



QUARTERLY PROGRESS REPORT

FY2024 QUARTER 2

January 1, 2024 – March 31, 2024

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 six-year (2019–2025) 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

| | |
|----------|--|
| AI | Artificial Intelligence |
| 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 |
| GKS | Global Knowledge Strategy (LHSS) |
| 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 |
| MOHSPP | 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) |
| REBAS-TL | Rede Ba Saúde Timor-Leste |
| 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 |
| SDoH | Social Determinants of Health |
| 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 six-year (2019–2025) 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

Across the project, LHSS worked to further sustainable health system strengthening by increasing funding to local partners, promoting local leadership and ownership of project-supported interventions, and continuing the FY24 emphasis on learning and planning for sustainability beyond the life of the project. LHSS's Global Knowledge Strategy learning initiative (conducted to date in Afghanistan, Bangladesh, East Africa Regional, Jordan, Timor-Leste, and Ukraine), has contributed to a broader discussion with USAID and local counterparts on sustainability and transition of capacity to local partners past the life of the project. For example, in Ukraine, the USAID Mission in Ukraine, the Ministry of Health, the State-Owned Enterprise for eHealth, the National Health Service of Ukraine, and LHSS have agreed to co-develop a detailed action plan to identify resources, systems, and policies to sustain the two principal performance improvements identified. The action plan will also encompass broader impact the Activity has had in expanding telemedicine in the country, and what will be needed to transition continuation of this work to local counterparts.

By the end of Quarter 2, LHSS had awarded nine grants exceeding \$403,000, with 100 percent of funds going to local partners in six countries (i.e., Nigeria, Colombia, Ukraine, Uganda, Ghana, and Namibia). Among the grantees, 99 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.

GENDER EQUALITY AND SOCIAL INCLUSION

Attention to integrating and implementing Gender Equality and Social Inclusion (GESI) in LHSS activities remains integral to advancing and sustaining equitable and inclusive outcomes, leading to improved health for the populations with whom LHSS works. Working in close coordination with GESI-focused colleagues in several LHSS country programs, the GESI Focal Point Network continues to drive this agenda forward by facilitating the exchange of cross-regional, experience-based learning, bolstering staff comprehension of GESI, and their ability to integrate GESI-promoting approaches throughout project's health system strengthening activities.

During the GESI Focal Points meeting in late February 2024, GESI and MEL leads from several LHSS country programs presented their GESI activity progress and discussed their collaborative approach to monitoring Task Order-level GESI-related indicators. For example, in Colombia LHSS supported multiple centers serving migrant populations to provide guidance on health system enrollment and health care access. In Nigeria, LHSS supported the Basic Health Care Provision Fund (BHCPF) in convening townhall meetings to improve public knowledge about the benefits package and to increase informal sector enrollment in health insurance. The Nigeria Activity also shared an initiative called "the most significant change" story to bring attention to the positive changes the activity helped facilitate.

Reducing stigma and discrimination: In Colombia, LHSS is transferring the GESI Toolkits it co-created with the MOH to the territorial entities and community-based organizations in multiple sites by conducting trainings with them on how to use the GESI Toolkit. The Activity has been working with these groups to build their GESI capacity to reduce stigma, discrimination, and inequality in their local contexts, especially in serving migrant populations. The GESI toolkit will directly support the MOH's work to reduce and eliminate barriers to health services among migrant and other marginalized groups.

Reducing barriers to health insurance: In Nigeria, LHSS supported several partner government agencies in establishing GESI focal points in the USAID-supported states, and co-developed GESI policies with officials from four of the six government agencies. The Activity also supported Nigeria's National Health Insurance Agency in further integrating GESI in its Vulnerable Group Fund implementation by developing strategic guidance and resource mobilization plans. As the body responsible for ensuring health insurance coverage for those unable to pay, integrating GESI into the work of the national health insurance agency is an important entry point for reducing barriers to health insurance for those in vulnerable situations.

Integrating GESI in human resource development: In Jordan, LHSS continued supporting the MOH's Gender Unit in increasing equity between female and male employees. To advance this goal, the Activity conducted a workshop on strengthening GESI capacity in collaboration with LHSS grantee Aljidara. Officials from the central ministry and health directorates participated in this workshop and learned about the importance of increasing equity among employees. The Activity also presented an action plan co-developed with gender task force members to the MOH's Gender Unit. This plan focuses on increasing GESI awareness among Ministry staff, improving service delivery, and integrating GESI into human resource development activities.

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 Quarter 2, LHSS posted 34 unique resources to the LHSS website, including reports, news stories, and events. Across all publications, users downloaded LHSS resources 2,515 times during the 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 Quarter 2 include:

1. *[Health Systems Strengthening Practice Spotlight: Collaborative Learning to Drive Policy Change and Action](#)* 116 downloads.
2. *[Implementation Guide: Strategy for Sustainable Health Systems Strengthening](#)* 71 downloads.

3. *Estimating Pharmaceutical Expenditure Using the System of Health Accounts 2011 Framework: Draft Resource* 70 downloads.
4. *Pooling Reforms to Strengthen Health Financing for Universal Health Coverage* 88 downloads.
5. *Analysis of the Telemedicine Regulatory Framework in Ukraine (in Ukrainian)* 71 downloads.

Success Stories. Success stories help USAID communicate the value of its assistance under LHSS. In Quarter 2, these stories, as a group, attracted 1,393 views and 586 reads.

Conferences. LHSS prepared abstracts for several conferences, serving to disseminate project learning and contribute to advancing field of health system strengthening.

- *Global Health Security Conference.* Nine abstracts were submitted; two were accepted as oral presentations, and six were accepted as poster presentations. June 18-21, 2024.
- *AIDS Conference.* Seven abstracts were submitted; five were accepted as poster presentations. June 22-26, 2024
- *Global Symposium on Health Systems Research.* One satellite session, three organized, 23 individual, and two capacity strengthening abstracts submitted; one organized session accepted. All other submissions are still pending. November 18-22, 2024.

LHSS Website. From January 1- March 31, 2024, LHSS attracted 6,327 users to its website, with a slightly larger proportion of new to returning users. Interestingly, just less than half of users came from the U.S. Colombia, Nigeria, Timor-Leste, Ukraine, and the UK were among the countries with the highest number of users outside the U.S.

Social Media. On X (formerly Twitter), LHSS posted an average of 52 tweets per month, generating approximately 26,000 impressions and nearly 1,000 link clicks to LHSS web pages. On Facebook, an average of 49 posts per month garnered over 186,000 impressions and 787 link clicks to LHSS web pages. On LinkedIn, an average of 25 posts per month resulted in over 175,000 impressions and 975 link clicks to LHSS web pages. LHSS's followers on social media continue to grow. In Quarter 2, LHSS added 156 new followers on X, 109 new followers on Facebook, and 375 new followers on LinkedIn.

Monthly Newsletter. At the end of each month, LHSS sends an e-newsletter promoting the latest stories and blogs, while also featuring publications in an LHSS technical area. By the end of Quarter 2, the Project's global mailing list included over 4,550 total subscribers.

MEL AND PERFORMANCE

LHSS is implementing activities in 16 countries and two regional activities in East Africa and the Latin America and Caribbean. The project is also carrying out work in 14 Core and six Directed-Core activities. LHSS is close to achieving its end of project localization target of 20 percent, with 19 percent of Task Order (TO) work currently being implemented by local partners. Among these partners, 45 percent are carrying out activities through subcontracts and 28 percent through grants. Annex 1 presents progress on selected TO indicators, highlighting notable country activity achievements during Quarter 2.

Overview of LHSS Results by Task Order Objective.

Increased Financial Protection. Numerous countries recorded observable improvements in population coverage through enrollment in USAID-assisted financial protection schemes. For example, in Nigeria, 4.2 percent of the population in Nasarawa, Plateau, and Zamfara States is now covered by financial protection schemes (up from .85 percent in 2021), and in Colombia, 10

percent of the total number of Venezuelan migrants are now enrolled in subsidized health insurance. Other countries expanded financial protection efforts by strengthening their capacity to set and align health priorities and budgets. In Namibia, the Ministry of Health and Social Services conducted a cost review of its revised essential health services package, aiming to align and allocate resources with Namibia's health priorities. In Timor-Leste, the MOH conducted its first health expenditure and budget allocation analysis, and is using a 'need-based budget allocation decision approach' to prepare Timor-Leste's 2024 health budget. In Cambodia, the government is working with local stakeholders to strengthen financial protection by improving efficiencies in the use of domestic resources, and decentralizing health financing for diseases including HIV, TB and malaria, thereby improving coverage among vulnerable populations. A few LHSS supported countries are making efforts to strengthen benefit package design and inclusion of priority services. For example, the National Health Service of Ukraine is expanding access to priority services by including telemedicine in 31 of 41 medical and rehabilitation care service packages under its 2024 program of medical guarantees.

Increased Population Coverage. In Jordan, the Ministry of Health established an advisory committee to oversee and facilitate implementation of the telehealth pilot activities. This followed an assessment of selected hospitals and health centers to identify the equipment, infrastructure and training that will be required to carry out the pilot. The introduction of telehealth services will significantly expand coverage among populations residing in underserved and remote areas. In Ukraine, the National Health Service has included telemedicine services in 31 of 41 medical and rehabilitation care service packages under 2024 the state-funded Program of Medical Guarantees (up from the inclusion of telemedicine in 10 packages in 2022-2023). This significant expansion of telemedicine services will increase utilization and coverage among hard to reach populations during the war, and beyond.

Increased Quality Of Essential Services. Several countries are building on gains achieved during the COVID-19 pandemic to increase quality of essential services. In Kazakhstan, the Ministry of Health conducted a quality management system assessment of its principal laboratories and is working with a local partner to address gaps and enhance overall laboratory quality. In Colombia, a new local partner is supporting territorial entities in implementing guidelines for public health surveillance and risk management, while the Ministry of Health is supporting urgent health care centers to enhance their ability to manage future health emergencies. In Nigeria, an assessment of Basic Health Care Provision Fund facilities found improved quality scores in all states in areas such as referrals, coordination, and quality of care.

GLOBAL KNOWLEDGE STRATEGY

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

Workstream 1: Studying Determinants of Health System Performance.

In Q2, country teams in Afghanistan, Bangladesh, Cambodia, Jordan, and Timor-Leste, organized facilitated workshops with local stakeholders to examine determinants of health system performance and to discuss conditions and actions needed to sustain performance. All workshops were held in-person and in-country, except for Afghanistan which was conducted virtually. Feedback from local stakeholders and USAID missions has been very positive, with most saying the approach was very productive, and unlike anything they had ever participated in before. Country teams are working to analyze workshop findings and to prepare written documentation of the discussions, which will be included as part of country final reports – and used as part of a global synthesis of determinants.

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

LHSS finalized and published the first Promising Practices Brief, *Integrating and Including Migrants in National Health Systems*, and received feedback from an external reviewer for the brief on *Building Resilience in Health Systems*.

MANAGEMENT AND PARTNERS

During Quarter 2, LHSS hired an additional eight staff and engaged 34 new consultants worldwide. At the end of the quarter, a total of 244 staff were working on LHSS (excluding consultants).

SECTION 1: ACTIVITY HIGHLIGHTS

CORE ACTIVITY HIGHLIGHTS

In alignment with the project's overall objectives, LHSS core work aims to provide USAID missions, governments, and local partners with the knowledge and tools required for reaching and sustaining nationally defined goals for financial protection, equitable service coverage, and improved quality of services.

Highlights from FY24 Quarter 2 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

- LHSS completed its e-learning module in Q2, using content from the approved Year 3 landscape report and September 2023 webinar for USAID Mission and Headquarters staff. The module was submitted to USAID on February 29, 2024, and approved on March 18, 2024.

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

- The e-learning modules on national priority setting and MOH budget execution were both approved by USAID on February 5, 2024. The intent of the modules is to translate promising practices for improving MOH budget execution and national priority setting processes into guidance for policy makers and practitioners to adapt in their own country contexts.

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

- LHSS onboarded a local consultant to serve as in-country point of contact for implementation of the pilot in Colombia. The Activity also translated the social determinants of health (SDoH) process guide into Spanish and adapted its content, including key terminologies, to align with the Colombian context.
- LHSS continued to pilot its SDOH process guide. This included working with the LHSS Colombia team and local consultant to co-develop a list of stakeholders, conduct a participatory exercise to prioritize sections of the process guide and develop a tool for a rapid stakeholder analysis. The process guide will be used to engage and support a broad range of stakeholders in carrying out two types of activities: 1) identify key SDOH-related challenges associated with the provision of clinical care, and 2) develop relevant interventions to integrate SDOH competencies and tools. Applying the process guide at a country level will also help stakeholders expand their understanding about the importance of integrating SDOH into health workforce education, training, and clinical practice.

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

- LHSS continued finalizing the e-learning on expanding access to health services module on the Articulate 360 platform. This resource will be used by USAID staff and technical experts to gain a foundational understanding of the financial and non-financial barriers that vulnerable and socially excluded populations face when accessing health care services.

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

- LHSS conducted a comprehensive desk review of global literature identifying opportunities and challenges within the health system to address health worker burnout in low- and middle-income countries (LMICs).

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

- LHSS continued providing technical assistance to Peru's Ministry of Health (MOH) during Quarter 2, including beginning documenting the Ministry's process of identifying priority programs and allocating resources to those programs.
- LHSS identified a consultant who will provide technical assistance to Namibia's Ministry of Health and Social Services (MoHSS). The consultant will help strengthen the capacity of regional directorates to align and allocate budgets with priorities and programs defined in the government's essential health services package.

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

- LHSS completed consultations with members of the informal private sector and governance advisory group and incorporated all feedback into the toolkit outline, tools, and description of potential governance challenges faced by governments. The toolkit will enable users to understand the importance of governance in providing effective oversight and engagement of the private sector in universal health coverage, recognize common governance challenges governments may face when engaging private sector actors, provide tools and resources to address the specific governance challenges, and strengthen the capacity of governments to govern a mixed health system. Intended users of the toolkit include country governments and USAID Missions.
- LHSS presented to and obtained feedback from USAID on the framework of common private sector governance challenges faced by governments.
- The World Health Organization (WHO) shared an update on its progression pathway model, which LHSS and WHO agreed can be cross referenced with the LHSS toolkit.

CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

- LHSS incorporated feedback from USAID into its Sustainability and Transition toolkit, resubmitted the toolkit for approval on January 22, 2024, and is currently pending final concurrence from USAID.

CORE ACTIVITY 26/31: LEARNING AGENDA: EVIDENCE GAP MAPPING PART 3 (ACTIVITY 14 FOLLOW-ON)

- LHSS received COR approval of the final two learning briefs on Learning Question 4 (Integration and engagement of local voices), and Learning Question 6 (Social and behavior change). LHSS published these new resources on its website and promoted them through social media networks.
- LHSS co-hosted and facilitated an internal brown bag event on March 13, 2024 for USAID staff to discuss, promote and solicit feedback on updates for the Evidence Gap Map (EGM).
- LHSS requested and is receiving valuable feedback and suggestions to improve the EGM from a broad community of internal and external practitioners working in health system strengthening (HSS) practitioners and created a process guide that was shared with USAID.

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

- LHSS produced and submitted to USAID one Practice Spotlight brief titled: *Financial Protection and Social and Behavior Change*.

CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

- LHSS completed High Performing Health Care (HPHC) tool surveys in Timor-Leste and Colombia in February and March 2024, respectively. The surveys garnered 81 responses in Timor-Leste and 68 responses in Colombia. Responses came from stakeholders in each country representing public, private, NGO, and international organizations.
- LHSS received feedback from USAID on the structure and content of the Activity's country report deliverables which will be finalized in Quarter 3. The reports will detail the HPHC survey results and recommendations to improve health system performance for each country.

CORE ACTIVITY 30: RESOURCE OPTIMIZATION E-LEARNING COURSE

- LHSS completed a desk review to identify successful resource optimization approaches across a range of health resources. The Activity used findings from this review to develop a first draft of an annotated outline for the e-learning course.

CORE ACTIVITY 31: HEALTH FINANCING SUPPORT TO AFRICA CDC

- In collaboration with USAID and Africa CDC, LHSS has finalized the activity scope which will be a set of African Union country case studies exploring the extent to which health budgets reflect or align with health priorities, and the enablers and inhibitors of achieving alignment.

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

- LHSS continued work on a taxonomy of countries receiving USAID health funds and an assessment of the current state of financing for health in the seven focus countries of the Primary Impact initiative.
- LHSS began to gather evidence and develop policy recommendations to support the design of health and social protection policies that prioritize service delivery and financial protection for the poor in public health spending during economic downturns.

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

- LHSS conducted in-person workshops in Bogota, Colombia and Dushanbe, Tajikistan to discuss the Most Significant Change processes, and to refine, verify and rank the most significant change stories observed following USAID’s investment in the COVID-19 response. The method requires engaging diverse and local perspectives. Representatives from USAID missions, national and regional ministry of health offices, and implementing partners from both countries participated in their respective workshops.
- LHSS developed a data analysis template and provided training on the use of this template to the consultants leading the data analysis in each of the five Activity countries.
- The Activity team and South Africa-based consultant participated in a training on Protection of Personal Information Act in compliance with South Africa’s Internal Review Board (IRB) requirement.

INTEGRATING COMMUNITY HEALTH WORKERS INTO PRIMARY HEALTHCARE

- LHSS completed a scoping trip to Tanzania in January 2024 and submitted to USAID Washington a draft scope of work outlining proposed Technical Assistance (TA) activities. The scope will focus on supporting the integration of Community Health Worker (CHW) career progression within the existing Ministry of Health guidelines, developing a learning and advocacy brief to support the institutionalization of career progression, and assessing institutional roles, responsibilities, structures for CHW supervision.
- LHSS assessed the Community Health Workers (CHW) program under the Ministry of Health and Social Services (MOHSS) in Namibia. This assessment was conducted in two northern regions using the CHW Assessment and Improvement Matrix tool. LHSS also hired an in-country consultant with expertise in curriculum development to support the Namibian Ministry of Health and Social Services in developing a standardized CHW training curriculum framework. This framework will lay the groundwork for an institutionalized CHW career progression on the first rung of Namibia’s existing career advancement track for nurses.
- LHSS received approval from USAID Washington on its proposed TA scope for activities in Mozambique. LHSS began drafting the operations research protocol and data collection instruments for the upcoming gender analysis study.

DECISION SUPPORT TOOL FOR OUTSOURCING SUPPLY CHAIN SERVICES (CSL)

- LHSS received USAID workplan approval for the Decision Support Tool follow-on activity in February 2024. The Activity will transition the previous Excel-based tool to a web-based platform (to be determined) to improve the tool’s functionality and ease of use. The simple online tool will be designed for high-level leaders and senior government officials to support the decision-making process associated with engaging local private sector entities in public health supply chains.

- LHSS conducted a kickoff meeting with Abt developers to discuss the design and rollout of the web-based tool. They have developed the initial structure and algorithm for the tool which will be finalized in Quarter 3.
- LHSS provided a progress update to USAID in March 2024 regarding the development of the tool, the Activity timeline, and next steps.

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

- USAID approved grants for digital health innovators Zuri Solutions, Ltd. in Ghana and MM Partners Logistics in Uganda. Implementation activities under both grants began in Quarter 2.
- LHSS began providing technical assistance by way of marketing and communications experts to review grantees' plans and approaches for market segmentation, as well as through support for digital activities by LHSS's digital specialists.
- In Ghana, Zuri Health has hired local staff, established a partnership with local telecommunications provider Telecel (formerly Vodaphone), and has begun engaging clients throughout the country through its bot (Whatsapp), and SMS-based messaging services. They are preparing to hold health camps (e.g., outreach events in low-income areas for women and youth with greater barriers to accessing family planning services and products).
- In Uganda, MM Partners has made significant progress redesigning and launching its business-to-consumer platform, including the addition of several new family planning products. They have conducted user testing on their platform and selected a new data visualization tool to support data-driven decision-making.

LANDSCAPE ANALYSIS FOR HEALTH CARE FUND OF FUNDS

- LHSS conducted key informant interviews with four fund managers and five asset owners. The Activity then used a qualitative methodology of thematic analysis to analyze the primary data. Findings from the interviews informed the recommended design of blended finance and technical assistance solutions.
- LHSS designed and developed the final deliverables (i.e., a final report and presentation). These products summarize the problem statement and present the methodology, primary and secondary findings and recommendations from the landscape analysis.
- LHSS presented initial drafts of the final report and presentation to USAID Center for Innovation and Impact to obtain feedback and finalize the drafts.

POLITICAL ECONOMY ANALYSIS OF CENTRAL MEDICAL STORE IN CAMEROON

- LHSS's completed the first draft of its desk review of Cameroon's Central Medical Store, or the *Centrale Nationale d'Approvisionnement en Médicaments et Consommables Médicaux Essentiels* (CENAME), and its performance challenges.
- The Activity organized and completed several interviews with key informants from CENAME and other stakeholder groups (e.g., Ministry of Public Health officials, donors, and

international organizations) during LHSS's February 2024 visit to Cameroon and subsequent virtual interviews.

- LHSS developed a concept note outlining the financial analysis process and has collected much of the organization's financial data. Stakeholder interviews for the financial analysis are underway and are being coordinated with the PEA team to prevent duplication.

COUNTRY AND REGIONAL ACTIVITY HIGHLIGHTS

During Quarter 2, LHSS worked in 16 countries and two regions (East Africa and Latin America and the Caribbean). LHSS continued to support country-led responses to COVID-19 in one 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

LHSS DEMOCRATIC REPUBLIC OF CONGO

- LHSS organized and hosted the launch session of the new public-private health coordination board. The board aims to bring together representatives from the Ministry of Health, the National Council on HIV and AIDS, alongside other relevant private sector stakeholders to steer and manage implementation of the previously developed *Roadmap for Private Sector Engagement in the National HIV Response* (PSE Roadmap). The aim of the meeting was to discuss the objectives and functioning of this coordination mechanism, with the goal of ensuring effective implementation of the PSE Roadmap.
- LHSS facilitated collaborative coordination sessions with Central Romana Corporation and USAID/DR clinical implementing partners to assist in the design of an HIV-inclusive workplace program. These joint meetings have supported coordination among implementing partners, identifying valuable technical resources to support activities and foster a more cohesive approach with private sector stakeholders.

LHSS EAST AFRICA REGION

- LHSS partnered with IntelliSOFT, the Kenya Health Management Information System project, and Kenya's Ministry of Health (MOH) to embed the cross-border mobility screening module into the National Electronic Medical Record Package in Kenya for the collection, reporting, and sharing of data on health services uptake by cross-border populations.
- LHSS supported the East Africa Community (EAC) secretariat in presenting a draft of the first EAC regional health data sharing governance framework which will guide and standardize health data flow between partner EAC states.
- LHSS supported the Kenya Health Management Information System Project and the Ugandan Monitoring and Evaluation Technical Support Program in conducting a simulation exercise to demonstrate the capabilities of the Cross-Border Digital Health Solution (CB-DHS). This cross-border data sharing mechanism will significantly strengthen the regional Health Information Exchange hosted at EAC headquarters in Arusha, Tanzania.
- As part LHSS's Global Knowledge Strategy (GKS), LHSS facilitated a workshop with EAC and the Intergovernmental Authority on Development (IGAD) to identify key determinants of performance improvements achieved under this Activity. Workshop participants also determined the conditions and actions that would be needed to sustain, scale and/or institutionalize these performance improvements in ongoing and future regional cross border initiatives.
- The USAID Kenya East Africa Mission and LHSS conducted a joint learning visit to health facilities at Kenya/Uganda cross border sites to observe real-time use of the Cross-Border

Digital Health Solution. The Activity and USAID Mission used this opportunity to engage cross border stakeholders and political and health management decision makers in Kenya and Uganda. These discussions focused on creating opportunities to use data generated from the Cross Border Digital Health Solution to improve health outcomes and service delivery among cross border communities.

LHSS MADAGASCAR

- The LHSS Madagascar Activity supported the Ministry of Health's (MOH) Universal Health Coverage (UHC) Support Unit in finalizing its draft implementation plan of the government's National Health Financing Strategy. Finalization of this plan is a key milestone in implementing the National Strategy and accelerating progress towards UHC in Madagascar.
- The Activity collaborated closely with the UHC Support Unit to initiate the process of establishing health mutuelles in the five pilot sites of the Fénérive-Est district, Analanjirofo Region. In each of the sites, Constitutive General Assemblies of health mutuelles were successfully held in March 2024. This was a key step in establishing health mutuelles in Madagascar.
- The Activity successfully conducted a Pause and Reflect retreat to assess progress made in the implementation of the Activity's interventions and program indicators. During this exercise, the Activity identified challenges, best practices, and lessons learned which will inform implementation of the remaining interventions.

LHSS NAMIBIA

- LHSS Namibia partnered with the Ministry of Health and Social Services (MOHSS) on February 8, 2024 to convene a national technical working group meeting on community-based health care. This collaboration has accelerated the drafting of the community health workers' strategy and the formulation of job descriptions for these workers. These documents are slated for validation by key stakeholders during a meeting scheduled in Quarter 3.
- The Activity supported the MOHSS's core team in conducting its first review of the costing report for the revised essential health services package on January 29, 2024. The revised package is designed to facilitate universal access to essential health services, address inequalities, and allocate resources in alignment with health priorities. The next phase will involve validation of the essential health services package costing analysis with a broader group of stakeholders, scheduled for Quarter 3.
- LHSS Namibia supported the Ministry of Health and Social Services (MOHSS) in facilitating a workshop on the social contracting standard operating procedures with key stakeholders, including representatives from the Ministry of Finance and Public Enterprises, from February 27 to March 1, 2024. The purpose of the workshop was to obtain critical input for the finalization of the draft standard operating procedures for social contracting, and secure consensus on mechanisms for effective governance, financial management, and health service implementation. The procedures will be piloted in the initial implementation phase scheduled to commence later this year.

LHSS NIGERIA

- Building on the success of previous engagements, LHSS supported the Nasarawa State Ministry of Health and health insurance agency to advocate for the release of the employer's

contribution of 6 percent of employees' basic salary toward the health insurance coverage of civil servants. This led to the Executive Governor's approval of \$357,143 in contributions (NGN500 million), of which \$178,571 (NGN250 million) has already been released.

- LHSS supported the Plateau State Contributory Health Care Management Agency to conduct advocacy visits to the state's 17 Local Government Areas (LGAs). Consequently, LGA chairpersons have committed to contributing 2 percent of their Consolidated Revenue Fund to the health equity fund to cover more poor and vulnerable people in the state.
- LHSS supported the Zamfara State Contributory Health Care Management Agency in conducting a stakeholder meeting with ministries of health, finance and budget, legislative committees on health, appropriation, and local government and chieftaincy affairs, and the state Deputy Accountant General. Subsequent problem solving and implementation has brought the Zamfara State Agency up to date with facility capitation through March 2024.
- LHSS public financial management (PFM) capacity strengthening efforts have led to the budgetary allocation of \$1,428,571 (NGN2 billion) for the Kano State AIDS Control Agency for 2024 (500 percent increase compared to 2023).

ASIA

LHSS AFGHANISTAN

- LHSS's initiated its Global Knowledge Strategy (GKS) initiative in Afghanistan by identifying the positive and negative determinants of the Afghanistan Social Marketing Organization's (ASMO) performance improvement over the period 2022-2024. The Activity also developed a vision statement and identified the necessary conditions and actions required to sustain this vision and implementation progress over the next two to three years. The Activity also launched ASMO's annual organizational development assessment (its sixth assessment) and the development of ASMO's two-year organizational strategy and sustainability plan.
- In collaboration with Objective 2 grantees, the Activity completed piloting the Patient Economic Status Assessment Tool. This resource was developed to support grantees in efficiently and equitably identifying beneficiaries for the LHSS-supported integrated financing schemes for indigent populations.

LHSS BANGLADESH

- LHSS conducted two peer learning and progress review workshops in February 2024. These events provided an opportunity for six municipalities from Rajshahi and Sylhet regions to showcase their progress toward primary health care (PHC) implementation plans. Workshop discussions highlighted strategies to scale and sustain expanded access and improved quality to urban PHC services in the coming fiscal year and beyond. Relevant public health interventions include dengue control, sanitation, and opportunities for the municipalities to enhance collaboration with District Family Planning and Civil Surgeons offices.
- LHSS facilitated Health Standing Committee meetings in six Local Government Institutions (LGIs) to discuss and review implementation of PHC sustainability plans and strategies. During their Health Standing Committee meetings, all LGIs have demonstrated a strong commitment to continue implementing their PHC implementation and sustainability plans during the coming year, with expansion anticipated in the following years. For example, Habiganj and Moulvibazar districts have established a process to hire their medical doctor

and paramedic by June 2024. All LGIs recognized the need to increase funding for PHC from their own revenue budget and committed to do so. For example, Sirajganj district committed to continue its Asian Development Bank-supported project with its own revenue. These commitments point towards LGIs taking ownership and intending to sustain PHC interventions.

LHSS CAMBODIA

- The Strategic Plan for Digital Transformation in Social Protection, developed with LHSS support, was published in March 2024. The plan introduces digital solutions to improve the registration system and increase access to social protection benefits for target populations.
- The Sub-decree on Registration System Harmonization and Management, developed with LHSS support, was signed by the Prime Minister in March 2024. It provides a legal basis for the General Secretariat of the National Social Protection Council (GS-NSPC)'s oversight role for common enrollment in social protection schemes operated by different ministries.
- LHSS assisted the National AIDS Authority in finalizing the National Policy to End AIDS and Sustainability of AIDS Program, 2023-2028, now signed by the Prime Minister, and the sixth National Strategic Plan for a Comprehensive, Multi-sectoral Response to HIV/AIDS, 2024-2028. These outline steps to achieve elimination of HIV as a public health threat and to ensure transition from donor to domestic funding.
- LHSS's pilot of the subnational model for sustainable prevention of re-establishment of malaria has resulted in nine communes in Battambang allocating budget from approved 2024 commune investment plans to support prevention of re-establishment activities.

LHSS KAZAKHSTAN (GHS)

- LHSS and its partner IMLRed Germany conducted an initial quality management system assessment of the six laboratory workspaces in the Ministry of Health's focal unit responsible for overseeing laboratories. This unit is referred to as Scientific and Practical Centers for Sanitary and Epidemiological Expertise and Monitoring (the Centers). This assessment identifies the government's current capabilities and needs to deliver high-quality laboratory services. Strengthening the MOH's laboratory capacity is a critical part of the government's support to One Health preparedness in the event of future pandemics or shocks to the other sectors such as agriculture.
- LHSS supported the MOH in facilitating the country's first intersectoral One Health technical working group (TWG) meeting with other government entities and partners between February 8-9, 2024, in Astana, the capital. Participants discussed key issues such as joint disease investigation, data exchange, and early warning systems within the framework of One Health in Kazakhstan. This meeting marks the next step in developing a regular mechanism for interagency One Health efforts in Kazakhstan.
- LHSS supported the Centers in finalizing plans to standardize the One Health curriculum for specialists across different sectors. This included their collection of existing training materials such as the World Health Organization's (WHO's) Global Health Security (GHS) One Health Global Laboratory Leadership program.

LHSS TAJIKISTAN (GHS)

- Following LHSS's assessment of 14 virology laboratories in Quarter 1, the Activity supported the Ministry of Health and Social Protection of the Population (MOHSPP) in finalizing a report recommending priority areas for technical support. These included strengthening the capacity of laboratory staff, creating a Logistics Management Information System (LMIS) for timely forecasting, data recording and reporting, and measures to improve waste management and infection prevention and control. The Activity presented the assessment findings at a roundtable for key stakeholders in January 2024. Participants included representatives from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Global Fund, FHI360, and Food and Agriculture Organization.
- As a result of the assessment, LHSS and the WHO, together with the MOHSPP, agreed on the importance of reorganizing the National Laboratory Coordination Committee to improve and expand collaboration and cooperation. LHSS committed to providing technical support to the National Intersectoral Laboratory Thematic Working Group in several priority areas. These include revising the National Laboratory Policy and Strategic Plan for laboratory strengthening, data reporting and information systems, safety and waste management, and ethics.
- LHSS conducted a workshop to support the MOHSPP and Center for Public Health Emergency Response in strengthening multisectoral cooperation for emergency preparedness. A total of 25 representatives from various organizations attended the event. As a result of this workshop, stakeholders are communicating more closely and are advocating for the MOHSPP to establish a multisectoral coordination committee under the Center for Public Health Emergency Response.
- LHSS developed a partner strategy to pilot the One Health community model in Tajikistan and shared this strategy with the USAID Mission in Tajikistan and other key stakeholders during a meeting convened on March 7, 2024. One Health is an approach for solving complex health problems. It recognizes that the health of people is closely linked to the health of animals and our shared environment. LHSS is planning to gain an in-depth understanding of community health, environmental health, and animal health situations in Tajikistan to better understand their interconnectedness. This study will also look at how gaps, threats, and opportunities at the community-level impact the overall health of local populations. The community based One Health model will be piloted in Levakant and Balkhi districts in Khatlon region.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

- To strengthen knowledge exchange, coordination, and cooperation among civil society organizations (CSOs) working in the health sector, the Activity supported the Timor-Leste Non-Governmental Organization Forum (FONGTIL), an umbrella organization of more than 250 civil society organizations (CSOs), and Rede Ba Saúde Timor-Leste (REBAS-TL), a health network of 43 CSOs, in launching an e-learning platform. The acting mission director of the USAID Mission in Timor-Leste and Vice Prime Minister of Rural Development attended the inauguration of the digital platform. This new resource will enable CSOs to share information on national policies, advocacy tools, and best practices in health program implementation.

- The Activity supported grantee St. Johns of God International Health in launching its first training module and held its inaugural training for national level Ministry of Health officials under its Leadership Management Development Program. This program aims to improve the capacity of MOH officials to lead effectively and enhance the ministry's decision-making processes.
- The Activity conducted two workshops to examine performance improvements in social accountability. Specifically, participants (e.g., representatives of the MOH, FONGTIL, and REBAS-TL) explored improvements at the national and subnational levels associated with increased civil society engagement and inclusion of REBAS-TL in four health sector coordination mechanisms. Participants identified key enablers and barriers associated with this system improvement, and examined conditions and actions that would be needed to sustain, institutionalize and/or scale up this health system improvement.

LHSS VIETNAM

- LHSS supported pharmaceutical companies and worked with the Drug Administration of Vietnam in granting two additional marketing authorizations for the most prevalent antiretroviral (ARV) drug in Vietnam – Tenofovir-Lamivudine-Dolutegravir. With three total marketing authorizations, this drug can now be procured through open bidding, increasing availability, decreasing prices, and streamlining the co-payment process through Vietnam's Social Health Insurance (SHI). These changes will increase the overall accessibility of this drug for people living with HIV (PLHIV).
- With technical support from LHSS, the National Lung Hospital/National TB Program procured SHI TB drugs for the 2024-2025 period. This is the second time TB drugs have been procured with SHI funds. This procurement will ensure that approximately 4,620 TB treatment facilities at all levels have sufficient quantities of SHI TB drugs in stock to cover the needs of insured TB patients nationwide.

EUROPE / EURASIA

LHSS UKRAINE

- A series of crucial telemedicine initiatives have propelled the prioritization of telemedicine as a component of Ukraine's Government Priority Action Plan for 2024, which was [endorsed](#) in February 2024. This strategic shift underscores the importance of telemedicine initiatives coordinated by LHSS, ensuring sustainability beyond the project's conclusion. LHSS supported the Ministry of Health (MOH) in revising several orders on the use of telemedicine under martial law based on the experience (within the MOH and the Activity, and among health care providers) of using telemedicine during the first months of full-scale war. These revisions included removing restrictions on the use of telemedicine in treating specific injuries and chronic diseases, and on streamlining the testing process of telemedicine tools donated as humanitarian aid. Additionally, these initiatives play a critical role in advancing Gender Equality and Social Inclusion (GESI) objectives by increasing access to medical and rehabilitation care under martial law for residents of remote communities, people with disabilities and chronic diseases, internally displaced persons, and citizens who went abroad following the Russian invasion.
- LHSS, in partnership with the National Health Service of Ukraine, conducted a costing analysis of telemedicine service provision in 30 health facilities. This included the analysis of over 10 million Electronic Health Records. The purpose of this assessment was to generate

evidence on the scope of telemedicine service utilization under the state-funded Program of Medical Guarantees. The assessment also quantified the resources healthcare facilities spend on providing telemedicine services. LHSS presented the assessment results to the National Health Service of Ukraine and the USAID Mission in Ukraine. Analysis findings will inform further refinements in procurements conducted by the Program of Medical Guarantees and provide a baseline to monitor provider performance when using telemedicine to provide health services.

LATIN AMERICA AND CARIBBEAN

LHSS COLOMBIA VRIO

- LHSS Colombia supported the organization of the Ministry of Health (MOH)-led National Workshop, “Public Policy Elements for Guaranteeing the Fundamental Right to Healthcare Access,” between February 26-27, 2024, in Bogotá, Colombia. The objective of this workshop was to strengthen the ability of local governments to create, implement, monitor, and evaluate their local Health Plans. These Plans aim to achieve the strategic goals outlined in the national 10-year Health Plan 2022-2031 which focuses on improving access to health care across the country. More than 300 representatives of local health authorities participated in this national workshop.
- The Activity provided training to subnational health actors in the Government of Colombia’s project management methodology, known as the General Adjusted Methodology. This methodology was chosen by the national government for use by every actor who applies for, participates in, and implements public investment projects. The Activity held three virtual training sessions on the project management methodology. In all, more than 100 people participated in these virtual sessions, including departmental, municipal, and district-level emergency response coordinators, project managers of local health authorities, and health care providers. The purpose of this training strategy was to equip officials with tools to plan projects and manage government health resources. The goal is to strengthen the capacity of emergency response coordinators, local health authorities and providers to manage and operate emergency and urgent care centers. Ultimately, this will strengthen Colombia’s integrated risk management capacity and fortify its ability to respond to health emergencies.

LHSS DOMINICAN REPUBLIC

- LHSS organized and hosted the launch session of the new public-private health coordination board. The board aims to bring together representatives from the Ministry of Health, the National Council on HIV and AIDS, alongside other relevant private sector stakeholders to steer and manage implementation of the previously developed *Roadmap for Private Sector Engagement in the National HIV Response* (PSE Roadmap). The aim of the meeting was to discuss the objectives and functioning of this coordination mechanism, with the goal of ensuring effective implementation of the PSE Roadmap.
- LHSS facilitated collaborative coordination sessions with Central Romana Corporation and USAID/DR clinical implementing partners to assist in the design of an HIV-inclusive workplace program. These joint meetings have supported coordination among implementing partners, identifying valuable technical resources to support activities and foster a more cohesive approach with private sector stakeholders.

LHSS JAMAICA

- LHSS conducted a scoping visit in January 2024 to launch the new Global Health Security (GHS) activity it will lead in Jamaica. The Activity team held meetings with key stakeholders from the Ministry of Health and Wellness, the USAID Mission in Jamaica, the Pan American Health Organization (PAHO), the Caribbean Community, Jamaica AIDs for Life, and Health Connect Jamaica (HCJ).
- As the incidence of cancer rises in Jamaica, the Ministry of Health and Wellness has prioritized strengthening its oncology services nationwide by building the country's capacity to diagnose and treat cases. This effort is part of the Ministry's goal of enhancing the national health system's resilience and readiness to address emerging health challenges. LHSS worked closely with the Ministry of Health and Wellness to develop an oncology framework to guide work toward achieving this ambitious objective. A first draft of the framework was submitted to the Ministry of Health and Wellness on March 28, 2024.
- LHSS supported the Ministry of Health and Wellness in preparing its application to the World Bank's Pandemic Fund to fund future pandemic response initiatives. This work is laying the groundwork for an upcoming multisectoral workshop that the Ministry will conduct in Quarter 3, with support from LHSS, to boost Jamaica's chances of securing future pandemic response funds. The focus of this workshop will be to refine the Ministry's proposal, identify pandemic response priorities, and ensure alignment with the solicitation criteria.

LHSS LAC BUREAU

- LHSS conducted a one-day workshop with directors of the Health and Migration Board to support them in updating their strategic plan, including new measures to strengthen the Board and recommendations from the Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts in Honduras.
- LHSS conducted interviews with management and health staff of selected migrant care centers and primary care units in the department of Cortés, Honduras. Through these interviews, LHSS gathered information on the health service referral process and identified challenges, and areas for improvement to strengthen referral systems across health networks. Interview results will be analyzed and discussed with national counterparts and incorporated into a study report that will also include implementation recommendations.

MIDDLE EAST

LHSS JORDAN

- LHSS introduced an interdisciplinary team approach within the MOH to improve health outcomes in intensive care units (ICUs). In April 2024, LHSS will convene a handover meeting to present to His Excellency the Health Minister a sustainability plan, which emphasizes the benefits of the interdisciplinary approach. This plan is critical in helping the MOH plan for alternate resources, as LHSS transitions activities, and includes new interventions for all MOH related directorates (e.g., hospital administration, medical education and training, institutional development, and quality control directorates).
- LHSS completed an advanced training of trainers course for 52 MOH staff. Participants already had trainer experience but achieved required training certification through this course. The new master trainers will lead future Continuing Professional Development

(CPD) training at the MOH and support their peers on an ongoing basis in meeting their CPD requirements for re-licensing.

- LHSS completed its support to the MOH in launching its first national CPD awareness raising campaign, a mix of social media and traditional outreach to communities garnering over 16 million impressions. As part of its campaign, the MOH also disseminated CPD awareness-raising materials country-wide through the Government of Jordan's CPD program grant.

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](#).

LHSS TAJIKISTAN (ARPA)

- LHSS supported the Ministry of Health and Social Protection of the Population (MOHSPP) and the Republican Center for Immunoprophylaxis (RCIP) in procuring and installing 50 refrigeration units. These units were deployed to facilities with the greatest need in the Khatlon region, based on gaps identified during the MOHSPP's assessment of its national cold chain inventory, conducted with LHSS's support in December 2022. RCIP has incorporated these refrigeration units into its routine vaccination operations, closing the identified gaps and expanding access to vaccination.
- The Activity procured and installed a modern medical waste shredder (model Sterilwave1000) in the Sughd Province for safe sterilization of medical waste. This machine mitigates potential climate change effects by using a process that does not release carbon dioxide emissions or contaminate water during the sterilization process. Sughd's medical waste shredder was the first of its type in Tajikistan. LHSS installed a second shredder in Dushanbe with financial support from the UNDP Global Fund, and it is already being used in the facility's daily medical waste sterilization process.
- LHSS co-led a workshop with the Republican Healthy Lifestyle Center for community religious leaders (imomkhatibs) introducing a "how to operate guide", which outlines their role in preventing infectious diseases, including COVID-19. Forty-one religious leaders, health workers, and local journalists participated in the workshop.

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

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

Activity Lead: Sarah Insanally

FY24 QUARTER 2 HIGHLIGHTS

- LHSS completed its e-learning module in Q2, using content from the approved Year 3 landscape report and September 2023 webinar for USAID Mission and Headquarters staff. The module was submitted to USAID on February 29, 2024, and approved on March 18, 2024.

ACTIVITY PROGRESS

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

This intervention has been completed.

Intervention 2: Disseminate Learnings to a Global Audience.

LHSS completed the final deliverable, a multi-section e-learning module for USAID staff, in February 2024. The module is intended to provide USAID staff with an interactive learning experience and contribute to a deeper understanding of options for pooling reforms, based on country experiences. The module incorporates key messages from the landscape report completed in Year 4 and from global experts who participated in the September 2023 webinar for USAID Mission and Headquarters staff. The module was approved by USAID in March 2024.

EVENTS NEXT QUARTER

No events planned for next quarter.

PRIORITIES NEXT QUARTER

LHSS and USAID options for disseminating the e-learning modules to USAID staff.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

LHSS submitted its e-learning module titled, *Pooling Reforms to Strengthen Health Financing for Universal Health Coverage*, to USAID in February 2024. The module was approved by USAID on March 18, 2024.

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

Activity Lead: Anna Wadsworth

FY24 QUARTER 2 HIGHLIGHT

The e-learning modules on national priority setting and MOH budget execution were both approved by USAID on February 5, 2024. The intent of the modules is to translate promising practices for improving MOH budget execution and national priority setting processes into guidance for policy makers and practitioners to adapt in their own country contexts.

ACTIVITY PROGRESS

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

LHSS is recording and incorporating voice over narrations of the modules.

LHSS received feedback from the Pan American Health Organization (PAHO) on the priority setting module in March 2024. The Activity continues to coordinate with PAHO and is working with its IT point of contact to configure the modules and upload them onto the e-learning platform.

EVENTS NEXT QUARTER

No events scheduled for next quarter.

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 2

No deliverables were submitted this quarter.

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

Activity Lead: Mignote Haile

FY24 QUARTER 2 HIGHLIGHTS

- LHSS onboarded a local consultant to serve as in-country point of contact for implementation of the pilot in Colombia. The Activity also translated the social determinants

of health (SDoH) process guide into Spanish and adapted its content, including key terminologies, to align with the Colombian context.

- LHSS continued to pilot its SDOH process guide. This included working with the LHSS Colombia team and local consultant to co-develop a list of stakeholders, conduct a participatory exercise to prioritize sections of the process guide and develop a tool for a rapid stakeholder analysis. The process guide will be used to engage and support a broad range of stakeholders in carrying out two types of activities: 1) identify key SDOH-related challenges associated with the provision of clinical care, and 2) develop relevant interventions to integrate SDOH competencies and tools. Applying the process guide at a country level will also help stakeholders expand their understanding about the importance of integrating SDOH into health workforce education, training, and clinical practice.

ACTIVITY PROGRESS

Intervention 1: Pilot the SDOH Process Guide (Activity 19).

The Activity continued collaborating with the LHSS Colombia team to plan for the pilot of the SDOH process guide. After initial planning in Quarter 1 to define the objectives, geographic scope, and intended output for the pilot, the Activity selected Ríohacha in La Guajira region for the pilot. This region is home to a large population of migrants, ethnic minorities, and other vulnerable populations. The pilot will focus on using the process guide to design and implement a multistakeholder engagement process to identify context-specific solutions to help clinical providers mitigate the adverse effects of SDOH in a context like Ríohacha that lacks resources and does not have a well-developed social service network. Evidence previously gathered by LHSS under Core Activities 10 and 17 suggests that SDOH can be addressed in similar contexts by expanding community engagement and strengthening communication competencies. The Activity will use the findings from the stakeholder engagement to develop an action plan with tailored strategies to advance the integration of SDOH competencies, processes, and tools into the provision of clinical care. The Activity will also document learnings from the pilot and refine the process guide to reflect these findings.

LHSS retained a local consultant who will serve as the point of contact for the pilot in Colombia. The consultant will lead the rapid stakeholder analysis and outreach activities in Quarter 3.

Finally, the Activity solicited input from LHSS Colombia to contextualize the process guide content for Colombia and had it translated into Spanish. The local consultant then reviewed and revised the Spanish version to ensure it reflects contextually relevant terminology and reflection questions.

Intervention 2: Convene a Stakeholder Workshop to Synthesize Learnings (Activity 19).

Intervention 2 will begin in FY24 Quarter 3

Intervention 3: Produce and Disseminate Communication Material (Activity 19).

Intervention 3 will begin in FY24 Quarter 3.

Intervention 4: Support Local Partners to Implement the SDOH Process Guide Through Grant Award (Activity 29).

Following approval of the Activity 29 workplan in Quarter 1, LHSS developed a project description for a grant to a local partner to conduct trainings on the SDOH process guide. The purpose of this grant will be to expand the use of the process guide at the country level and to strengthen the capacity of local health workforce training institutions and organizations to integrate use of the guide as part of their ongoing efforts to improve equity and quality of care.

LHSS identified Ateneo de Zamboanga University School of Medicine in the Philippines as a prospective grantee through THEnet, a LHSS consortium partner. Ateneo de Zamboanga University School of Medicine is recognized as a thought and practice leader in the field of SDoH, where it integrates key SDoH principles and competencies into its community-centered curriculum and training. LHSS consulted with USAID Washington on the selection of this prospective grantee and submitted a concurrence request on February 28, 2024 to formally engage Ateneo de Zamboanga University to initiate the grant solicitation process. LHSS is currently pending approval before proceeding with the grant solicitation.

Intervention 5: Revise and Adapt SDOH Process Guide (Activity 29).

Intervention 5 will begin in Quarter 3.

EVENTS NEXT QUARTER

- There are no events planned for Quarter 3.

PRIORITIES NEXT QUARTER

- Conduct a rapid stakeholder analysis in Colombia and use the findings to shape multistakeholder engagement for the process guide pilot.
- Schedule and hold stakeholder meetings and interviews for the pilot. In Colombia, the Activity will use the process guide to solicit stakeholder input on SDOH-related challenges associated with delivering clinical services and identify opportunities to integrate SDoH into existing tools and systems.
- Organize pre-solicitation meetings with Ateneo de Zamboanga University to ascertain their SDoH related priorities, capacity to conduct local training(s) on the SDoH process guide and finalize the grant scope of work.
- Issue to Ateneo de Zamboanga University the final grant package for single-source procurement once Mission concurrence is obtained.

CHALLENGES

No challenges were encountered in Quarter 2.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted in Quarter 2.

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

Activity Lead: Heather Cogswell

FY24 QUARTER 2 HIGHLIGHTS

LHSS continued finalizing the e-learning on expanding access to health services module on the Articulate 360 platform. This resource will be used by USAID staff and technical experts to gain a foundational understanding of the financial and non-financial barriers that vulnerable and socially excluded populations face when accessing health care services.

ACTIVITY PROGRESS

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

LHSS built out the information from the micro-design of the e-learning module into the Articulate 360 platform. This process involved transforming the narrative text from the micro design format into user-friendly and visually appealing online course content. The beta version of the e-learning module underwent several rounds of internal LHSS reviews and is near completion.

Once USAID approval is received, the e-learning module will be hosted on the Articulate 360 platform. It will also be featured on the LHSS and Social Health Protection Network (P4H) websites.

EVENTS NEXT QUARTER

This activity will conclude in early Quarter 3. No events are planned for next quarter.

PRIORITIES NEXT QUARTER

LHSS will submit the e-learning module to USAID by April 30, 2024 for review and approval

CHALLENGES

The Activity requested a time extension from March 31 to April 30, 2024 to submit the e-learning module deliverable to USAID.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted this quarter.

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

Activity Lead: Mariam Reda

FY24 QUARTER 2 HIGHLIGHTS

- LHSS conducted a comprehensive desk review of global literature identifying opportunities and challenges within the health system to address health worker burnout in low- and middle-income countries (LMICs).

ACTIVITY PROGRESS

LHSS developed a methodology and completed a literature review with research questions to help identify opportunities and challenges within the health system to address health worker burnout in LMICs.

Intervention 1: Phase 1-Desk Review and Analysis.

LHSS conducted a comprehensive desk review of global literature identifying opportunities and challenges within health systems to address health worker burnout. A summary of the findings highlighted that institutional, individual and health systems determinants contribute to health worker burnout. Although the determinants and risk factors associated with health worker burnout are well researched in high-income countries, there is limited data and evidence on interventions that have had an impact in mitigating health worker burn out in LMICs. Findings

and results associated with health worker burnout across the literature varied widely in terms of study designs and contexts.

For example, the rates of health worker burnout ranged broadly, between 20 to 80 percent, among cadres and LMICs. Findings from the literature review helped the LHSS team identify key policy interventions that have been successfully used to mitigate health worker burnout. These include addressing the mental health and wellbeing of health workers, ensuring adequate staffing and workload management, strong management and leadership at each health system level (particularly at the facility level), regulatory and accreditation programs, pre- and in-service education and training opportunities, and capacity strengthening in data collection and management.

In Quarter 3, the Activity will guide a team of global health experts through the Delphi process, a systematic process of using the collective opinion of a panel of experts to identify and validate policy recommendations for mitigating health worker burnout. The aim is for these to be evidence-based, pragmatic and feasible to implement in a range of LMIC contexts.

Intervention 2: Phase 2 – Advisory Panel and Policy Recommendations.

This intervention is scheduled to begin in Quarter 3.

EVENTS NEXT QUARTER

No events are planned for next quarter.

PRIORITIES NEXT QUARTER

- Conduct surveys involving global and local experts in health through the Delphi process to address and collate policy recommendations on mitigating health worker burnout.

CHALLENGES

There is substantial literature on the causes of health worker burnout but limited data on the impact of recommended interventions. LHSS will conduct further analysis of policy and management recommendation findings from the desk review through the Delphi process to bridge the limited data and provide actionable policy recommendations and solutions for LMICs to prevent and mitigate health worker burnout.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted this quarter.

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

Activity Lead: Karishmah Bhuwanee

FY24 QUARTER 2 HIGHLIGHTS

- LHSS continued providing technical assistance to Peru's Ministry of Health (MOH) during Quarter 2, including beginning documenting the Ministry's process of identifying priority programs and allocating resources to those programs.

- LHSS identified a consultant who will provide technical assistance to Namibia’s Ministry of Health and Social Services (MoHSS). The consultant will help strengthen the capacity of regional directorates to align and allocate budgets with priorities and programs defined in the government’s essential health services package.

ACTIVITY PROGRESS

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

Peru: LHSS continues to provide technical support to Peru’s MOH to define clear health priorities and ensure 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 its multi-year and annual budget allocation processes for 2024-2027. Under the MOH’s leadership and at their request, LHSS convened a series of consultations between the ministry, civil society organizations, private sector entities, and other actors. The purpose of these meetings was to validate the primary health care interventions that are recognized as good practices and that will be incorporated into the 2025-27 multi-year financial planning for the health sector. Results from these consultations also informed the development of a technical document drafted by Peru’s MOH with the Activity’s support that describes primary health care services that should be provided to the population, the organizational and governance structures required to deliver these services.

With support from LHSS, Peru’s MOH is strengthening its capacity to identify its health care priorities, allocate resources in alignment with these priorities and establish a process for sustaining the alignment of health priorities and budget into the future. Key to this process has been the MOH’s efforts to document each step of their process. Other countries interested in developing similar capacity will be able to use and adapt Peru’s experience and documented processes to identify, fund and achieve health care service delivery priorities in their own context.

Namibia: LHSS has also identified a consultant to provide technical assistance to Namibia’s MOHSS. The LHSS Namibia country program is already supporting the ministry in reviewing its essential health services package and aligning health care programs with the Chart of Accounts for program-based budgeting. To complement this work, LHSS Core Activity 23 will focus on documenting and addressing challenges experienced by sub-national MOHSS entities in allocating budgets to health priorities. To achieve this work, LHSS has proposed conducting a rapid assessment to:

- Understand regional-level primary health care programs and how resources are allocated to them.
- Examine the challenges with allocating and executing budgets to these programs at the regional level and document the level of autonomy regional-level authorities have over their budget cycle. Once these challenges are identified, the Activity will collaborate with the LHSS Namibia country program to provide technical support the MOHSS to address one of these challenges.

EVENTS NEXT QUARTER

No events are scheduled for next quarter.

PRIORITIES NEXT QUARTER

- Provide technical assistance to Namibia's Ministry of Health and Social Services to identify and address one of the challenges by sub-national MOHSS entities in allocating budgets to health priorities.
- Continue developing the LHSS technical brief deliverable to document country processes and lessons learned from Peru and Namibia on linking priority setting with budget execution. and share an outline for USAID review.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted this quarter.

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

Activity Lead: Shipra Srihari

FY24 QUARTER 2 HIGHLIGHTS

- LHSS completed consultations with members of the informal private sector and governance advisory group and incorporated all feedback into the toolkit outline, tools, and description of potential governance challenges faced by governments. The toolkit will enable users to understand the importance of governance in providing effective oversight and engagement of the private sector in universal health coverage, recognize common governance challenges governments may face when engaging private sector actors, provide tools and resources to address the specific governance challenges, and strengthen the capacity of governments to govern a mixed health system. Intended users of the toolkit include country governments and USAID Missions.
- LHSS presented to and obtained feedback from USAID on the framework of common private sector governance challenges faced by governments.
- The World Health Organization (WHO) shared an update on its progression pathway model, which LHSS and WHO agreed can be cross referenced with the LHSS toolkit.

ACTIVITY PROGRESS

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

LHSS completed consultations with all five members of its informal advisory group, composed of experts in private sector and governance. In these individual consultations, LHSS discussed its progress developing the toolkit and obtained feedback on its proposed outline and organization. Members of the informal advisory group provided input on resources and tools included in the toolkit. Based on a desk research, the Activity included information on high-level challenges country governments may face when collaborating with private sector actors.

Advisory group members also provided feedback on these suggested scenarios. Following the feedback sessions, LHSS updated the country challenges section of the toolkit to align with suggestions from advisory members on the organization and content of this material. LHSS also received feedback from two internal LHSS quality assurance reviewers and from USAID on the updated toolkit outline and proposed framework of common challenges faced by governments when collaborating with private sector actors. Feedback from these sources will also be incorporated into an updated draft outline.

LHSS and USAID met with the WHO on January 23, 2024 to exchange progress and updates on LHSS's toolkit and WHO's private sector governance work. LHSS and USAID requested that WHO share its progression pathway model for private sector governance. On March 20, 2024, LHSS and USAID met to review the WHO model and held in-depth discussions on the progress WHO has made in developing their model, and how to further align the USAID and WHO approaches. LHSS will continue to work closely with USAID to determine how to best incorporate WHO's model and other applicable literature into the LHSS toolkit, and how to frame the toolkit for easy application by end users.

EVENTS NEXT QUARTER

No events are scheduled for Quarter 3.

PRIORITIES NEXT QUARTER

- Continue discussions with WHO on aligning the progression pathway model with the LHSS toolkit. A follow-on discussion between USAID, LHSS, and WHO is scheduled for early in Quarter 3.
- Validate the toolkit through consultations with global and in-country stakeholders during a virtual workshop in Namibia scheduled for Quarter 3. Namibia was selected to host these consultations based on LHSS's work there supporting the private sector in improving strategic purchasing and other toolkit priority areas.
- Finalize the toolkit outline and content to be included in the final toolkit.

CHALLENGES

LHSS had been experiencing continued delays coordinating with WHO to ensure alignment of its toolkit with WHO's progression pathway model. In Quarter 2, LHSS and USAID met with WHO to discuss progress on each activity and delays in obtaining materials needed to advance development of the LHSS toolkit. In response to delays experienced by LHSS communicating with and accessing important data from WHO, and to ensure future alignment with WHO's progression pathway model, LHSS has obtained USAID approval to extend the timeline for this activity into Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted in Quarter 2.

CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

Activity Lead: Sarah Insanally

FY24 QUARTER 2 HIGHLIGHTS

- LHSS incorporated feedback from USAID into its Sustainability and Transition toolkit, resubmitted the toolkit for approval on January 22, 2024, and is currently pending final concurrence from USAID.

ACTIVITY PROGRESS

Intervention 1: Develop The Sustainability and Transition Toolkit.

LHSS's Sustainability and Transition toolkit compiles practical tools and guidance to help USAID Missions, implementing partners and country stakeholders do two things:

1. Plan and carry out actions to promote the sustainability of donor-funded health system investments.
2. Manage activity transitions to host country ownership, implementation, and resources.

The toolkit is organized into seven modules that correspond to stages of a typical project cycle:

1. Designing and planning investments to promote sustainability.
2. Engaging stakeholders.
3. Resourcing for sustainability.
4. Strengthening local capacity.
5. Monitoring, evaluating, and adapting.
6. Managing transition to local ownership.
7. Capturing and disseminating learning on sustainability and transition.

LHSS submitted the toolkit to USAID in Quarter 1. USAID provided feedback on the toolkit in December 2023, which was subsequently incorporated into the toolkit in January 2024. LHSS resubmitted the toolkit for final USAID review on January 22, 2024, and is currently pending concurrence. The new toolkit will be published on the LHSS project website once COR approval is received.

EVENTS NEXT QUARTER

No events planned for next quarter.

PRIORITIES NEXT QUARTER

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

CHALLENGES

No challenges encountered this quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

LHSS resubmitted the revised Health System Sustainability and Transition Toolkit to USAID on January 22, 2024.

CORE ACTIVITY 26/32: LEARNING AGENDA: EVIDENCE GAP MAPPING PART 3 (ACTIVITY 14 FOLLOW-ON)

Activity Lead: Ekpenyong Ekanem

FY24 QUARTER 2 HIGHLIGHTS

- LHSS received COR approval of the final two learning briefs on Learning Question 4 (Integration and engagement of local voices), and Learning Question 6 (Social and behavior change). LHSS published these new resources on its website and promoted them through social media networks.
- LHSS co-hosted and facilitated an internal brown bag event on March 13, 2024 for USAID staff to discuss, promote and solicit feedback on updates for the Evidence Gap Map (EGM).
- LHSS requested and is receiving valuable feedback and suggestions to improve the EGM from a broad community of internal and external practitioners working in health system strengthening (HSS) practitioners and created a process guide that was shared with USAID.

ACTIVITY PROGRESS

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

Intervention 1 was completed in FY23.

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

After receiving final approval from USAID on January 22, 2024 LHSS finalized and disseminated learning briefs for USAID Health Systems Strengthening (HSS) Learning Question 4 ([Integration and engagement of local voices](#)), and Learning Question 6 ([Social and behavior change](#)). These new resources were published on the LHSS website and promoted through the Project's and USAID's social media networks. During Quarter 2, the brief on Learning Question 4 received 50 views and 23 downloads, and the brief on Learning Question 6 received 57 views and 25 downloads. Each brief is short and highly accessible, providing an executive summary of the relevant evidence, key themes, and gaps associated with its specific learning question. The briefs aim to improve HSS programs and outcomes by providing program managers, funders, local country partners, and governments the latest knowledge to guide the design and implementation of HSS programs. Finalization of these two remaining briefs marks the completion of all work planned under Activity 26.

Intervention 3 (Activity 26): Convene Technical Meetings.

Intervention 3 was completed in FY23.

Intervention 4 (Activity 32): Update and Expand Evidence Mapping Part 3.

LHSS co-hosted and facilitated an internal brown bag for USAID staff on March 13, 2024, to discuss and promote the Evidence Gap Map and tool. USAID hosted the event and led communication and promotion efforts, while LHSS developed the presentation agenda and content with guidance from USAID. Following USAID's overview of the HSS Learning Agenda and the Evidence Gap Map, LHSS provided a live demonstration of the tool. LHSS also shared a high-level synthesis of Learning Question 1 on Systems Thinking and Learning Question 5 on localization and whole of society engagement. The meeting concluded with two participant

discussion sessions. As LHSS has done at previous such presentations, the Activity invited submission of new evidence and encouraged feedback on the overall tool from USAID Office of Health Systems brown bag participants. As a result of this invitation, LHSS has received suggestions of new evidence and feedback on the EGM tool, that will be incorporated under this Activity.

Similarly, during Quarter 2 LHSS solicited and received new evidence and additional feedback on the EGM tool from LHSS Country and Core activity teams, and external audiences, panelists, and participants of the two EGM webinars LHSS held in March 2023. This additional evidence and input will also contribute to current updates being made to the evidence mapping associated with Learning Questions 1 (Systems thinking), 2 (Sustainability and scale), 3 (HSS measurement), and 5 (Localization and whole of society engagement). LHSS developed a process guide outlining the steps the Activity will take to incorporate new evidence and input. To maintain methodological consistency, this guide is modeled on the process guide used in earlier iterations of this Activity in FY21-23. USAID has reviewed and approved the new process guide. Beginning in Quarter 3, LHSS will be enhancing the EGM platform with new search capabilities and will update the six existing learning briefs with new evidence as it is identified.

Intervention 5 (Activity 32): Transition EGM to New Hosting Platform

LHSS plans to transfer the Evidence Gap Map from the LHSS project website to USAID or an alternate partner website to maintain broad access and sustainability past the life of the LHSS project. During Quarter 2, the Activity initiated discussions with IT colleagues and USAID to develop a plan for transferring the existing platform to a new website at the conclusion of the LHSS project. LHSS will also develop user navigation guidance for this new site. These discussions will continue into Quarter 3.

EVENTS NEXT QUARTER

No events are planned for Quarter 3.

PRIORITIES NEXT QUARTER

- LHSS will complete the EGM updates for Learning Questions 1, 2, 3, and 5 at the beginning of Quarter 3. Updates for Learning Questions 4 and 6 will be completed at the end of Quarter 3.
- LHSS will establish a plan to transfer the EGM platform from its project website to USAID or an alternate partner site.

CHALLENGES

No challenges were experienced in Quarter 2.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted in Quarter 2.

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

Activity Lead: Melinda Fenn

FY24 QUARTER 2 HIGHLIGHTS

- LHSS produced and submitted to USAID one Practice Spotlight brief titled: *Financial Protection and Social and Behavior Change*.

ACTIVITY PROGRESS

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

LHSS finalized and published one externally produced brief under the Equity series, titled *Financial Protection and Social and Behavior Change*. This brief aims to describe opportunities to improve financial protection programs using behavior change approaches. USAID's Health Systems Strengthening Accelerator (HSSA) continues to draft the remaining two briefs under the Equity series: 1) *Promoting Inclusivity in Health System Decision Making*, and 2) *Equity-Enhancing Implementation Research*. LHSS will produce these briefs upon receipt from USAID.

After HSSA finalizes the content of the two briefs, LHSS will support the publication and dissemination of the briefs. LHSS will post the briefs on the LHSS website and promote them via the LHSS mailing list and social media channels. LHSS will also coordinate a podcast to further promote the three briefs.

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

Following publication of the LHSS-developed brief on social determinants of health in Quarter 1, USAID and other implementing partners will be drafting the three remaining externally produced briefs under Activity 27. The topics for these briefs are still to be confirmed with USAID. LHSS will produce these briefs upon receipt from USAID using the same template as the other Practice Spotlight briefs.

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

LHSS and USAID determined the topic for the first LHSS- written resource optimization brief will focus on improving provider payment mechanisms through implementing social contracting. Specifically, the publication will highlight approaches that strengthen the broader health system and contribute to sustainability and transition. The brief will draw on global literature and LHSS work in Namibia, Vietnam, and Jamaica.

LHSS also began its promotional efforts to disseminate three HSS Practice Spotlight briefs: 1) *Financing Quality from Across the Health Sector*, 2) *Outcome Harvesting*, and 3) *Contribution Analysis*. LHSS leveraged existing digital platforms to increase awareness within the HSS community about the series and to increase views and downloads of each brief. In Quarter 2, LHSS supported a custom boosted post on Facebook, LinkedIn, and X to promote and disseminate the three briefs. These three briefs were downloaded a total of 78 times during the quarter.

Finally, USAID and other implementing partners are drafting the two externally produced briefs under this Activity. The topics for these briefs are pending confirmation by USAID. LHSS will produce these briefs upon receipt from USAID using the standard Practice Spotlight brief template.

EVENTS NEXT QUARTER

No events are scheduled for next quarter.

PRIORITIES NEXT QUARTER

- LHSS will begin drafting an outline for the first resource optimization brief and will confirm the topic for the second resource optimization brief with USAID. LHSS will also identify and reach out to potential advisory committee members to request their engagement and technical guidance on the briefs.
- LHSS will continue disseminating and promoting the existing Practice Spotlight brief products via custom boosted posts.
- LHSS will begin developing a podcast episode on the Equity series for anticipated availability in 2024.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

HSS Spotlight Practice brief titled *Financial Protection and Social and Behavior Change*, submitted February 20, 2024.

CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

Activity Lead: Mignote Haile

FY24 QUARTER 2 HIGHLIGHTS

- LHSS completed High Performing Health Care (HPHC) tool surveys in Timor-Leste and Colombia in February and March 2024, respectively. The surveys garnered 81 responses in Timor-Leste and 68 responses in Colombia. Responses came from stakeholders in each country representing public, private, NGO, and international organizations.
- LHSS received feedback from USAID on the structure and content of the Activity's country report deliverables which will be finalized in Quarter 3. The reports will detail the HPHC survey results and recommendations to improve health system performance for each country.

ACTIVITY PROGRESS

Intervention 1: Select Countries and Define Scope of Assessments.

Completed.

Intervention 2: Conduct HPHC Assessments in Selected Countries.

LHSS continued survey implementation in Timor-Leste and Colombia in Q2. The activity team conducted a series of follow-ups (e.g., via email, WhatsApp, phone calls, and in-person visits) throughout the survey implementation period. The survey in Timor-Leste closed on March 1, 2024, with 81 responses. The survey in Colombia closed on March 31, 2024, with a total of 68 responses.

The activity team developed a detailed outline and drafted the country reports that will be submitted to USAID as final deliverables. The reports summarize the HPHC survey findings on Timor-Leste and Colombia's health systems performance, using the outputs of the tool. The data is presented across the four domains of accountable, accessible, affordable, reliable health care. Findings will be contextualized based on respondent demographics and organizational makeup. In Quarter 3, LHSS will hold virtual meetings with stakeholders from both countries to validate the survey report recommendations. The final reports will be submitted to USAID by the end of Quarter 3.

EVENTS NEXT QUARTER

No events planned for next quarter.

PRIORITIES NEXT QUARTER

- Hold virtual validation meetings with select MOH and USAID stakeholders in Timor-Leste and Colombia to validate recommendations from the survey reports.
- Finalize the two country report deliverables.
- Disseminate the country reports via the LHSS website and other project communication channels, as appropriate.

CHALLENGES

Participants were slow to respond to the survey in both countries. LHSS addressed this potential risk during the work planning stage by proactively incorporating a series of targeted follow-up activities to be carried out by LHSS's networks in Timor-Leste and Colombia. The LHSS teams in both countries also conducted supplementary follow-up to increase response rates and identified over 150 new stakeholders between the two countries to participate in the survey. While the HPHC tool is designed to be a relatively low cost and quick-to-use assessment tool, challenges obtaining responses made survey implementation considerably more time intensive than originally planned. To accommodate the longer survey implementation timeline, LHSS requested and received COR approval to extend the Activity through May 2024.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted this quarter.

CORE ACTIVITY 30: RESOURCE OPTIMIZATION E-LEARNING COURSE

Activity Lead: Sarah Insanally

FY24 QUARTER 2 HIGHLIGHTS

- LHSS completed a desk review to identify successful resource optimization approaches across a range of health resources. The Activity used findings from this review to develop a first draft of an annotated outline for the e-learning course.

ACTIVITY PROGRESS

Intervention 1: Develop Content on Resource Optimization for Inclusion in E-Learning Course.

LHSS completed a review of existing training materials for USAID staff to identify gaps and areas where additional content could be useful to promote a clear understanding of the meaning and importance of resource optimization. To address the identified gaps, LHSS conducted a focused desk review to identify key normative guidance, approaches, tools, and country experiences implementing successful resource optimization approaches across a range of health sector resources including financing, pharmaceuticals and commodities, and human resources for health. The review also identified digital approaches to support resource optimization initiatives. The Activity used findings from the desk review to develop an annotated outline of the structure and content of the e-learning modules. LHSS will share the proposed outline with USAID for input and approval before developing the modules.

Intervention 2: Develop E-Learning Course.

This intervention will begin in Quarter 3.

EVENTS NEXT QUARTER

No events planned for next quarter.

PRIORITIES NEXT QUARTER

- LHSS will share the annotated outline with USAID for input and agreement on the structure and content of the e-learning module.
- LHSS will develop the storyboard to create the technical content of the e-learning modules. In collaboration with instructional designers from LHSS partner TRG, the technical team will package the curriculum into an engaging e-learning course that provides an interactive learning experience for USAID staff.

CHALLENGES

No challenges were encountered during the Quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 1

No deliverables were submitted during the Quarter.

CORE ACTIVITY 31: HEALTH FINANCING SUPPORT TO AFRICA CDC

Activity Lead: Elaine Baruwa

FY24 QUARTER 2 HIGHLIGHTS

- In collaboration with USAID and Africa CDC, LHSS has finalized the activity scope which will be a set of African Union country case studies exploring the extent to which health budgets reflect or align with health priorities, and the enablers and inhibitors of achieving alignment.

ACTIVITY PROGRESS

LHSS met with Africa CDC's Health Economics and Financing Program to review potential areas of collaboration identified in the Program's FY24 workplan. Together, LHSS and Africa CDC identified and presented four potential areas of collaboration. The Activity presented these to the COR along with recommendations as to which activities would align best with USAID's

objectives and LHSS's current core work. LHSS, USAID, and Africa CDC's program lead have jointly selected and agreed to collaborate on the chosen activity summarized below.

LHSS will partner with Africa CDC to develop a maximum of five country case studies to guide and strengthen Africa CDC's capacity to work with ministries of health and finance to ensure that country health budgets, including external resources for health, align with country health priorities. LHSS will identify a methodological approach to share with Africa CDC and will provide technical support on data collection, analysis, and writing. Africa CDC will contribute country consultants to support the case study data collection and development and will lead dissemination efforts. LHSS and USAID are discussing what the deliverables will be for this Activity. Current suggestions include a brief description of the approach that will be used to develop the in-depth country case studies and a final report featuring up to five country summaries.

EVENTS NEXT QUARTER

No events are planned for next quarter.

PRIORITIES NEXT QUARTER

LHSS will finalize the methodology and country selection for case studies and begin data collection.

CHALLENGES

No challenges were experienced this quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted in Quarter 2.

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

Activity Lead: Julia Watson

FY24 QUARTER 2 HIGHLIGHTS

- LHSS continued work on a taxonomy of countries receiving USAID health funds and an assessment of the current state of financing for health in the seven focus countries of the Primary Impact initiative.
- LHSS began to gather evidence and develop policy recommendations to support the design of health and social protection policies that prioritize service delivery and financial protection for the poor in public health spending during economic downturns.

Intervention 1: Develop a Taxonomy of Countries Receiving USAID Health Funds By Indebtedness and Other Drivers Of Budgetary Space for Health.

In response to feedback from USAID, LHSS revised the slide deck setting out the methodology and results for the taxonomy of countries receiving USAID health funds and developed explanatory notes to accompany the slides. The taxonomy categorizes the countries by their potential to mobilize additional sustainable domestic financing for health in the next two to three

years. Categorization takes into account each country's risk of debt distress, forecasted economic growth over the next two years, and the proportion of government spending each country allocates to health. For each category, LHSS provides broad recommendations to inform USAID's health policy dialogue and programming in the recipient countries.

Intervention 2: Empirically Assess the Current State of Financing for Health and Contextualize a Country-Specific, Medium-Term Approach for Funding for the Seven Focus Countries of the Primary Impact Initiative.

LHSS revised the seven country slide decks covering each of the focus countries of USAID's Primary Impact Initiative (i.e., Côte d'Ivoire, Ghana, Kenya, Nigeria, Malawi, Indonesia, and the Philippines) to incorporate feedback from USAID. The slides present country-specific analysis of the economic drivers of domestic health expenditure and of health system outputs and outcomes. These findings are being used to better understand implications for domestic health financing policy, especially for primary health care programs, and to develop recommendations for USAID policy and programming discussions in each country.

Intervention 3: Develop Countercyclical Health Policy Options to Protect the Poor During Economic Downturns.

LHSS began work on a technical report that will identify strategies for USAID Missions to support countries in implementing countercyclical policies that enable more efficient and equitable use of available resources in an economic downturn. The Activity developed an annotated outline for the technical report, discussed it with USAID, and agreed on next steps. The team began work on a review of academic and grey literature to identify examples and lessons learned. These will be used to inform the design of health and social protection policies that prioritize service delivery and financial protection for the poor in public health spending during future downturns.

EVENTS NEXT QUARTER

There are no events planned for next quarter.

PRIORITIES NEXT QUARTER

- Submit the deliverables for interventions 1 and 2 to USAID.
- Complete the literature review, key informant interviews, and two country case studies on countercyclical policies.
- Use findings from the review, interviews, and case studies to identify strategies for USAID Missions to support countries in implementing countercyclical policies that enable more efficient and equitable use of available resources in an economic downturn.

CHALLENGES

No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted this quarter.

SECTION 3: FY24 QUARTER 2 PROGRESS REPORTS FOR DIRECTED CORE ACTIVITIES

DIRECTED CORE ACTIVITY: EFFECT OF COVID-19 RESPONSE ON HEALTH SYSTEMS

Activity Lead: Yordanos Molla

FY24 QUARTER 2 HIGHLIGHTS

- LHSS conducted in-person workshops in Bogota, Colombia and Dushanbe, Tajikistan to discuss the Most Significant Change processes, and to refine, verify and rank the most significant change stories observed following USAID's investment in the COVID-19 response. The method requires engaging diverse and local perspectives. Representatives from USAID missions, national and regional ministry of health offices, and implementing partners from both countries participated in their respective workshops.
- LHSS developed a data analysis template and provided training on the use of this template to the consultants leading the data analysis in each of the five Activity countries.
- The Activity team and South Africa-based consultant participated in a training on Protection of Personal Information Act in compliance with South Africa's Internal Review Board (IRB) requirement.

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.

LHSS consultants received training in the data analysis template developed for this activity.

South Africa: The following milestones were completed in Quarter 2 by the South Africa team. These activities were completed in earlier quarters in the other study countries:

- Met South African IRB requirements by taking the training on Protection of Personal Information Act (POPIA).
- Identified country-specific domains of health system change as defined by health system functions and sub-functions.
- Identified high-level implementers who will serve as key informants based on their access to information on how and where USAID's COVID-19 funds have been disbursed and used.

Tajikistan and South Africa: The following activities were completed in Quarter 2 by the Tajikistan and South Africa teams. These activities were completed in earlier quarters in the other study countries.

- Interviewed primary intended users of this COVID-19 learning activity results, including implementing partners and staff from the USAID Missions in Tajikistan and South Africa who are familiar with USAID's COVID-19 response and investments and in the respective study countries.

- Finalized health system domains of change based on input from primary intended users.
- Prepared a sampling and data collection plan to conduct interviews with local actors such as ministries of health and other implementing partners who were directly involved with the COVID-19 responses in their respective countries.

Colombia, Tajikistan, and South Africa: The following activities were completed in Quarter 2 by the Colombia and Tajikistan teams. These activities are currently being implemented by the South Africa team and will continue into Quarter 3.

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

Intervention 3: Synthesize, Document, and Disseminate Learnings.

LHSS presented preliminary lessons from the activity at a forum called Achieving Health for All: Lessons from Strengthening Health Systems in the COVID-19 Response, held at the Wilson Center in Washington, D.C. on December 12, 2023. These lessons were included with other related USAID-funded COVID-19 activities in a blog post published on New Security Beat on January 10, 2024 titled *Lessons from the COVID-19 Pandemic Can Help Achieve Health for All.*

Following the workshops held in Peru, Colombia, Ghana, and Tajikistan to verify and rank change stories, each country consultant redoubled efforts to gain consensus on change stories, and revised and finalized the stories prior to conducting preliminary analyses. Following this verification and finalization step, the consultants have analyzed the full data sets and documented key findings in Colombia, Ghana, and Peru. The analysis is in process in South Africa and Tajikistan. Findings from each country are being summarized in slide decks which serve as deliverables for this learning activity.

Peru, Colombia, Ghana, Tajikistan, and South Africa: The following activities were completed by the consultants and Activity team in Peru, are currently being implemented by the Colombia and Ghana teams, and will be carried out in Quarter 3 by the Tajikistan and South Africa teams.

- Revised change stories based on participant input during the in-person workshop.
- Compiled data from the in-person workshops into a country-specific excel data analysis template.
- Developed a country-specific report and a slide deck describing the methods, country contexts, key findings from the change stories by health system domain, and significance of the changes. The slide decks also answer USAID's learning objective questions for this activity and offer considerations for future pandemic response investments.

EVENTS NEXT QUARTER

LHSS will conduct the final in-person workshop in Johannesburg, South Africa in April 2024.

PRIORITIES NEXT QUARTER

- Prepare and facilitate the remaining in-person Most Significant Change workshop in Johannesburg, South Africa.
- Analyze data and synthesize findings from each study country.

- Develop a slide deck presenting study methods, data, key findings, and recommendations for each participating country, and submit to USAID for review and approval.

Develop three learning briefs presenting findings on each study objective learning question.

CHALLENGES

The Activity faced continued challenges with the South Africa IRB approval process which led to implementation delays. LHSS requested and secured extension for the Activity from March 31, 2024, to June 30, 2024.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted in Quarter 2.

DIRECTED CORE ACTIVITY: INTEGRATING COMMUNITY HEALTH WORKERS IN PRIMARY HEALTH CARE - PROFESSIONALIZATION AND CAREER ADVANCEMENT

Activity Lead: Kate Greene

FY24 QUARTER 2 HIGHLIGHTS

- LHSS completed a scoping trip to Tanzania in January 2024 and submitted to USAID Washington a draft scope of work outlining proposed Technical Assistance (TA) activities. The scope will focus on supporting the integration of Community Health Worker (CHW) career progression within the existing Ministry of Health guidelines, developing a learning and advocacy brief to support the institutionalization of career progression, and assessing institutional roles, responsibilities, structures for CHW supervision.
- LHSS assessed the Community Health Workers (CHW) program under the Ministry of Health and Social Services (MOHSS) in Namibia. This assessment was conducted in two northern regions using the CHW Assessment and Improvement Matrix tool. LHSS also hired an in-country consultant with expertise in curriculum development to support the Namibian Ministry of Health and Social Services in developing a standardized CHW training curriculum framework. This framework will lay the groundwork for an institutionalized CHW career progression on the first rung of Namibia's existing career advancement track for nurses.
- LHSS received approval from USAID Washington on its proposed TA scope for activities in Mozambique. LHSS began drafting the operations research protocol and data collection instruments for the upcoming gender analysis study.

ACTIVITY PROGRESS

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

Completed in FY23.

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

Tanzania: The Activity conducted a scoping trip to Tanzania in January 2024 to understand the current state of community health workers in the country, and to define a scope and budget for TA. During this visit, LHSS met with representatives from the Ministry of Health (MOH), President's Office, Regional Administration and Local Government offices, staff from the USAID Mission in Tanzania, and other relevant stakeholders. The team also onboarded

the newly hired country lead before the trip. The government launched its new Integrated and Coordinated CHW Program on January 31, 2024. The program emphasizes the need for robust pre-service CHW training and local ownership, but there have been concerns regarding coordination and implementation among in-country and external stakeholders. During the visit, LHSS also learned that leadership for CHW programming within the MOH is open to learning about adopting best practices in CHW integration and career advancement. MOH CHW program leaders also expressed their interest in partnering with LHSS to lay the foundation for a CHW career progression program. In preparation for establishing a CHW career progression, LHSS plans to assess existing institutional frameworks and roles for CHW supervision. The Activity will use findings from this assessment to develop proposed supervision models that incorporate efficient and effective streamline performance oversight and management structures. LHSS has submitted a draft scope of work to USAID/Washington for these potential interventions.

Namibia: The US-based Activity team completed a trip to Namibia in late January and early February 2024 to support the country lead in implementing two workshops, site visits, and interviews in two northern regions, Omahake and Ohangwena. The team piloted the CHW Assessment and Improvement Matrix tool, originally developed by the Community Health Impact Coalition in partnership, CHW Central, Initiatives Inc., USAID, and UNICEF, and amended by the Activity. The objective of the visit, workshops, and interviews was to assess and learn from the pilot, recommend improvements to the tool, and inform the design of the upcoming career progression framework interventions that will be carried out in Namibia in Quarter 3. The Activity conducted 13 semi-structured interviews with CHWs and supported the facilitation of the two workshops with a total of 49 attendees, using the tool's functionality matrix scoring and action planning tools. Colleagues from the Ministry of Health and Social Services (MOHSS) Primary Health Care, the National Health Training Center, and the USAID Namibia northern regional advisor accompanied the Activity team for the site visits and workshops in both regions. Findings and recommendations from the trip will be shared with the MOHSS and the USAID Mission in Namibia in early Quarter 3. An important preliminary finding was the lack of structure and personnel at the community level to conduct the planned supportive supervision pilot. LHSS held multiple discussions with MOHSS counterparts to explore the feasibility of conducting the pilot as originally envisioned. Unfortunately, given the timing constraints, LHSS and MOHSS came to the mutual agreement that the required structures and existing personnel will not be in place to support the intended pilot activity and have therefore decided not to pursue this workstream. Finally, during the trip, the team onboarded a newly hired local consultant who will lead development of the CHW training curriculum framework to support that ongoing workstream.

Mozambique: LHSS received USAID Washington approval for its proposed scope of work and interventions in Mozambique. The Activity began developing its operations research protocol and data collection instruments for the gender analysis study. This study aims to understand barriers associated with gender and social norms among women in the CHW program. This workstream aligns with priorities outlined by the MOH and the USAID Mission in Mozambique as the country works to update and revitalize its community health program through its newly developed community health subsystem strategy. LHSS will conduct the operations research in three districts to obtain diverse perspectives from stakeholders (e.g., CHWs, community leaders, and MOH program managers at the community, district, regional, and national levels), document current practices, and provide evidence-based recommendations. Findings from this study will inform and support the MOH in designing gender-responsive strategies and tools to improve CHW recruitment and the promotion of equitable career advancement practices. The Activity will work with LHSS partner Banyan Global to carry out this operations research and will submit the study protocol for US and Mozambique institutional review board (IRB) review in early Quarter 3. Finally, LHSS started its stakeholder analysis and mapping exercise which will inform the career progression framework, roadmap, and advocacy brief workstream.

Intervention 3: Knowledge Gathering, Sharing and Findings Dissemination.

LHSS has initiated work to plan and develop a spotlight brief and has shortlisted potential external reviewers who will serve as an advisory committee to guide development of the spotlight brief. The topic of the brief will be decided on in Quarter 3. The prospective members bring a range of global and country-level health systems strengthening and community health worker program expertise. The Activity is especially interested in engaging health system experts based in LMICs who have co-authored peer-reviewed articles related to integrating CHWs into health systems. The advisory committee's key functions will include validating the proposed topic of the brief, reviewing drafts, and advising on source information. The purpose of this spotlight brief is to present successful interventions, commonalities, lessons learned, and promising practices across country experiences to guide the design and implementation of CHW career progression and professionalization initiatives in diverse contexts.

EVENTS NEXT QUARTER

No events are scheduled for next quarter.

PRIORITIES NEXT QUARTER

- Confirm the feasibility of implementing the supportive supervision pilot in Namibia given challenges associated with the lack of personnel and supervisory structure at the district level.
- Submit the findings and recommendations from the CHW Assessment and Improvement Matrix tool pilot to USAID Washington, USAID/Namibia, and the Ministry of Health and Social Services in Namibia.
- Submit the operations research protocol for the gender analysis study to US and Mozambique IRBs.
- Obtain USAID approval for the Tanzania TA scope of work.
- Research and determine the spotlight brief topic, begin drafting content, and finalize membership of the advisory committee that will guide development of the brief.

CHALLENGES

Through the situation analysis conducted in Namibia, LHSS found the lack of personnel and structure at the community level will impede feasible implementation of the supportive supervision pilot within the timeframe of the Activity. LHSS developed and applied criteria to jointly determine with the MOHSS and key stakeholders whether, given these barriers, the pilot can proceed as initially planned. After careful consideration, the MOHSS and the Activity determined that the timing and resources (i.e., lack of structures and personnel) will impede implementation of the pilot as envisioned. The MOHSS is currently in discussions with the USAID Mission in Namibia to design a community digital health ecosystem. Time permitting, LHSS may contribute to this initiative.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2 No deliverables were submitted in Quarter 2.

DIRECTED CORE ACTIVITY: DECISION SUPPORT TOOL FOR OUTSOURCING SUPPLY CHAIN SERVICES CSL (FOLLOW-ON)

Activity Lead: Miquel Sitjar

FY24 QUARTER 2 HIGHLIGHTS

LHSS received USAID workplan approval for the Decision Support Tool follow-on activity in February 2024. The Activity will transition the previous Excel-based tool to a web-based platform (to be determined) to improve the tool's functionality and ease of use. The simple online tool will be designed for high-level leaders and senior government officials to support the decision-making process associated with engaging local private sector entities in public health supply chains.

LHSS conducted a kickoff meeting with Abt developers to discuss the design and rollout of the web-based tool. They have developed the initial structure and algorithm for the tool which will be finalized in Quarter 3.

LHSS provided a progress update to USAID in March 2024 regarding the development of the tool, the Activity timeline, and next steps.

ACTIVITY PROGRESS

Intervention 1: Develop a Decision Support Tool.

Complete.

Intervention 2: Convert And Disseminate the Decision Support Tool.

LHSS and USAID agreed to transition the tool to a web-based platform, conduct a country pilot, and disseminate the final tool to target audiences agreed upon with USAID's Commodity Security and Logistics Division. Potential users include USAID Missions, implementing partners, government officials, and other donor organizations active in the supply chain. Organizations with broad supply chain and government networks, such as the Africa Resource Center, may also use this new tool. USAID and LHSS agreed to shift the timeline for submission of the activity deliverables (the tool and the accompanying advocacy slide deck) to Quarter 3 to align with the follow-on activity timeline. LHSS received USAID approval of the modified workplan on February 16, 2024.

Following workplan approval, LHSS coordinated a kickoff meeting between the Activity team and Abt developers who will support the tool's transition. The developers have since initiated their work to build out the online tool. A first draft of the tool will be shared with USAID in early Quarter 3.

LHSS also conducted a kickoff meeting with USAID in late March 2024 to provide an update on progress toward developing the tool and outline the team's next steps. The Activity team determined with USAID that LHSS will develop a matrix of criteria to select a pilot country for the tool. The Activity will share the matrix and proposed pilot country selection with USAID in Quarter 3. The pilot will provide an opportunity to test and validate the tool's technical content and structure and generate important feedback from potential country-level users. In Quarter 3, LHSS will explore potential online platforms to host the tool in consultation with USAID.

EVENTS NEXT QUARTER

No events are planned for next quarter.

PRIORITIES NEXT QUARTER

- Build and finalize the web-based decision support tool.
- Coordinate a host for the web-based tool.

In consultation with USAID, identify a pilot country, obtain Mission concurrence, and pilot the tool in one country (TBD).

CHALLENGES

No challenges were experienced during the quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted during the quarter.

DIRECTED CORE ACTIVITY: BUILDING PRIVATE SECTOR E-COMMERCE CAPACITY THROUGH INNOVATIVE FINANCING (CSL)

Activity Lead: Tenly Snow

FY24 QUARTER 2 HIGHLIGHTS

- USAID approved grants for digital health innovators Zuri Solutions, Ltd. in Ghana and MM Partners Logistics in Uganda. Implementation activities under both grants began in Quarter 2.
- LHSS began providing technical assistance by way of marketing and communications experts to review grantees' plans and approaches for market segmentation, as well as through support for digital activities by LHSS's digital specialists.
- In Ghana, Zuri Health has hired local staff, established a partnership with local telecommunications provider Telecel (formerly Vodafone), and has begun engaging clients throughout the country through its bot (Whatsapp), and SMS-based messaging services. They are preparing to hold health camps (e.g., outreach events in low-income areas for women and youth with greater barriers to accessing family planning services and products).
- In Uganda, MM Partners has made significant progress redesigning and launching its business-to-consumer platform, including the addition of several new family planning products. They have conducted user testing on their platform and selected a new data visualization tool to support data-driven decision-making.

ACTIVITY PROGRESS

Intervention 1: Provide Seed Funding and Technical Assistance to Digital Innovators Ghana grantee - Zuri Solutions, Ltd.

LHSS requested and, in early February 2024, received USAID approval of its grant to Zuri Solutions Ltd. (Zuri), a pan-African health technology company, in Ghana. This award aims to strengthen the grantee's technical capacity by expanding its digital platform and reach across Ghana. The grantee will also conduct health camps and outreach activities in underserved regions of the country to increase access to family planning commodities, information, and decision support.

The Activity held an orientation meeting with the grantee to review contractual technical and financial reporting requirements. Following the grant award signing in mid-February 2024, the Activity met with Zuri to discuss what type of assistance it needed and reviewed the status of grant activities to date.

From the outset of its award, Zuri has used its grant funding to establish its presence in Ghana and prepare to hold its first health camp, scheduled for April 2024 in the Accra area. In addition to providing a range of reproductive and sexual health services, the camp will offer dental screening and eyecare consultations. In preparation for the camp, Zuri has established its own local chatbot (WhatsApp), hired and engaged local staff, and established a partnership with a local telecommunications provider (Telecel) to support SMS-based outreach and marketing. Zuri has also begun initial market segmentation and has identified

key populations for its targeted outreach work by collaborating directly with Ghana's Ministry of Health and its Health Director.

Separately, LHSS is providing technical assistance through health markets and digital experts who will review the grantee's materials and approaches and help Zuri refine and improve its processes and outreach activities. LHSS will also support Zuri in strengthening its capacity to analyze data generated by its digital platforms. This will enable Zuri to improve its market segmentation work, increase its reach among underserved clients, and increase its engagement numbers.

Uganda grantee - MM Partners Logistics, Ltd.

LHSS requested and, in early February 2024, received USAID approval of its grant to MMPLL Partners Logistics Ltd. (Partners), a Ugandan pharmaceutical company in Ghana. The Activity held an orientation meeting with the grantee to review contractual technical and financial reporting requirements. Following the grant award signing in mid-February 2024, the Activity met with Partners to discuss what type of assistance it needed and reviewed the status of grant activities to date.

The purpose of this grant is to strengthen the grantee's technical capacity to expand its digital platform and increase its reach across Uganda. Partners will also increase strategic partnerships with public and private sector stakeholders, and increase access to family planning commodities, information, and decision support.

To date, Partners has used its grant funding to complete its first five milestones, primarily rebuilding the digital functionality to improve its business-to-consumer (B2C) platform. In Quarter 3, LHSS will support the grantee with health markets expertise to refine its marketing approaches. The Activity will also support Partners in conducting an analysis of security planning and performance of its digital platform.

LHSS will also support Partners with technical expertise to improve its capacity to analyze sales and virtual engagement (e.g., chatbot) data generated by the grantee's digital platforms. This support will enable Partners to increase the number of family planning products available on its platforms, thereby expanding access a greater number of women and youth. LHSS support through its grant will also allow Partners to streamline and simplify its user experience to increase access and usability of its platform.

Finally, the LHSS grant is providing health markets experts to help Partners assess its partnerships with public and private sector entities. The purpose of this analysis will be to help the grantee improve its market segmentation, expand access to clients, and increase its engagement and collaboration with public and private health sector providers.

EVENTS NEXT QUARTER

No events are planned for next quarter.

PRIORITIES NEXT QUARTER

- LHSS will conclude the grants.
- LHSS will produce a report describing the purpose of the grants, funding and technical assistance provided, challenges faced, lessons learned, outcomes, and skills improvement/sustainability from the activity.
- LHSS will disseminate learning from this activity on platforms designed to reach donors, private and public sector health providers, the global digital health community, and global family planning experts.

CHALLENGES

No challenges were encountered during the quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted during the quarter.

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

Activity Lead: Arun Asok

FY24 QUARTER 2 HIGHLIGHTS

- LHSS conducted key informant interviews with four fund managers and five asset owners. The Activity then used a qualitative methodology of thematic analysis to analyze the primary data. Findings from the interviews informed the recommended design of blended finance and technical assistance solutions.
- LHSS designed and developed the final deliverables (i.e., a final report and presentation). These products summarize the problem statement and present the methodology, primary and secondary findings and recommendations from the landscape analysis.
- LHSS presented initial drafts of the final report and presentation to USAID Center for Innovation and Impact to obtain feedback and finalize the drafts.

ACTIVITY PROGRESS

The purpose of this Activity is to assess the needs, opportunities and expectations of fund managers and asset owners with a focus on health care in South and Southeast Asia. The findings will be used to design a fund of funds and technical assistance strategy. This Activity focuses on fund managers based and investing in Bangladesh, India, Indonesia, Philippines, Singapore (regional investing), and Vietnam. Asset owners are located globally but with a focus on emerging markets and those specifically outlined here.

Intervention 1: Key Informant Interviews with Fund Managers in South and Southeast Asia.

The Activity conducted desk research in Quarter 1 to identify 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 in Singapore, Lok Capital in India, and Patamar Capital in Indonesia). The Activity used data from secondary research (conducted to understand trends in the industry) to design the survey questionnaire for investors. The questionnaire explores which funds they invest in, the size and types of typical transactions, challenges to investing, and opportunities to mobilize health care financing to invest into healthcare enterprises. in the two regions. The objective of the questionnaire and landscape analysis is to understand the primary expectations of, and challenges experienced by investors. This information will guide the design of a fund of funds and technical assistance strategies.

The key informants were selected based on geographic focus, alignment with their country or region's healthcare mandate, and a willingness to participate in future phases of the Activity. LHSS interviewed a total of 10 fund managers and five asset owners across South and Southeast Asia. the Activity also interviewed five asset owners (e.g. UBS Optimus Foundation, Johnson & Johnson Impact Ventures). In sum, the Activity has interviewed 10 fund managers and five asset owners between Quarters 1 and 2.

Intervention 2: Data Analysis and Solutioning.

The Activity analyzed primary data collected from the key informant interviews with fund managers and asset owners using the qualitative methodology of thematic analysis to allow patterns and themes to emerge from the participant data. These were then categorized and reported by healthcare investing insights, regulatory challenges and opportunities, pipeline

sourcing and exit market challenges and opportunities, fundraising challenges and opportunities, impact measurement, reporting and strategy, and blended and innovative financing challenges and opportunities.

Based on the interview findings the team developed potential investment and technical assistance solutions to mobilize capital at scale toward healthcare investments and achievements of the Sustainable Development Goals in South and Southeast Asia. These solutions are grounded in a strategy that leverages public and development capital to attract large scale private capital deployment in a fit-for-purpose manner for local and diversified fund managers in these regions. The methodology ensures that the key challenges and opportunities identified in the thematic analyses inform the design of the proposed solutions. The Activity has assessed the pros and cons of the proposed solutions, including their ability to address the range of challenges and opportunities identified in the key informant interviews.

Intervention 3: Design and Develop Final Deliverables.

The Activity designed and drafted the final deliverables: a final report and a final presentation. The draft final report includes context on the need for the landscape assessment, the theory of change of the Activity, methodology of the landscape assessment, key findings from the desk research of the impact investing and healthcare markets, key findings from the key informant interviews with the fund managers and asset owners, and proposed recommendations. The report also showcases existing successfully implemented models of development interventions (e.g., Fund of Funds and funds using blended finance tools in emerging markets) that were in alignment with the proposed blended finance recommendations.

The draft final presentation includes a comprehensive overview of the key findings and recommendations outlined in the report and presents the Activity findings and recommendations to stakeholders including USAID. The Activity informally presented the draft final report and presentation including proposed recommendations to the USAID Center for Innovation and Impact and received feedback which it will use to finalize the draft deliverables and begin discussions on potential implementation of the recommendations.

EVENTS NEXT QUARTER

No events planned for next quarter.

PRIORITIES NEXT QUARTER

The Activity will discuss with USAID potential approaches to implement landscape analysis recommendations.

CHALLENGES

No challenges were experienced this quarter.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted this quarter.

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

Activity Lead: Shipra Srihari

FY24 QUARTER 2 HIGHLIGHTS

- LHSS's completed the first draft of its desk review of Cameroon's Central Medical Store, or the *Centrale Nationale d'Approvisionnement en Médicaments et Consommables Médicaux Essentiels* (CENAME), and its performance challenges.
- The Activity organized and completed several interviews with key informants from CENAME and other stakeholder groups (e.g., Ministry of Public Health officials, donors, and international organizations) during LHSS's February 2024 visit to Cameroon and subsequent virtual interviews.
- LHSS developed a concept note outlining the financial analysis process and has collected much of the organization's financial data. Stakeholder interviews for the financial analysis are underway and are being coordinated with the PEA team to prevent duplication.

ACTIVITY PROGRESS

Intervention 1: Assess the Political Economy of CENAME and its Financial Performance and Viability.

In Quarter 2, LHSS identified and onboarded four consultants to support the political economy and financial analysis of CENAME. The consultants bring significant expertise required for the completion of the PEA (e.g., political economy and financial analysis, and local and global supply chain management), along with strong local networks. The Activity team commenced their work with a desk review of CENAME and its performance challenges. LHSS has developed an initial draft of the desk review, which synthesizes findings on CENAME's performance challenges. Findings from this review will inform the interview questions and the recommendations in LHSS's final report.

LHSS has also initiated a series of virtual and in-person interviews with stakeholders including CENAME, the Ministry of Public Health, UNFPA, and the World Health Organization, among others, to inform the PEA and financial analysis. These interviews are being conducted by LHSS's local supply chain, financial analysis, and PEA expert consultants. The interviews will continue as additional stakeholders are identified in coordination with USAID. LHSS will complete an analysis of the interview findings once all stakeholder interviews are completed in early Quarter 3.

LHSS has developed its concept note outlining the financial analysis process and has collected much of CENAME's financial data. The Activity is analyzing the data while conducting stakeholder interviews in coordination with the PEA team. The stakeholder interviews will complement the data analysis and enhance understanding of the financial performance of CENAME. LHSS is ensuring that the PEA and financial analysis teams coordinate with one another technically and logistically, to avoid duplication of efforts.

EVENTS NEXT QUARTER

LHSS will contribute to an internal USAID webinar to share findings from the Cameroon PEA.

PRIORITIES NEXT QUARTER

- Document and finalize findings from LHSS's PEA and financial analysis of CENAME in consultation with USAID.
- Deliver findings during an internal USAID webinar.

CHALLENGES

No challenges experienced during the reporting period.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 2

No deliverables were submitted during the reporting period.

SECTION 4: FY24 QUARTER 2 PROGRESS REPORTS FOR COUNTRY AND REGIONAL ACTIVITIES

LHSS AFGHANISTAN

HIGHLIGHTS

- LHSS's initiated its Global Knowledge Strategy (GKS) initiative in Afghanistan by identifying the positive and negative determinants of the Afghanistan Social Marketing Organization's (ASMO) performance improvement over the period 2022-2024. The Activity also developed a vision statement and identified the necessary conditions and actions required to sustain this vision and implementation progress over the next two to three years. The Activity also launched ASMO's annual organizational development assessment (its sixth assessment) and the development of ASMO's two-year organizational strategy and sustainability plan.
- In collaboration with Objective 2 grantees, the Activity completed piloting the Patient Economic Status Assessment Tool. This resource was developed to support grantees in efficiently and equitably identifying beneficiaries for the LHSS-supported integrated financing schemes for indigent populations.

QUARTERLY ACTIVITY PROGRESS

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

The Activity launched its Global Knowledge Strategy (GKS) work, an LHSS-wide initiative to synthesize and broadly disseminate lessons and promising practices to inform and advance the global field of integrated health systems strengthening. GKS activities in Afghanistan focus on documenting performance improvements achieved by ASMO in family planning and maternal and child health services across five urban hubs in Afghanistan between 2022-2024. Specifically, the Activity is assessing improvements in the areas of management, development and implementation of marketing plans, and use of sales commodity forecasting systems. The Activity convened two virtual workshops attended by key staff from ASMO, LHSS, Greenstar Pakistan, the USAID Mission in Afghanistan, and local public health experts (former ASMO board members). Workshop participants identified the enabling and inhibiting determinants of ASMO's performance improvements, developed a vision statement, and identified the necessary conditions and actions that would be required to sustain ASMO's performance improvement over the next two to three years. The Activity and ASMO are expected to finalize outputs from the assessment by the end of June 2024.

The Activity also kicked off the second round of ASMO's organizational strategy and sustainability plan development exercise. This plan follows the previous 5-year plan (2019-2023) which expired in December 2023. Given the fragile political situation in Afghanistan, LHSS and ASMO have decided to develop a two-year (instead of five-year) follow on plan which will cover the period July 2024-December 2026. The process of developing the plan will include a desk review, key informant interviews of internal and external stakeholders, and validation workshops with ASMO staff. The draft plan is scheduled to be completed in mid-May 2024. Finally, the Activity also launched ASMO's annual organizational

development assessment (its sixth assessment), which will be completed next quarter and will inform the two-year strategy.

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.

The Activity supported Greenstar in deploying two technical advisors from Pakistan to Kabul and hold discussions with seven LHSS grantees on a variety of issues related to launching Afghanistan's low touch network. This network is an affiliation of health service providers that work together to promote the delivery of health services to a broad market.

During its visit and with LHSS support, Greenstar advisors and grantees drafted a Memorandum of Understanding (MOU) about how the network will function, developed branding for the launch, carried out a Training of Trainers for doctors to train providers, and established a plan for ASMO to serve as manager of the network should Greenstar not be able to continue in this role.

Following the Greenstar advisors' meeting, directors of the grantees requested that LHSS facilitate an in-person consensus building meeting with the LHSS Afghanistan leadership team, grantee directors and Greenstar. The purpose of this meeting will be to agree on each partner's role and responsibilities in the network. Specifically, the parties will finalize agreements on the role of the Network Manager (including the financial and organizational contributions), roles for each Tier 2 member (e.g., including the financial and organizational contributions of the grantees), selection criteria for new Tier 1 members (e.g., grantee affiliate providers), final terms of the MOU and a long-term vision for the network. LHSS is exploring the feasibility of holding this consensus building workshop in May 2024 in Kabul, or a nearby location should security risks preclude LHSS expatriate staff from traveling to Afghanistan.

In Quarter 2, LHSS also supported the development of the final Business and Sustainability plan for Afghan Family Guidance Association's (AFGA's) Comprehensive Reproductive Health Centre. The Center aims to handle referrals for sexual reproductive health and maternal child health cases from the primary-level static clinics and community midwives. The Center's mandate will include expanding AFGA's social enterprise model. LHSS and the Norwegian Agency for Development and Cooperation are each contributing \$90,000 to support the Center launch, though there remains a potential funding gap of approximately 90,000. LHSS is working with AFGA to develop a concept note that will specify the site, selection criteria, package of services, and stages of implementation for the rollout of the social enterprise model.

Finally, Activity grantees piloted the Patient Economic Status Assessment Tool over a 30-day period. This adapted tool will help grantees efficiently reach poor and low-income clients, particularly women, who will benefit from the LHSS-supported integrated financing schemes. Greenstar is currently analyzing the data from the pilot and will help LHSS finalize the tool, including guidelines for its application in Afghanistan.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity supported ASMO in better integrating gender equity and social inclusion (GESI) 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 86,259 low-income and women patients with free or discounted services using integrated financing schemes.

WASTE, CLIMATE RISK MANAGEMENT

LHSS Afghanistan is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Afghanistan FY24 Annual Work Plan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

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

LHSS 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 56 new markets (LHSS Indicator #7) including opening 17 new and reactivating 287 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 counseling through 2,001 social marketing outlets, reaching 1,490,033 people through social media and interpersonal communication channels (LHSS Indicator #9) with GESI-compliant social behavior change messages. ASMO delivered 44,825 couple years of protection in U.S. government-supported programs (LHSS Indicator #1/USAID HL.7.1-1), 21,904 person years of protection through iron folic acid, chlorhexidine, and micronutrients (LHSS Indicator #2), protected 19,888 people from waterborne diseases (LHSS Indicator # 4), and treated 31,627 childhood diarrheal episodes in USG-assisted programs (LHSS Indicator # 3/USAID HL.6.6-1).

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.

The Activity supported its grantees in training 641 private providers in priority technical areas (LHSS Indicator #14). The grantees served 171,032 patients with priority health services (LHSS Indicator #12), about 75 percent of whom were women, through 96 percent (129) U.S. government-supported health service providers and facilities using integrated financing schemes (LHSS Indicator #16). Those served included 86,259 indigent patients (LHSS Indicator #17), 90 percent of whom were women. 55,649 clients were offered family planning counseling and services by 23 percent (645) of U.S. government-assisted sites (LHSS Indicator #5/USAID HL.7.1-2). A total of 3,937 children under five years old (approximately 52 percent of whom were girls) received USG-supported nutrition-specific interventions (LHSS Indicator #15).

EMERGING LESSONS

LHSS's GKS initiative evoked positive feedback and support from stakeholders who participated in the workshops. Their interest and participation demonstrated the need for and significance of sharing and engaging grantees and a range of stakeholders in performance improvement discussions. This inclusive approach provides value added in creating a more holistic and shared vision. It has also facilitated the identification of critical enabling and inhibiting determinants and the conditions required to sustain performance improvement over a long period.

CHALLENGES

Growing interference by the Taliban in grantees' business operations impedes normal business processes. Recent Taliban-imposed restrictions on community sensitization activities, and social behavior change communications (e.g., with specific emphasis on family planning) continue to force grantees to downplay their demand-creation activities and efforts to address FP myths and misconceptions prevalent among women and men. LHSS continues to support its grantees and their staff in taking precautions and to ensure compliance with Taliban guidelines. The Activity has advised grantees to focus on MCH,

nutrition and noncommunicable diseases, using a facility information, education, and communication approach. LHSS advises grantees to refer family planning clients for counseling to trained clinic-based providers.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted in Quarter 2.

EVENTS NEXT QUARTER

There are no upcoming events planned for Quarter 3.

PRIORITIES NEXT QUARTER

The Activity will support ASMO in completing the development of its organizational strategic and sustainability plan.

Under Objective 2, the Activity will host an in-person consensus building workshop for senior leaders of the grantees, Greenstar and LHSS. The Activity aims to have the MOUs signed at the conclusion of this meeting and begin roll out the two-tier low-touch provider network.

ENGAGING LOCAL AUDIENCES

The Activity engaged local stakeholders including the Ministry of Public Health, Afghanistan Food and Drug Authority, and provincial health directorates through its grantees in workshops, TV, radio, billboard campaigns, and facility-based community outreach sessions geared toward raising awareness of grantee health services.

LHSS BANGLADESH

HIGHLIGHTS

- LHSS conducted two peer learning and progress review workshops in February 2024. These events provided an opportunity for six municipalities from Rajshahi and Sylhet regions to showcase their progress toward primary health care (PHC) implementation plans. Workshop discussions highlighted strategies to scale and sustain expanded access and improved quality to urban PHC services in the coming fiscal year and beyond. Relevant public health interventions include dengue control, sanitation, and opportunities for the municipalities to enhance collaboration with District Family Planning and Civil Surgeons offices.
- LHSS facilitated Health Standing Committee meetings in six Local Government Institutions (LGIs) to discuss and review implementation of PHC sustainability plans and strategies. During their Health Standing Committee meetings, all LGIs have demonstrated a strong commitment to continue implementing their PHC implementation and sustainability plans during the coming year, with expansion anticipated in the following years. For example, Habiganj and Moulvibazar districts have established a process to hire their medical doctor and paramedic by June 2024. All LGIs recognized the need to increase funding for PHC from their own revenue budget and committed to do so. For example, Sirajganj district committed to continue its Asian Development Bank-supported project with its own revenue. These commitments point towards LGIs taking ownership and intending to sustain PHC interventions.

ACTIVITY PROGRESS

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

Task 1.1.1: Support focus LGIs in Operationalizing Urban PHC Implementation Plans.

LHSS continued strengthening the capacity of Health Standing Committees in operationalizing their PHC implementation plans by conducting a two-day comprehensive orientation on implementing PHC plans and monitoring service delivery. In all, 69 participants from Sirajganj, Naogaon and Joypurhat municipalities attended the sessions between January 17-24, 2024. The participants learned additional skills for improving planned activities' implementation, approaches for mobilizing essential resources for strengthening PHC operations, monitoring service delivery, and strategically engaging communities through health and public health-oriented awareness campaigns. The tailored training modules for monitoring the progress of planned activities focused on use of the implementation tracker. LHSS has now completed orientations in all six municipalities in Sylhet and Rajshahi districts. As a result of these orientations, the Health Standing Committees agreed to establish a management and monitoring team and identified designated points of contact within municipal health departments to lead these efforts in collaboration with the Civil Surgeon's Office.

LHSS supported the LGIs in revisiting their resource mobilization and stakeholder engagement plans. Moulvibazar and Habiganj municipalities conducted resource mobilization workshops that resulted in an anticipated partnership between these LGIs and a private company, Chevron. The company has requested that the LGIs submit a formal proposal outlining how they would collaborate and what level of investment it would require to enhance the operational readiness of PHC clinics. LHSS supported the municipalities in submitting the proposals to Chevron in 2024, focusing on investment not recurrent activities. Further, the workshops secured commitments from the Chemist and Druggist Association in Naogaon district to donate patient examination beds for the PHC centers and medical

equipment needed for the anticipated center in Joypurhat municipality. Finally, results of the workshop led to a commitment from the Water Development Board in Sirajganj to donate land in Ward 9 for the planned comprehensive PHC center in that district.

Joypurhat municipality has been implementing a scheme to distribute essential medicines at no cost to the poor and extremely poor population visiting public health facilities. Initiated by Joypurhat's mayor in 2015, this scheme shifted from providing cash to the targeted poor population to direct distribution of medicines through a semi-formal system. To institutionalize, standardize and improve accountability of the scheme, LHSS has supported the municipality by developing guidelines to distribute, free of charge to clients, medicines both funded by the Joypurhat municipality itself, as well as those received through donations from the Bangladesh Pharmaceutical Representative Association. LHSS submitted the medicine distribution guidelines to the Joypurhat Health Standing Committee in February 2024 for approval and adoption. Upon formalization, Joypurhat's scheme could serve as a model for other municipalities to adopt and expand.

LHSS facilitated Health Standing Committee meetings with seven LGs to review progress implementing their respective PHC plans and strategies. An important focus of these discussions was about how the LGs will sustain their efforts. Sustaining these efforts will include continued effective convening of Health Standing Committees, coordination, and follow-up with local stakeholders for resource mobilization, regular monitoring visits, organizing medical campaigns, and promoting PHC services. Continuation of these efforts would also entail recruiting full-time medical staff who would be funded by LGs in the coming fiscal year as has been done in Habiganj and Bogura districts. Additionally, Sirajganj district agreed to several important sustainability measures. These include: a) allocating budget for primary and public health activities (from their own revenue to supplement PHC grant line item), b) including climate activities in their PHC plan for the coming year, c) a commitment to fund and manage health activities previously supported by ADB, d) maintaining relationships with other LHSS-supported municipalities to foster shared learning opportunities and open communication, and e) exploring how to engage the private sector in PHC, public health, climate response, and environmental issues.

Task 1.1.2: Engage Focus LGs in Building Health Awareness for Improving Service Utilization.

LHSS supported six municipalities in planning and implementing various public health and health awareness activities outlined in their respective PHC implementation plans including ward-level health awareness meetings and school-based and urban PHC center-based health campaigns. The municipalities collaborated with civil surgeon and upazila health offices to organize sessions in urban schools for deworming campaigns and distribution of vitamin A capsules among children. In ward-level community meetings, councilors and municipality health officials disseminated key messages on dengue prevention activities. In urban PHC centers, health care providers from civil surgeon and family planning offices and municipalities provided free health services, distributed medicines, and conducted health counselling sessions for women, adolescents, children, and adults during health campaign sessions.

Over Quarter 2, six municipalities conducted 37 ward-level health awareness meetings, Habiganj and Moulvibazar municipalities conducted two PHC center-based health campaigns, and Sirajganj and Joypurhat municipalities conducted school-based health education programs in 63 schools.

Task 1.1.3: Strengthen Bogura Municipality's Capacity in Contract Management.

Bogura City Hospital hosts one of the urban PHC clinics that has been reopened through the LHSS supported public private partnership between Bogura municipality and the contracted entity, Light House. The clinic currently functions with 15 staff including doctors, paramedics, health assistants, clinic managers and accountants. Since September 2023, the facility has provided services to a total of 964 patients with examinations and treatments through three

medical camps. The clinic has also offered 138 satellite sessions where 1,152 underprivileged clients have received PHC services.

Following Bogura municipality's agreement with Light House for the latter to provide free services to 25 percent of patients, the former has introduced a mayor health card to identify financially disadvantaged clients who are eligible for free or discounted consultation and diagnostics at Light House clinics. The municipality is developing a plan to supply medicines to the clinic's pharmacy for those who qualify for free services.

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

Task 2.1.1: Distill and Document Lessons Learned from FY24 PHC Plan Implementation.

In Q2, the Activity developed and published on LHSS social media platforms two audio visuals with instructions on how to prepare PHC implementation plans and strengthening urban PHC systems through peer learning. These resources were also screened during a capacity building session organized by the Activity on learning and sharing. Participants, including selected health standing committee members, local government institution members and subnational-level health officials, honed skills associated with refining and comprehensively understanding the objectives and significance of establishing and implementing PHC plans. LHSS is currently developing its Bangladesh Activity end-of-project report and two learning briefs which are based on the Activity's experience supporting Health Standing Committees and LGIs develop their PHC plans. The first brief will present lessons learned and recommendations for national-level health officials and local government ministries. The second brief will present lessons learned and recommendations for the development partners. In February 2024, LHSS shared its final technical report on operational research findings with the USAID Mission in Bangladesh.

Task 2.2.1: Facilitate Peer-Review Learning Convenings Among Focus LGIs to Encourage Cross-Regional Sharing and Collaboration.

Activity-driven peer-review learning events have proven effective in engaging key stakeholders in urban PHC to address targeted issues within project LGIs. LHSS organized two such peer learning sessions in Sreemangal (in Sylhet district) on February 6, 2024, and in Bogura (Rajshahi district) on February 13, 2024. A total of 71 participants attended, including mayors, Paura Nirbahi Officers, Health, Sanitation, and WASH committee members, and representatives from Civil Surgeons and Family Planning Offices from eight municipalities in Sylhet and Rajshahi regions. Participating municipalities shared insights, progress updates, challenges, and lessons learned while implementing their PHC plans. Discussions also revolved around strategies for sustaining and scaling up efforts to enhance urban PHC services in the coming fiscal year and beyond all of which are discussed under Objective 1.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS continued prioritizing maximum utilization of PHC services by vulnerable urban populations during Quarter 2. To advance this goal, the Activity supported LGIs in prioritizing the establishment of new PHC centers in areas with large numbers of people at risk of climate, social, or economic vulnerabilities. This effort led Sirajganj municipality to open a new PHC center in an area designated to serve people who had migrated due to flood and riverbank erosion. Similarly, Moulvibazar municipality is now conducting satellite clinic sessions in two new wards to improve the accessibility of family planning services to women, lactating mothers, and adolescent girls. Finally, LHSS oriented health officials from six LGIs in efficient utilization of health service registers and reporting forms to facilitate data disaggregation between existing and new PHC centers.

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

Indicator 4 - Number and percentage of USAID supported administrative units engaging in evidence-based planning and budgeting: The activity met 100 percent of its FY24 target (October 2023 to March 2024) by supporting six LGs with existing PHC implementation plans in reviewing and analyzing indicators monitoring the status of their activities and implementation progress. This review enabled the LGs to identify low performing activities and areas requiring prioritization for the remaining period of performance.

Indicator 5 - Number of local government persons trained in PHC management: The Activity met 165 percent of its target for FY 24 (October 2023 to March 2024) by orienting 69 health standing committee members to ensure effective implementation of PHC plans and strengthen their ability to monitor activity implementation.

Indicator 9 - Number of advocacy and learning sessions organized: The Activity met 100 percent of its target for FY 24 (October 2023 to March 2024) by conducting two peer learning events attended by eight LGs from Rajshashi and Sylhet divisions. Attendees participated in facilitated learning discussions about challenges and problem-solving strategies associated with their PHC implementation plans.

EMERGING LESSONS

- The leadership teams of LGs have realized the need to allocate increased funding for PHC in the coming fiscal year. Notwithstanding various opportunities to mobilize resources from local level stakeholders, there are no dependable alternatives other than increased budget contributions by the LGs from their own revenues to supplement their development grant allocations.
- The nature of collaboration between LGs, and local health and family planning offices has been shifting from direct resource support to capacity strengthening support. Over the past two years, LGs have collaborated with the health and family departments to manage doctors, family welfare visitors, and the distribution of medicines and family planning commodities. LGI leadership teams have recognized that hiring their own health care staff and providing them regular in-service training is essential for sustaining ongoing PHC activities. As a result of their extensive experience and training, local health offices are well positioned to support LGs in strengthening the capacity of their health care personnel. For example, the LGs that hired health care staff (e.g., in Naogaon and Natore districts) have expressed interest in collaborating with local health offices to receive skills development training and the Civil Surgeon's office is willing to engage on this.

CHALLENGES

LHSS supported LGs in conducting meetings with the relevant stakeholders to discuss mobilizing resources for PHC activities. However, securing committed resources from private sector entities has been challenging for LGs. This is principally due to lack of follow-up by the LGs after initial formal meetings with private sector actors. LHSS has encouraged LGs to not rely on formal meetings mechanisms but to conduct one-on-one phone calls or invite private sector stakeholders to participate in various official local government institution meetings, such as those with Health Standing Committees, General Council, and Town Level Coordination fora.

DELIVERABLES SUBMITTED IN QUARTER 2

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

The activity will close out in April 2024.

ENGAGING LOCAL AUDIENCES

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

Facebook Posts:

- LHSS #Bangladesh empowers 6 local govts in #Rajshahi & #Sylhet Divisions with vital training on primary health care management.
- #Bangladesh is striving for universal health coverage by 2030. LHSS partners with local governments to bolster the country's health programs, enhance financing, and promote equitable access to quality healthcare
- USAID LHSS Project is fostering collaboration among 14 local government institutions in #Bangladesh.
- Our latest initiative in urban #Bangladesh, where we've partnered with six district municipalities

LHSS Website Posts

- Audio visual: Improving the Primary Health Care System through Peer Learning in Urban Bangladesh
- Audio visual: Transforming Primary Health Care in Urban Bangladesh_PHC Implementation Plan Preparation

LHSS CAMBODIA

HIGHLIGHTS

- The Strategic Plan for Digital Transformation in Social Protection, developed with LHSS support, was published in March 2024. The plan introduces digital solutions to improve the registration system and increase access to social protection benefits for target populations.
- The Sub-decree on Registration System Harmonization and Management, developed with LHSS support, was signed by the Prime Minister in March 2024. It provides a legal basis for the General Secretariat of the National Social Protection Council (GS-NSPC)'s oversight role for common enrollment in social protection schemes operated by different ministries.
- LHSS assisted the National AIDS Authority in finalizing the National Policy to End AIDS and Sustainability of AIDS Program, 2023-2028, now signed by the Prime Minister, and the sixth National Strategic Plan for a Comprehensive, Multi-sectoral Response to HIV/AIDS, 2024-2028. These outline steps to achieve elimination of HIV as a public health threat and to ensure transition from donor to domestic funding.
- LHSS's pilot of the subnational model for sustainable prevention of re-establishment of malaria has resulted in nine communes in Battambang allocating budget from approved 2024 commune investment plans to support prevention of re-establishment activities.

ACTIVITY PROGRESS

Objective 1: Expand Social Protection Systems.

LHSS strengthened the GS-NSPC monitoring and evaluation platform which now allows for the automatic transmission and dashboard display of data from Social Protection reporting units. Additional application programming interfaces and improved dashboards link the ID Poor system from the Ministry of Planning with the General Secretariat's monitoring and evaluation platform to enhance real time reporting.

LHSS assisted the GS-NSPC in developing the Strategic Plan for Digital Transformation in Social Protection 2024 – 2028¹ which was released in Quarter 2. The plan offers digital solutions to minimize fragmentation within the registration system, alleviate operators' workload, enhance data management and security, and heighten convenience for the target population in accessing social protection benefits. In addition, the strategic plan outlines how to strengthen policies and legal frameworks in digital social protection, develop capacity for key stakeholders in digital social protection, improve information technology systems and digital infrastructure, and enhance stakeholder coordination in digital transformation efforts.

The Prime Minister approved a sub-decree on the Registration System Harmonization and Management of Social Protection data that LHSS co-authored with the GS-NSPC. Signed in February 2024, the sub-decree codifies the existence and mandates the use of the Digital Social Protection Platform and the General Secretariate's Social Registry. LHSS continues to assist IntechDev and the Cambodian data exchange platform to upgrade the national Social Registry. GS-NSPC discussed with IntechDev and the Ministry of Planning the use of a single registration portal for all new registrants. This portal will be tested In Quarter 3.

LHSS is working with the National Payment Certification Agency on the Health Equity Fund Claims Management process for government health service provider payments for low-resource clients. LHSS facilitated a workshop designed to allow the Agency to also process

¹ <https://policypulse.org/policy-inventory/royal-government-of-cambodia/national-strategy-on-the-digitalization-in-social-protection-framework-2024-2028/>

the National Social Security Fund's claims. The workshop resulted in a better understanding of the claims process between the two entities. The Activity anticipates that this collaboration will result in improved communication and efficiencies between the actors. LHSS will develop a road map outlining next steps with the National Social Security Fund.

Objective 2: Strengthening the Decentralization of Health Financing.

LHSS supported the National AIDS Authority (NAA) with the Khmer version of the National Policy to End AIDS and Sustainability of AIDS Programs for 2023-2028, which was signed by the Prime Minister in March 2024. In March 2024, LHSS continued to support the National HIV program in training staff and installing equipment in an additional 21 sites providing antiretroviral (ARV) therapy. This equipment (i.e., 55 printers and 55 tablets) will allow staff to register, print and provide ID Poor equity cards to people living with HIV (PLHIV) so they can receive other health services free of charge.

LHSS assessed the implementation of an inter-ministerial proclamation providing free health services for entertainment workers. The purpose of this assessment was to understand the current procedure to register workers from tourist entertainment industries and the informal sector into the Health Equity Fund. Entertainment venues have been reluctant to register and pay the required contribution to the national social security fund to cover health services for these workers. Those not working in fixed venues also face challenges registering for a separate scheme that provides health equity cards to those without fixed addresses.

As the LHSS project approaches its final year, it is implementing a Global Knowledge Strategy (GKS) to synthesize and broadly disseminate lessons and promising practices to inform and advance the global field of integrated health systems strengthening (HSS). As part of this initiative, the LHSS Cambodia team convened a one-day Global Knowledge Strategy workshop on March 14, 2024. Participants included representatives from the NAA, Ministry of Interior, the National HIV program, deputy provincial governors and administrations, Provincial AIDS Committees, local authorities, and PLHIV networks and other and key stakeholder populations from Phnom Penh, Battambang, and Siem Reap provinces. Facilitated by Dr. Shipra Srihari, workshop participants discussed the enabling factors, barriers, and best practices associated with performance improvements achieved to date over the life of the Activity. Participants also discussed approaches to scaling up the inclusion of HIV prevention and treatment activities in commune investment plans, and the use of provincial government resources to support Provincial and District AIDS Committees.

LHSS has coordinated with a Core Group to review data from the first Cambodian TB Patient Cost Survey. Participants of this review included representatives from the National Center for Tuberculosis and Leprosy Control, the USAID Mission in Cambodia, World Health Organization (WHO), Khmer HIV/AIDS NGO Alliance, and the LHSS Cambodia team. This Core Group reached a consensus on the preliminary findings following its fifth round of discussions.

LHSS began piloting the subnational model for sustainable prevention of re-establishment of malaria in two districts in Battambang province (Samlout and Rotanak Modol). The Activity first conducted a situational analysis. This included a risk assessment and facilitation of consultative and planning workshops with national and local stakeholders. As a result of the assessment, nine of twelve communes in these two districts have allocated funds to support malaria prevention activities from their approved 2024 commune investment plan budgets. The two communes also organized the first-ever health center management committee meeting focused on the use of commune investment plan funds to support prevention of re-establishment of malaria. LHSS also met with the Asia Pacific Leaders Malaria Alliance, the Cambodia Malaria Elimination Project 2, and Clinton Health Access Initiative to discuss their support to the National Malaria Center in developing its national malaria sustainability strategic plan.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity has actively pursued opportunities to promote equal participation, sustainability, and a focus on social inclusion, especially in expanding national social health protection schemes to cover vulnerable populations, including women, where possible. For example, LHSS is supporting the expansion of ID Poor registration for PLHIVs and enrollment among key populations at risk in the health equity fund (e.g., entertainment workers, transgender individuals, men who have sex with men, and other vulnerable groups).

ENVIRONMENTAL COMPLIANCE REPORTING

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

PROGRESS ON PERFORMANCE INDICATORS

- Indicator 3: GS-NSPC's first annual monitoring and evaluation report shows the percentage of the population covered by the social health protection system increased to 41 percent in 2024, up from 31.4% percent in 2023.
- Indicator 10: By the end of Quarter 2, an estimated 48.69 percent of PLHIVs were registered to receive services through ID Poor, up from 35.37 percent in Quarter 1.
- Indicator 16a: In Quarter 2, 21 additional sites received training to enroll PLHIV into ID Poor at ARV therapy sites. Since the beginning of the Activity, LHSS has equipped 52 of Cambodia's 73 ARV treatment sites with the capacity to register PLHIVs into the ID Poor program.
- Indicator 17: As of mid-January 2024, 98 commune/*sangkats* included HIV activities and funds in their Commune Investment Plans, up from 84 in Quarter 1.

EMERGING LESSONS

- Although the design and authorization of the legal framework supporting digital social protection takes time, the resulting codification of roles and responsibilities helps clarify the boundaries of authority between the General Secretariat and other ministries and will guide the roadmap for Universal Health Coverage.
- Relying on national disease programs alone to advocate for additional government funding to replace transitioning donor funding is an inadequate strategy; the Ministry of Economy and Finance and key development partners need to develop a strategy together that provides for an increase in domestic financing while maintaining hard won gains these programs have achieved.

CHALLENGES

- Established in 2023, the National Social Assistance Fund has been slow to share application programming interface specifications due to its workload, delaying its connection to the General Secretariat's monitoring and evaluation platform. Workload within the Fund is expected to diminish after the Khmer New Year holiday and connections to the monitoring and evaluation platform should move forward during Quarter 3.
- The LHSS-supported roll out of ID Poor registration to all ARV therapy sites has been delayed due to the limited number of technical staff in the National Centre for HIV/AIDS. To address this challenge, LHSS suggested that the team combine two to three onsite training sessions for two to three ART sites per trip, however the National HIV program declined to pursue this idea.

- The finalization of the TB Patient Cost Survey has been delayed due to review of the data and findings by a broad group of core stakeholders (despite their agreement on preliminary findings in March 2024). To minimize further delays in finalizing the deliverable, LHSS will work closely with National Center for Tuberculosis and Leprosy Control leadership and the technical team to simultaneously draft the report and policy brief while preparing for the consultative meeting and dissemination workshop.

DELIVERABLES SUBMITTED IN QUARTER 2

No deliverables were submitted during Quarter 2

EVENTS NEXT QUARTE

- General Secretariate monitoring and evaluation Workshop in May 2024 to strengthen skills and knowledge among reporting agents effectively utilize the monitoring and evaluation system.
- Launch of GS-NSPC annual monitoring and evaluation report following its translation and printing in May or June 2024.
- Launch of the Strategic Plan for Digital Transformation in Social in May or June. 2024.
- TB Patient Cost Survey consultative meeting (April 2024) and dissemination workshop (May 2024).
- Dissemination workshop for the final National Strategic Plan for Comprehensive, Multi-sectoral Response to HIV/AIDS, 2024-2028 (Round 6).
- Dissemination workshop for the National AIDS Spending Assessment (Round 7).
- Complete a participatory learning event on implementation of the community TB model and handover of task to the National Center for TB and Leprosy Control.

PRIORITIES NEXT QUARTER

- Link the National Social Assistance Fund to the General Secretariat's monitoring and evaluation platform.
- Conduct a sandbox test of the national upgrade of the Social Registry and a demonstration of the single registration portal by IntechDev.
- Draft the Roadmap for Payment Certification Agency and National Social Security Fund to harmonize claims management.
- Complete training support for ARV therapy sites on ID Poor registration for PLHIVs.
- Conduct an assessment on Health Equity Fund utilization among PLHIVs.
- Finalize the assessment report and guidance on increasing registration among entertainment workers and other vulnerable populations into the Health Equity Fund.
- Finalize the TB Patient Cost Survey report and policy brief.
- Conduct coaching and supervision during implementation of the subnational prevention of re-emergence of malaria pilot in Battambang province.

ENGAGING LOCAL AUDIENCES

LHSS engaged with local audiences through Facebook and LinkedIn posts and X tweets on the handover of printers and tablets to the National AIDS Program, the participatory learning event on subnational funding for HIV activities, and Social Protection Monitoring and Evaluation.

- [Battambang 2024 HIVinCIP](#), the post was available in the Khmer language, highlighting the enhanced domestic budget for HIV prevention and response activities, reaching a

wider local audience, and receiving support from the PHD director of Battambang, who liked and shared it on various Facebook groups.

- [Global Knowledge Strategies](#), illustrating the discussion of LHSS's performance improvement over the three-year intervention on Cambodia's health system performance improvement.
- [Handover Equipment for Health Equity Enrolment of PLHIVS](#): LHSS provided 55 computer tablets, printers, and paper card to support NCHADS in accelerating and expanding the nationwide registration of people living with HIV/AIDS (PLHIVs) into the Health Equity Fund through the national IDPoor system.

LHSS COLOMBIA VRIO

HIGHLIGHTS

- LHSS Colombia supported the organization of the Ministry of Health (MOH)-led National Workshop, “Public Policy Elements for Guaranteeing the Fundamental Right to Healthcare Access,” between February 26-27, 2024, in Bogotá, Colombia. The objective of this workshop was to strengthen the ability of local governments to create, implement, monitor, and evaluate their local Health Plans. These Plans aim to achieve the strategic goals outlined in the national 10-year Health Plan 2022-2031 which focuses on improving access to health care across the country. More than 300 representatives of local health authorities participated in this national workshop.
- The Activity provided training to subnational health actors in the Government of Colombia’s project management methodology, known as the General Adjusted Methodology. This methodology was chosen by the national government for use by every actor who applies for, participates in, and implements public investment projects. The Activity held three virtual training sessions on the project management methodology. In all, more than 100 people participated in these virtual sessions, including departmental, municipal, and district-level emergency response coordinators, project managers of local health authorities, and health care providers. The purpose of this training strategy was to equip officials with tools to plan projects and manage government health resources. The goal is to strengthen the capacity of emergency response coordinators, local health authorities and providers to manage and operate emergency and urgent care centers. Ultimately, this will strengthen Colombia’s integrated risk management capacity and fortify its ability to respond to health emergencies.

ACTIVITY PROGRESS

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

New local governments took office in January 2024. In Quarter 2, LHSS continued supporting leadership transitions among government officials at the departmental and local levels. Using the handover reports LHSS developed with outgoing administrations, the Activity familiarized the newly elected directors and health secretariats with recent efforts to integrate migrants into territorial health planning processes. The Activity held meetings with each of the twelve new local officials in project territories to ensure that LHSS’s Year 5 initiatives are aligned with the health priorities of new local governments. One of LHSS’s priorities is to sustain capacity strengthening gains among stakeholders despite the change in local governments. In addition, in collaboration with USAID’s Integra project, the Activity conducted meetings with local officials to share the Integra Avanza strategy, present the results and challenges faced by Integrate Centers, and discuss needs of local populations.

The Activity supported the MOH in developing and hosting a national workshop on, “Public Policy Elements for Guaranteeing the Fundamental Right to Health”, between February 26-27, 2024, in Bogotá. The objective of this workshop was to strengthen the ability of local governments to create, implement, monitor, and evaluate their local Health Plans. These Plans must align with and contribute to implementing Colombia’s national 10-year Public Health Plan 2022-2031 which aims to expand access to healthcare services across the country. More than 300 representatives of local health authorities attended the workshop.

The Activity provided technical assistance to the MOH and Migración Colombia, the national migration authority, in coordinating information exchange and updating between the Observatory for Migration, Migrants, and Human Mobility, known as OM3, and the MOH’s National Observatory on Migration and Health. OM3 consolidates the country’s latest data on migration, while the MOH’s observatory conducts analysis and publishes information

(including information collected by OM3) related to inclusion of migrant populations in the health system. The Activity also assisted the MOH in updating the National Observatory's control dashboards, which had been outdated for more than a year. The Activity used 2023 data to update 47 dashboard indicators and their disaggregation variables (i.e., geographic location, sex, age, and nationality), and indicators associated with gender-based violence. This important update will provide the MOH and health system actors with current information needed to formulate decisions related to improving health care for migrants.

The MOH's mandatory annual Health Situation Analysis is an exercise carried out by each local health authority at the departmental, district, and municipal levels. Results of these analyses provide information on the state of health care at the community level. Every four years, new incoming local administrators use findings from the Health Situation Analysis to develop their local Health Plans. These 4-year plans serve as roadmaps that will guide the health agenda of local authorities. In Quarter 2, the Activity supported local health authorities in project territories to gather information for their Health Situation Analyses and provided technical support in drafting their new Health Plans.

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

In Colombia, migrant populations with irregular, pendular, or in-transit migratory status can only access health services through emergency care, as they are not eligible for enrollment in national health insurance. Providers bill local governments for these services, however, local governments do not have designated resources to pay for these services. To address this challenge, LHSS provided technical assistance to local health authorities to strengthen their ability to report debt owed for services provided to uninsured migrant populations. Based on the collection of this new data, the MOH issued Resolution 220 of 2024, allowing the MOH to monitor information on emergency health services provided to uninsured populations, consolidate debts owed to providers by each local health authority, and identify new sources of financing to pay these debts. Paying these debts to health providers will improve their financial sustainability, allowing them to continue to offer services to migrant populations.

Since October 2021, the Activity has implemented a strategy to enroll the migrant population in Colombia's health insurance scheme through enrollment events to facilitate their access to comprehensive health services. In Quarter 2, the Activity supported migrants in enrolling in national health insurance by collaborating with and promoting community-based organizations as active facilitators of this enrollment process. Through LHSS grants, three community-based organizations (i.e., Fundación De Pana que Sí in Barranquilla, Fundación Entre 2 Tierras in Bucaramanga, and FAMICOVE in Medellín) supported 52 events where 1,011 Venezuelan migrants enrolled in health insurance. Since the beginning of the Colombia Activity, LHSS has supported the enrollment of 110,715 migrants in Colombia's national health insurance.

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

LHSS continues to strengthen mechanisms to increase access to high-quality health care services among migrants and host communities. In Quarter 2, the Activity began providing technical support to the MOH's Quality Office to develop the National Health Quality Policy within Colombia's Health Model framework. LHSS helped the MOH to identify priority challenges related to health care quality and proposed a methodology to formulate a new policy that addresses these challenges. Additionally, to support implementation of the MOH's Acceleration Plan for the Reduction of Maternal Mortality, the Activity developed the "Maternal Health Network Without Borders" strategy. This strategy aims to strengthen clinical skills among providers delivering comprehensive care to pregnant women in the Darien migration corridor.

Furthermore, LHSS implemented organizational capacity-strengthening interventions targeting 14 Health Service Providers, with the goal of building stronger, more sustainable provider capacity to deliver high quality services to migrant and host populations. LHSS conducted strategic meetings with health facility management teams to share baseline assessment results. Findings highlighted capacity strengthening needs within each facility. These included raising awareness about and integrating the Gender Equality and Social Inclusion (GESI) approach and implementing the National Plan for Accelerating Maternal Mortality Reduction.

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

In Quarter 2, the Activity continued to support local health authorities and communities in three cities in strengthening mental health care. In Cúcuta, LHSS grantee CBO Corprodinco conducted training sessions on reducing gender-based violence, substance abuse prevention, and the creation of support groups. In Cartagena, a mental health forum for young students was organized along with art workshops to promote self-care and mutual aid. In Necoclí, LHSS grantee Caminos IPS conducted workshops on psychological first aid, providing tools to address mental health crises and to foster emotional care and community support. These efforts represent a significant step towards establishing more resilient communities that are aware of their mental health needs, and have the capacity to protect their citizens' emotional well-being.

In January 2024, the Activity supported the MOH's vaccination strategy in Cali, Cúcuta, Ipiales, Maicao, and Necoclí, cities with high proportions of migrant populations. During the vaccination events, more than 200 migrants, returnees and host communities received more than 300 doses of routine immunizations and the COVID-19 vaccine. These events contributed to increased vaccination coverage and advanced Colombia's goal of ensuring that all people start or complete their vaccination schedules, irrespective of nationality, origin, and migratory status.

Under the umbrella of the international community's Global Health Security Agenda (comprised of more than 70 actors)², LHSS also began implementing a nationwide capacity building strategy with more than 100 representatives from 31 local governments focused on strengthening the management and operations of Colombia's emergency prevention, preparedness, and response plans. The Activity held three virtual training sessions to train officials on project planning, and project and resource management. Increased capacity in these areas will facilitate implementation of public investment initiatives in global health security. More than 100 people participated in these sessions, including departmental coordinators, local health authorities, and health service providers.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

To promote sustainability of the GESI Toolboxes, LHSS is socializing, transferring, and delivering them to health providers who participated in capacity strengthening interventions in project territories. A total of 671 people participated in the GESI Toolbox training, 84 percent were women and 16 percent were men. The Activity has delivered 202 GESI Toolboxes to 17 health service providers. LHSS also trained 37 employees (78 percent women and 22 percent men) from the Intégrate Centers in the cities of Bucaramanga, Cartagena, and Santa Marta. Using the LHSS-supported GESI Toolboxes, this training covered guidelines for discrimination-free care for migrants, with an emphasis on LGBTIQ+ people and people with disabilities.

To commemorate International Women's Day on March 8, 2024, LHSS coordinated with the USAID Mission in Colombia to produce a newsletter featuring the Activity's GESI

² <https://globalhealthsecurityagenda.org/>

approaches and principal activities. The newsletter also included achievements of three community-based organizations (e.g., beneficiaries of the capacity strengthening process including Women Leaders in Riohacha, Red Musa in Santa Marta, and FAMICOVE in Medellín) featuring their work integrating GESI principles into their support for migrant populations. The International Women's Day communication campaign lasted until March 22, 2024. LHSS also supported the MOH in developing a technical webinar attended by more than 260 representatives from local health authorities titled "Care measures for migrants and LGBTIQ+ persons, victims of gender-based violence and human trafficking." The webinar focused on regulations governing care of vulnerable populations (specifically migrants, LGBTQ+ people, and victims of gender-based violence and trafficking), and recommendations for a comprehensive intersectoral measures to prevent and respond to gender-based violence.

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 OF PERFORMANCE INDICATORS

The Activity continues to support the enrollment of migrant populations into the Colombian health system, granting them access to various health services, including preventive and specialized care. In Quarter 2, the Activity supported 55 events where 1,470 Venezuelan migrants were enrolled in the health system. Since implementing its strategy, LHSS has supported 439 outreach events during which 110,715 Venezuelan migrants have been enrolled in Colombia's national health system. This number represents 10 percent of the total number of enrollments to the subsidized health system in the VRIO-supported cities, meeting 100 percent of the Activity's target (Indicator 30).

In Quarter 2, LHSS organized 16 health provider training sessions for 671 participants (84 percent of whom were women). The purpose of these trainings was to enhance the ability of providers to integrate and sustain GESI approaches in the delivery of services through actions such as co-creating the GESI Toolbox aimed at preventing discrimination in health care services for migrant populations, returnees, and host communities. As a result, 86 training and capacity-building activities have been conducted to advocate for gender equality and human rights issues within health care providers in prioritized territories, surpassing the initial cumulative target of 84 training sessions by 102 percent (Indicator 3).

EMERGING LESSONS

In Colombia, information regarding migration and health is fragmented across four different government sources (MOH, National Department of Statistics, National Planning Department, and Migración Colombia). In addition, there are inconsistencies in the data published by these sources which impedes strategic decision-making at the national and local government levels associated with the delivery of health care to migrants. To address this challenge, LHSS has collaborated with the MOH and the National Migration Observatory to establish norms governing the collection and reporting of migrant health care data to minimize data discrepancies. Working toward data harmonization is an integral part of the relationship-building strategy the Activity is working toward. Its goal is to foster synergy within the health sector's response to mixed migration flows and to facilitate interoperability between migration and health data systems to enhance evidence-based decision-making processes.

LHSS conducted on-site trainings in Necoclí, Turbo, Apartadó, and Medellín during Quarter 2 as part of its Quality Improvement Practicum Course. This initiative aims to strengthen clinical skills among health care workers responsible for providing maternal health care by bridging the gap between knowledge and action. In the past health care workers have encountered challenges with virtual training (e.g., unstable internet connections and difficulty

accessing cloud applications). These virtual learning challenges were compounded by high staff turnover associated with new management or incoming local governments. To address these challenges, LHSS shifted to in-person learning to facilitate direct engagement with each quality improvement team. The Activity is helping each team identify the diverse approaches required to meet the unique needs of their local contexts. For example, in Turbo addressing preeclampsia was a priority, while Apartadó's main focus is reducing the number of unnecessary cesarean sections.

CHALLENGES

LHSS faced initial resistance from local authorities in integrating tailored approaches into the Territorial Health Plans. Initially, the Health Secretariat of Norte de Santander did not see the need to monitor health insurance indicators differently for migrants than the rest of the population. This raised concerns for LHSS because overlooking the unique needs, requirements, and access barriers encountered by minority populations, especially the Venezuelan migrant population, limits the effectiveness of public policy. LHSS communicated these concerns and explained the benefits of localized health planning to the Health Secretariat of Norte de Santander. As a result of this engagement, the Health Secretariat agreed to incorporate health insurance indicators to monitor health insurance coverage among migrant populations.

In January 2024, new local governments took office. Changes in local government trigger turnover within health leadership and operations teams, affecting the stability and sustainability of LHSS-supported interventions (e.g., strengthening capacity to provide quality health care services). To mitigate this challenge, LHSS recommended that health care providers participating in quality improvement teams be retained through indefinite-term contracts to preserve continuity on sustained progress toward established goals. Additionally, LHSS and outgoing local administrations conducted health needs assessments in each territory. Findings from these assessments will be presented to the new local government administrations in Quarter 3 to support continued work in territorial priority intervention areas supported by the Activity.

DELIVERABLES SUBMITTED IN QUARTER 2

No deliverables were submitted during Quarter 2.

EVENTS NEXT QUARTER

- Hold “*Café y Tequeño*” (Coffee and Tequeño) monthly coordination events with local leaders from local health authorities to promote the participation of the migrant population in territorial planning processes.
- Host America’s Vaccination Week from April 20-27, 2024, in coordination with PAHO.
- Launch Roche and Novartis partnerships.
- Participate in and represent LHSS at Global Health Security Conference June 18-21, 2024.

PRIORITIES NEXT QUARTER

- Continue to support the inclusion of a migration focus in Development Plans and Health Territorial Plans to secure local budgets for migration and health activities.
- Support territorial entities in developing a technology tool for use in auditing health accounts.
- Monitor and support the implementation of performance-based contracts to finance maternal health care for Venezuelan migrants in Barranquilla.
- Support MOH workshops in Cali, Medellín, and Barranquilla to formulate the National Health Quality Policy.

- Continue supporting teams from Apartadó, Necoclí, Turbo, and the General Hospital of Medellín in developing their maternal health improvement projects.

ENGAGING LOCAL AUDIENCES

The Activity published 54 knowledge products, including social media posts, on USAID/Colombia and LHSS's social media accounts. Listed below, these products were disseminated across X (formerly known as Twitter), Facebook, LinkedIn, and Instagram. products included:

Facebook:

- [Four Women, One Dream](#)
- [#DíaInternacionalDeLaMujer Local Health System Sustainability Project -LHSS](#)

X (formerly known as Twitter):

- [National Conference, "Public Policy Components to Guarantee Fundamental Right of Healthcare Access."](#)
- [Quality improvement collaboratives](#)

LHSS DOMINICAN REPUBLIC

HIGHLIGHTS

- LHSS organized and hosted the launch session of the new public-private health coordination board. The board aims to bring together representatives from the Ministry of Health, the National Council on HIV and AIDS, alongside other relevant private sector stakeholders to steer and manage implementation of the previously developed Roadmap for Private Sector Engagement in the National HIV Response (PSE Roadmap). The aim of the meeting was to discuss the objectives and functioning of this coordination mechanism, with the goal of ensuring effective implementation of the PSE Roadmap. LHSS facilitated collaborative coordination sessions with Central Romana Corporation and USAID/DR clinical implementing partners to assist in the design of an HIV-inclusive workplace program. These joint meetings have supported coordination among implementing partners, identifying valuable technical resources to support activities and foster a more cohesive approach with private sector stakeholders.

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.

Building upon engagements with private stakeholders and national counterparts in Quarter 1, LHSS facilitated the launch meeting of the new public-private health coordination board on March 7, 2024. The coordination board will serve as a mechanism to steer implementation of the PSE Roadmap, a resource that LHSS helped develop in FY23. During the meeting, LHSS presented the final roadmap to participants, discussed the objectives of the coordination board, and outlined proposed terms of reference for the coordination mechanism's operations. Participants reached agreement on the roadmap's proposed activities, clarified the functions of the coordination mechanism, and recognized the need to engage additional stakeholders to strengthen implementation and identify ways to align the roadmap's intervention areas and scope of work with ongoing initiatives.

The meeting, held at the facilities of the National Council for HIV and AIDS (CONAVIHSIDA), had the participation of representatives from the sugar industry, the Infectious Disease Society, the Ministry of Health, the USAID Mission in DR and CONAVIHSIDA. Participants agreed to convene the second board meeting in June to discuss and validate a draft of the board's terms of reference and present progress on activities implemented with the sugar industry under LHSS support.

Intervention 1.2 Support Development of HIV-Inclusive Workplace Programs.

During a visit to the Central Romana Corporation's offices, LHSS engaged with the company's Community Management Team to gather qualitative data on their existing health programs for workers. The meeting aimed to identify gaps, needs, ongoing alliances, and existing efforts for HIV prevention and care interventions in the communities where the company's workers live. In the meeting, LHSS learned that Central Romana has been collaborating with ADOPLAFAM, a local partner in the USAID-funded HIV Service and Systems Strengthening Project implemented by FHI360, to provide HIV testing services in the community. The company has also partnered with private insurance companies to conduct workshops focused on prevention of sexually transmitted infections prevention.

Based on these findings, LHSS initiated discussions with the HIV Service and Systems Strengthening Project to align approaches and plan a cohesive set of interventions -- including HIV community testing, referrals to clinical sites, and potentially distributing ART

within the community — under working agreements with Central Romana. While Central Romana does not currently provide HIV services, they expressed interest in strengthening referrals to the public health network and PEPFAR's implementing partners (e.g., ADOPLAFAM) for HIV services. The company also showed an interest in building their health workers' and community teams' capacities to provide HIV services and conduct HIV prevention and educational activities.

In Quarter 3, LHSS will help coordinate a joint meeting with Central Romana to present and refine a collaborative plan with FHI360 and ADOPLAFAM or an HIV-inclusive workplace program.

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 is engaging private sector HIV service providers and the National Health Service (SNS) to explore potential methods for collecting and reporting data from the private sector to the public health network reporting mechanisms. Building upon key stakeholder interviews with private sector providers of HIV services in Quarter 1, LHSS shared initial findings about data reporting practices from private sector providers with the SNS. Following this presentation, the LHSS team developed an initial draft report that includes concrete recommendations and suggested next steps to initiate data sharing with private health care providers across the three levels of the HIV cascade. LHSS will disseminate findings and propose a streamlined flow of information from private stakeholders to the Ministry of Health. LHSS is also consulting with the SNS to identify mechanisms to facilitate consolidation of the data with public health sector data. LHSS will share proposed recommendations with the SNS and other stakeholders during Quarter 3.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS has sustained engagement with private sector stakeholders and national counterparts in advancing the development of an HIV-inclusive workplace program and implementing the PSE Roadmap. Both activities aim to enhance access to HIV prevention and care services by fostering collaboration between the public and private sectors, including reaching out to hard-to reach and mobile populations such as Haitian migrants and descendants, women in agricultural communities, 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

LHSS facilitated the launch meeting of the public-private coordination board on March 7, 2023. This meeting served as the starting point for the coordination board and will be followed up by quarterly meetings on demand by stakeholders (Indicator #3). LHSS has also initiated support for the private stakeholder Central Romana in developing an HIV-inclusive workplace program (Indicator #4). In addition, the Activity engaged with nine private sector stakeholders to support the development of the landscape analysis to integrate private sector data into national HIV reporting mechanisms; stakeholders engaged included HIV service providers and private sector laboratories (Indicator #7).

EMERGING LESSONS

LHSS has identified that, to ensure the sustainability and effectiveness of HIV-inclusive workplace programs that align with national standards and respond to public health needs, it is fundamental to strengthen working relationships between public and private sector stakeholders. It is not sufficient to work only with the private sector. LHSS has recognized the significance of leveraging public-private coordination mechanisms and involving additional stakeholders supporting the national HIV program -- such as other PEPFAR implementing partners -- to foster collaboration and alignment between the public and private sector to address gaps, minimize duplication of efforts, and ensure that interventions are responsive to the needs of both private stakeholders and the broader public health network. This approach not only enhances the impact and sustainability of workplace programs but also contributes to the overall effectiveness of HIV prevention and care efforts in the community.

CHALLENGES

Engaging with and obtaining information from national counterparts on reporting mechanisms and potential methods for data collection from private stakeholders has posed a challenge for LHSS. However, during this period, LHSS focused on identifying data sharing mechanisms and platforms that can be tailored to the local context. Additionally, LHSS has been developing recommendations that can benefit both public and private stakeholders. These efforts aim to facilitate the proposal of selected data variables that can be collected from private providers and can enhance national HIV statistics while ensuring patient confidentiality is not compromised.

DELIVERABLES SUBMITTED IN QUARTER 2

No deliverables were submitted in this quarter.

EVENTS NEXT QUARTER

Second meeting of the public-private coordination board. Tentative date: June 13, 2024.

LHSS Global Knowledge Strategy workshop with national counterparts. April 25, 2024.

PRIORITIES NEXT QUARTER

Priorities next quarter include finalizing the development of the HIV-inclusive workplace program and the landscape analysis to integrate private sector data into national HIV reporting mechanisms and facilitating the second meeting of the public-private coordination board. In addition, LHSS will engage with national counterparts to share findings and progress of activities.

ENGAGING LOCAL AUDIENCES

LHSS has facilitated meetings with private stakeholders, national counterparts, and other USAID/DR implementing partners to share information on interventions in-progress and technical support provided to strengthen access to and delivery of HIV services in the national context. Additionally, the Activity met with USAID/DR to present the LHSS Global Knowledge Strategy approach and agree on LHSS's proposed performance improvement and planning of the workshop with stakeholders.

LHSS DEMOCRATIC REPUBLIC OF CONGO (DRC)

HIGHLIGHTS

- In 2023, the Activity worked with the MOH to assess the health financing landscape in the DRC and collaborated with the Kinshasa School of Public Health to analyze the country's flat-rate pricing policy. This quarter, the Activity facilitated the process of government ownership of these two studies. The Activity hosted a session with the USAID DRC Mission at the Health Systems Strengthening Portfolio Review Meeting in February to disseminate the results of the flat-rate pricing policy study. Additionally, the Activity organized a workshop with MOH staff to develop roadmaps for implementing the results and recommendations of each study.
- DRC's health sector faces a low revenue mobilization rate from its sector generating services. To address this challenge, the Activity supported the MOH by facilitating a meeting with the sector generating services. The goal was to improve the operation of the revenue mobilization services by monitoring revenue allocations at the national and provincial levels. Participants identified seven major problems affecting revenue mobilization in the health sector and came up with six recommendations.

ACTIVITY PROGRESS

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

As the implementation period for the 2018-2022 Health Financing Strategy and the 2019-2022 Health Sector Development Strategy came to an end, it was an opportune time for the Activity to assess the health financing situation in the DRC and share results and recommendations with stakeholders. The health financing landscape assessment describes the overall state of health financing and its three functions: resource mobilization, resource pooling, and service purchasing. This assessment provides useful information for political decision-making on strategic health financing issues and can be used to update policy documents, such as the Health Financing Strategy and the Administrative and Financial Management Procedures Manual. In January 2024, the MOH, through the Financial Directorate and the National Program for the Promotion of Health Mutuelles, reviewed the results of the assessment and decided to develop an implementation roadmap, with technical support from the Activity.

Similarly, with the Activity's support, the Directorate of Studies and Planning decided to develop an implementation roadmap to implement recommendations from the Flat Rate Pricing Policy study that the Activity and the Kinshasa School of Public Health conducted in 2023. In collaboration with Kinshasa School, LHSS disseminated the results of the study, including to the USAID Mission in DRC.

Additionally, the Activity organized a quarterly meeting with the various services in the health sector in charge of revenue mobilization to monitor revenue allocations at the national and provincial levels. Participants identified the major issues affecting the mobilization and maximization of revenues in the health sector and proposed recommendations. Some of the key challenges raised include failures to consider revenues generated by the Congolese Pharmaceutical Regulation Authority and to capture revenues generated by other departments and programs, as well as the absence of capacity strengthening for staff responsible for managing public revenue. In response, participants provided the following recommendations, among others: 1) clarify the revenues captured by the Congolese Pharmaceutical Regulation Authority, 2) draft a list of digitalized or non-digitalized General Reference Hospitals, and 3) design a data collection framework for data relating to hospital revenues.

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

The decentralization of expenditure control is a relatively new approach within the MOH. As such, MOH cabinet members should be well informed about the new mechanisms related to the implementation of budgets allocated to the health sector. The Activity supported two awareness-raising meetings with members of the MOH. The first meeting aimed to train members of the Minister's Office, who are authorized to process files related to the expenditures of the various Ministry departments, on the new mechanisms. The second meeting sought to sensitize MOH program managers on the decentralization of scheduling to facilitate compliance with the steps in the budget implementation process, procedures, and regulations that govern the public expenditure chain in the context of the recent national financial reform initiative.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS worked with the MOH to ensure gender parity in meeting attendance and identifying women who can play larger roles in leading meeting discussions. For example, the Activity collaborated with the MOH to ensure that both men and women were included at the quarterly revenue monitoring meeting and the workshop to develop the implementation roadmaps for the health financing landscape assessment and the flat-rate pricing policy study.

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 OF PERFORMANCE INDICATORS

During Quarter 2, LHSS DRC finalized the performance indicators along with their respective targets, as well as the overall AMELP that was approved by the COR.

Regarding progress on the performance indicators:

- LHSS achieved its target for indicator #2 Number of materials (plans, manuals, standard operating procedures) developed to support the strengthening of the Financial Directorates' capacity. LHSS supported the Financial Directorate, the Directorate of Studies and Planning, and the National Program for the Promotion of Health Mutuelles in reviewing results of the flat-rate pricing policy study and health financing landscape assessment. Based on these results, stakeholders decided to develop an implementation roadmap with technical support from the Activity.
- For the indicator #4 Number of people trained by LHSS as part of the Activity's capacity strengthening plan (disaggregated by training topic, cadre...) -- The Financial Directorate has opened all the positions within its administration to recruitment (except the position of the director of Financial Directorate). The political changes delayed the open recruitment process, which in turn hindered the Activity from conducting any training workshops during Quarter 2. LHSS is planning to work closely with Financial Directorate officials to accelerate the process of implementing financial reform within the MOH.

EMERGING LESSONS

The studies carried out on behalf of the MOH by implementing partners are only useful when the government takes the findings and recommendations into consideration and decides to act on those that align with their priorities. The Activity facilitated the process of the MOH

taking ownership of the two studies by organizing a workshop that resulted in the MOH drafting roadmaps to implement the results and recommendations from these studies.

CHALLENGES

Under Objective 2, the Activity had planned a training course for the managers of the MOH's Financial Directorate to enable them to understand the different actors and their respective roles in budget implementation and to adhere to the fundamental principles and mechanisms established by the new budgetary and accounting legislation. However, the Activity faced challenges in implementing the training course. The first challenge was related to the members of the MOH's cabinet resigning due to the impending government change after the December 2023 elections. As a result, it was no longer appropriate to invest in the training of the MOH team, whose retention within the Directorate was not fully guaranteed. To address these challenges, the Activity is in discussion with the USAID Mission to replace these interventions with an activity around advocacy to key stakeholders involved in health financing in the DRC.

DELIVERABLES SUBMITTED IN QUARTER 2

No deliverables were submitted during Quarter 2.

EVENTS NEXT QUARTER

No events are scheduled for next quarter.

PRIORITIES NEXT QUARTER

- The Activity will work closely with state and non-state actors involved in the governance of health financing to support the implementation of public finance reform in the health sector.
- In collaboration with the General Secretariat for Health, the Activity will monitor the implementation of the MOH's Financial Directorate's capacity strengthening roadmap.
- In collaboration with the Financial Directorate and the Secretary General, the Activity will continue to monitor revenue mobilization at the sectoral level.

ENGAGING LOCAL AUDIENCE

The Activity did not engage with local audiences this quarter.

LHSS EAST AFRICA REGIONAL

HIGHLIGHTS

- LHSS partnered with IntelliSOFT, the Kenya Health Management Information System project, and Kenya's Ministry of Health (MOH) to embed the cross-border mobility screening module into the National Electronic Medical Record Package in Kenya for the collection, reporting, and sharing of data on health services uptake by cross-border populations.
- LHSS supported the East Africa Community (EAC) secretariat in presenting a draft of the first EAC regional health data sharing governance framework which will guide and standardize health data flow between partner EAC states.
- LHSS supported the Kenya Health Management Information System Project and the Ugandan Monitoring and Evaluation Technical Support Program in conducting a simulation exercise to demonstrate the capabilities of the Cross-Border Digital Health Solution (CB-DHS). This cross-border data sharing mechanism will significantly strengthen the regional Health Information Exchange hosted at EAC headquarters in Arusha, Tanzania.
- As part LHSS's Global Knowledge Strategy (GKS), LHSS facilitated a workshop with EAC and the Intergovernmental Authority on Development (IGAD) to identify key determinants of performance improvements achieved under this Activity. Workshop participants also determined the conditions and actions that would be needed to sustain, scale and/or institutionalize these performance improvements in ongoing and future regional cross border initiatives.
- The USAID Kenya East Africa Mission and LHSS conducted a joint learning visit to health facilities at Kenya/Uganda cross border sites to observe real-time use of the Cross-Border Digital Health Solution. The Activity and USAID Mission used this opportunity to engage cross border stakeholders and political and health management decision makers in Kenya and Uganda. These discussions focused on creating opportunities to use data generated from the Cross Border Digital Health Solution to improve health outcomes and service delivery among cross border communities.

ACTIVITY PROGRESS

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

In collaboration with the Kenya Health Management Information System project (which supports the MOH's Health Management Information System (HMIS) activities), LHSS introduced the cross-border mobility screening module into the Kenya's National Electronic Medical Record Package. This process required integrating the module's codes and code terminology as a standard component of the Electronic Medical Record Package. This level of integration will ensure sustainability of the module through future upgrades, as the Records Package is utilized and brought to scale in new countries.

LHSS supported the EAC health secretariat in tabling the first draft of the regional health data sharing framework during. This took place during the EAC's February 2024 workshop attended by the Expert Working Group on Digital Health, Data, Technologies, and Innovations. This regional policy framework will serve as a critical foundation for scaling and sustaining data sharing across the East Africa region. Feedback from the workshop emphasized the need to harmonize regional guidance on protecting personal data in alignment with data protection policies of partner states LHSS will support country consultations between EAC and its partner states in preparation for the Council of Ministers' review of the framework in November 2024. During the February 2024 workshop, LHSS also supported the Kenya Health Management Information System Project and the Ugandan

Monitoring and Evaluation Technical Support Program in conducting simulation for EAC partner states to demonstrate the data sharing capabilities of the Cross Border Digital Health Solution. The simulation was conducted at EAC's headquarters in Tanzania.

In collaboration with the Intergovernmental Authority on Development (IGAD) LHSS worked with its local digital partner, IntelliSOFT, to develop a mobile Cross Border Digital Health Solution for use on phones and tablets. This mobile application will be tested in Quarter 3 in cross-border facilities that have previously been tagged as "non-digital ready" due to lack of digital infrastructure and unreliable power supplies in resource-constrained areas. Having access to the new mobile application will radically transform the capacity of these facilities to provide continuity of care and improved quality of health services for the diverse cross-border populations they serve.

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

LHSS supported IGAD in conducting country consultations with health policy focal persons of key partner states. The purpose of these meetings was to review the progress of domestication and implementation of cross border health decisions and directives made by IGAD's sectoral council of health. Following the consultations, LHSS supported the IGAD health secretariat in developing a catalog of regional cross-border health policies, agreements, and memorandums of understanding. This catalogue compiles information on the of each country in domesticating and implementing regional IGAD health policies, and documents existing challenges in the domestication process. LHSS also supported the IGAD health secretariat states in developing a communication and advocacy strategy that outlines approaches to monitor and support fast tracking the implementation of cross-border health policies and agreements in the IGAD region.

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

LHSS supported EAC's working group activities examining the status of communicable and non-communicable diseases in the region. The purpose of this activity was to document desk review findings and stakeholder input on the practices associated with communicating and reporting cross-border health risks in the East Africa region. The Activity also identified best practices around communicating risks, responses and bottlenecks related to cross-border health threats among East African countries. LHSS is currently finalizing recommendations to strengthen communication channels among dry and wet cross-border sites to improve coordination and responses to cross-border health emergencies in the region. These recommendations will be presented for discussion and adoption at EAC's regional technical communicable and non-communicable diseases working group meeting planned for August 2024.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS has continued to support IGAD in developing a Communication and Advocacy strategy for use by its partner states in domesticating and implementing regional policies. LHSS has reviewed the document and provided input to ensure that the strategy includes approaches that highlight 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

- Indicator 3.4 Number of potential corporate partners identified and mapped to support implementation of regional cross-border health initiatives: LHSS supported IGAD and EAC in identifying 211 potential corporate partners for engagement by Regional Intergovernmental Organizations (RIGOs) to support cross border initiatives through partnerships in cross-border health initiatives in the region and through the mobilization of domestic resources: 44 prospective in Djibouti, 36 in Ethiopia, 46 in Uganda, 45 in Kenya, and 40 in Tanzania.
- Indicator 1.3 Number of cross-border health facilities using CB-DHS: The Cross Border Digital Health Solution is currently being implemented at 21 health facilities along Kenya-Uganda cross-border.

EMERGING LESSONS

As the East Africa region's data protection landscape evolves and partner states begin to develop their national data protection policies, it is important that RIGOs advocate for the easing of stringent health data localization requirements. Data protection requirements typically mandate that patient data be retained within a given country. The EAC is currently finalizing its regional data governance framework. The ability of this framework to ensure exchange of health information within the region will depend on data localization policies of partner states. Feedback from the Digital Health, Data, Technologies, and Innovations regional expert working group underscores the need to harmonize the guidance across the region between the protection of personal data protection and the data protection policies of partner states. LHSS will support EAC's partner state consultations to promote this harmonization.

CHALLENGES

Following the feedback received from the USAID Kenya East Africa Mission regarding support to IGAD's partner states in the USAID restrictions list including Ethiopia, LHSS East Africa will not deploy and test the mobile enabled Cross Border Digital Health Solution at the previously planned facilities in the Ethiopia/Djibouti cross border area. Instead, the Activity will work with IntelliSOFT to deploy the mobile solution to sites along the Kenya/Uganda cross border area that were previously classified as not ready to use digital solutions due to their limited digital infrastructure, and unreliable internet connectivity and power supplies. Use of the mobile application will enable 'non digital ready' facilities to provide continuity of care and track service uptake by the cross border populations they serve.

DELIVERABLES SUBMITTED IN QUARTER 2

No deliverables were submitted during Quarter 2.

EVENTS NEXT QUARTER

The EAC's 24th sectoral council of ministries meeting will take place between April 29-May 3, 2024 in Dar es Salaam, Tanzania. During this meeting, the EAC Cross-Border Communications and Advocacy Strategy will be tabled for ratification, and the mid-term review report of EAC's Health Sector Investment Priority framework will be presented for validation.

PRIORITIES NEXT QUARTER

LHSS will participate in the upcoming EAC Technical Working Group for Health Systems and Policy planned from April 25 – 27, 2024 in Dar es Salaam, Tanzania. The EAC Communications and Advocacy Strategy and mid-term review report of the EAC health investments priority framework, which LHSS supported through a grant with EAC, will be presented for review and approval at this meeting.

LHSS will work with IGAD to test the mobile application-enabled version of the Cross-Border Digital Health Solution at health facilities along the Kenya/Uganda at cross-border sites previously classified as not having the digital infrastructure required to use the original software. This trial represents an important and exciting advance in strengthening the capacity of resource-constrained and non-digital ready cross border facilities to provide continuity of care to mobile populations.

ENGAGING LOCAL AUDIENCES

LHSS's partner IntelliSOFT has featured the Activity's work on the Cross Border Digital Health in social media posts, and a simulation of the Solution used on the Kenya and Uganda Electronic Medical Record system platforms.

Quarter 2 posts include:

- [Intellisoft LinkedIn Post](#)
- [LinkedIn Learn With LHSS](#)
- [CB-DHS Simulation Recording](#)

LHSS JAMAICA (GLOBAL HEALTH SECURITY)

HIGHLIGHTS

- LHSS conducted a scoping visit in January 2024 to launch the new Global Health Security (GHS) activity it will lead in Jamaica. The Activity team held meetings with key stakeholders from the Ministry of Health and Wellness, the USAID Mission in Jamaica, the Pan American Health Organization (PAHO), the Caribbean Community, Jamaica AIDs for Life, and Health Connect Jamaica (HCJ).
- As the incidence of cancer rises in Jamaica, the Ministry of Health and Wellness has prioritized strengthening its oncology services nationwide by building the country's capacity to diagnose and treat cases. This effort is part of the Ministry's goal of enhancing the national health system's resilience and readiness to address emerging health challenges. LHSS worked closely with the Ministry of Health and Wellness to develop an oncology framework to guide work toward achieving this ambitious objective. A first draft of the framework was submitted to the Ministry of Health and Wellness on March 28, 2024.
- LHSS supported the Ministry of Health and Wellness in preparing its application to the World Bank's Pandemic Fund to fund future pandemic response initiatives. This work is laying the groundwork for an upcoming multisectoral workshop that the Ministry will conduct in Quarter 3, with support from LHSS, to boost Jamaica's chances of securing future pandemic response funds. The focus of this workshop will be to refine the Ministry's proposal, identify pandemic response priorities, and ensure alignment with the solicitation criteria.

ACTIVITY PROGRESS

In January 2024, LHSS conducted a scoping visit to meet with the Ministry of Health and Wellness, the USAID Mission in Jamaica, and other public and private stakeholders associated with Jamaica's and the Caribbean Region's GHS initiatives. These meetings included discussions with the Ministry's Permanent Secretary and representatives from HCJ, PAHO, Jamaica AIDs for Life, and the Caribbean Community. During the visit, LHSS gained a better understanding of current initiatives and stakeholder involvement in Jamaica's GHS preparedness activities. The meetings helped elevate LHSS's role in supporting the Ministry to carry out its national health agenda. The focus of this work builds on LHSS's accomplishments during the COVID-19 response to continue strengthening Jamaica's readiness to address ongoing and future health challenges.

In Quarter 2 LHSS submitted a revised FY24 workplan to reflect discussions held with the USAID Mission in Jamaica and the Ministry of Health and Wellness during the scoping visit. These changes reflected the Ministry's request for LHSS support in strengthening GHS and health system resilience functions. Specifically, the Ministry has prioritized LHSS support in two areas: 1) developing a national framework to strengthen oncology diagnostic and treatment services, and 2) developing a responsive proposal for the World Bank's Pandemic Fund. Objectives 1 and 2 in LHSS's Jamaica work plan reflect these priorities. This revised work plan was approved by USAID on February 27, 2024.

Objective 1: Integrate Key GHS Considerations into MOHW and Private Sector Health System, Financing, Planning, Management, and/or Monitoring.

LHSS retained a local consultant to assess Jamaica's existing oncology service delivery network, specifically focused on the country's cancer diagnosis and treatment capacity. As cancer cases rise, the Ministry of Health and Welfare has prioritized strengthening its capacity in oncology as an element of Jamaica's national effort to enhance health systems resilience and readiness to address emerging health challenges. LHSS submitted a draft

national oncology framework on March 28, 2024 to the Ministry of Health and Wellness (meeting the Ministry's deadline). The oncology framework addresses critical needs for enhanced hospital infrastructure and more accessible services, charting a path to overcome these obstacles and improve care pathways. In Quarter 3, LHSS will finalize the framework after incorporating Ministry feedback and recommendations.

Objective 2: Strengthen Private Sector Capacity to Address GHS Workforce Gaps.

LHSS began providing support for the Ministry of Health and Welfare's application to the World Bank's Pandemic Fund. This work has focused on helping the Ministry to identify priorities that align with the Fund's solicitation requirements and to ensure the proposal demonstrates Jamaica's clear need for resources to enhance the country's emergency response capacity. LHSS will support the Ministry in convening a multisectoral stakeholder consultative workshop in April 2024 to validate inputs to the Pandemic Fund application. Following the workshop, LHSS will support the Ministry in finalizing its Pandemic Fund application.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The LHSS Jamaica Activity integrates gender, women's and girls' empowerment, and social inclusion proactively into all activities, recognizing that these are development goals in their own right and accelerators toward achieving universal health coverage. The overarching gender equality and social inclusion (GESI) strategy for the project provides the groundwork and guidance for gender, women's, and girls' empowerment, and social inclusion analysis, approach, and plan for all activities.

LHSS will continue to account for the different and intersecting vulnerabilities and constraints of underserved and marginalized population groups in a pandemic response and incorporate this understanding into its work supporting One Health workforce competencies, approaches, and risk communication. Specifically, the Pandemic Fund requires a strong GESI lens in its design and implementation. In Quarter 3, LHSS will develop an inclusive process to solicit input for the application and support the Ministry of Health and Wellness in integrating GESI principles into all activities.

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

Upon receiving workplan approval, the Jamaica Activity submitted for concurrence a revised Activity Monitoring, Evaluation and Learning Plan (AMELP) on March 27, 2024. Progress against proposed indicators will be reported beginning in Quarter 3, following USAID's final approval of the AMELP.

EMERGING LESSONS

The scoping visit to Jamaica conducted in January 2024 highlighted the importance of early and open communication with the Ministry of Health and Wellness and other stakeholders. By engaging these principal actors from the outset, LHSS has been able to ensure close alignment between their priorities and goals, and the project's planned activities. This proactive and open-communication approach has laid the groundwork for a more engaged and collaborative relationship with Ministry leaders than LHSS has experienced in the past. Moving forward, the Activity will maintain its transparent dialogue with the Ministry. Establishing quick wins for LHSS-MOH collaboration will be crucial for effective project implementation and sustained impact.

CHALLENGES

As part of the Jamaica Activity's work plan, LHSS carried out an initial scoping visit to work with the MOH and other partners to co-identify priorities for LHSS support. During the visit, the LHSS team identified several potential opportunities but experienced a delay in receiving Ministry feedback on the short-listed priority intervention areas. This delay impacted the timeline for initiating and completing time sensitive activities such as development of the national oncology framework, leaving LHSS with a compressed timeframe to complete its work. To address this challenge, LHSS collaborated closely with the Ministry to establish clear expectations and timelines for all activities going forward. LHSS was able to address this challenge as a positive result of its strengthened relationship with Ministry leadership. Moving forward, the Activity will prioritize maintaining open communication and establishing clear expectations and timelines with the Ministry to mitigate similar challenges that may arise in the future.

DELIVERABLES SUBMITTED IN QUARTER 2

- The revised LHSS Jamaica Activity Work Plan was resubmitted on February 20, 2024, and approved by USAID on February 27, 2024.
- The revised LHSS Jamaica Activity Monitoring, Evaluation, and Learning Plan was submitted to the USAID Mission in Jamaica for concurrence on March 27, 2024

EVENTS NEXT QUARTER

LHSS will support the Ministry of Health and Wellness in organizing and leading a multisectoral workshop in April 2024 where the Ministry will identify its future pandemic response priorities and refine its application to the World Bank's Pandemic Fund.

PRIORITIES NEXT QUARTER

The Activity will continue supporting the Ministry of Health and Wellness in developing its national oncology framework and refining its World Bank Pandemic Fund application for submission in May 2024.

ENGAGING LOCAL AUDIENCES

The Activity did not conduct work in this area during Quarter 2.

LHSS JORDAN

HIGHLIGHTS

- LHSS introduced an interdisciplinary team approach within the MOH to improve health outcomes in intensive care units (ICUs). In April 2024, LHSS will convene a handover meeting to present to His Excellency the Health Minister a sustainability plan, which emphasizes the benefits of the interdisciplinary approach. This plan is critical in helping the MOH plan for alternate resources, as LHSS transitions activities, and includes new interventions for all MOH related directorates (e.g., hospital administration, medical education and training, institutional development, and quality control directorates).
- LHSS completed an advanced training of trainers course for 52 MOH staff. Participants already had trainer experience but achieved required training certification through this course. The new master trainers will lead future Continuing Professional Development (CPD) training at the MOH and support their peers on an ongoing basis in meeting their CPD requirements for re-licensing.
- LHSS completed its support to the MOH in launching its first national CPD awareness raising campaign, a mix of social media and traditional outreach to communities garnering over 16 million impressions. As part of its campaign, the MOH also disseminated CPD awareness-raising materials country-wide through the Government of Jordan's CPD program grant.

ACTIVITY PROGRESS

Objective 1: Institutionalize a sustainable CPD system in Jordan.

LHSS supported the MOH's Electronic Transformation and Information Technology Directorate in creating an interim electronic-CPD system for the accreditation and reporting of CPD activities by entities specified in the CPD by-law. The system is in the final testing stage before its expected launch in April 2024. LHSS also facilitated a workshop on the development of the electronic-CPD system with attendees from the MOH, Ministry of Digital Economy and Entrepreneurship, and National CPD Committee. Participants clarified major CPD workflows and documented processes required to ensure a smooth transition to the electronic-CPD system

LHSS assisted the Health Communication and Awareness Directorate in launching and implementing the first national CPD awareness raising campaign. LHSS also facilitated a one-day training workshop for 13 Directorate staff on the art of creating and carrying out awareness raising campaigns using core communication principles, audience analysis, message development, and the selection of optimal communication channels.

In collaboration with its grantee, Jordan Expert Trainers, LHSS supported the development and implementation of an advanced professional trainer certification program in December 2023 and January 2024. This program aims to enhance competencies in attitude formation, change theories, adaptation to diverse training contexts, and the application of adult learning principles. Participants included 52 MOH health care providers specializing in a range of service delivery areas. "The new master trainers will lead future Continuing Professional Development (CPD) training at the MOH and support their peers on an ongoing basis in meeting their CPD requirements for re-licensing".

LHSS conducted training sessions for the MOH CPD Program's finance team on USAID rules and regulations, financial reporting, and expenditure reporting documentation. The Activity also worked with the finance team to create and update a tracker that captures budgeted vs actual expenditures. As a result of this training and technical support the CPD's finance team is now able to submit its quarterly financial reports in accordance with USAID requirements.

Objective 2: Strengthen Health System’s Resilience to Respond to Future Shocks.

LHSS carried out several ICU-specific trainings at Royal Medical Services and selected MOH hospitals (i.e. Princess Basma, Al Kerak and Al Bashir ICU Center). The trainings included a comprehensive respiratory therapy program for ICU interdisciplinary teams attended by 118 ICU nurses, 75 clinical pharmacists, 33 nutritionists, and 61 health care providers.

Separately, LHSS and the Jordanian American Physicians Association completed 20 board review sessions to support 12 Adult Critical Care Fellows preparing for the Jordanian Medical Council’s board exam in April 2024. LHSS also conducted an “Advancing Critical Care Excellence: Mortality and Morbidity Measurement for Quality Improvement in Jordanian ICU” workshop for 33 health care providers from the three targeted MOH hospitals and the MOH central morbidity and mortality committee. The workshop introduced an ICU quality measurement methodology that will assist the MOH in monitoring the quality of ICU services.

Objective 3: Strengthen The Quality of MOH Laboratory Systems.

LHSS supported the MOH’s central laboratories in completing preparatory activities required for accreditation by the Health Care Accreditation Council. These included training workshops, installation of fire alarm systems in both central laboratory buildings, and the fulfillment of other standards required for final accreditation of the central laboratories in April 2024.

Objective 4: Initialize and Test Telehealth Services in Jordan.

LHSS conducted an initial assessment survey for telehealth services at three health centers and one hospital selected jointly with the MOH. Findings from the assessment identified the equipment, infrastructure, and training activities necessary to initiate the MOH’s telehealth pilot activity. The MOH has established an advisory committee to oversee implementation of the telehealth pilot. LHSS met with MOH telehealth instruction committees to develop a first draft of the telehealth instructions.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS and grantee, JADARA Company, completed a GESI skills strengthening workshop (including training of trainers) for 34 members of the Central MOH Directorate’s Gender Task Force team. Following the workshop, LHSS consolidated participants’ proposed action plans into a final GESI implementation plan and shared it with the MOH Gender Unit. This action plan focused on three pillars 1) increase GESI awareness among MOH employees, 2) improve service delivery, and 3) integrate GESI in MOH human resources development activities.

ENVIRONMENTAL COMPLIANCE REPORTING

The approved work plan determined 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 OF PERFORMANCE INDICATORS

LHSS trained 52 MOH health care providers who subsequently obtained professional CPD system trainer certification. Representing 115 percent of the annual target, these providers will support the implementation of CPD system (Indicator 9).

LHSS developed 5 laboratory CPD courses (out of the annual target of 16 courses). Uploading these courses onto the MOH training platform has been delayed due to technical issues that will be resolved by the MOH (Indicator 8).

LHSS completed the final steps to establish Respiratory Units at the three targeted hospitals (Al-Basheer, Karak, and princess Basma), representing 100 percent of its annual target. This included completing training for health care providers in advanced respiratory therapy and mechanical ventilation, and securing MOH adoption of the job description for an ICU respiratory therapist (Indicator 22).

LHSS supported the MOH in finalizing its preparations for the accreditation of its Central Laboratories. However, this step is still pending accreditation approval by the Health Care Accreditation Council (Indicator 28).

EMERGING LESSONS

In its final year, the LHSS project is carrying out a Global Knowledge Strategy to synthesize and broadly disseminate lessons and promising practices. The purpose of this initiative is to inform and advance the global field of integrated health systems strengthening. In Quarter 2, LHSS Jordan conducted two Global Knowledge Strategy workshops with relevant MOH directorates. These workshops focused on identifying the conditions and actions required to sustain, scale, and institutionalize the ICU performance improvement achieved during the LHSS Activity. Workshop participants also developed a plan for the MOH to sustain its ICU performance improvements.

Examining both positive and negative determinants influencing ICU performance improvement, workshop participants identified that establishment of interdisciplinary ICU teams was the most positive determinant enhancing patient care. The active participation and consensus among stakeholders on the performance improvement determinants increased overall commitment to implement the MOH's sustainability plan.

CHALLENGES

The government has requested that all procurement processes go through the Ministry of Digital Economy and Entrepreneurship. LHSS anticipates this request will incur a lengthy procurement process for telehealth equipment, resulting in possible delayed implementation of LHSS's pilot telehealth activity. LHSS is discussing with the USAID Mission in Jordan and the MOH the potential impact of this delay and is working closely with the Ministry to expediate the equipment procurement process.

The launch of the electronic-CPD system services is delayed, in part due to the lengthy and multi-layered testing process implemented by the Ministry of Digital Economy and Entrepreneurship. Additionally, developing the electronic-CPD system requires a high level of coordination, collaboration, and approvals among stakeholders, including the MOH, Ministry of Digital Economy and Entrepreneurship, the vendor, and the National CPD Committee overseeing the implementation.

DELIVERABLES SUBMITTED IN QUARTER 2

Technical brief on systems-based approaches to strengthen ICU capacity, submitted March 31, 2024.

EVENTS NEXT QUARTER

- Conduct two Health Communication and Awareness Directorate workshops focusing on digital media and advertising.
- Conduct two workshops to support private sector organizations engaged in the provision of CPD accredited activities.

PRIORITIES NEXT QUARTER

- Launch the Interim electronic-CPD System and complete the development of the full E-CPD system including licensing, relicensing, and E-CPD services.

- Complete the development and digitalization of 11 Reproductive, Maternal, Newborn, and Child Health CPD-accredited online courses.
- Support the MOH in developing an advocacy action plan to enable the MOH Gender Advisory Committee to integrate gender in Human Resources for Health (HRH) policies and practices.
- Submit the laboratory technical learning brief deliverable.

ENGAGING LOCAL AUDIENCES

The USAID Mission in Jordan featured LHSS-supported gender workshop in its January-February Implementing Partners Newsletter, highlighting how this event emphasized approaches to enhance equal participation of men and women in CPD activities. The piece was titled “Empowering Gender Equality in Jordan’s Healthcare: Activation Workforce Role to Address Challenges. The Activity also supported the Health Communication and Awareness Directorate in engaging local audiences in a national media campaign.

LHSS KAZAKHSTAN (GLOBAL HEALTH SECURITY)

HIGHLIGHTS

- LHSS and its partner IMLRed Germany conducted an initial quality management system assessment of the six laboratory workspaces in the Ministry of Health's focal unit responsible for overseeing laboratories. This unit is referred to as Scientific and Practical Centers for Sanitary and Epidemiological Expertise and Monitoring (the Centers). This assessment identifies the government's current capabilities and needs to deliver high-quality laboratory services. Strengthening the MOH's laboratory capacity is a critical part of the government's support to One Health preparedness in the event of future pandemics or shocks to the other sectors such as agriculture.
- LHSS supported the MOH in facilitating the country's first intersectoral One Health technical working group (TWG) meeting with other government entities and partners between February 8-9, 2024, in Astana, the capital. Participants discussed key issues such as joint disease investigation, data exchange, and early warning systems within the framework of One Health in Kazakhstan. This meeting marks the next step in developing a regular mechanism for interagency One Health efforts in Kazakhstan.
- LHSS supported the Centers in finalizing plans to standardize the One Health curriculum for specialists across different sectors. This included their collection of existing training materials such as the World Health Organization's (WHO's) Global Health Security (GHS) One Health Global Laboratory Leadership program.

ACTIVITY PROGRESS

Objective 1: Support GoRK's Efforts to Improve the National Laboratory System.

The Activity supported the MOH in its efforts to improve the national laboratory system, with a specific emphasis on biosafety and biosecurity, by facilitating a partnership with the Centers to conduct an initial quality management system assessment of six laboratories. LHSS coordinated with the USAID Mission in Kazakhstan, the Centers, National Reference Laboratories, local and national government partners, and international organizations to conduct the quality management system assessment. LHSS signed the contract with IMLRed Germany to conduct quality management system assessment. The Activity and worked with its subcontractor, IMLRed, to prepare for the assessment. This included determining preferences for ventilation improvements (in accordance with biosafety and biosecurity standards), completing the preliminary assessment forms, agreeing on the assessment timeline, and initiating preparations for the full assessment.

Between February 13-21, 2024, IMLRed Germany conducted a full quality management system assessment of the Centers' six laboratories. These sites are under the MOH's focal unit responsible for overseeing government laboratories. The assessment helped to identify the Center's specific gaps, needs and priorities. The assessment included recommendations for long term planning to strengthen quality management systems in these laboratories. LHSS presented the final assessment report, including findings and recommendations, to the MOH, the Centers, Nation Center for Public Healthcare USAID/Kazakhstan, and WHO at the end of March 2024. Government stakeholders suggested that implementation of the assessment recommendation will result in stronger laboratory capacity, thereby advancing Kazakhstan's broader GHS goals and pandemic preparedness. Following the assessment, the Head of the National Center for Public Healthcare requested that LHSS provide training for the Centers' laboratory staff. This training will focus on strengthening the quality management system in accordance with international and WHO standards.

Objective 2: Support the GoRK in Strengthening the Capacity of its One Health Workforce.

LHSS supported the government in launching the country's first One Health intersectoral TWG. The group's first meeting was held in Astana between February 8-9, 2024. More than 50 representatives of the Ministries of Health, Agriculture, Ecology and Natural Resources, and international partners participated virtually, and another 49 attended in-person. The One Health approach fosters interagency collaboration for optimal human, animal, and environmental health. For its part, the TWG is a unique space to discuss important and time-sensitive issues related to intersectoral joint planning, investigation, information exchange, mutual learning, and adoption of early warning systems at the sub-national and/or national levels. The official Almaty TV channel also participated in the meeting, demonstrating the level of priority the government has placed on the One Health intersectoral TWG, and held an expert briefing led by LHSS's consultant. During this first TWG meeting, participants signed a special resolution to consolidate interagency decisions associated with shared challenges, areas of improvement, and opportunities for One Health initiatives.

In Quarter 1, the LHSS supported the Centers in establishing a TWG to standardize the One Health curriculum, including a leadership course and continuing medical education credits. In Quarter 2, the Activity LHSS supported this TWG in revising existing training materials from the WHO, CDC, and USAID for use in the first GHS One Health short course on laboratory management and training in existing global standards which will be funded by USAID/Kazakhstan.

The Activity finalized a desk review of Kazakhstan's regulations governing continuing medical education credits and completed the design of a short course curricula that aligns with the country's continuing medical education requirements. The Activity's national consultant tasked with harmonizing short course materials presented the proposed curriculum and training plan during the TWG meeting held on March 28, 2024. The plan includes defining training cohorts across sectors, exploring educational methods, certifying the curricula, and obtaining continuing medical education credits for courses on the One Health approach and quality management system for laboratory services. Following this TWG meeting, the short course curricula were approved by the MOH's Scientific Council of the National Center for Public Healthcare as continuing medical education courses for three sectors (e.g., MOH, Agriculture, and Ecology and Natural Resources). In Quarter 3, LHSS plans to train 180 officials from across the country in two national pilot training workshops on quality management system in laboratory services, and two regional One Health pilot training workshops. These workshops will take place in Almaty and Turkestan region.

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 its meetings are offered at times, in locations, and in formats that are accessible for 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 FY 2024 Annual Workplan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

During Quarter 2, LHSS implemented two initiatives to establish and strengthen the One Health Working Group First, the Activity convened a meeting of the Interagency *One Health Technical Working Group in Kazakhstan* in February 2024. Second, LHSS facilitated signing of resolution document during this meeting to formalize interagency collaboration for optimal

human, animal, and environmental health. This fulfills Indicator #8: *Number of initiatives implemented aiming to establish and strengthen One Health working group to become functional.*

LHSS grantee IMLRed conducted a full quality management system assessment of the Centers' six laboratories. Summaries of the assessment were produced in English and Russian. Findings and recommendations will be used to develop the Centers' national strategy for laboratory quality management. This contributes to Indicator #5: QMS strategy developed based on QMS.

EMERGING LESSONS

While the MOH and Ministry of Agriculture understand their roles and the benefits of aligning with the One Health approach, LHSS learned that the leadership of the Ministry of Ecology and Natural Resources do not share the same clarity regarding their role in One Health. LHSS is developing approaches to help these different, yet interconnected, ministries understand and buy into the benefits of the One Health approach through various types of communications, educational materials, and intersectoral meetings where One Health is promoted as a pathway for Kazakhstan to achieve its health systems resilience goals.

CHALLENGES

LHSS encountered bureaucratic obstacles securing the approval of verbal agreements with the MOH to move forward with activities. To mitigate this challenge, the Activity convened negotiation meetings with MOH experts where LHSS also supported the MOH in preparing standard documents required for activities to proceed (e.g., scopes of work, agendas, and invitation letters). One of the bottlenecks is that the MoH does not have designated staff responsible for One Health-related approvals and activities, meaning that written requests associated with GHS are passed among MOH specialists until an authorized staff person is identified. This cumbersome process has led to approval delays and late implementation of LHSS activities. In the short term, the Activity has conducted a range of follow-up activities to promote collaboration and address this challenge (e.g., organized bi-weekly stakeholder and partner calls). LHSS is developing longer-term strategies to anticipate and mitigate future such delays.

DELIVERABLES SUBMITTED IN Q2

No deliverables were submitted in Quarter 2.

EVENTS NEXT QUARTER

- LHSS will conduct the national training in Almaty for laboratory quality management system. Each training will include a cohort of 20 laboratory technicians (the first training will be held between April 22–26, 2024 and the second training will be held between June 24–28, 2024).
- The Activity will conduct two on-site regional training courses on One Health. The first will take place in Turkestan region between April 10-12, 2024, and the second will be conducted in Almaty between May 15-17, 2024. A total of 60 regional-level representatives from the Sanitary and Epidemiological Control Committee, the Committee for Veterinary Control and Supervision, and the Committee for Forestry and Wildlife will participate in these trainings.

PRIORITIES NEXT QUARTER

LHSS will begin supporting the MOH in institutionalizing the One Health short courses to train specialists across the three sectors. The courses will cover One Health approaches and the quality management system for laboratory services.

ENGAGING LOCAL AUDIENCES

LHSS uses official Kazakh channels to communicate about its work and engage with local audiences. For example, the first day of the One Health interagency Technical Working Group in Kazakhstan, the Almaty TV Channel held an expert briefing with the Director of the Centers in the Kazakh language on February 8, 2024. This event was also posted on Facebook and other social media platforms. The newscast is available here: <https://youtu.be/frmmRV3hSn8>.

LHSS LAC BUREAU

HIGHLIGHTS

- LHSS conducted a one-day workshop with directors of the Health and Migration Board to support them in updating their strategic plan, including new measures to strengthen the Board and recommendations from the Roadmap for Strengthening Social Health Protection for Women and Children in High-Migration Contexts in Honduras.
- LHSS conducted interviews with management and health staff of selected migrant care centers and primary care units in the department of Cortés, Honduras. Through these interviews, LHSS gathered information on the health service referral process and identified challenges, and areas for improvement to strengthen referral systems across health networks. Interview results will be analyzed and discussed with national counterparts and incorporated into a study report that will also include implementation recommendations.

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.

Following LHSS's meeting with the Health and Migration Board leadership in Quarter 1, the LHSS LAC Bureau Activity facilitated a one-day workshop with MIISM's Board of Directors on February 9, 2024 to support the revision of MIISM's strategic plan for 2024-2026, encompassing updates to the mission and vision, objectives, strategies, and the identification of potential interventions aligned with agreed-upon objectives. Since the workshop, LHSS has been actively engaged in supporting ongoing discussions with MIISM to foster consensus on proposed changes and to finalize the updated strategic plan, ensuring alignment with organizational goals and priorities. Considering strategic shifts in the Honduran Ministry of Health (MOH) priorities (discussed further in challenges section), LHSS will work with the Board to finalize updates in the draft strategic plan in Quarter 3 for the Board to take forward through the endorsement process in Quarter 3.

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

In Quarter 1, LHSS supported the MOH in identifying areas that required strengthening in the referral systems between migrant first response centers and primary care health facilities. Three priority areas were identified and became the focus of LHSS's study: maternal health services, treatment of sexual assault survivors in the first 72 hours, and mental health services. At the Minister of Health's request, the study will specifically focus on referrals for returned migrants. In Quarter 2, LHSS developed an assessment questionnaire tool to collect information on the referral processes. The Activity completed data collection at three Centers for Returned Migrants in the department of Cortés, and at regional health directorates and health facilities receiving referrals. Through these interviews, LHSS gained valuable insights into the existing referral processes and identified system challenges and areas for improvement. In Quarter 3, LHSS will complete the analysis of this study and present preliminary findings to the USAID LAC Bureau and the Honduran MOH.

Task 1.2.1: Complete Health Financing Gap Study.

LHSS conducted follow-up visits to regional health directorates in Cortés Department to obtain pending data to complete the health financing gap study. LHSS has completed preliminary estimates of health care resource needs for in-transit migrants in the department

of El Paraíso and returned migrants in the department of Cortés. In Quarter 3, LHSS will complete its analysis and estimation of resource needs for these populations, as well as for potential migrants in Cortés department, and validate the preliminary estimates with the MOH. This study will provide crucial information on migrant health services expenditures and recommendations for addressing financial gaps.

Task 1.3.1: Finalize the Honduras Migrant HIS assessment.

LHSS drafted the preliminary assessment report of the Honduras Migrant Health Information System. The Activity has agreed with the new Minister of Health to present findings from this and the other LHSS-supported studies in Quarter 3. LHSS also coordinated with the Pan American Health Organization (PAHO) to accompany its health information system pilot for migrants in Danlí to include relevant findings and recommendations in the LHSS health information system assessment before finalizing. Notably, PAHO's pilot has been postponed, potentially indefinitely, due to leadership changes at the MOH unit that oversees health information systems. LHSS will continue with finalization of the study.

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

LHSS published its fourth LAC regional newsletter titled "Perspectivas: Migración y Salud en América Latina y el Caribe" on March 26, 2024. This publication has a readership of over 300 who receive information on the most current social health protection initiatives and efforts to expand access to health services among migrants within the region.

LHSS also finalized production of a podcast episode titled "Mental Health Matters: Challenges and Promising Practices for Mental Health Wellbeing among Migrant Women and the LGBTQ+ Community in the Latin America and Caribbean (LAC) Region." The podcast features three organizations providing mental health and social protection services for vulnerable populations in Peru and Colombia, and will be released for World Health Day, observed on April 7, 2024. Through insightful discussions and firsthand accounts, the podcast highlights innovative approaches and challenges faced in providing mental health support to vulnerable communities in the two countries.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity has advanced opportunities for gender equality and social inclusion through its efforts to fortify referral systems, specifically targeting maternal and mental health services and treatment and assistance for sexual assault survivors in the first 72 hours. By concentrating on these critical areas, the Activity is supporting the MOH in bolstering access for migrant women and children to these essential services. These efforts also enhance referrals from migrant care centers to public health sector clinical sites. LHSS's new podcast episode on mental health services for vulnerable populations including migrants and the LGBTQ community also contribute to broadening social inclusion and support networks.

ENVIRONMENTAL COMPLIANCE REPORTING

The LHSS LAC Bureau activity is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS LAC Bureau FY24 Annual Workplan, and with host country laws and regulations.

PROGRESS OF PERFORMANCE INDICATORS

LHSS resubmitted its draft revised AMELP to USAID's LAC Bureau for review and concurrence on February 9, 2024. However, due to changes in MOH priorities (discussed in the Challenges section, below), LHSS is currently discussing a modified workplan and updated AMELP with USAID that will reflect the MOH's new priorities. Progress towards the proposed indicators includes integrating Roadmap interventions into the Health Migration

Board's updated strategic plan to strengthen social health protection for women and children in high-migration contexts (Proposed Indicator #3). LHSS published its fourth LAC Regional newsletter on March 26, 2024, receiving a total of 459 audience interactions (Proposed Indicators #4 and #5).

EMERGING LESSONS

Preliminary results of the health financing gap study suggest limited budgets and weak budget execution as persistent challenges in the MOH's migrant health response. For example, at the Centers for Returned Migrants limited MOH budget and execution for centrally procured drugs means that the Center needs to rely on NGO partners to supply essential drugs. The Activity has suggested that an analysis of public financial management bottlenecks may provide valuable insights into the root cause of these bottlenecks and offer solutions to enhance the MOH's budget planning and execution processes. Addressing these challenges will enable the MOH to provide more effective health services to migrants as well as the national population.

CHALLENGES

With the installation of a new Minister of Health and turnover of key staff during in Quarter 1, the Activity has continued to encounter challenges engaging with national counterparts, coordinating activities, and establishing new working relationships with its principal points of contact and technical staff within the MOH. In Quarter 2, LHSS and the Health and Migration Board met with the new Minister of Health to present Activity progress, solicit MOH feedback, and promote the MOH's engagement with the Board. The Minister expressed interest and support for LHSS's work and the ongoing studies. However, she questioned the Board's role as a coordination mechanism and Ministry's leadership role of the Board. The Minister communicated that the MOH is considering transferring leadership of the Health and Migration Board to a different government entity.

In response to these developments, LHSS is in discussions with the USAID Mission in Honduras about how these changes may impact the Activity's support to the Government of Honduras, and potential adjustments to its FY24 work plan. To mitigate potential disruptions in project implementation, LHSS has maintained close communication with existing points of contact in the MOH, will seek clarity on any new points of contact for technical activities, and will present updates to the MOH in Quarter 3.

DELIVERABLES SUBMITTED IN QUARTER 2

No deliverables were submitted in Quarter 2.

EVENTS NEXT QUARTER

- Webinar on Migration and Health in Honduras (TBD) in June or July 2024. LHSS will share a concept note for the webinar with the USAID LAC Bureau in early Quarter 3.

PRIORITIES NEXT QUARTER

- Complete deliverables associated with the referral system proposal, health financing gap study, and migrant health information system assessment, emphasizing a collaborative process with the MOH and key stakeholders to validate findings.
- Organize a third webinar on the findings of Activity assessments and disseminate the podcast episode.

ENGAGING LOCAL AUDIENCES

The Activity has been dedicated to implementing a comprehensive knowledge management and dissemination strategy, focusing on raising awareness about the challenges and opportunities associated with advancing social health protection for women migrants in the LAC region. In line with this strategy, the Activity recently launched its fourth edition of the

regional newsletter, available in both [Spanish](#) and [English](#). This newsletter serves as a platform to share valuable information, including up-to-date studies, articles, and activities related to the intersection of health and migration within the region. Through these efforts, the Activity aims to foster greater understanding, dialogue, and collaboration among stakeholders working in this critical area.

LHSS MADAGASCAR

HIGHLIGHTS

- The LHSS Madagascar Activity supported the Ministry of Health's (MOH) Universal Health Coverage (UHC) Support Unit in finalizing its draft implementation plan of the government's National Health Financing Strategy. Finalization of this plan is a key milestone in implementing the National Strategy and accelerating progress towards UHC in Madagascar.
- The Activity collaborated closely with the UHC Support Unit to initiate the process of establishing health mutuelles in the five pilot sites of the Fénérive-Est district, Analanjirofo Region. In each of the sites, Constitutive General Assemblies of health mutuelles were successfully held in March 2024. This was a key step in establishing health mutuelles in Madagascar.
- The Activity successfully conducted a Pause and Reflect retreat to assess progress made in the implementation of the Activity's interventions and program indicators. During this exercise, the Activity identified challenges, best practices, and lessons learned which will inform implementation of the remaining interventions.

ACTIVITY PROGRESS

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

The Activity continued to support the MOH's UHC Support Unit in finalizing its draft implementation plan of the government's National Health Financing Strategy, including finalizing the plan's budget and monitoring performance framework. Following a workshop in February 2024 to finalize the strategy's implementation plan, the Activity hosted technical meetings with the Unit's team in charge of resource mobilization and the World Bank to finalize the draft plan. The plan is scheduled for validation on April 4, 2024.

The Activity worked with the MOH to strengthen its planning and budgeting processes. In January 2024, the Activity supported the MOH's Finance and Planning Directorate in strengthening the skills among officials responsible for MOH budgets in the management of public finances. Officials learned about budget execution procedures, ways to improve the flow of public finances mechanisms, and how to improve the MOH's compliance with the Ministry of Economy and Finance's financial control system (e.g., compliance with execution timelines and file submission processes). The Activity also supported the MOH's Finance and Planning Directorate in aligning the MOH's annual workplan objectives, results, products, and activities with its performance indicators as part of budget planning for the government's 2024 Finance Bill (Task 1.2 deliverable – workshop report³). Specifically, the MOH's Finance and Planning Directorate and the Directorate of Studies and Planning and Information System technical committee members assessed the following areas: 1) the consistency of MOH annual workplan objectives with strategic documents (e.g., national policies, strategic plans, and other operational plans), 2) the accuracy of reference indicators (e.g., source documents), and 3) the relevance of products, activities, and quantification.

³ Le Projet Durabilité du Système de Santé Local (LHSS) dans le cadre de l'USAID Integrated Health Systems IDIQ. Mars 2024. Rapport d'atelier pour aligner les programmes du Plan de Développement du Secteur Santé sur le Plan de Travail Annuel du MSANP et les budgets annuels. Madagascar. Rockville, MD: Abt Global LLC.

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

In February 2024, the Activity supported the UHC Support Unit in disseminating the results of the mutuelles feasibility study in Fenerive Est district. Based on the study findings, LHSS facilitated discussions among local stakeholders from the five mutuelles pilot phase sites (Fenerive Est, Mahambo, Vohipeno, Ampasibe, Manatsatrana, and Miorimivalana) to make informed decisions on the key features of their mutuelles, such as premiums, the benefit package, and management structure. The Activity supported these stakeholders in developing an implementation roadmap for the mutuelles pilot sites with key milestones and timelines. The MOH is establishing a mutuelles union at the district level (a federation of the five pilot mutuelles). The purpose of this union is to support the mutuelles at the communal level. In addition, the MOH established a provisional steering committee⁴ at the district level to monitor the implementation of the roadmap. In March 2024, LHSS collaborated with the UHC Support Unit and the provisional steering committee in conducting monitoring site visits at the Fokotany level (the lowest administrative level) in each commune to assess the implementation of the roadmap. Feedback from the site visits informed the following considerations:

1. Collection of mutuelles premiums should only be conducted during the harvesting periods from May to June (harvest of rice) and October to December (harvest of clove, lychee, and vanilla) when households have sufficient resources to pay premiums. Therefore, in the region of Analanjirofo, mutuelles should request member premium payments in two installments corresponding to the two harvest seasons.
2. Members of pre-existing savings and credits groups, associations, and cooperatives should constitute the foundation of the mutuelles membership. The Activity put mutuelles in touch with local non-governmental organizations supporting savings and credits groups⁵. Given their extensive experience in managing and collecting contributions, members of savings and credits groups will be targeted to enroll in the mutuelles and urged to volunteer to participate in mutuelles management teams.

In collaboration with the UHC Support Unit, the Activity supported five mutuelles in forming their Constitutive General Assembly and holding their first meetings in March 2024. Three representatives from each of Fokontany's mutualist initiative committees attended the General Assembly. Participants validated the bylaws and internal rules of the communal mutuelles, and elected community-level management teams of the mutuelles. These were key milestones toward strengthening the capacity of members who will be responsible for overseeing the daily management and monitoring of mutuelles. The Activity, together with the UHC Support Unit, will train elected members in mid-April 2024 on management and monitoring of mutuelles.

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

In planning the National Health Accounts exercise for the government's FY 2022, the Activity worked with the Directorate of Studies and Planning and Information System to implement recommendations from its Quarter 1 workshop that summarized lessons learned, best practices, and challenges during the 2019-21 National Health Accounts exercises. The Activity also considered recommendations from the Activity's Pause and Reflect workshop

⁴ The steering committee is composed of representatives of the District Public Health Service, the Regional Directorate of Public Health, the Prefecture, and the Region.

⁵ For example, Support Organization for Rural Development in Madagascar (OSDRM) and People, Power, Inclusion (PPI). OSDRM led the establishment of ~ 150 savings and credit groups in Ampasibe Manantsatrana, with a total membership of approximately 3,750 members. PPI intervenes in the urban communal of Fenerive Est with 116 savings and credits groups, and in the Mahambo Commune with 63 savings and credits groups.

held in February 2024. For example, the Activity will hold a formal launch of the National Health Accounts exercise to boost response rates from private sector entities, organize working sessions with the Directorate's technical team to streamline the data collection process (which is currently labor and time intensive), and revise the FY 2022 National Health Accounts implementation protocol to reflect stakeholder recommendations.

Finally, the Activity coordinated with the Directorate of Studies and Planning and Information System, WHO, and UNICEF to clarify each partner's roles and responsibilities during the FY 2022 National Health Accounts exercise. The group decided that WHO will fund an international consultant and local consultants from the National Statistics Institute to guide the technical work during the exercise. UNICEF will print the NHA report once finalized, and LHSS will support data collection, data analysis, writing of the report, and dissemination workshops. This work will be launched in April 2024.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The membership of *mutuelles* will be comprised primarily by women, especially in communes where there are well-established saving and credit groups, such as in Ampasibe Manatsatrana and the urban communes of Fenerive Est and Mahambo. These saving and credit groups were established to support populations facing vulnerabilities and to gradually help them transition from extreme poverty and self-reliance. Women constitute approximately 90 percent of the membership of these groups. The Activity will sensitize communal promoters of *mutuelles* in the remaining pilot districts (i.e., in Vohipeno and Miorimivalana where saving and credits groups are not yet well established) to target and work with community led associations, such as associations and cooperatives serving women and youth.

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

During Quarter 2, LHSS Madagascar progressed in two of its performance indicators:

#3. Number of Health Financing Technical Sub-Committee meetings held to define Health Financing Strategy action points and assign roles during the calendar year. The Health Financing Technical Sub-Committee held three meetings on February 6, March 5, and March 29, 2024 to define action points for the Health Financing Strategy and assign roles. Participants defined prioritized interventions within the Health Financing Strategy and implementation plan (e.g., short- and medium-term), assigned roles, and followed up on implementation. These meetings are essential because they provide a structured approach to developing and implementing the Health Financing Strategy and ensure that key stakeholders are aligned on the objectives and their respective roles. This coordination streamlines the implementation process and improves strategy effectiveness.

*#8. Percentage of recommendations from the feasibility study used in the design of the *mutuelles* demonstration phase by the MOH and the UHC Support Unit.* A total of 23 recommendations were identified during the feasibility study of the recommendations, six were associated with communication, 13 with health services, and four with contributions. All of these recommendations have been integrated into the design of the *mutuelles* demonstration phase by the MOH and the UHC Support Unit. This comprehensive approach should enhance the effectiveness and relevance of the *mutuelles* by addressing their specific needs and challenges identified in the feasibility study. In Quarter 2, LHSS observed that 34.8 percent (8 out of 23) of the roadmap recommendations have been implemented.

EMERGING LESSONS

Donor coordination and collaboration has enabled the Activity to co-finance several key activities with other implementing partners such as the development of the National Health Financing Strategy implementation plan and the FY 2022 National Health Accounts exercise.

CHALLENGES

- Findings from the *mutuelles* feasibility study (conducted under Objective 2) recommended that the government should subsidize premiums to ensure affordability and enrollment of a large membership. The study further recommended that if the government covers 50 percent of the contribution, then up to 60 percent of households could join *mutuelles*. Notably, if the government covers 50 percent of the contribution and 30 percent of the co-payment, 95% of households could join. Notwithstanding these projections, the government has not yet committed to financing the premiums during the pilot phase. As a result, households will be required to pay the full premium (14,100 Malagasy ariary, or approximately USD \$3.23) per person per year. This financial burden may impede the enrollment rate during the pilot phase. To date, the government has not provided subsidies for the pilot and will consider financial coverage recommendations in the future.
- The District of Fenerive Est is enduring a climate emergency due to flooding and cyclones that may continue in Quarter 3. While climate emergency will slow the implementation of activities, LHSS is actively engaging with local actors and leaders to continue pilot activities.

DELIVERABLES SUBMITTED IN QUARTER 2

Workshop report to align its Health Sector Development Plan programs with the MOH Annual Workplan and the annual budgets, submitted March 2024.

EVENTS NEXT QUARTER

The official launch of the *mutuelles* pilot and its provision of health services to members is expected to take place at the end of June or in mid-July 2024

PRIORITIES NEXT QUARTER

- The Activity will incorporate feedback from the USAID Mission in Madagascar on the technical brief for planning and budgeting. LHSS will also facilitate round tables to identify root causes and solutions to challenges identified by the budgeting and planning process assessment. Round table participants will include the Finance and Planification Directorate, the Directorate of Studies and Planning and Information System and the MOH's UHC Support Unit.
- The Activity will provide technical support to the Finance and Planification Directorate and the Directorate of Studies and Planning and Information System to formulate the FY2025 budget.
- The Activity will complete the recruitment of a local firm that will resume providing institutional and organizational support to the UHC Support Unit.
- The Activity will facilitate capacity strengthening training for the *mutuelles* executive management team and health providers. The Activity will also work with the UHC Support Unit to conduct intensive sensitization of *mutuelles* to the population.
- In collaboration with WHO and UNICEF, the Activity will support the Directorate of Studies and Planning and Information System in initiating the National Health Account exercise for FY 2022.

ENGAGING LOCAL AUDIENCES

The Activity developed a draft knowledge management plan which was shared with the USAID/Madagascar in March 2024. The Activity will begin implementing this plan while incorporating input from the Mission on its proposed communications deliverables.

LHSS NAMIBIA

HIGHLIGHTS

- LHSS Namibia partnered with the Ministry of Health and Social Services (MOHSS) on February 8, 2024 to convene a national technical working group meeting on community-based health care. This collaboration has accelerated the drafting of the community health workers' strategy and the formulation of job descriptions for these workers. These documents are slated for validation by key stakeholders during a meeting scheduled in Quarter 3.
- The Activity supported the MOHSS's core team in conducting its first review of the costing report for the revised essential health services package on January 29, 2024. The revised package is designed to facilitate universal access to essential health services, address inequalities, and allocate resources in alignment with health priorities. The next phase will involve validation of the essential health services package costing analysis with a broader group of stakeholders, scheduled for Quarter 3.
- LHSS Namibia supported the Ministry of Health and Social Services (MOHSS) in facilitating a workshop on the social contracting standard operating procedures with key stakeholders, including representatives from the Ministry of Finance and Public Enterprises, from February 27 to March 1, 2024. The purpose of the workshop was to obtain critical input for the finalization of the draft standard operating procedures for social contracting, and secure consensus on mechanisms for effective governance, financial management, and health service implementation. The procedures will be piloted in the initial implementation phase scheduled to commence later this year.

ACTIVITY PROGRESS

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

After a universal health coverage (UHC) validation meeting in November 2023, LHSS supported the MOHSS in developing a detailed UHC implementation roadmap. This roadmap together with the UHC policy is expected to be approved by MOHSS management and be submitted for approval by Cabinet by the end of April 2024, in accordance with standard government procedures. Once approved by Cabinet, LHSS will work with the MOHSS to ensure the roadmap is implemented in an effective and timely manner.

LHSS collaborated with the MOHSS's Primary Healthcare Directorate to convene a community-based healthcare technical working group on February 8, 2024. The purpose of this meeting was to ensure effective coordination of the community health worker (CHW) reform process and coordination among partners. To advance this reform process, the Activity supported the MOHSS in drafting the community health worker strategy and job descriptions for community health workers in alignment with broader national UHC goals. These important new resources are scheduled to be validated by key stakeholders in early Quarter 3. Additionally, with LHSS support, the MOHSS conducted a community health assessment in two regions. The results of this assessment offer valuable insights for the CHW program in areas including health status, priority needs, strengths, and challenges at the community level. The assessment also captured data on demographics, health behaviors, healthcare service accessibility, environmental factors, and social determinants of health. These findings will be used to inform effective planning and coordination throughout the CHW reform process.

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

LHSS continues to support the MOHSS in revising its Essential Health Services Package which aims to ensure universal access to essential health services, mitigate inequalities, and allocate resources based on health priorities. With support from the Activity, MOHSS has prioritized services for possible inclusion in the essential package, and LHSS is now finalizing its overall projected costs. This involves developing scenarios using current costs and estimated healthcare needs to project the budget impact, financing requirements, and affordability. In collaboration with the core Essential Health Services Package team, LHSS held a preliminary review of the package's costing scenario analyses on January 29, 2024. Core team participants principally included representatives from various MOHSS directorates (e.g., B, Health Financing, Primary Healthcare, and Policy and Planning). These costing scenarios are scheduled for further validation by a broader group of stakeholders, including beneficiaries, private sector actors, civil society organizations, academia, and other government ministries in mid-April 2024.

In collaboration with the MOHSS Directorates of Special Programs, Primary Healthcare, and Policy and Planning, LHSS convened a stakeholder consultation to deliberate on standard operating procedures (SOPs) for social contracting. Participants at inclusive gathering included the MOHSS's social contracting technical working group, and representatives from various departments within the Ministry of Finance and Public Enterprises (e.g., the Public Procurement Unit, Expenditure and Financial Management, and Economic Policy). Additional participants included pertinent stakeholders responsible for governance, procurement guidance, financial management, implementation, and monitoring. Together, participants engaged in constructive discussions regarding financing and implementation strategies aimed at enhancing access to healthcare services through social contracting. The primary objective of this meeting was to establish consensus on precise implementation plans to outline a comprehensive pathway forward. LHSS will continue to support the MOHSS in revising its SOPs based on the feedback received during this stakeholder consultation. The MOHSS will ensure these procedures are specifically to the MOHSS and effectively address the unique needs of the health sector. Meeting participants also identified new stakeholders who will be engaged and invited to provide support and contribute to resolving any outstanding issues. Once the SOPs have been finalized, the Activity will support the MOHSS in shifting its focus towards reaching consensus on the design and arrangements to pilot the new SOPs.

LHSS continues to work in close collaboration with the MOHSS team on the combined System of Health Accounts/National AIDS Spending Assessment resource tracking exercise covering the three financial years from 2020/21 to 2022/23. The team has been working closely with the resource tracking technical working group to facilitate data collection from various sources, including government ministries, donors, NGOs, medical aid funds, and employers. The MOH expects to complete data collection in Quarter 3. Once complete, all expenditure data will be comprehensively mapped to track the flow of spending through the Namibian health system. The resource tracking data will be used to inform health and HIV-related policymaking, program management, and sustainable financing decisions. Concurrently, LHSS is working with the Ministry to identify ways to streamline and improve data collection and analysis processes for greater institutionalization of resource tracking in Namibia.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

- Through LHSS's continued support to the MOHSS to establish systems and procedures for social contracting, LHSS is contributing to the sustainability of predominantly donor-funded community-level interventions that are critical for ensuring equitable access to health services. This is true not only for communities living in remote and hard-to-reach

areas, but also includes providing services to key populations that are not necessarily prioritized by the MOHSS in its provision of clinical services.

- The revised Essential Health Services Package aims to ensure universal access to essential health services and address disparities in healthcare provision. By actively engaging with the essential package core team, LHSS ensures that the costing and scenario analyses incorporate the needs and priorities of diverse populations to promote and ensure equitable resource allocation. For example, services prioritized for the Essential Health Services Package include those with the highest disease burden to ensure responsiveness to those most in need of health services. Additionally, the costing scenarios focused on analyzing options that shift the provision of selected health services down to lower levels with the goal of improving access to critical services among people living in remote and hard-to-reach areas. Increasing availability of services at the community level would also reduce the financial burden borne by communities when accessing services. This is especially pertinent for alleviating financial burdens among poor and vulnerable population groups. These same groups were identified as priority populations in the GESI analysis conducted by LHSS in March 2023.

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

In Quarter 2, LHSS achieved 110 percent of its Indicator 2 target, with progress in applying evidence to mobilize and allocate resources for health benefit package planning, design, and costing. Progress continues toward Indicator 1, with LHSS achieving 40 percent in engagements led by the Policy and Planning Directorate with multi-sector stakeholders to implement UHC policy and sustainable health financing reforms.

EMERGING LESSONS

A key lesson from Quarter 2 underscores the critical need for comprehensive stakeholder engagement throughout the project lifecycle. Efforts to gain support from the Ministry of Finance and Public Enterprise for the SOPs for social contracting were initially met with some resistance due to inadequate formal engagement by the MOHSS with counterparts at this ministry. Following extensive consultations with this key stakeholder before and during the SOP consultation workshop, LHSS supported the MOHSS in securing essential buy-in of the finance ministry on the social contracting SOPs. Targeted engagement of this ministry was critical to identifying instances where the proposed procedures do not align with Namibian procurement legislation and regulations. Together, the MOHSS and finance ministry were able to conduct fruitful discussions on options and possible measures to navigate these challenges, and ultimately ensure compliance with the Public Procurement Act. Replicating this targeted engagement approach, LHSS and MOHSS identified additional stakeholders whose support for the SOPs and willingness to proactively resolve potential barriers will be critical for the successful implementation of the SOPs.

CHALLENGES

Delayed responses from organizations participating in the System of Health Accounts and National AIDS Spending Assessment resource tracking study for the years 2020/21 to 2022/23 may necessitate extending the data collection process. To address this challenge, LHSS will collaborate with the resource tracking technical working group to continuously assess the level and quality of collected expenditure data, explore strategies to improve response rates, or identify alternate sources of data.

DELIVERABLES SUBMITTED IN QUARTER 2

LHSS submitted the following abstract to the Health Systems Research 2024 conference: *"Systems Thinking and Inclusive Stakeholder Engagement: Keys to Unlocking Namibia's Stalled UHC Agenda."*

EVENTS NEXT QUARTER

- Validation of the costed community health worker strategy, scheduled for April 3-5, 2024
- Validation of the Essential Health Services Package costing and scenario analyses, scheduled for April 24-25, 2024
- Mapping workshop for the System of Health Accounts and National AIDS Spending Assessment resource tracking exercise scheduled for mid-June 2024.

PRIORITIES NEXT QUARTER

- LHSS will support the MOHSS in designing the social contracting demonstration project. The plan is to reach consensus on pathways for the demonstration project with the social contracting core group, after which these decisions will be validated and planned in greater detail with individual programs and stakeholders.
- Finalize primary and secondary data collection for the System of Health Accounts and National AIDS Spending Assessment resource tracking exercise and hold the mapping workshop in mid-June.

ENGAGING LOCAL AUDIENCES

LHSS has effectively communicated its work to engage and connect with local audiences. To disseminate its work products, the Activity utilized platforms such as X and its official website. For instance, the Activity's X page (@LHSSproject) shared posts regarding important milestones and events, such as the crafting of social contracting standard operating procedures in Namibia and the initiation of costing for the revised health services package by Namibia's MOHSS. These posts were accompanied by links to detailed articles on the Activity's website, allowing for further engagement and information dissemination. Please see below:

Building Bridges: Engaging Stakeholders in Crafting Standard Operating Procedures for Social Contracting for Health in Namibia

- [X Post on MHSS Namibia and LHSS Collaboration](#)
- [Building Bridges: Engaging Stakeholders in Crafting Standard Operating Procedures for Social Contracting for Health in Namibia](#)

Namibia's Ministry of Health Begins Costing Revised Health Services Package

- [Supports the MOHSS in revising the Essential Health Services Package \(EHSP\)](#)
- [Namibia's Ministry of Health Begins Costing Revised Health Services Package](#)

LHSS NIGERIA

FY24 QUARTER 2 HIGHLIGHTS

- Building on the success of previous engagements, LHSS supported the Nasarawa State Ministry of Health and health insurance agency to advocate for the release of the employer's contribution of 6 percent of employees' basic salary toward the health insurance coverage of civil servants. This led to the Executive Governor's approval of \$357,143 in contributions (NGN500 million), of which \$178,571 (NGN250 million) has already been released.
- LHSS supported the Plateau State Contributory Health Care Management Agency to conduct advocacy visits to the state's 17 Local Government Areas (LGAs). Consequently, LGA chairpersons have committed to contributing 2 percent of their Consolidated Revenue Fund to the health equity fund to cover more poor and vulnerable people in the state.
- LHSS supported the Zamfara State Contributory Health Care Management Agency in conducting a stakeholder meeting with ministries of health, finance and budget, legislative committees on health, appropriation, and local government and chieftaincy affairs, and the state Deputy Accountant General. Subsequent problem solving and implementation has brought the Zamfara State Agency up to date with facility capitation through March 2024.
- LHSS public financial management (PFM) capacity strengthening efforts have led to the budgetary allocation of \$1,428,571 (NGN2 billion) for the Kano State AIDS Control Agency for 2024 (500 percent increase compared to 2023).

ACTIVITY PROGRESS

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

LHSS is supporting the National Health Insurance Authority in fulfilling its health sector reform mandate through the Nigeria Health Sector Renewal Investment Initiative. This includes version 2.0 of the Basic Health Care Provision Fund (BHCPF) which focuses on universal access to key priority maternal and child health services. LHSS facilitated a strategy session with the National Health Insurance Authority to brainstorm on the key design features of BHCPF 2.0 to address challenges with BHCPF 1.0. The NHIA and LHSS teams reviewed the implementation of BHCPF 1.0 through the NHIA Gateway and developed strategies and interventions to build on successes, and fix implementation challenges, gaps, and inefficiencies to achieve effective implementation of BHCPF 2.0.

The BHCPF Ministerial Oversight Committee held its sixth quarterly meeting in March 2024. Some of the resolutions addressed issues raised by LHSS, including the activation of funding for the LGAs to provide operational support for BHCPF implementation (previously omitted from 2020 BHCPF operational guidelines). Based on learnings from LHSS implementation in Nasarawa, Plateau, and Zamfara States, where LGAs are funded to participate in quality assessment facility visits, the proposed funding will enable the LGAs to carry out regular monitoring and supervision of BHCPF facilities to improve implementation.

In Nasarawa State, as part of the efforts to achieve the commitments made by the Executive Governor at the meeting on universal health coverage, LHSS supported the Nasarawa State Health Insurance Agency and the State Ministry of Health to advocate for the release of the employer's contribution of 6 percent of employees' basic salary to complement the payroll deduction of 3 percent of the employee's basic salary. Since the start of the enrollment of the state civil servants in January 2021, the scheme had been running on only the employees' payroll deduction, a barrier to long-term viability. In response, the Executive Governor has

approved the payment of \$357,143 (NGN500 million) out of the backlog of about \$1.43 million (NGN2 billion) of the employer's contribution to the state civil servants' health insurance premium. Of the approved amount, \$178,571 (NGN250 million) has been released to NASHIA. The monthly release of the employer's contribution will be a first-line charge going forward, institutionalizing the employer-employee contribution arrangement for the public formal sector health insurance enrollees in the State. Also, the judiciary arm in Nasarawa State has bought into the State Social Health Insurance Scheme. Citing their independence from the civil service, they had previously refused enrollment, but with the recent momentum following the advocacy efforts, the over 3,000 employees of the judiciary arm have been enrolled using the employer-employee contribution arrangement. These two events have significantly improved the financial viability of the NASHIA social health insurance scheme.

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.

LHSS supported the Plateau State Contributory Health Care Management Agency in conducting advocacy visits to the state's 17 LGAs. The visits served three purposes: 1) to advocate for the allocation and release of equity funds by the LGAs to the Plateau State Agency, 2) to motivate LGA chairpersons and other philanthropists to provide health coverage for the poor and vulnerable, and 3) to ensure regular remittance of the employer-employee contribution for formal sector health insurance schemes. LHSS supported the Plateau State Agency in developing advocacy briefs highlighting the current coverage of poor and vulnerable persons in each LGA and the key requests of the health insurance agency. Following the visits, the LGA chairpersons committed to allocate 2 percent of their respective Consolidated Revenue Fund as a health equity fund, to provide office spaces for the Plateau State Agency in each LGA, and to work collaboratively to expand health insurance coverage at the community level. Two LGA chairpersons (Shendam and Jos North) committed to enroll 2,500 poor and vulnerable individuals in health insurance. Next, LHSS will support the Plateau State Agency in conducting follow-up advocacy to the Local Government Joint Allocation and Action Committee on the health equity fund allocation and release of 2 percent of the LGA Consolidated Revenue Funds as first-line charge.

LHSS supported the Zamfara State Contributory Health Care Management Agency to conduct an engagement meeting with stakeholders including the ministries of health, finance and budget, legislative committees on health, appropriation and local government and chieftaincy affairs, and the state Deputy Accountant General. The purpose of the meeting was to problem-solve issues regarding the regularity of fund flow to the agency while adhering to the current fiduciary arrangement of the government and to advocate for additional domestic resources to expand financial risk protection for more poor and vulnerable people. Consequent implementation has been successful, with the Zamfara State Agency up to date with capitation payments through March 2024.

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

LHSS conducted state-level orientation and launched a primary healthcare (PHC) revitalization dashboard with the state primary health care development agencies in Nasarawa and Plateau States in Q2. The dashboard reports and tracks the status of PHCs collaborating with the agencies in Nasarawa, Plateau and Zamfara States. The dashboard's data, updated monthly, will be used to advocate for PHC revitalization and evidence-based decision-making. Starting with the BHCPF PHC facilities, the dashboard will be continuously improved based on feedback from the state counterparts and other stakeholders.

In Plateau State, LHSS supported the primary health care board to conduct an advocacy meeting with 17 LGA chairpersons to enhance the implementation of PHC under-one-roof, resulting in their increased understanding of PHCUOR principles of one management, one plan, and the one monitoring and evaluation system and their own responsibilities.

Consequently, LGA chairpersons committed contributions worth 60 percent of the budgetary allocation to the State Primary Health Care Board as prescribed in the approved state 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 PLHIV support groups, PEPFAR-supported implementing partners and the EKO Social Health Alliance team of the Lagos State Health Management Agency to connect vulnerable populations with health services. In Q2, the scheme enrolled an additional 39,558 individuals, while cumulative enrollment stands at 973,321 of which 897 were members of key populations. Through an in-kind grant that became operational in April 2023, LHSS is supporting the Lagos State Health Management Authority to expand its provider network across public and private facilities by engaging consultants to provide technical and advocacy assistance on pre-empanelment requirements with potential providers. Sixteen facilities completed the onboarding process and became empaneled this quarter, bringing the total empaneled through the grant to 77.

Objective 5: Improve Subnational Government Planning and Expenditures for Increased Health Insurance Coverage For PLHIV.

LHSS provided technical assistance on PFM to Kano State Agency for the Control of AIDS, which received an allocation of \$2.6M (NGN 2,000M) - an almost 500 percent increase in year-on-year budgetary allocation. This was due to LHSS's technical support to Kano State Agency for the Control of AIDS throughout the budget preparation stages, including support to civil society organizations to conduct budget advocacy on behalf of Kano State Agency. Adequate budget allocation to the Agency will ensure the agency reaches more pregnant women with HIV testing services and improves the quality of life for PLHIV in the state. Through the technical assistance provided by LHSS to strengthen the capacity of agency staff on writing persuasive requisition memos and use of expenditure reporting templates, Kano State Agency has raised fund requisition memos for the procurement of HIV test kits and consumables worth \$764,000 (NGN 764,000,000). This intervention is aimed at strengthening government budget mechanisms to improve availability of these commodities and will help ensure universal access to testing in line with the first 95 goal.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS supported state counterparts to develop the Gender Equality and Social Inclusion (GESI) policies for the Nasarawa State Health Insurance Agency, Nasarawa Primary Health Care Development Agency, and Plateau Primary Health Care Board. The GESI policies were co-developed with the state counterparts and were based on findings from the GESI analysis and Organizational Capacity Assessment conducted in FY23.

LHSS participated in the Gender and Inclusive Development co-creation workshop organized by USAID Nigeria, as well as the meeting of the USAID/ Mission in Nigeria's Gender Points of Contact. The workshop sought to outline a collective vision for Gender and Inclusive Development in the upcoming years and stimulate the USAID/Nigeria's consideration of supportive measures to expedite progress in Gender Inclusive Development initiatives across Nigeria.

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 the increased coverage among priority populations (lowest 2 quintiles) through risk pooling mechanisms from a baseline of 0.64 percent in 2021 to 3.49 percent by the end of Q2 in Nasarawa, Plateau, and Zamfara states. [Indicator 12: Number and percent of priority population (lowest 2 quintiles) covered by risk pooling mechanisms].

LHSS contributed to increased enrollment of PLHIV in Lagos and Kano states from a baseline of 0.8 percent in 2021 to 3.38 percent by the end of Q2. [Indicator 18: Percent of PLHIV who are enrolled in PEPFAR-supported financial protection schemes (PEPFAR: FIN_INS_PLHIV) (Disaggregated by vulnerable population groups, e.g., lowest quintiles, gender, age groups)].

EMERGING LESSONS

Following the commitments made by the Executive Governor of Nasarawa State at the meeting on universal health coverage in September 2022, it took 18 months of advocacy by LHSS, NASHIA, and the Nasarawa SMOH to get approval for the employer's contribution to the health insurance coverage for the public formal sector enrollees. This shows that the results of advocacy efforts are sometimes not immediately evident, but persistent efforts coupled with compelling evidence of potential benefits can persuade stakeholders to take the actions required for sustainable change.

The buy-in of the judiciary arm of government in Nasarawa State following the commencement of the employers' contribution by the executive arm shows that successes recorded in advocacy efforts can have ripple effects leading to positive unintended consequences.

CHALLENGES

The PFM grant in Lagos has identified gaps and challenges to an effective PFM system in the state. One of the activities under the grant is budget tracking, whereby LHSS supports the state to develop a budget tracker that records all approvals received and monitors these against the approved budget. The exercise revealed that some capital project approvals were not recorded/reported, and this reduced the total expenditure reported for the Lagos State MOH in 2023, leading to a false sense of worsening absorptive capacity. This led to a reduction in the 2024 budgetary allocation to the ministry. Going forward, LHSS is strengthening the capacity of the ministry's budget officer, accounts, and audit departments to build the capacity to capture approvals and record them in the budget tracking tool and institutionalizing the use of the budget tracking tool by the Lagos State MOH.

Insecurity continues to be a challenge in Zamfara State, limiting supervision and oversight of facility-level BHCPF implementation by the state agencies. LHSS is working with national and state counterparts to commit resources to strengthen the LGA level. Oversight committees established in Zamfara in FY23 will mitigate insecurity by supporting and overseeing BHCPF implementation at the facility level.

DELIVERABLES SUBMITTED IN QUARTER 2

- Scorecard submitted on January 19, 2024
- State-produced quarterly report on HIV expenditures submitted January 31, 2024
- Routine Reporting Documents submitted March 29, 2024

EVENTS NEXT QUARTER

- Domestic Resource Mobilization meeting with Nasarawa LGA chairmen, House Committees on Health, Appropriation, and Local Government and Chieftaincy Affairs May 2024
- State Legislators/LASHMA retreat – April 25-28, 2024. (USAID participation required)

PRIORITIES NEXT QUARTER

- Support the launch of BHCPF 2.0 on July 1, 2024.
- Begin implementation of the NEPWHAN Grant in Kano and Lagos States.

ENGAGING LOCAL AUDIENCES

Following an initial entry meeting with USAID/Nigeria, LHSS held a program introductory meeting with the BHCPF Ministerial Oversight Committee in March 2024. The objective was to introduce LHSS to the new committee Coordinator and the secretariat team. The LHSS team also met with the consultants who were engaged by the Bill and Melinda Gates Foundation to support the committee. The LHSS team presented the program achievements, challenges, lessons learned, and success stories, and the Ministerial Oversight Committee requested that LHSS provide routine updates, peer-learning sessions, and support for a supervisory visit to Nasarawa, Plateau, and Zamfara. The committee's communication point of contact also asked LHSS to share the success stories for publication by the committee.

LHSS TAJIKISTAN (GLOBAL HEALTH SECURITY)

HIGHLIGHTS

- Following LHSS's assessment of 14 virology laboratories in Quarter 1, the Activity supported the Ministry of Health and Social Protection of the Population (MOHSPP) in finalizing a report recommending priority areas for technical support. These included strengthening the capacity of laboratory staff, creating a Logistics Management Information System (LMIS) for timely forecasting, data recording and reporting, and measures to improve waste management and infection prevention and control. The Activity presented the assessment findings at a roundtable for key stakeholders in January 2024. Participants included representatives from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Global Fund, FHI360, and Food and Agriculture Organization.
- As a result of the assessment, LHSS and the WHO, together with the MOHSPP, agreed on the importance of reorganizing the National Laboratory Coordination Committee to improve and expand collaboration and cooperation. LHSS committed to providing technical support to the National Intersectoral Laboratory Thematic Working Group in several priority areas. These include revising the National Laboratory Policy and Strategic Plan for laboratory strengthening, data reporting and information systems, safety and waste management, and ethics.
- LHSS conducted a workshop to support the MOHSPP and Center for Public Health Emergency Response in strengthening multisectoral cooperation for emergency preparedness. A total of 25 representatives from various organizations attended the event. As a result of this workshop, stakeholders are communicating more closely and are advocating for the MOHSPP to establish a multisectoral coordination committee under the Center for Public Health Emergency Response.
- LHSS developed a partner strategy to pilot the One Health community model in Tajikistan and shared this strategy with the USAID Mission in Tajikistan and other key stakeholders during a meeting convened on March 7, 2024. One Health is an approach for solving complex health problems. It recognizes that the health of people is closely linked to the health of animals and our shared environment. LHSS is planning to gain an in-depth understanding of community health, environmental health, and animal health situations in Tajikistan to better understand their interconnectedness. This study will also look at how gaps, threats, and opportunities at the community-level impact the overall health of local populations. The community based One Health model will be piloted in Levakant and Balkhi districts in Khatlon region.

ACTIVITY PROGRESS

Objective 1: Strengthen National Laboratory Systems.

Following an assessment of 14 laboratories conducted in Quarter 1, LHSS organized a round table in Quarter 2 to present assessment findings and recommendations to the MOHSPP and all key partners. Participants included representatives from the Tajik Research Institution of Preventive Medicine (TRIPM), State Service of Sanitary and Epidemiological Surveillance (SSSES), Republican Healthy Lifestyle Center (RHLSC), FHI360, FAO, USAID, UNICEF, and Center for Public Health Emergency Response. During this meeting, LHSS and WHO facilitated an agreement among the participants on the importance of reorganizing the National Laboratory Coordination Committee to better support collaboration and cooperation among key stakeholders. LHSS will provide technical support to advance several priority areas under Tajikistan's National Intersectoral Laboratory Thematic Working Group. The Activity will also support revision of the National Laboratory

Policy and Strategic Plan aimed at strengthening laboratory capacity nationwide in areas including data reporting and information systems, safety, and waste management.

LHSS supported the MOHSPP in strengthening the capacity of its laboratories to efficiently manage water quality through floods analysis. An aspect of this work included assessing staff readiness to test water quality of State Service of Sanitary and Epidemiological Surveillance (SSSES) in Khatlon region (conducted in February 2024), and in Sughd region (in March 2024). During these assessments, the Activity facilitated productive meetings with key regional partners to discuss the introduction of mobile laboratories to analyze water quality (e.g., using a TA-Lab Voltametric Analyzer). These discussions are paving the way for regional entities to partner more closely in the future. Finally, LHSS participated in a partner event aimed at accelerating actions to enhance access to water, sanitation, and hygiene in healthcare facilities. The event focused on strengthening health system equity and addressing endemic and emerging health threats associated with climate change.

Objective 2: Improve the Capacity of the Health Workforce.

On March 7, 2024, LHSS facilitated a partner meeting with MOHSPP representatives to discuss developing a One Health community model in Tajikistan. The purpose of the meeting was to establish criteria to select sites to pilot the One Health model. Based on these criteria, LHSS worked with district coordinators from the USAID's Healthy Mother Healthy Baby activity to select two pilot sites in Levakant and Balkhi districts. The Activity will support the MOHSPP in developing tools and conducting assessments in the two districts in preparation for piloting the One Health community model.

On January 25, 2024, LHSS supported the MOHSPP in conducting a workshop to strengthen multisectoral cooperation for emergency preparedness through the National Emergency Preparedness and Response Plan. A total of 25 participants from the MOHSPP, the USAID Mission in Tajikistan, and other development partners participated in the event. Participants discussed the importance of cooperation around emergency preparedness among key stakeholders at the facility- and community-levels. Workshop participants also identified gaps in the National Emergency Preparedness and Response Plan and discussed collaborative efforts to address these gaps. As a result of the workshop, the Center for Public Health Emergency Response is advocating with the MOHSPP to approve a proposed multisectoral coordination council.

Following approval by the MOHSPP's of the revised pre- and post-diploma educational level programs, LHSS secured agreement from the MOHSPP to support Avicenna Tajik State Medical University and Medical College in revising and updating their curricula for laboratory specialists. The Activity also met with representatives from Avicenna and the Medical-Social Institute of Tajikistan to support them in revising and updating existing laboratory educational programs and curricula. These important changes will bring their curricula in alignment with new WHO recommendations for educating laboratory specialists.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS promoted inclusion and diversity by incorporating GESI approaches in all project activities within the reporting period. During Activity workshops attended by government partners and key stakeholders, LHSS raised awareness about the importance of integrating a GESI approach into implementation of the National Emergency Preparedness Plan. As a result, the MOHSPP has agreed the national plan will include and be responsive to the needs of vulnerable populations (e.g., people with disabilities, and women and children).

ENVIRONMENTAL COMPLIANCE REPORTING

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

PROGRESS ON PERFORMANCE INDICATORS

Since LHSS's Global Health Security (GHS) began in FY24 Quarter 1, the Activity will begin reporting on progress on performance indicators beginning in Quarter 3.

EMERGING LESSONS

Convening regular coordination meetings between implementing partners and the Laboratory Coordination Council is crucial to strengthening the country's virology laboratory system. To promote coordination and mitigate duplication of efforts, such meetings should continue to focus on designating activities among key partners and facilitating efforts to streamline laboratory strengthening initiatives.

CHALLENGES

- **LMIS limitations:** The LMIS systems of FHI360 and the national reference laboratory have source code protection, meaning that transferring operations to the MOHSPP is difficult. Similarly, the Tech-19/WB system, while not being a complete LIMS system, holds the potential for an upgrade to full functionality. However, the allocated funds for this transition are insufficient. The team is discussing alternatives with USAID.
- **WHO Involvement:** While LHSS supported the Center for Public Health Emergency Response in conducting multisectoral meetings aimed at improving cooperation, ensuring transparency, and eliminating duplication of efforts, key implementing partners such as the WHO have not been actively involved due to other commitments. WHO's absence has impacted cooperation among all partners working on One Health and GHS.

DELIVERABLES SUBMITTED IN QUARTER 2

Assessment Report on Updated Laboratory Information System (Approved by USAID Washington, March, 2024).

EVENTS NEXT QUARTER

- Conduct a partners' meeting in collaboration with WHO, the World Bank, and FHI 360 to explore feasible solutions to establishing a fully functional virology laboratory system. (April 2024).
- Conduct training of trainers sessions on Medical Waste Management (MWM) to strengthen the capacity of national-level healthcare workers (April – May 2024).
- Conduct an assessment to pilot the One Health Community model in selected districts (April – May 2024)
- Conduct training of trainers sessions on IPC to strengthen the capacity of national-level laboratory workers (May – June 2024).

PRIORITIES NEXT QUARTER

- Install TA-Lab Voltametric analyzer at Sughd and Bokhtar laboratories and provide training to SSES in its use in Sughd and Khatlon regions.
- Develop a One Health Community model assessment tool to support piloting the community - based One Health model (April 2024).
- Support the MOHSPP in establishing a technical working group with representatives of all key partners. The purpose of this group will be to develop standard operating procedures and training modules on infection prevention and control laboratory MWM (May – June 2024)

ENGAGING LOCAL AUDIENCES

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

LHSS held a roundtable with all implementing partners to share findings from its assessment of 14 laboratories on January 30, 2024. In March 2024, the MOHSPP shared the updated Order for creation of the National Laboratory Coordination Council. The Council's first meeting is planned for April 2024. The purpose of the Coordination Council is to strengthen cooperation of all partners to improve the national laboratory system by ensuring harmonization and eliminating duplication of efforts among partners.

LHSS conducted a workshop at the Center for Public Health Emergency Response to strengthen multisectoral cooperation among stakeholders for emergency preparedness measures. All partners agreed to establish a Coordination Committee under the Center for Public Health Emergency Response. The aim of this committee is to strengthen cooperation among all stakeholders and synchronize implementation of the National Emergency Preparedness and Response Plan. The Center for Public Health Emergency Response is currently developing the draft of Regulation of the Coordination Committee and Order of MOHSPP to establish the Coordination Committee.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

HIGHLIGHTS

- To strengthen knowledge exchange, coordination, and cooperation among civil society organizations (CSOs) working in the health sector, the Activity supported the Timor-Leste Non-Governmental Organization Forum (FONGTIL), an umbrella organization of more than 250 civil society organizations (CSOs), and Rede Ba Saúde Timor-Leste (REBAS-TL), a health network of 43 CSOs, in launching an e-learning platform. The acting mission director of the USAID Mission in Timor-Leste and Vice Prime Minister of Rural Development attended the inauguration of the digital platform. This new resource will enable CSOs to share information on national policies, advocacy tools, and best practices in health program implementation.
- The Activity supported grantee St. Johns of God International Health in launching its first training module and held its inaugural training for national level Ministry of Health officials under its Leadership Management Development Program. This program aims to improve the capacity of MOH officials to lead effectively and enhance the ministry's decision-making processes.
- The Activity conducted two workshops to examine performance improvements in social accountability. Specifically, participants (e.g., representatives of the MOH, FONGTIL, and REBAS-TL) explored improvements at the national and subnational levels associated with increased civil society engagement and inclusion of REBAS-TL in four health sector coordination mechanisms. Participants identified key enablers and barriers associated with this system improvement, and examined conditions and actions that would be needed to sustain, institutionalize and/or scale up this health system improvement.

ACTIVITY PROGRESS

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

In Quarter 1, the Activity awarded a grant to St. John of God International Health to design and implement a leadership development program for MOH unit heads and directors. The goal of the program is to enhance governance, improve organizational culture, optimize performance, and foster effective data utilization for decision-making. In Quarter 2, the Activity supported the grantee in developing its first training module and conducting an introductory training session for 14 MOH national officials (eight female and six male). Through its grantee, LHSS specifically encouraged female MOH leaders to participate as a pathway toward reducing barriers that impede women from obtaining management and leadership roles within the ministry.

The Activity supported the MOH in expanding and strengthening its use of public financial management to improve resource utilization efficiencies. Specifically, LHSS supported the ministry in developing a monthly budget execution template that tracks burn rates and facilitates required adjustments such as expediting expenditures or managing under-utilization of funds.

The Activity and the MOH jointly developed and finalized the first draft of the Timor-Leste Health Information System (HMIS) guidelines, including all 26 data forms. This initiative aims to improve data quality and increase the use of data for decision making. With support from LHSS, the MOH also conducted a Training of Trainers course on implementation of the draft guidelines. Led by master trainers from the MOH's HMIS department, a total of 16 participants were trained (10 female and six male).

Objective 2: Strengthen Health Sector Workforce Management.

USAID approved an in-kind grant to Associação dos Médicos de Timor-Leste to develop the country's first official competency standards and code of ethics for doctors. This guidance also includes a minimum standards competency test to strengthen work force management and improve quality of patient-centered services. The Associação led a collaborative approach to developing the documents and established a steering committee to provide functional and oversight support. Members of the steering committee include representatives from the MOH, Ministry of High Education and Art and Culture, National Agency for Assessment and Accreditation of Higher Education, National University, Timor-Leste's National Institute of Public Health, and FONGTIL. During Quarter 2, the committee held 10 meetings and drafted three chapters of the competency standard guide. These encompass the universal competency standards for medical, general and specialist doctors, a code of ethics, and competency tests. The new resources will be validated and submitted to the MOH's Quality Cabinet in Quarter 3.

Building on the Activity's success during FY 2023 developing job descriptions for primary level healthcare professionals, the project supported the National Directorate of Human Resources in reviewing an additional 40 job descriptions in Quarter 2 that were co-developed for MOH's Central Services. In total, the Activity has supported the development and review of 140 job descriptions. The National Directorate of Human Resources will use these job descriptions to help improve the MOH's internal governance structure and monitor the performance of its staff at the national level.

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

In Quarter 2, the Activity continued to support grantee Hamutuk Ita Ajuda Malu by introducing the Community-based Monitoring for Health program in 10 villages of Ermera municipality. The grantee finalized village health assembly action plans for all 10 villages which summarize key challenges identified and ranked by each village. These local communities also conducted tree/root cause analyses to inform their approaches to addressing their unique challenges. The action plans include activities, resources, and implementation timelines. The Village Health Assemblies will monitor implementation progress of the plans on a monthly basis. To support the introduction community-based monitoring, the Activity continued organizing monthly meetings with nine village health assemblies in Manufahi and Covalima municipalities.

Grantee Hamutuk Ita Ajuda Malu also held an orientation session for 133 village health assemblies (attended by 75 male and 58 female participants) from Alas and Tilomar administrative posts. In addition to community and faith leaders, the village health assemblies included representation from people living with disabilities, adolescents, and youth. The orientation session highlighted the roles and responsibilities of village health assembly members in the delivery of health services (e.g., nutrition, family planning and reproductive health, maternal health, and pre- and post-natal care. The orientation also covered adolescent health topics and community mobilization messaging.

Hamutuk Ita Ajuda Malu also established One Community Mobilization teams to oversee two administrative posts, Atsabe and Letefoho. These teams include 31 members from municipality health services, the administrative post, the community health center, CSOs (including REBAS TL members from Ermera municipality), and community representatives. Establishing One Community Mobilization teams is part of the first phase of the Community-based Monitoring for Health program.

The Activity oriented the grantee on implementation of the exploratory phase of the Community-based Monitoring for Health program during which communities identify their priority health issues using epidemiological and health facility data, analyze health and social issues, and set priorities. This training was developed in response to a gap identified

following an organizational and technical assessment of the grantee activity conducted in FY 2023.

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

In Quarter 2, the Activity launched an e-learning platform in partnership with the USAID NGO Advocacy for Good Governance Activity. In attendance at this inauguration were USAID Acting Mission Director Mr. Marc Weinstock and Vice Prime Minister of Rural Development, His Excellency Mr. Mariano Sabino Lopes. This new digital resource is a knowledge management and exchange platform for CSOs to share information on national policies, guidance, advocacy tools, and best practices in health program implementation. The goal of the platform is to improve governance, coordination, and cooperation among the CSOs.

Features of the e-learning platform were presented at the FONGTIL Annual General Assembly meeting to over 250 members. Separately, 27 REBAS-TL CSO members (nine female and 18 male) who had existing access to the platform received training in how to use the digital resource. The remaining REBAS-TL members will receive training once they receive access. To date, there are over 20 learning products covering policies, manuals, and training materials available on the e-learning platform.

The Activity trained 41 REBAS-TL members (15 female and 26 male) from 23 CSOs across 12 municipalities on use of the Timor-Leste HMIS. These trainings helped the members to understand how different types of data can be used to measure progress on various health indicators.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity ensured gender and social inclusion measures were included in the revision of the Human Resources Manual. Throughout the manual's seven chapters, the Activity included explicit language committing to equal opportunity for all staff, and equal treatment of all patients regardless of race, religion, age, ethnicity, disability, gender, political affiliation, or social standing. The team also included language designating doctors as directly responsible for ensuring that patients have the right to give free and informed consent, and that safeguards are in place to protect clients' dignity and privacy. FONGTIL provided input to these new chapters in areas including community perspectives of provider communication and behavior during provider-patient interactions.

ENVIRONMENTAL COMPLIANCE REPORTING

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

PROGRESS ON PERFORMANCE INDICATORS

The Activity conducted and co-created a total of six events and new resource materials to improve governance capacity (Indicator 4. Number of briefs/events/materials created to improve governance capacity). The Activity also supported the revision of seven chapters of the Human Resources Manual for use by the MOH, surpassing the annual target of six chapters (Indicator 8. Number of human resource (HR) policies and manuals chapters developed or adopted by MoH).

EMERGING LESSONS

Shared Understanding, Role Clarity, and Managing Timeline in a Multi-Partner Engagement.

In Quarter 2, the Activity launched a multi-partner e-learning platform bringing key partners together from FONGTIL, REBAS-TL, the USAID/Timor-Leste NGO Advocacy for Good

Governance Activity and local providers of technology and infrastructure services (e.g., Quantech). Multi-partner collaboration provides value toward advancing the government's health sector goals. Incorporating multiple partners also increases the complexity in advancing shared goals and can delay decision-making and implementation timelines. To manage its complexity, the Activity developed a Memorandum of Understanding to define roles and responsibilities of each party, and a coordination mechanism that will guide the joint work of FONGTIL and the two USAID implementation partners (USAID's NGO Advocacy for Good Governance and Health System Strengthening projects). The Activity also prepared a guidance document that describes shared utilization of the digital platform designed to facilitate coordination and information exchange among CSOs. This new resource outlines objectives, requirements, functions, structure, security, training, and timeline for implementation of the digital platform. Together, the MOU and guidance document helped align partner expectations, develop a shared vision, and successfully launch the e-learning platform in January 2024.

CHALLENGES

As a new technology tool for CSOs, the e-learning platform has inherent challenges associated with infrastructure capacity and limited digital literacy among intended user CSOs. To mitigate these challenges, the Activity supported FONGTIL with information technology (IT) and communication equipment to strengthen the digital infrastructure of intended user CSOs and conducted training for staff.

Coordinating the Leadership Management Development Program schedule so both the Timor-Leste National Institute of Public Health and the MOH could attend was difficult due to political differences. To address this challenge, the Activity convened representatives from both institutions to discuss how the Leadership Management Development Program can improve governance and coordination. The program successfully conducted its introductory session in March 2024.

DELIVERABLES SUBMITTED IN QUARTER 2

The Activity submitted an Improving Primary Health Care Spending in Timor-Leste Policy Brief and a publication of the Health Advocacy Cycle manual to the USAID Mission in Timor-Leste in March 2024.

EVENTS NEXT QUARTER

- Subnational dialogue for social accountability on health sector
- REBAS-TL will celebrate its achievements to date during its annual event in March 2024, which coincides with the second anniversary of its formation.

PRIORITIES NEXT QUARTER

- Launch of the Community-Based Monitoring for Health and MOH's HMIS guidelines. (April 2024)
- Validation of the Associação dos Médicos de Timor-Leste's final competency standards and code of ethics for doctors. (April 2024)
- Launch of the MOH's Leadership and Management Development Program. (May 2024)

ENGAGING LOCAL AUDIENCES

With over 1,400 followers on USAID Health System Sustainability Activity in Timor-Leste's Facebook page and 83 followers on X, during Quarter 2 the Activity has generated 50 social media posts about its deliverables. These have included 50 short videos, training, and workshops, launch events, link for success story, vacancies, international days, and international health related days. These posts have reached over 34,000 on Facebook, had

over 5,000 visits, 294 new followers, 3,200 interactions, and 70 clicks on links to the LHSS page.

The Activity developed three press releases about the launch of the grant to the Associação dos Médicos de Timor-Leste, St. Johns of God International Health's, Leadership and Management Development Program grant launch, and a national health dialogue between the MOH and CSOs. Twenty media outlets covered these events.

LHSS UKRAINE

HIGHLIGHTS

- A series of crucial telemedicine initiatives have propelled the prioritization of telemedicine as a component of Ukraine's Government Priority Action Plan for 2024, which was endorsed in February 2024. This strategic shift underscores the importance of telemedicine initiatives coordinated by LHSS, ensuring sustainability beyond the project's conclusion. LHSS supported the Ministry of Health (MOH) in revising several orders on the use of telemedicine under martial law based on the experience (within the MOH and the Activity, and among health care providers) of using telemedicine during the first months of full-scale war. These revisions included removing restrictions on the use of telemedicine in treating specific injuries and chronic diseases, and on streamlining the testing process of telemedicine tools donated as humanitarian aid. Additionally, these initiatives play a critical role in advancing Gender Equality and Social Inclusion (GESI) objectives by increasing access to medical and rehabilitation care under martial law for residents of remote communities, people with disabilities and chronic diseases, internally displaced persons, and citizens who went abroad following the Russian invasion.
- LHSS, in partnership with the National Health Service of Ukraine, conducted a costing analysis of telemedicine service provision in 30 health facilities. This included the analysis of over 10 million Electronic Health Records. The purpose of this assessment was to generate evidence on the scope of telemedicine service utilization under the state-funded Program of Medical Guarantees. The assessment also quantified the resources healthcare facilities spend on providing telemedicine services. LHSS presented the assessment results to the National Health Service of Ukraine and the USAID Mission in Ukraine. Analysis findings will inform further refinements in procurements conducted by the Program of Medical Guarantees and provide a baseline to monitor provider performance when using telemedicine to provide health services.

ACTIVITY PROGRESS

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

At the request of the MOH, LHSS supported the drafting of amendment orders to align the regulatory framework for telemedicine with the recently adopted Law of Ukraine as of August 9, 2023 "On Amendments to Certain Legislative Acts of Ukraine on the Functioning of Telemedicine". The LHSS-proposed amendments were endorsed by the [MOH in Order No. 77](#) on January 15, 2024.

The amendments will improve telemedicine services in three ways:

1. Rescind previous limitations on the use of telemedicine only for specific injuries, wounds, and conditions. By lifting restrictions, Ukraine can promote inclusivity and equitable access to telemedicine services among all patient groups.
2. Expand the use of telemedicine from monitoring only patients with chronic diseases to monitoring any patient at their doctor's discretion. In line with GESI principles, this change will ensure that healthcare services are accessible to many more population groups, including those in remote areas or with limited mobility.
3. Expand the range of credentialed health providers who are permitted to use telemedicine, including rehabilitation specialists. This change will enable individuals with disabilities, those with chronic conditions, or people who require rehabilitation assistance to access medical services through telemedicine.

In all, amendments ensure regulatory consistency, eliminate artificial restrictions on who can receive telemedicine services, and facilitate the involvement of rehabilitation specialists in

utilizing telemedicine. These changes also align with USAID and LHSS's GESI objectives to promote inclusive and equitable healthcare access for all populations.

LHSS completed a study estimating resources associated with delivering telemedicine services at the facility level in Ukraine. It involved the analysis of data from 30 selected health facilities, including analyses of costs and human resources. Findings showed significant differences among providers in how telemedicine services are delivered, and the resources spent. This study was likely the first of its kind in Ukraine to analyze the resources required by health care facilities to provide telemedicine services. As part of this study, LHSS analyzed over 10 million Electronic Health Records to understand levels and patterns associated with the utilization of telemedicine services by all health facilities contracted by National Health Service of Ukraine in 2021 and 2022. Following USAID approval of this study, findings were disseminated to key stakeholders, including the USAID Mission in Ukraine (February 8, 2024) and the National Health Service of Ukraine (February 20, 2024). To date, LHSS has received positive feedback on the study from USAID/Ukraine and the National Health Service of Ukraine. Findings from the study will inform future refinements to procurement arrangements pursued by the Program of Medical Guarantees. Finally, the National Health Service of Ukraine has asked LHSS to extend its analysis of telemedicine utilization by an additional year, using national program data between 2021 and 2023. Findings from the expansion of this study will inform the development of indicators and dashboards that the National Health Service of Ukraine will use going forward to monitor telemedicine services.

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

In Quarter 2, LHSS's grantees continued implementing their scopes of work. NK Group Consulting updated its Doctor Online teleconsultation module to provide mental health services. Sheptytskyi Hospital conducted a needs analysis to assess the number of internally displaced persons living in remote and rural settlements and shelters in Lviv and Ternopil oblasts. This grantee also began providing ultrasound diagnostic services and teleconsultations with specialists for these populations. Finally, LHSS released a request for proposals to identify a subcontractor to develop and carry out a communications campaign to raise awareness about the availability of telemedicine services in Ukraine. Following the proposal evaluation process, LHSS selected a subcontractor who will begin conducting the information campaign early in Quarter 3.

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

In Quarter 2, LHSS supported the use of telemedicine solutions donated to Ukraine to connect vulnerable groups (e.g., people with neurosensory conditions and pregnant women) to accessible health care services. LHSS made significant progress during the quarter advancing two solutions: the Rehabilitation Gaming System telemedicine platform and "Carebits" remote fetal monitoring device. To promote the Rehabilitation Gaming System, LHSS prepared articles for the MOH's website, created a [chatbot](#) and [video presentation](#), and launched bi-weekly master classes to form a community of practice for facilities that have experience or are newly engaged in providing telemedicine. Similarly, LHSS is supporting the expanded use of the "Carebits" solution to monitor pregnant women and fetuses. LHSS supported the MOH in distributing 300 'Carebit devices' (fetal monitoring dopplers) and monitoring their use. Some facilities were found to be underutilizing the devices. To address this challenge, LHSS proposed and received MOH approval to redistribute the devices among facilities. By the end of March 2024, LHSS had developed a plan for relocating the devices to maximize their utilization across facilities.

The Government of Ukraine's priority action plan for 2024 includes a task prioritizing the implementation of telemedicine initiatives. These government priorities closely align with telemedicine initiatives coordinated by LHSS, specifically the implementation of donated telemedicine solutions. This strategic alignment underscores the significance of LHSS-

coordinated telemedicine initiatives to date and ensures the sustainability of the Activity's essential achievements and services beyond the conclusion of the LHSS program. To promote local sustainability, LHSS is facilitating the transfer of implementation support to the State-Owned Enterprise eHealth. To formalize this transfer process, the Activity has conducted numerous consultations with key stakeholders and drafted a comprehensive transfer plan that is taking place between January to May 2024.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

In line with LHSS's commitment to fostering gender equality and social inclusion (GESI), the Activity pursued opportunities to address disparities and enhance accessibility, by leveraging telemedicine.

- LHSS awarded grants to two local organizations to provide free telemedicine services to vulnerable populations. The grantees will provide online mental health services and telemetry and teleconsultation services to vulnerable populations, including internally displaced persons in rural and remote areas. LHSS is supporting both grantees in ensuring they can provide high-quality critical services to vulnerable populations who would otherwise not have access.
- LHSS developed and supported the approval of policy amendments, namely MOH Order #77 which lifts previous restrictions on the use of telemedicine only for specific health conditions. Additionally, health care monitoring through telemedicine is no longer limited to patients with chronic diseases. Instead, monitoring is now at the doctor's discretion and services can be provided remotely to any patient. LHSS conducted a review of over 10 million Electronic Health Records to understand the utilization patterns of telemedicine services under the Program of Medical Guarantees by various groups in 2021-22. The data indicated that 60 percent of teleconsultations were conducted for women, and the largest number of teleconsultations (both in absolute terms and as a percentage) were in frontline regions and areas with large numbers of internally displaced persons. In Quarter 3, LHSS will work with the National Health Service of Ukraine to analyze 2023 data and develop additional monitoring indicators and dashboards that the National Health Service of Ukraine will use going forward to monitor telemedicine services.

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

LHSS achieved progress in the following areas during Quarter 2:

- With support from LHSS, the MOH drafted two policies on telemedicine utilization during martial law. These were subsequently approved by the MOH (Indicator 1).
- LHSS supported the MOH in training 579 health care providers in the utilization of donated telemedicine solutions, resulting in 1,902 providers trained cumulatively (126.8% target achieved) (Indicator 6).

EMERGING LESSONS

Proactive communication strategies and accessible resources drive successful adoption of telemedicine solutions: An MOH initiative to send letters to regional health departments inviting them to use the Rehabilitation Gaming System telemedicine platform yielded notable results. The MOH received 111 completed application forms within a week. Links to the application form, a chatbot, and a video tutorial developed by LHSS facilitated access to

information about the Rehabilitation Gaming System. This immediate and high response rate illustrates the importance of proactive communication strategies and accessible resources. When created and promoted effectively, telemedicine can enable prospective users to enhance the delivery of healthcare services in complex environments such as Ukraine's.

CHALLENGES

Early in the program, LHSS documented risks associated with providing telemedicine services free of charge when suppliers are financially unstable. This risk has been reaffirmed by international experience during the war. For example, the charity organization Help Ukraine provided the telemedicine solution Teladoc, which was installed in 30 healthcare institutions in three regions. In addition to the equipment, Help Ukraine provided technical assistance to support operation of these devices. In Quarter 2, LHSS observed that the organization could no longer provide technical support to operate the telemedicine equipment due to lack of funds. Since the healthcare institutions do not have the funds required to cover expenses associated with the use of telemedicine, this equipment sits unused in the recipient facilities. This challenge represents an ongoing dynamic of the complex war environment.

DELIVERABLES SUBMITTED IN QUARTER 2

LHSS's technical brief titled "Estimating resources associated with delivering telemedicine-based services at the facility level in Ukraine" (Submitted to USAID on January 31, 2024)

EVENTS NEXT QUARTER

The MOH Telemedicine Interagency Working Group meeting will be held in Quarter 3.

PRIORITIES NEXT QUARTER

- Facilitate regulatory amendments: LHSS will continue support MOH departments in addressing input on and approval of the proposed telemedicine legal amendments associated with the MOH orders and Council of Ministers of Ukraine decrees.
- Transition implementation to the State-Owned Enterprise eHealth: LHSS will transition implementation of project activities to the State-Owned Enterprise eHealth to support the long-term sustainability of project achievements past the life of this Activity.

ENGAGING LOCAL AUDIENCES

- Meetings with stakeholders: In February 2014, LHSS held two meetings with key stakeholders to discuss project performance improvements, sustainability strategies, and to present the results of a telemedicine-based service resources study. As a result, the National Health Service of Ukraine is considering adopting indicators to routinely monitor telemedicine service provision and has requested LHSS's support in working toward this objective.
- Meetings with health care providers: LHSS conducted meetings and master classes with health care providers to share best practices and address challenges in implementing telemedicine solutions. These meetings also provided an opportunity for the Activity to support participants in identifying outstanding needs and challenges they seek to address.
- Monthly information digests about LHSS's progress: In response to an MOH request, LHSS prepared and published three monthly information digests ([December 2023](#), [January 2024](#), and [February 2024](#)) on the MOH website.

Articles published on the MOH website:

- [Carebits Telemedicine Solution](#)
- [Telemedicine Legislation Analysis And Update](#)

- [RGS telemedicine solution](#)
- [Brainscan Telemedicine Solution](#)
- [Teladoc Telemedicine Solution](#)
- [Teladoc Telemedicine Solution In Front-Line Areas](#)
- [Master Class On RGS Utilization](#)

LHSS VIETNAM

HIGHLIGHTS

- LHSS supported pharmaceutical companies and worked with the Drug Administration of Vietnam in granting two additional marketing authorizations for the most prevalent antiretroviral (ARV) drug in Vietnam – Tenofovir-Lamivudine-Dolutegravir. With three total marketing authorizations, this drug can now be procured through open bidding, increasing availability, decreasing prices, and streamlining the co-payment process through Vietnam’s Social Health Insurance (SHI). These changes will increase the overall accessibility of this drug for people living with HIV (PLHIV).
- With technical support from LHSS, the National Lung Hospital/National TB Program procured SHI TB drugs for the 2024-2025 period. This is the second time TB drugs have been procured with SHI funds. This procurement will ensure that approximately 4,620 TB treatment facilities at all levels have sufficient quantities of SHI TB drugs in stock to cover the needs of insured TB patients nationwide.

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.

In collaboration with Thailand’s National Health Security Office, LHSS organized a study tour to Thailand for a delegation from the Vietnam Social Security (VSS) and, the Ministry of Health (MOH) to learn about Diagnosis-Related Group-based payments. The delegation met with various Thai Diagnosis-Relate Group implementers and participated in learning sessions conducted by the National Health Security Office on the development and operation of this payment approach. Experiences and lessons learned from the study tour will enable MOH and VSS officials to develop a detailed action plan to potentially replicate this approach in Vietnam.

LHSS grantee CMC Applied Technology Institute has developed and installed an artificial intelligence (AI) Optical Character Recognition tool that it will pilot within the VSS system. This trial will assess a range of technical aspects including operations, functionality, and confidentiality within the VSS system. Once tested and validated, VSS leaders will approve the integration of the tool into the SHI claim review system. This AI tool will help automate the system and improve the system-wide efficiency of the claims review process.

LHSS also supported the MOH in completing a report on the methodology for calculating health service prices. The MOH has incorporated report results in Annex 4 of its Draft Circular which outlines methods for evaluating medical service prices.

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

LHSS completed the mid-term assessment of the social contracting pilot and shared results with relevant stakeholders and pilot provinces during a March 2024 workshop. The assessment results detailed pilot progress and areas for improvement. It also provided evidence to support policy change efforts to institutionalize contracting with community-based organizations (CBOs) and social enterprises to deliver HIV services using the state budget. During the two years covering the preparation and implementation of the pilot, provincial authorities enabled 13 CBOs and social enterprises to deliver HIV services to nearly 4,000 clients through 20 social contracts. Results ranged from 20 percent to over 100 percent of contract targets reached, depending on the contract duration. Of the nine pilot provinces, seven achieved over 70 percent of their contract targets. Over 86 percent of

outreach workers found the social contracting pilot feasible and appropriate in terms of management, coordination, guidance, technical support, and financial benefits. Key challenges identified in low-performing provinces included overestimation of targets and burdensome processes associated with government bidding. Other obstacles included complex requirements for reimbursement and case verification, and low reimbursement rates compared with market prices.

Objective 3: Strengthen The Capacity Of Vietnam’s Supply Chain Management System To Drive Improved Patient Outcomes.

LHSS provided technical support to two pharmaceutical companies in obtaining three more marketing authorizations for the two most common ARV drugs – two for Tenofovir-Lamivudine-Dolutegravir (TLD) and one for Tenofovir-Lamivudine-Efavirenz (TLE400). The additional two marketing authorizations for TLD increase the total number to three, which will allow the drug to be procured through open bidding instead of price negotiation. This shift will enhance the availability and competitiveness of TLD. It will also reduce the risk of supply chain disruptions of essential medicines in HIV treatment and streamline SHI’s co-payment processes.

LHSS supported the National Centralized Drug Procurement Center in open-bid procurement of ARV drugs. Nine out of eleven drug items were successfully procured, covering forecasted ARV treatment needs nation-wide for 24 months (2024 – 2025). Being able to procure in two-year cycles will alleviate the tight annual procurement schedules the National Centralized Drug Procurement Center and its counterparts had to navigate to date. LHSS joined the Meeting Targets and Maintaining Epidemic Control project on a USAID-led data triangulation visit to Ho Chi Minh City and Dong Nai. The purpose of this visit was to better understand the provincial contexts and identify existing data gaps in HIV treatment programs. Through these visits, LHSS supported counterparts in exploring the possibility of using the Electronic Logistics Management Information System (eLMIS) for the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) monitoring, evaluation, and reporting indicators for the national ARV treatment program.

Objective 4: Support The Government Of Vietnam in Integrating TB Services into Social Health Insurance.

With LHSS’s technical assistance, the National Lung Hospital/National TB Program procured the SHI TB drugs for 2024-2025. LHSS and the National TB Program then provided technical support to help VSS input the procurement results into its e-claim system. This will enable health facilities to update the list of drugs and process SHI reimbursement claims. LHSS also worked closely with the National TB Program to develop and finalize guidelines for SHI’s TB drug reallocation and reporting process for 2024-2025. LHSS and the Program completed and disseminated an assessment report on the allocation and execution of provincial budgets for TB activities from 2021-2023. The report includes recommendations for 63 provincial-level TB programs to increase local budget mobilization for TB activities.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY AND SOCIAL INCLUSION

LHSS organized six technical meetings and one study visit with 59 percent (30 of 51) female, in-person participants. The participants are leaders and officials at central government agencies responsible for developing and approving SHI health examination and treatment policies. LHSS strives to ensure diverse gender perspectives throughout its work.

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

- Indicator #2: 88 percent⁶ of the USG-assisted organizations demonstrated a performance improvement (CBLD-9). The performance improvement areas included the use of an eLMIS to manage TB drugs and monitor HIV and TB treatment programs, ARVs and TB drug procurement, management of ARV drugs and ARV treatment via the central support model, and policy development.
- Indicator #17: 89 percent of SHI-covered ARVs used by HIV treatment health facilities according to the supply plan. At nine percent above the set target, this achievement is due to the successful procurement of nine open-bid ARV drugs, in combination with sound ARV supply chain management.
- Indicator #20: 53 percent of SHI-covered TB drugs used by TB treatment facilities against the supply plan. LHSS's goal is to achieve 80 percent by the end of FY2024 by closely working with the National TB Program to guide TB facilities in strengthening supply chain management and redistribution of SHI TB drugs among health facilities according to local needs.

EMERGING LESSONS

Following the Drug Administration of Vietnam granting additional marketing authorizations for the most used ARV drugs, existing procurement policies regulating the drugs to be procured through price negotiation or open bidding need to be updated. This will allow the most common ARVs to be procured through open bidding. LHSS has been working closely with the MOH's relevant bodies to support the revision of these procurement policies, including circulars regulating drug bidding at public health facilities, drug procurement processes, and the drug list procured by price negotiation. Through its technical assistance to pharmaceutical companies and government policymakers in securing the new marketing authorizations, LHSS is demonstrating that a multipronged approach is both possible and critical to strengthening Vietnam's supply chain management of ARV drugs.

CHALLENGES

Despite intensive efforts from LHSS and relevant stakeholders to push forward the SHI purchase of TLD and TLE400 for the 2024-2025 cycle, the procurement process has been substantially delayed due to changes in context. Specifically, the MOH has not updated the relevant procurement policies required for open bidding of the two newly market-authorized ARV drugs (i.e., TLD and TLE400). As a result of these delays, health facilities may face potential ARV drug stockouts by May or June 2024. This may cause the interruption of HIV treatment for more than 150,000 PLHIV nationwide. LHSS is working closely with the Vietnam Administration of HIV/AIDS Control (VAAC), the National Centralized Drug Procurement Center, MOH, and other relevant stakeholders to mitigate the risk of stockouts in the short term while supporting expedited work updating the relevant procurement policies in the long term. LHSS is consulting relevant stakeholders on how to best support the MOH in determining their best ARV drug procurement options. This may include decentralized procurement at the provincial level. In the interim, VAAC may allocate Global Fund ARVs to meet national demand while the MOH is completing its decision-making process.

In addition, LHSS is awaiting project approval from the Government of Vietnam. This has delayed the implementation of planned Activity workshops and other events since November 2023 due to the delayed feedback from the Ministry of Public Security. LHSS continues to follow up with MOH, urged MOH to send the official letter of reminder to the Ministry of

⁶ 21 out of 24 governmental organizations supported by USAID have demonstrated an improvement in their performance based on pre-set criteria using the CBLD-9 methodology.

Public Security; prepared responses to comments from other ministries and is promptly responding to any requests for information until it receives official approval.

DELIVERABLES SUBMITTED IN QUARTER 2

No deliverables were submitted during Quarter 2

EVENTS NEXT QUARTER

- Conduct three regional workshops to provide guidance for TB treatment facilities on the receipt, reallocation, and management of SHI TB drugs for the 2024 – 2025 period (April – May 2024).
- Conduct virtual training sessions for 63 Provincial Social Security agencies on the use of the AI Optical Character Recognition tool in the SHI claim review process (May 2024).
- Conduct a technical workshop to learn from Thanh Hoa province's experience in the development and approval of the resolution guiding cost items and cost norms for health and population programs, including TB activities (June 2024).

PRIORITIES NEXT QUARTER

- Finalize and officially integrate the AI Optical Character Recognition tool into the SHI claims review system, and train 63 provincial social security agencies in its use.
- Complete the assessment report on the mid-term social contracting pilot implementation.
- Support VAAC and the Department of Planning and Finance in adjusting the list of economic-technical norms for HIV prevention service packages, and support VAAC in developing the pricing framework for these services.
- Work with VSS, the USAID Mission in Vietnam, and USAID's Meeting Targets and Maintaining Epidemic Control project to complete the development of an HIV patient database following the MOH's Decision 130 on HIV treatment indicators for effective management of HIV treatment.
- Work with the National TB Program to guide TB facilities in strengthening their supply chain management capacity for SHI TB drugs procured for 2024-2025.
- Assess the two-year SHI TB drug transition into the SHI scheme.
- Accelerate the development of guidance on cost norms and cost items for TB control activities in Ha Giang, Thai Nguyen, and Quang Binh provinces.
- Estimate the SHI copayment amount for all TB patients on outpatient treatment in Long An province, and generate a strategy for replication in additional provinces.
- Support VAAC in developing its ARV supply chain management guidance.

ENGAGING LOCAL AUDIENCES

LHSS released three [SHI policy newsletters](#) and a [success story](#) that highlights LHSS's support to Dong Nai Provincial Center for Disease Control to address the bottleneck in SHI reimbursement for viral load testing.

LHSS promoted social contracting in HIV services delivery through two radio programs ([VOV2 January](#): *Challenges facing CBOs/SEs in participating in social contracting*, [VOV2 March](#): *How to maintain CBOs/SEs involvement in HIV/AIDS control*), five newspaper articles ([Vnexpress 1](#): *CBOs/SEs still provides services to the key populations during Tet holiday*, [Vnexpress 2](#): *Fear of stigma prevents the key populations to get services at public health facilities*, [Tiengchuong 1](#): *Uninterrupted services provided to the key populations during Tet holiday*, [Tiengchuong 2](#): *Achievements and challenges in the social contracting pilot*, [VAAC website](#): *CBOs/SEs involvement in HIV/AIDS control: a part of the solutions towards ending AIDS in Vietnam by 2030*), and two Facebook posts. ([Facebook 1](#): *Existing*

legal barriers preventing government partners from contracting out with CBOs/SEs for HIV services delivery, [Facebook 2](#): Stigma and discrimination prevent the key populations from getting HIV services but CBOs/SEs can help).

SECTION 5: FY24 QUARTER 2 PROGRESS REPORT FOR ARPA-FUNDED ACTIVITIES

TAJIKISTAN (ARPA)

FY24 QUARTER 2 HIGHLIGHTS

- LHSS supported the Ministry of Health and Social Protection of the Population (MOHSPP) and the Republican Center for Immunoprophylaxis (RCIP) in procuring and installing 50 refrigeration units. These units were deployed to facilities with the greatest need in the Khatlon region, based on gaps identified during the MOHSPP's assessment of its national cold chain inventory, conducted with LHSS's support in December 2022. RCIP has incorporated these refrigeration units into its routine vaccination operations, closing the identified gaps and expanding access to vaccination.
- The Activity procured and installed a modern medical waste shredder (model Sterilwave1000) in the Sughd Province for safe sterilization of medical waste. This machine mitigates potential climate change effects by using a process that does not release carbon dioxide emissions or contaminate water during the sterilization process. Sughd's medical waste shredder was the first of its type in Tajikistan. LHSS installed a second shredder in Dushanbe with financial support from the UNDP Global Fund, and it is already being used in the facility's daily medical waste sterilization process.
- LHSS co-led a workshop with the Republican Healthy Lifestyle Center for community religious leaders (imomkhatibs) introducing a "how to operate guide", which outlines their role in preventing infectious diseases, including COVID-19. Forty-one religious leaders, health workers, and local journalists participated in the workshop.

ACTIVITY PROGRESS

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

The LHSS Tajikistan ARPA activity ended in FY2024 Quarter 2. As of March 31, 2024, Tajikistan has received nearly 22 million COVID-19 vaccine and booster doses and supported RCIP in administering more than 21.9 million doses over the life of the activity (vaccination support began in May 2021). During Quarter 2, LHSS continued to support RCIP in administering COVID-19 vaccines in 23 pilot districts across two regions (Sughd and Bokhtar), immunizing a total of 7,992 clients. The Activity also continued supporting RCIP in its efforts to reduce public hesitancy about receiving the COVID-19 vaccine through initiatives to increase awareness and knowledge about the importance of vaccination in disease prevention. This effort was done by building capacity of local media representatives, community health teams, and community leaders and imomkhatibs to share information about the role of vaccines in disease prevention, and the development and dissemination of materials addressing myths and misinformation about the COVID-19 vaccine, and other media campaigns. These public communications efforts have also increased awareness of the National Vaccination Plan at the community-level.

LHSS continued supporting the RCIP in ensuring continued availability of COVID-19 vaccines. Intermittent availability of vaccine doses was a key gap identified in the national cold chain inventory assessment report, which was conducted in December 2023. In January 2024, LHSS procured and installed 50 refrigeration units in facilities demonstrating the greatest need for cold chain equipment in project districts including Balkhi, Kushoniyon, and Jayhun districts in the Khatlon region. The Solim Farm company trained 74 healthcare workers on the use and maintenance of cold chain equipment. This work contributed to closing the gaps in cold chain vaccination transportation, ultimately expanding access to vaccinations.

LHSS supported the RCIP in drafting Standard Operating Procedures (SOPs) for the disposition of medical waste following immunizations. These SOPs will guide primary health care workers in properly handling medical waste generated after immunizations (e.g., the safe collection, storage and disposition of vials and syringes and other injection material). These SOPs were disseminated to health care facilities nationwide.

On January 30, 2024, LHSS procured a modern medical waste shredder for installation in Sughd Province. This is the second such device in the country. Findings from RCIP's medical waste assessment conducted in 2022 in Sughd and Khatlon provinces identified the need for this device. Use of the modern medical waste shredder instead of the ordinary incinerator represents an innovation for Tajikistan in that it safely sterilizes medical waste and contributes to USAID and Tajikistan's climate change mitigation efforts by eliminating carbon dioxide emissions and mitigating the risk of water contamination.

LHSS continued supporting cooperation between the Republican Healthy Lifestyle Center, the Religion Committee, and local media to expand community engagement around promoting COVID-19 vaccination. On January 30, 2024, LHSS supported the Center and Religious Committee and Religious committee in conducting a workshop where the two organizations introduced a newly approved guide for *imomkhatibs* to promote immunizations, including COVID-19. Forty-one participants, including religious leaders, health workers, and local journalists from 15 districts of the Khatlon region attended the workshop. Participants learned about the role of religious leaders in promoting the benefits of immunization and exchanged ideas on how Imomkhatibs can collaborate with health workers and the media to reduce vaccination hesitancy at the community-level. Participants also discussed approaches for integrating the guide into education programs for religious leaders in the Khatlon region and nationwide.

LHSS supported eight pilot districts in Sughd region in training pharmacists and helping them apply new knowledge and inventory management at hospital-based pharmacies. LHSS purchased nine computers with the 1C medicine accounting program for the RCIP branch in Sughd region had them installed in the pilot districts and provided training for directors and staff in logistics management of medical supplies. To ensure sustainability, RCIP staff regularly conduct monitoring and mentoring visits with health care workers and pharmacists to boost skills and address use challenges associated with the 1C medicine program.

LHSS conducted its activity close-out event on February 9, 2024, to celebrate three years of achievements responding to the COVID-19 pandemic. A total 50 representatives from the MOHSPP, RCIP, the Center, the USAID Mission in Tajikistan, and other development partners attended this milestone event. LHSS shared COVID-19 vaccination promotional communication materials developed during the Activity, including a series of public service announcements broadcast by various media outlets. Representatives from RCIP, the Center, and the Tajik Research Institute of Preventive Medicine also had an opportunity to present their accomplishments working with LHSS. LHSS presented a video highlighting the Activity's interventions over the life of the project in 25 of 62 districts nationwide (i.e., 16 in Khatlon region and 9 in Sughd region). The minister of MOHSPP also recognized the important contributions of

implementing partners, project stakeholders, and USAID/Tajikistan. LHSS will now apply its successful approach to multisectoral cooperation used to support Tajikistan's COVID -19 response in its new global health security work.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

Within the reporting period, LHSS continued to integrate GESI approaches throughout all its activities. While conducting a COVID-19 awareness-raising workshop for religious leaders and during the Activity's close-out event, LHSS presented an informational package and public service announcement based on GESI approaches. The informational package was widely available, including for those with disabilities, and was broadcasted through mass media nationwide in 2023 and 2024.

ENVIRONMENTAL COMPLIANCE REPORTING

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

PROGRESS ON PERFORMANCE INDICATORS

The Activity recorded progress on six out of eight indicators during Quarter 2. 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 supported MOHSPP and Republican Healthy Lifestyle Center in publishing and broadcasting seven print media, radio and television programs dedicated to COVID-19 prevention and general promotion of immunization. These materials will be used to engage healthcare workers and the public in preventing the transmission of COVID-19 and raising awareness about the importance of vaccination (Indicator CV.2.6-22).

EMERGING LESSONS

Case study findings on community hesitancy towards COVID 19 vaccine showed that negative attitudes toward vaccination by religious leaders influenced the willingness of broader communities to be vaccinated. To address this issue, LHSS collaborated with the Republican Healthy Lifestyle Center, RCIP, the Religious Committee, and local media to raise awareness about the importance of the COVID-19 vaccine and mitigate against vaccine hesitancy.

CHALLENGES

No challenges were encountered during Quarter 2.

DELIVERABLES SUBMITTED IN QUARTER 1

No deliverables were submitted during Quarter 2.

EVENTS NEXT QUARTER

The Activity ended in Quarter 2.

PRIORITIES NEXT QUARTER

The Activity ended in Quarter 2.

ENGAGING LOCAL AUDIENCES

During the Tajikistan ARPA close-out event, representatives from the MOHSPP, RCIP, Republican Healthy Lifestyle Center, and the Tajik Research Institute of Preventative Medicine received awards recognizing their dedication in expanding access to vaccinations and mitigating transmission of COVID-19. This event was broadcast via national television channels. Additionally, LHSS trained local journalists working with the Center to continue broadcasting programs on local TV and other media platforms promoting the importance of immunization and healthy living. Two articles were published in Khatlon's local newspapers, and one radio program and three television programs were broadcast via National Safina TV, and local television outlets in Sughd and Khatlon regions.

ANNEX 1: LHSS TASK ORDER INDICATORS

TABLE 1: FY24 Q2 PROGRESS ON LHSS TASK ORDER INDICATORS

Table 1 presents progress on selected indicators that LHSS reports quarterly, highlighting a few notable examples.

| Indicators | Data | Examples |
|---|--|---|
| Goal: Transition to a sustainable, self-financed health system that delivers responsive, equitable, and quality services to all | | |
| Objective 1. Increased financial protection | | |
| 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 | 4 Countries (Afghanistan, Colombia, Nigeria, and Vietnam) | Nigeria increased the proportion of the general population enrolled in financial protection schemes through health insurance agencies from 0.85% at baseline in 2021 to 4.20% in Q2. Vietnam increased the percentage of people living with HIV who are using Social Health Insurance cards to receive HIV services from 90% in Q1 to 91% in Q2. |
| 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, late disbursements, etc., to strengthen budget execution | 6 Countries (Colombia, DRC, Namibia, Nigeria, Timor-Leste, and Peru/Core Activity 23) | The Timor-Leste MOH and Timor-Leste National Institute of Public Health have integrated Public Financial Management into the national health financing training curriculum. The MOH is using a budget execution template to track monthly burn rates and adjust budgets as needed. The government is now using a health financing glossary that provides definitions and examples of key terms and concepts. Peru has identified priorities for its primary healthcare program. These will be reflected in the health sector’s 2025-2027 financial plan. |

| Indicators | Data | Examples |
|---|--|---|
| 1.3 Documented instances of LHSS-supported efforts to strengthen priority-setting and/or budgeting in countries | 7 Countries (Jordan, Madagascar, Namibia, Nigeria Timor-Leste, Vietnam, and Peru/Core Activity 23) | The Namibia Ministry of Health and Social Services held its first costing review of the revised essential health services package, designed to increase universal access, address inequalities, and align resources with health priorities. |
| 1.4 Documented instances of LHSS-supported efforts to strengthen benefit package design and inclusion of priority services in countries | 4 Countries (Colombia, Namibia, Ukraine, and the East Africa Region) | <p>Colombia launched a performance-based contract mechanism with local partners to provide prenatal care services for pregnant women from Venezuela with irregular migratory status residing in Barranquilla.</p> <p>The East Africa Region finalized a menu of cross-border financial protections for vulnerable mobile populations.</p> <p>In Ukraine telemedicine services have been included in 31 of 41 medical/rehabilitation care service packages under the 2024 state-funded Program of Medical Guarantees.</p> |
| Objective 2. Increased population coverage | | |
| 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) | 745 (671 in Colombia, 74 in Jordan) | In Jordan , participants of a GESI capacity building workshop shared proposed action plans with the Ministry of Health's GESI unit. |
| 2.2 Number of LHSS-supported countries with observed improvements in the number of health facilities eligible to receive funding from prepaid and pooled sources such as the public budget and national health insurance schemes that cover the entire population | 1 Country (Nigeria) | Nigeria increased the total number of health facilities enrolled in a financial risk protection scheme in Lagos and Kano States (31 additional facilities in Lagos and 5 additional facilities in Kano in Q2). |

| Indicators | Data | Examples |
|--|---|---|
| 2.3 Documented instances of LHSS support to strengthening community health systems | 8 Countries (Afghanistan, Cambodia, Colombia, Namibia, Nigeria, Tajikistan, Timor-Leste, and Vietnam) | <p>Colombia held a workshop to identify lessons and develop recommendations for the national government to incorporate into its new community-based surveillance guidelines.</p> <p>Namibia convened stakeholders to develop standard operating procedures for social contracting and supported social contracting technical working group meetings.</p> <p>Timor Leste established the Village Health Assembly to support planning, implementation, and monitoring of community health programs. Community mobilization teams were established to coordinate with the Assembly in two administrative posts.</p> <p>Vietnam supported the Vietnam Administration of HIV/AIDS Control in a conducting a mid-term assessment of the social contracting pilot, and shared preliminary results with stakeholders.</p> |
| 2.5 Documented instances of LHSS support to ensure coverage of essential services to underserved population groups | 9 Countries/Region (Afghanistan, Cambodia, Colombia, East Africa Region, Jordan, Madagascar, Namibia, Nigeria, Ukraine) | <p>In Cambodia, 9 of 12 communes in two remote districts allocated budget in their 2024 investment plans to support four malaria activities.</p> <p>Namibia included underserved populations (e.g., the LGBTI community and the National Disability Council) in its Essential Health Services Package consultation meetings.</p> |

| Indicators | Data | Examples |
|---|--|--|
| Objective 3. Increased service coverage of quality essential services | | |
| 3.1 Number of countries where USAID provided specimen transport, quality assurance, expanded diagnostics, and/or training support for laboratory systems for COVID-19 (USAID Global COVID-19, 4.0) and other diseases | 2 Countries (Kazakhstan and Jordan) | LHSS is completing its COVID-19 pandemic response activities and has moved to a transition phase. Kazakhstan presented findings and recommendations from its laboratory quality management system assessment to the Ministry of Health and established an agreement with partner IML Red to support continued quality improvement in government laboratories. |
| 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 | 2 Countries (Kazakhstan and Colombia) | Jordan concluded preparations to accredit its central laboratory. |
| 3.3 Documented instances of LHSS support to strengthening quality of health services through improved quality assurance systems, governance, regulation, and performance at global and country levels | 7 Countries/Region (Colombia, East Africa Region, Honduras, Jordan, Kazakhstan, Madagascar, Nigeria) | LAC supported the Honduras MOH and the Health and Migration Board in conducting a study and subsequent proposal to strengthen referral systems between first response centers and primary care providers serving migrants. Nigeria conducted quality assessment visits and provided training in quality of care and referrals across Basic Health Care Provision Fund facilities, where quality assessment scores improved in all states. |
| <i>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</i> | | |
| X.1.1 Percentage of U.S. government-assisted organizations with improved performance (CBLD-9) | Bangladesh= 100% Vietnam= 88% | In Bangladesh , 6 out of 6 Local Government Institutions demonstrated improved performance. In Vietnam , 21 of 24 governmental organizations demonstrated improved performance. |
| X.1.2 Percentage of the TO work implemented by local partners | 19% of the total project expenditure to date | Local grantees in six countries (Colombia, Ghana, Namibia, Nigeria, Uganda, and Ukraine) implemented project activities. Among them, 99% were non-traditional partners. |

| Indicators | Data | Examples |
|--|--|---|
| X.1.3 Documented instances of LHSS-supported organizations with improved integration and use of data to inform health systems decisions | 8 Countries/Region (Afghanistan, Bangladesh, Cambodia, Colombia, East Africa Region, Jordan, Nigeria, and Timor-Leste) | <p>In the East Africa Region, Kenya and Uganda conducted a simulation of the Cross-Border Digital Health Solution to demonstrate its data-sharing capability. The tool is now available for mobile use to facilitate continuity of care and track uptake among mobile population clients.</p> <p>Nigeria developed an optimization dashboard, led quality assessments, and conducted on-the-job training to strengthen data management in Basic Health Care Provision Fund facilities.</p> <p>Timor Leste improved data reporting and timeliness, developed, developed a complete set of data forms, and led health management information system capacity strengthening activities with the umbrella organization of health NGOs.</p> |
| <i>Cross-cutting Sub-objective X.2: Increased client and community engagement and voice (especially among vulnerable and marginalized populations) in planning and oversight</i> | | |
| X.2.1 Number of institutionalized mechanisms supported by the project to facilitate/ensure/enable involvement of vulnerable and marginalized populations in planning and oversight of health sector | 4 Countries (Cambodia, Colombia, Namibia, and Nigeria) | <p>Colombia strengthened the ability of territorial entities to report debt owed for services provided to uninsured populations, which led to the Ministry of Health’s willingness to explore alternatives to finance these costs.</p> <p>Nigeria held barrier-reducing town hall meetings in Basic Health Care Provision Fund facilities to raise awareness among prospective enrollees about the benefits package.</p> |
| X.2.2 Number of LHSS-supported activities that engage community partners in planning, designing, implementing or monitoring health systems actions/functions/activities for strengthening local capacity, ownership and accountability | 4 (Cambodia, Nigeria, Timor Leste, and Vietnam) | <p>In Cambodia, 84 commune/Sangkats have allocated funds for HIV activities in their Commune Investment Plans, up from 59 in FY23 Quarter 4.</p> <p>In Vietnam, nine Provincial Centers for Disease Control established agreements with 11 community-based organizations and social enterprises to provide selected HIV service packages to high-risk groups.</p> |
| X.2.3 Documented evidence of collaborations between the public and private sectors that demonstrate | 8 Countries/Region (Colombia, DR, East Africa Region, Jordan, Namibia, | <p>DR established a public-private coordination board to convene stakeholders and validate the roadmap for Private Sector Engagement.</p> <p>Jordan conducted a Continuing Professional Development-awareness raising campaign designed for private sector healthcare personnel.</p> |

| Indicators | Data | Examples |
|---|--|---|
| responsiveness to population health needs supported by the project | Nigeria, Timor-Leste, and Ukraine) | Timor-Leste collaborated with the Agency of Information and Communication Technology to train MOH staff in cloud computing to facilitate their engagement and strategic collaboration with private sector health entities. |
| <i>Cross-cutting Thematic: Global and local thought leadership and knowledge management</i> | | |
| X.T.1 Number of country experts that participate/lead global or regional health systems technical consultations or dialogues around health systems, UHC or localization with LHSS support | Total: 76 East Africa Region (61), Madagascar (15) | Representatives from 61 East Africa Community countries participated in a regional Experts' Working Group on Digital Health, Data, Technologies, and Innovation. Madagascar conducted a study tour in Senegal to learn about implementing “ <i>Mutuelles</i> ” as a financial protection mechanism. |
| X.T.2 Number of knowledge products disseminated to advance the field of health systems strengthening | Total: 96 products Colombia (72), DRC (2), East Africa Region (2), Kazakhstan (1), LAC (4), Madagascar (2), Namibia (1), Nigeria (1), Tajikistan (7), Timor Leste (3), Ukraine (1), Vietnam (1), Core COVID-19 Learning (1) | LAC published its quarterly Migration and Health newsletters, hosted a Webinar titled “ Health in Migration Corridors: A Fundamental Right. ” and produced a podcast episode. Tajikistan developed seven informational products: four articles in local newspapers and social media and three TV programs related to community engagement for vaccination and overall immunization. Ukraine published a technical brief titled “Estimating resources associated with delivering telemedicine-based services at the facility level in Ukraine.” The COVID-19 Learning Activity published a blog post in ‘New Security Beat’ titled: How Lessons from the COVID-19 Pandemic Can Help Achieve Health for All. |
| X.T.3 Number of country health policies (or strategies) developed, updated, or revised with LHSS support | Total: 21 Afghanistan (1), Cambodia (3), Colombia (1), East Africa Region (2), Timor Leste (11), Ukraine (3) | Cambodia: The HIV-National Policy to End AIDS by 2025 and the Strategic Plan for Digital Transformation in Social Protection. Timor-Leste: The updated Human Resource Manual. Ukraine: Ministry of Health of Ukraine Order No. 77 (January 2024,) which eliminates restrictions on who can receive telemedicine services and facilitates use of telemedicine by rehabilitation specialists. |