING LOCAL AUDIENCES

During two recognition events, representatives from Centers for Immunoprophylaxis, Healthy Lifestyle Centers, the Department of Health and local media received awards for their dedication and hard work preventing COVID-19 at the community level. These events were broadcast via local television stations in Khatlon and Sughd regions.

Additionally, LHSS trained local journalists working with the Republican Healthy Lifestyles Center in broadcasting local TV programs and other media pieces promoting the importance of immunization and healthy living. A total of five articles were published in local newspapers in Khatlon, and two radio programs and four television programs were broadcast via National Safina TV, Sughd TV and Khatlon TV.