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QUARTERLY PROGRESS REPORT

FY2023 YEAR 4, QUARTER 1

October 1, 2022 – December 31, 2022

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

THE LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

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

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

Submitted to: Scott Stewart, Task Order Contracting Officer's Representative
Office of Health Systems
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ACRONYMS

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

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

OVERVIEW

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

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

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

PROGRESS TOWARD SUSTAINABLE HEALTH SYSTEM STRENGTHENING

Formerly titled the LHSS Scale-Up of Local Capacity Strategy (December 2019), LHSS submitted for USAID approval, an updated “Strategy for Sustainable Health System Strengthening.” Revisions reflect the new USAID Local Capacity Strengthening Policy (October 2022) and LHSS’s implementation experience to date, including engagement with over 500 entities globally the Project has partnered and collaborated with, provided technical assistance to, and funded.

LHSS launched a cross-project learning group on sustainability and transition to capture learning across the project. Group participants include project COPs, activity sustainability and transition leads, and senior technical advisors. All told, 15 LHSS country activities spearheading sustainability and transition initiatives are represented. In Q2, the learning group will invite local partners to participate and weigh in on the effectiveness of approaches, provide feedback on LHSS support for transition and sustainability, and create opportunities to share learning and codify successful approaches.

Highlights of LHSS’s capacity strengthening activities include:

- In Colombia, LHSS worked with a REDESIS, a subcontractor, and the Office of Information and Communication Technology of the Sectoral Financing Directorate of the MOH to finalize the health account audit tool. This new resource will enable MOH health care providers to bill territorial entities for emergency services provided to uninsured populations. In turn, the territories will be able to audit these bills more easily. The health account audit tool promotes financial sustainability by ensuring providers are paid, increasing financial liquidity to permit health facilities to expand health services for migrants, and improving the ability of health secretariats to monitor and judiciously allocate resources for migrants’ care.
- In Vietnam, LHSS and the Vietnam Administration of HIV/AIDS Control (VAAC) co-developed and piloted a social contracting monitoring checklist in three provinces. After validating the indicators, LHSS transitioned the checklist to VAAC and other implementing

partners for continued pilot monitoring. LHSS will support VAAC in using checklist data to advocate for the provision of HIV prevention and referral services as a public service through social contracting mechanisms. This proposed policy change would enable nationwide scaling of the social contracting model and increased financing for community-level HIV response through the State budget.

- In Madagascar, LHSS continued supporting the Universal Health Coverage (UHC) Unit in strengthening its capacity to key areas such as monitoring and evaluation, leadership, and advocacy. Applying an adaptive management model, LHSS is working closely with the UHC Unit to adjust its capacity strengthening plan to be in closer alignment with the evolving priorities and needs of local partners.

In Q1, the LHSS grants program had a strong start to the year with activities in 14 countries. See below for details.

GRANTS UNDER CONTRACT

LHSS grants mobilize local support to strengthen sustainable host country health systems capacity. In Q1, LHSS awarded approximately \$1.7 million in grant funds to seven grantees across six LHSS country activities. LHSS has also solicited applications from seven additional organizations, including not-for-profit and for-profit private entities, NGOs, and local government organizations. To date, more than \$6.3 million in LHSS funds have been awarded to local partners through grants. The Project anticipates awarding \$1 million in grants during Q2. Highlights include:

- In Afghanistan, LHSS awarded a grant to improve the grantee's technical, institutional, and financial capacity. Within the first three months of the grant (initiated in October 2022) the organization made significant progress in their activities including opening five new retail outlets to expand the availability of socially marketed health products. The Activity is currently selecting multiple organizations to receive grants to increase health product coverage and support the establishment of new market franchises. LHSS is also strengthening provider networking models to improve the availability of priority health services in urban and peri-urban areas.
- In Timor-Leste, LHSS awarded a capacity strengthening grant to Sharis Haburas Comunidade to strengthen community health systems in two municipalities. LHSS will provide technical assistance to strengthen the capacity of grantee staff members in both technical and administrative areas. On the programmatic side, LHSS will provide technical assistance to the grantee on effective design, implementation and monitoring of social behavior change activities (e.g., inclusive reproductive, maternal, newborn, child & adolescent health, and nutrition programs). Administrative support will encompass financial management and administration.

Timor-Leste also awarded an in-kind grant to the Timor-Leste Health Management of Information System (HMIS) Department. This in-kind grant supports the distribution of phone credits used by HMIS officers to facilitate their daily data entry requirements for the national COVID-19 Immunization Tracker and health information systems. Prior to making phone credits available, the data entry completion rate was 66.9 percent. As of November 2022, the completion rate has risen to 83.7 percent. This award is a prime example of how a small grants program can achieve significant change.

- In Colombia, activities began on grants awarded in FY22 Q4. These include digital health activities for remote monitoring of symptomatic COVID-19 patients and programs to improve the quality and access of health care for migrant populations. A GESI-focused grant was awarded to Asociación Profamilia, a local NGO. The goal of the grant is to reduce barriers to

gender equality and social inclusion, and to mitigate xenophobia experienced by migrants when accessing health services.

Following the end of its LHSS grant in Jamaica, Health Connect Jamaica continued providing COVID-19 vaccinations through its network of community-led partners, demonstrating its newly honed organizational capacity and enhanced commitment to continue forward with its important work without donor support. In coordination with LHSS, the Ministry of Health and Wellness has turned to Health Connect Jamaica to develop a Private Provider Rapid Response Protocol that will enable the Ministry to swiftly respond to new and reemerging infectious disease outbreaks in the future.

GENDER EQUALITY AND SOCIAL INCLUSION

LHSS continued to strengthen GESI knowledge across the project's stakeholders and partners and integrate GESI considerations into activity implementation. Several country activities advanced their GESI activities to address identified gender-based and other social barriers to improved health outcomes. Teams across the project assessed previous activity learning to determine where GESI considerations would fortify their health system strengthening work. During Q1, the LHSS GESI lead provided an orientation for new country teams in Nigeria and Democratic Republic of Congo and held a meeting for the GESI Focal Point Network to enhance the capacity of staff to proactively integrate GESI into the implementation and monitoring all activities Q1 GESI highlights provided below and in the country activity progress reports.

- The Colombia activity developed two GESI toolkits (e.g., for territorial entities and community-based organizations), and provided technical assistance and mentoring to toolkit recipients. The Activity also supported a Migration and Xenophobia Prevention Training to an estimated 250 participants, including the Health Secretariat of Bogotá.
- The Nigeria activity developed a draft *LHSS Nigeria GESI Analysis Data Tools, Approach and Methodology* guide. This resource will support a Q2 GESI analysis which will be used ensure GESI is integrated into all project activities. A special focus will be on reducing barriers to achieving more gender equitable and socially inclusive health services.
- The East Africa Cross-Border Health Activity developed a Landscape Analysis Report to support stakeholders in addressing gender-based and other socially determined access barriers to high quality and affordable health services. The report offered recommendations to strengthen cross-border health access.

COMMUNICATIONS AND KNOWLEDGE MANAGEMENT

LHSS continued to share the Project's achievements and learning through social media. On Twitter, LHSS averaged 48 tweets per month resulting in an average of 21,000 impressions and 45 mentions per month. LHSS followers grew by 42.6 percent (from 826 to 1,178) on Twitter and by 16 percent (from 304 to 354) on Facebook. LHSS launched a new LinkedIn page at the end of Q1. As of December 31, 2022, LHSS had attracted over 150 followers on LinkedIn.

The LHSS monthly newsletter promotes the latest stories and blogs and includes links to publications on featured technical areas. As a result of webinar attendance, new staff, and subscription requests on the LHSS website, the Project's global mailing list grew 10 percent to more than 2770 subscribers.

From October 1-December 31, 2022, the LHSS website attracted 4,035 users and over 28,000 pageviews. Nearly half of users were from the United States. The remainder came from 139 countries, led by Nigeria, Afghanistan, and Colombia. Most users (70 percent) access the site through computers rather than mobile devices.

Website Updates: LHSS made several important updates to the website. The Resource Center design was updated, featuring an entirely new filtered search function that makes it easier for users to quantify LHSS resources and quickly find the material they are looking for. Additionally, a dedicated space for RFAs was added. The updated Resource Center page is located prominently at the top of LHSS's homepage and highlights opportunities for LHSS grants.

Webinars: On December 13, 2022, LHSS hosted the webinar, How Good is Your Pharmaceutical Expenditure Data, with simultaneous French translation. Ninety-seven people attended.

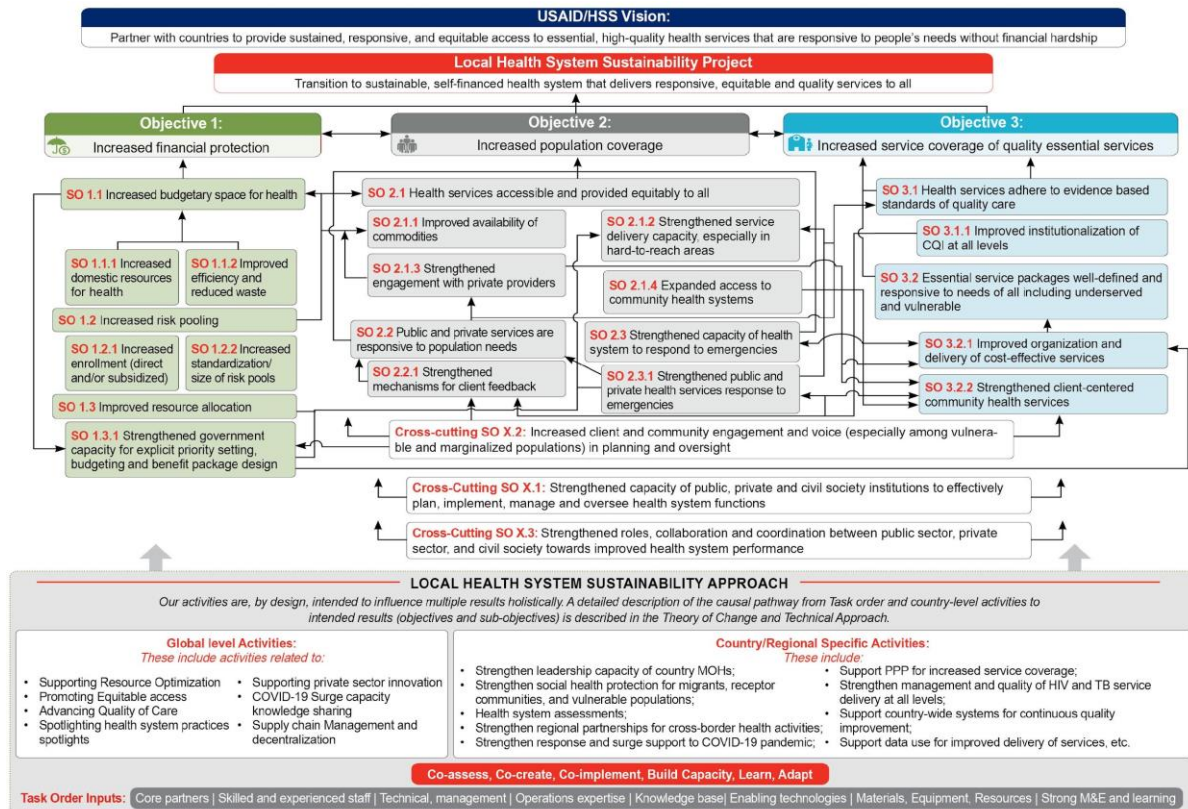
Conferences: LHSS presented at two scientific conferences. At the 7th Global Health Systems Research Symposium 2022 held in Bogotá, Colombia October 31- November 4, 2022, LHSS led a symposium and a panel, gave four oral presentations, and presented 12 posters. At the Global Digital Health Forum held in Washington, DC December 5 – 7, 2022, LHSS Ukraine shared digital innovation and learning from its groundbreaking work supporting the Government of Ukraine to expand and strengthen telemedicine.

MEL AND PERFORMANCE

RESULTS FRAMEWORK

The LHSS results framework below defines the ultimate objectives and sub-objectives (SO) for both core and country activities.

Figure 1. LHSS Results Framework

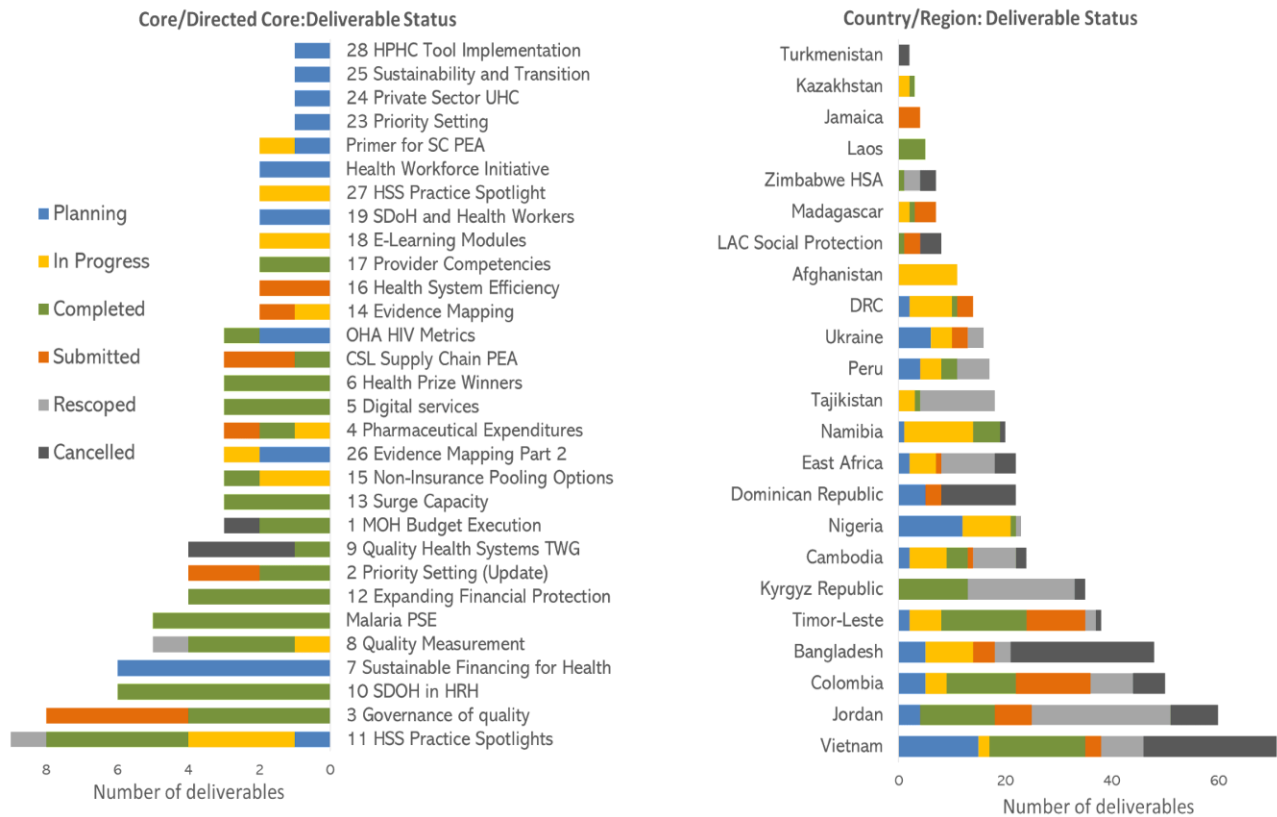


In Q1, LHSS submitted Activity MEL Plans to USAID Missions in Bangladesh, Cambodia, Nigeria, Ukraine, Peru, and Vietnam. Any outstanding Activity MEL Plans will be prepared and submitted in Q2. LHSS continuously works with its activity teams to improve the quality of indicator reporting in Activity MEL Plans and developed a detailed learning agenda using USAID’s learning agenda template.

LHSS submitted the FY22 Q4 and annual report to USAID in October 2022. The LHSS Contracting Officer’s Representative (COR) approved the report on December 7, 2022.

Of the 60 total work plans implemented by LHSS, 23 are country activities, 31 activities are core-funded, four are directed-core, and two are regional work plans. LHSS is presently implementing 42 work plans and has completed an additional 18 work plans. Laos COVID-19, Core Activity 5- Digital financial services, and the Health Financing Forum activities were completed in FY 2020. Core Activity 6- Health Prize winners, Kazakhstan COVID-19, and the Laos Pasteur Activity were completed in FY 2021. LHSS completed Tunisia, Malaria PSE, Zimbabwe, Core Activity 9- Quality HS TWG, Uzbekistan, Activity 13- Surge Capacity, and Activity 10- SDOH in FY 2023. In FY 2023 Q1, LHSS completed an additional 5 activities (Core Activity 2- Priority Setting, Core Activity 4- Pharm Expenditures, Core Activity 12- Expanding Financial Protection, Core Activity 15- Non-insurance pooling, and Kyrgyz Republic). As at the end of FY 2023 Q1, a cumulative 36 percent of all deliverables were completed, with 25 percent of deliverables in progress. (Figure 2).

Figure 2. Status of LHSS Activity Deliverables, December 31, 2022



MANAGEMENT AND PARTNERS

LHSS Management: LHSS hired an additional 18 staff, engaged 16 new consultants, and executed two new subcontracts worldwide. At the end of Q1, 227 staff were working on LHSS (not including consultants).

LHSS Partner Meeting: On October 13, 2022, LHSS hosted the quarterly LHSS partner meeting virtually. After general announcements, regional and portfolio managers provided updates of the core and country activities.

LHSS Staff Engagement: LHSS held an in-person management workshop on December 05-06, 2022. The objectives of the workshop were to strengthen internal LHSS processes, discuss and agree on norms and behaviors in a hybrid working environment, and improve communication and collaboration through team building exercises. Due to Covid-19 restrictions and the geographic distribution of LHSS staff, this was the first meeting of its kind since the Project began. The benefits of in-person connections were felt immediately and will continue to energize LHSS’s work through the end of the project. As a result of the workshop, LHSS is finalizing a set of streamlined tools and processes that will improve project operations going forward.

LHSS Country Offices: LHSS successfully completed and closed the Kyrgyz Republic activity.

SECTION 1: ACTIVITY HIGHLIGHTS

CORE ACTIVITY HIGHLIGHTS

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

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

CORE ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

- LHSS organized a satellite session with representatives from Lao PDR, Peru, the Philippines, and USAID to disseminate findings from Core Activities 1 and 2 at the Seventh Global Symposium on Health Systems Research (HSR 2022) on October 31, 2022, in Bogotá, Colombia.
- LHSS organized and facilitated a webinar for USAID mission staff to disseminate learnings from Core Activities 1 and 2 and guidance for countries on improving health budget execution.
- LHSS developed and published a final blogpost to describe learning generated by the technical assistance provided to the three participating countries.

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

In addition to the joint activities set out under Core Activity 1

- LHSS published a blog post about the processes used by learning exchange partner countries to set their national health priorities.
- LHSS completed a learning resource that synthesizes key learning from a literature review, learning exchange meetings, and TA workshops.

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

LHSS is awaiting feedback from USAID on final draft deliverables submitted at the end of FY22.

CORE ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

- LHSS and the Medicines, Technologies, and Pharmaceutical Services Program (MTaPS) revised the resource for tracking pharmaceutical expenditure to reflect USAID and WHO feedback on the preliminary draft as well as learnings from the pilots. LHSS addressed

subsequent feedback from WHO and submitted the revised draft to USAID for review. LHSS and MTaPS delivered a global webinar featuring speakers from LHSS, MTaPS, the Ministries of Health of Vietnam and Burkina Faso. In this webinar, presenters shared an overview of the resource, learnings, and data from the pilots conducted in Vietnam and Burkina Faso.

- LHSS and the MOH in Vietnam agreed to co-develop a policy brief with the available pharmaceutical expenditure data.

CORE ACTIVITY 5: DIGITAL SERVICES TO SUPPORT FINANCIAL PROTECTION

- Completed prior to this reporting period.

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

- Completed prior to this reporting period.

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

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

CORE ACTIVITY 8: QUALITY AND MEASUREMENT

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

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

- Completed prior to this reporting period.

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

- Completed prior to this reporting period.

CORE ACTIVITY 11: HSS PRACTICE SPOTLIGHTS

- Continued as part of Activity 27.

CORE ACTIVITY 12: EXPANDING FINANCIAL PROTECTION

- Completed prior to this reporting period.

CORE ACTIVITY 13: SURGE CAPACITY AND KNOWLEDGE SHARING

- Completed prior to this reporting period.

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

- LHSS finalized building the key features and functionalities of the HSS Evidence Gap Map, an online repository of curated evidence for USAID's HSS Learning Questions.
- LHSS uploaded identified peer-reviewed and gray articles for USAID HSS Learning Question 1 on systems thinking, Learning Question 3 on HSS measurement, and Learning Question 5 on whole-of-society engagement and localization to the Evidence Gap Map.
- LHSS prepared accompanying two-pagers to provide high-level characterizations of the identified evidence for Learning Question 2 on sustainability and scale-up and Learning Question 3 on HSS measurement.

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

- LHSS is awaiting review and feedback from USAID of its first deliverable, the landscape report and pullout briefs were submitted on September 30, 2022. The Project will develop an e-learning module upon receipt of USAID's review.

CORE ACTIVITY 16: ACHIEVING EFFICIENCY IN HEALTH SYSTEMS

- LHSS held the second, and final, learning exchange on October 14, 2022, with 25 participants. In the post-learning exchange survey, 92 percent of respondents 'agreed' or 'strongly agreed' with the statement "Participation in the learning exchange has helped increase my access to a trusted network of global peers whom I can ask for information and advice."
- LHSS completed the Learning Brief deliverable to summarize the key findings, takeaways, and learnings from the learning exchanges. Supplementary resources from the learning exchanges will be available for participants and accessible on the LHSS and Joint Learning Network (JLN) websites for anyone interested in learning more about the exchange and the topics covered.

CORE ACTIVITY 17: PROVIDER COMPETENCIES IN SOCIAL DETERMINANTS OF HEALTH

- Completed prior to this reporting period.

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

- LHSS met with its PAHO point of contact who confirmed PAHO's commitment to working with LHSS to host the e-modules.
- LHSS continued work on a story board for the e-learning modules with technical content from Activity 1 and Activity 2.

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

- USAID approval was received on December 21, 2022. Activity implementation will begin in Q2.

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

- USAID approval was received on December 21, 2022. Activity implementation will begin in Q2.

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

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

CORE ACTIVITY 22: ENSURING SUSTAINABILITY AND INSTITUTIONALIZATION OF QUALITY IMPROVEMENT

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

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

- USAID approval was received on December 21, 2022. Activity implementation will begin in Q2.

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

- USAID approval was received on December 21, 2022. Activity implementation will begin in Q2.

CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

- USAID approval was received on December 21, 2022. Activity implementation will begin in Q2.

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

- USAID approval was received December 21, 2022. Activity implementation will begin in Q2.

CORE ACTIVITY 27: HSS PRACTICE SPOTLIGHTS

- LHSS completed stakeholder consultations to inform the Financing for Quality brief and prepared the first draft of the brief.

CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

- LHSS held a series of meetings with USAID to discuss shortlisted LHSS countries for the activity, parameters for the tool implementation, and mission engagement and concurrence processes. Full activity implementation will begin in Q2.

CORE-DIRECTED HIGHLIGHTS

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

MALARIA PRIVATE SECTOR ENGAGEMENT

- Completed prior to this reporting period.

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

- LHSS obtained positive feedback on the draft supply chain political economy analysis primer from expert advisory group members and from USAID's Commodity Security and Logistics Division (CSL) supply chain experts.
- LHSS presented a poster on the primer on supply chain PEA at the Health Systems Research Symposium 2022 in Colombia highlighting findings from the Côte d'Ivoire PEA.

CSL SUPPLY CHAIN PEA (CORE-DIRECTED)

- LHSS obtained feedback from the USAID Commodity Security and Logistics (CSL) Division on the draft findings report and submitted a revised version.
- LHSS submitted the summary brief to CSL which highlights the PEA findings for a global audience.

TESTING PEOPLE-CENTERED HIV METRICS

- LHSS obtained approval for the research protocol from the Mozambique Committee for Bioethics in Health and implemented the first step of the intervention (orientation to the people-centered HIV indicators) and the first step of the research study (assessment of indicator dimensions) at two facilities (i.e., CS No2 Bairro Matundo and CS Mpadue in Tete Province).
- LHSS revised one of the six indicators based on feedback obtained from focus group discussion respondents and administered indicator questionnaires to 100 clients (50 each at the two facilities in Tete province) in both health facility and community-based settings.
- LHSS analyzed and presented the indicator values at routine data review meetings at each facility in Tete province.

COUNTRY AND REGIONAL ACTIVITY HIGHLIGHTS

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

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

AFRICA

LHSS DEMOCRATIC REPUBLIC OF CONGO

- LHSS worked closely with the Kinshasa School of Public Health to complete the draft research protocol and terms of reference for the flat-rate pricing policy assessment of health facilities in DRC.
- LHSS successfully facilitated an exercise whereby the financial directorate of the MOH assessed their own organizational capacity in order to develop a capacity strengthening plan and road map. This plan informed several interventions in the Directorate's annual work plan for the 2023 financial year.

LHSS EAST AFRICA REGION

- The Activity presented a virtual poster at the Seventh Global Health Systems Research Symposium 2022 to share findings from the Landscape Analysis.
- LHSS facilitated a capacity strengthening workshop in collaboration with the East African Community (EAC) to identify opportunities for improving implementation of cross-border health directives among member states. A draft communication and advocacy strategy was vetted by meeting participants and will be submitted for approval to the EAC Secretariate and USAID in Q2. Participants found the workshop so useful they have suggested meeting regularly to review EAC Directives as they are developed.

LHSS MADAGASCAR

- LHSS facilitated in-person technical sessions with the Universal Health Coverage (UHC) Unit in December 2022 to understand how countries have linked the organization of their *mutuelles* with the health system levels, and to discuss considerations for sustainability. LHSS also helped plan the next steps for advancing the government's *mutuelles* initiative.

LHSS NAMIBIA

- The LHSS team in Namibia supported the Ministry of Health and Social Services (MOHSS) in facilitating a sector-wide health financing meeting on November 28, 2022, to secure broad stakeholder consensus on the priorities and possible strategies suitable in the Namibian context. The meeting focused on adequate and sustainable financing for universal health coverage (UHC) in Namibia, including from the private sector, civil society, and development partners.
- In collaboration with the MOHSS and Survey Warehouse, a local grantee, LHSS completed the data collection process for the time-driven activity-based costing study on selected health and HIV services covering a total of 15 health facilities, over 1,200 patients and community-level HIV services, provided by six PEPFAR implementing partners.

LHSS NIGERIA

- LHSS co-developed a town hall meeting strategy with state insurance agencies to engage the poor and vulnerable enrolled in the Basic Healthcare Provision Fund (Provision Fund) to increase service utilization in Zamfara, Plateau, and Nasarawa. The Activity supported meetings to convene enrollees, community facility staff, and state agencies.
- LHSS collaborated with State Primary Health Development Agencies to provide health facility trainings in Zamfara, Plateau, and Nasarawa. The curriculum focused on developing context-relevant, adaptive quarterly business plans that employ prioritization techniques. Primary health centers are required to submit these business plans in order to receive their quarterly obligation from the Provision Fund.
- LHSS supported the Lagos State Health Management Agency (Health Agency) to develop enrollment strategies to expand insurance coverage. By the end of Q1, an additional 57,866 individuals were enrolled in insurance programs, including 30,837 in the Provision Fund.

ASIA

LHSS AFGHANISTAN

- In October 2022, LHSS awarded a one-year \$998,531 grant to an organization to expand its role in providing access to critical family planning and maternal and child health commodities. The grant will also strengthen the grantee's capacity to deliver sustained health impact. Since the grant was awarded in October 2022, the grantee has delivered 19,419 couple years of protection, disinfected 768,400 liters of drinking water, and treated 2,894 diarrheal episodes by generating nearly USD \$80,000 in sales of family planning and maternal and child health products, respectively.
- LHSS leveraged the grantee's trained network of private midwives in Kabul to increase access to and availability of socially marketed commodities among low-income populations. These midwives were linked with local private hospitals and pharmacies for patient referrals. LHSS also mapped thirty additional midwives to expand the network to Herat and Nangarhar before the activity was temporarily suspended in December 2022 following the Ministry of Economy's decree banning women workers in NGOs.
- LHSS mapped and held exploratory discussions with private health providers in the Project's five large urban provinces. These meetings focused on a request for applications (RFA) to expand access to essential products and services through provider networks (i.e., family planning, maternal and child health, nutrition, tuberculosis, and non-communicable diseases), and to strengthen the capacity of local organizations. LHSS received 27 applications and will start awarding grants to selected organizations in FY23 Q2.

LHSS BANGLADESH

- LHSS brought together leadership teams from the 14 activity-supported Local Government Institutions for a "Dialogue on Primary Health Care" event, during which leaders articulated their experiences, constraints, and opportunities in expanding primary health care access. One of the suggestions made was to create a separate health wing under the Local Government Division that can provide focused attention to issues around urban PHC.
- LHSS successfully brokered contract negotiations between Bogura Municipality and a contractor, Light House, for operating four new PHC centers. The Municipality and the

contractor have approved the draft legal agreement and expect it to be signed in January 2023.

- LHSS commenced its implementation support in Cox's Bazar by training 18 health assistants in essential service package components, focusing on preventative and promotive care to optimize the use of existing health workers. LHSS facilitated a similar training in Rajshahi City Corporation, training 27 health assistants from six wards.

LHSS CAMBODIA

- Three social protection schemes with different data systems have been connected to a new central registry housed in the Ministry of Economy and Finance that tracks individual clients across all platforms. This interoperability will benefit users, providers, and government decision-makers.
- LHSS provided logistical support to begin registering people living with HIV (PLHIV) in the Identification of Poor Households Program (IDPoor) systems at eight initial antiretroviral therapy sites, with planned expansion to additional sites.
- In collaboration with the National TB program, LHSS began working with the Ministries of Interior and Health on a pilot to integrate TB into Commune/*Sangkat* Investment Plans.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

- LHSS Timor-Leste (known in-country as the USAID Health System Sustainability Activity), the Timorese umbrella organization *Forum Organizaasaun Naun Governmentál Timor-Leste* (FONGTIL), and the USAID-funded NGO Advocacy for Good Governance project signed a memorandum of understanding to collaborate on developing a learning technology platform for FONGTIL's 250 member organizations. This is the first partnership of its type for FONGTIL and will deepen FONGTIL's experience working as an equal with USAID partners.
- The Activity presented final drafts of 41 job descriptions and performance evaluation criteria for health workers at the primary health care level to the Council of Directors of the Ministry of Health (MOH). The MOH and the Civil Service Commission have endorsed the documents. These new human resource management tools will help expand access to primary health care through a more equitable and transparent recruitment and management processes.
- LHSS conducted capacity assessments for two grantees as a first step in strengthening their capacity to co-implement planned Activity interventions. Findings will be shared in Q2.

LHSS VIETNAM

- LHSS worked closely with Vietnam Social Security (VSS) and Vietnam Administration of HIV/AIDS Control (VAAC) to provide accounts to manage ARVs through the Electronic Logistic Management Information System (eLMIS) to all 63 provincial centers for disease control and HIV treatment facilities nationwide. Having eLMIS accounts will allow the provincial centers and facilities to strengthen their ability to manage ARVs within the Social Health Insurance system. LHSS will provide training on eLMIS in Q2.
- LHSS supported the National TB Program and VSS in completing the integration of the Social Health Insurance's (SHI) TB drug management function into the eLMIS and provided training in its use. This new feature will allow users in provincial TB Programs, TB treatment facilities, and TB drug suppliers to monitor TB drug quantification, dispensing, reallocation, reporting, and reimbursement.

- With LHSS support, Vietnam has made significant progress integrating TB treatment facilities into the SHI. To date, 100 of 115 TB treatment facilities in the seven LHSS-supported provinces have completed the process of integrating TB service delivery—including provision of TB drugs—into the SHI fund.

EUROPE / EURASIA

LHSS UKRAINE

- The Ukrainian MOH, with support from LHSS, took the first step in developing an enabling environment for telemedicine in Ukraine by developing three technical documents that outline the main goals, objectives, and implementation models that the MOH will use in partnership with LHSS to create this environment.
- LHSS provided training and technical support to health providers to install and use eight telemedicine solutions that were donated to the Ukrainian government to use in health facilities as humanitarian aid. These solutions were used to provide services to more than 1,500 patients for health care (e.g., burn care, traumatic surgeries, and pregnancy monitoring). One of these eight solutions is BrainScan, a new telemedicine solution that LHSS supported the MOH to evaluate and introduce this quarter.
- LHSS's Ukraine Activity Chief of Party presented at the Global Digital Health Forum on the activity's approach to telemedicine development in Ukraine and its rapid implementation of telemedicine solutions for wartime needs. About 40 people attended the presentation, and LHSS received positive feedback from USAID and other forum attendees.

LATIN AMERICA AND CARIBBEAN

LHSS COLOMBIA VRIO

- LHSS participated in the launch of integrated migrant service centers, or *Intégrate* Centers, in Cali, Cartagena, Riohacha, and Santa Marta. These centers are expected to guide more than 285,000 Venezuelan migrants, Colombian returnees, and host community members through the health insurance enrollment process and orient them to access health services.
- During the US Navy Comfort Hospital Ship's medical mission to Cartagena, LHSS collaborated with Ministry of Health (MOH) and Health District officials to register and provide medical services to 153 migrants. LHSS facilitated the provision of 755 regular and COVID-19 vaccines, and the participation of 1,000 people in mental health and sex education workshops.
- LHSS and the MOH jointly hosted a national forum attended by a cross section of more than 2,000 actors from the Colombian health system. Participants from civil society organizations, academia and the scientific community shared experiences implementing the primary health care model. The forum allowed the MOH to position quality of care as a cornerstone of its new healthcare model, and to promote the continued exchange of information among local and international stakeholders to improve primary health care.

LHSS DOMINICAN REPUBLIC (PEPFAR)

- LHSS conducted a series of sensitization meetings with three priority national private sector stakeholders from the tourism and sugar cane sectors to lay the groundwork for an upcoming consultative workshop aimed at increasing private sector participation in the HIV

national response. As a result, these stakeholders became familiar with the national HIV program – many for the first time – and agreed to participate in the effort.

LHSS LAC BUREAU

- LHSS submitted and is currently revising a four-year Roadmap for Strengthening Social Health Protection for Women in High-Migration Contexts in Honduras in December 2022. This resource will improve financial protection and increase access to health services for women at risk of migrating, those in transit, and those returning. This roadmap will assist the Ministry of Health (MOH) in their communication with stakeholders to jointly strengthen social health protection mechanisms for these vulnerable populations.

LHSS PERU MONKEY POX (MPOX)

- LHSS began developing the national communication strategy to prevent Monkey Pox (mpox) which will be implemented in Lima, Loreto, and Trujillo. This strategy will improve access to appropriate information on prevention for high-risk populations and contribute to reducing transmission.
- LHSS obtained the support of the new regional authorities of Loreto and La Libertad to develop mpox response plans. Technical assistance will strengthen the regions' capacity to prepare for and respond to the epidemic.

LHSS PERU (PEPFAR)

- LHSS worked in close collaboration with the Directorate of Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis (DPVIH), along with implementing partners, government officials, universities, and other stakeholders to prepare and present a bill to the Peruvian Congress that would allow migrants and refugees living with HIV or TB in Peru access to the Comprehensive Health Insurance (SIS). This law, once approved, will remove financial barriers currently preventing these vulnerable populations from accessing the health services they need.
- The rapid assessment of structural barriers faced by Venezuelan LGBTQ migrants in accessing health services and to protect their human rights defense, along with Gender-based Violence prevention and care is progressing on schedule. The Technical Advisory Committee overseeing this effort is now in place. This assessment will provide recommendations to the Ministry of Health (MOH), the Ministry of Women and Vulnerable Populations, and other public sector with strategies to help Venezuelan LGBTQ migrants overcome barriers they face in accessing health care services.
- LHSS held a meeting with the HIV Program Directors of Chile, Ecuador, and Peru and with representatives of USAID and UNAIDS to validate the Road Map that will facilitate the continuity of HIV care for Venezuelan migrants along the migration route. During the meeting, the Road Map was validated, and the participating countries committed to implementing the plan. UNAIDS has committed to monitoring the implementation process.

MIDDLE EAST

LHSS JORDAN

- LHSS and the Ministry of Health (MOH) organized a launch event for the American Heart Association-accredited Life Support Programs Training Center. His Excellency the Minister

of Health, the Spanish Ambassador, and the USAID Deputy Mission Director spoke, recognizing LHSS's role in the work to improve critical care, including for pregnant women, by strengthening intensive care units (ICUs).

- The Minister of Health endorsed the Competency Framework for ICU Healthcare Providers which will be implemented in FY23. The framework introduces multi-disciplinary team care, a global best practice, for the first time in public hospitals.
- LHSS assisted with updates to and accreditation for the MOH COVID-19 training platform by the National Continuing Professional Development (CPD) Committee, increasing the supply of online accredited CPD activities for MOH providers. The relicensing by-law mandates that the MOH must facilitate access to CPD activities for all its providers so they may fulfill their license renewal requirement every five years.

COUNTRY ACTIVITIES FUNDED THROUGH AMERICAN RESCUE PLAN ACT 2021

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

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

LHSS COLOMBIA (ARPA)

- Through a grant with the Colombia Society of Pediatrics, more than 132 doctors, pediatricians, and vaccinators participated in the Regional Vaccine Update Forum in Cundinamarca and the International Vaccine Update Congress in Barranquilla. During these forums, participants reviewed and updated national and regional vaccination plans to expand and accelerate equitable COVID-19 vaccination coverage among vulnerable populations.
- Through a grant with Banco de Medicamentos, LHSS is continuing to strengthen the capacities of the health secretariats in Bucaramanga and Cúcuta to improve management of donated medicines and medical supplies for the migrant population. LHSS's support will help health secretariats to manage medical waste more efficiently, leading to cost savings in their health budgets.
- Through a grant with Fundación Oriéntame, 71 community-based organizations learned how to educate the community on sexual and reproductive rights and promote healthy sexual and reproductive practices. Awareness raising in these areas has been important due to the impact of COVID-19 on family planning utilization among migrants. Using these learnings, these organizations will apply this new knowledge in their communications and outreach activities which are expected to reach more than 2,000 migrants, returnees, and host community members. This effort is expected to enhance their knowledge about and increase their access to contraceptives among the target audiences.

LHSS JAMAICA (ARPA)

- LHSS collaborated with Health Connect Jamaica to develop a surge support plan that outlines actions Health Connect Jamaica will take to rapidly engage the country's private health sector in the event of a public health emergency. The plan will enable Health Connect Jamaica, through its private provider network, to assist the Ministry of Health and Wellness

by reducing the workload on the under resourced public health system and increase the availability of critical services.

- With LHSS's support, Health Connect Jamaica conducted case management trainings to 20 providers under their COVID-19 network. Training modules covered management of basic and complicated COVID-19 cases, risk communication, and reporting adverse events.
- LHSS successfully closed out its grant with Health Connect Jamaica to support the Ministry's Outsourcing of Vaccine Administration Plan for COVID-19. Following the end of the grant period, Health Connect Jamaica has continued to administer vaccines through their COVID-19 network. Their ability to sustain their work after the LHSS grant is a direct result of the technical assistance and financial support they received from Activity during the project.

LHSS KAZAKHSTAN (ARPA)

- LHSS worked with the USAID Mission in Kazakhstan, CDC, and Albiogen to finalize the Round 4.2 Illumina MiSeq contract and installation. This instrument will support the nation's efforts to utilize genomic sequencing as part of COVID-19 variant monitoring and ongoing microbiological research efforts being coordinated by Government of Kazakhstan, CDC, and USAID.
- The supplier VizaMed, with support from LHSS, delivered the Round 5.2 BioAnalyzer TapeStation on December 28, 2022. Installation and training were planned for the week of January 9, 2023. This instrument will be used for RNA/DNA analysis to support the nation's infectious disease monitoring and research efforts being coordinated by the Government of Kazakhstan, CDC, and USAID.

LHSS PERU (ARPA)

- LHSS supported a visit of 10 high-level specialists from the National Institute of Health to Seoul, South Korea to receive training by Seoul Clinical Laboratories. The purpose of this study visit was to strengthen the quality and capacity of Peru's key COVID-19 laboratory functions, such as testing and infection surveillance. The trainings will strengthen the Ministry of Health's (MOH's) laboratory and surveillance services so they may better respond to COVID-19 and future viral respiratory infections with epidemic potential.

LHSS TAJIKISTAN (ARPA)

- LHSS and the Sughd region Department of Health and Social Protection of the Population held a month-long "Protect yourself from the Coronavirus!" contest in eight LHSS districts. The contest aimed to motivate health care workers to creatively engage their communities to increase COVID-19 vaccination coverage and leveraged health care workers as a trusted source of information about vaccines. Health care workers employed community outreach tactics such as information events, education sessions with community members, household visits, and patient counselling; and tailored messages to target audience communities. Following the contest, COVID-19 vaccination rate in the region rebounded by 30 percent.
- LHSS and government counterparts jointly led classes and workshops for journalists and local media on how to engage communities in COVID-19 vaccination. As a part of the workshops, LHSS helped develop outreach materials that seek to decrease community hesitancy towards vaccinations.

- LHSS developed and published a series of articles on COVID-19 vaccination and vaccine hesitancy in a major national paper, ASIA-Plus Tajikistan. ASIA-Plus Tajikistan’s daily readership is 50,000, reaching a broad swath of the country. The articles provided accurate and up to date information on the benefits of being vaccinated against COVID-19, how vaccines can prevent severe illness and hospitalization, the purpose of boosters and the importance of pregnant women getting vaccinated.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY TIMOR-LESTE (ARPA)

- The USAID Health System Sustainability Activity grantee, HAMNASA, supported the Ministry of Health (MOH) in administering 9,528 COVID-19 vaccines representing a 14 percent increase in vaccine uptake, including first and second doses to school-aged children and booster shots to the general population in four target municipalities: Ainaro, Bobonaro, Ermera, and Liquica.
- The Activity convened three major telecommunication providers (Telemor, Timor-Telecom, and Telkomcel) with the MOH to discuss ways the companies can support reliable internet connectivity for HMIS officers to improve reporting and strengthen the country’s health management information system.
- The Activity and HAMNASA completed a survey in four municipalities to understand community perceptions of COVID-19, the vaccine, and health services. The four municipalities were selected due to their low rates of vaccine uptake, where understanding barriers or facilitators to vaccine uptake and seeking services will help design a more effective response. The survey found healthcare providers and community leaders were the most commonly trusted sources of information about the vaccines, reiterating the value of the Activity’s work training role models to influence and increase COVID-19 awareness in the community.

SECTION 2: QUARTERLY PROGRESS REPORTS FOR CORE-FUNDED ACTIVITIES

CORE ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

HIGHLIGHTS THIS QUARTER

- LHSS organized a satellite session with representatives from Lao PDR, Peru, the Philippines, and USAID to disseminate findings from Core Activities 1 and 2 at the Seventh Global Symposium on Health Systems Research (HSR 2022) on October 31, 2022, in Bogotá, Colombia.
- LHSS organized and facilitated a webinar for USAID mission staff to disseminate learnings from Core Activities 1 and 2 and guidance for countries on improving health budget execution.
- LHSS developed and published a final blogpost to describe learning generated by the technical assistance provided to the three participating countries.

QUARTERLY ACTIVITY PROGRESS

The technical work for this activity was completed in December 2022. In this quarter, the team focused on disseminating the learning resource completed in September 2022 through three activities:

1. A satellite session with Core Activity 2 at the Health Systems Research Symposium in October 2022. This session explained the link between national priority setting and improving budget execution, shared common challenges and promising practices from the learning exchanges conducted by the two Core Activities, and presented learning from Lao PDR, Peru, and Philippines about how taking small first steps toward implementing promising practices can lead to sustained and institutionalized improvement.
2. A final blogpost published on the LHSS website on December 19, 2022, which presented learnings from technical assistance provided to the ministries of health in Lao PDR and Peru, including the steps they have taken to improve health budget execution.
3. A webinar conducted jointly with Core Activity 2 for USAID mission staff, similar to the satellite session held at the Health Systems Research Symposium 2022, with an additional focus on how participation in a learning exchange that includes technical assistance can provide a valuable experience for a country when the focus is aligned with their priorities.

CHALLENGES

- No challenges were encountered during this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- “How to institutionalize explicit national health priority setting and improve MOH budget execution: Countries share promising practices from peer learning exchanges.” Health Systems Research Symposium satellite session, October 30, 2022.
- “Applying Promising Practices to Strengthen Health Budget Execution.” Blogpost. Approved December 12, 2022.
- “Demand-driven peer learning and technical assistance to institutionalize national priority setting and improve budget execution for health.” Webinar. December 8, 2022.

UPCOMING EVENTS

- The activity has been completed.

PRIORITIES NEXT QUARTER

- The activity has been completed.

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

HIGHLIGHTS THIS QUARTER

In addition to the joint activities set out under Core Activity 1

- LHSS published a blog post about the processes used by learning exchange partner countries to set their national health priorities.
- LHSS completed a learning resource that synthesizes key learning from a literature review, learning exchange meetings, and TA workshops.

QUARTERLY ACTIVITY PROGRESS

LHSS completed and disseminated the technical work for this activity to a range of audiences. The main written output from the activity is a learning resource that includes learning partners’ understanding of, and shared vision for, explicit national health priority setting, the processes used in different countries, and promising practices for institutionalizing more effective processes. It focuses particularly on stakeholder engagement in priority setting and on institutionalizing stronger links between national health priorities, sector plans and national budgets, which learning partners identified as their greatest challenges.

The learning from this activity and Core Activity 1 was disseminated to a global audience through a satellite session at Health Systems Research Symposium 2022 in October. The session highlighted the link between national priority setting and improving budget execution and shared common challenges and promising practices identified by countries that participated in the learning exchanges and TA. The session was moderated by USAID and the panel included the LHSS activity lead and learning partners from ministries of health in Lao PDR, Peru, and the Philippines. It was a hybrid session, with audience members present both in person and online.

LHSS also disseminated the learning from the two core activities to USAID mission staff through a webinar, with an additional focus on how the implementation of a demand-driven learning exchange with TA can provide a valuable source of practical learning for countries that is tailored to their needs.

The second blog post in a four-part series was published on the LHSS website and disseminated via Twitter, Facebook, LinkedIn and the LHSS monthly external newsletter. It was promoted by the JLN, P4H, and LHSS. This blog post, titled “How Countries Are Institutionalizing National Priority Setting for Universal Health Coverage,” highlighted common steps countries take to generate national health priorities and common challenges they face. Two more blog posts were approved and will be published in Q2.

CHALLENGES

- LHSS experienced no challenges in this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Health Systems Research Symposium 2022 satellite session: How to institutionalize explicit national health priority setting and improve MOH budget execution: Countries share promising practices from peer learning exchanges. Submitted October 31, 2022.
- Webinar for USAID missions: Demand-driven peer learning and TA to institutionalize national priority setting and improve budget execution for health. December 8, 2022.
- Learning resource: Institutionalizing explicit processes for setting national health priorities: Learning from country experience. Submitted December 16, 2022.
- TA report: Institutionalizing explicit processes for setting national health priorities learning exchange: Remote technical assistance implementation report. Submitted December 16, 2022.
- Blog post: How do countries set national health priorities for universal health coverage? Published December 19, 2022.
- Blog post: Promising practices for improving stakeholder engagement in national priority setting. Approved December 11, 2022.
- Blog post: How do national health priorities make it into sector plans and government budgets? Approved December 11, 2022.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- Publish the two final blog posts.
- Publish and disseminate the learning resource once it is approved.

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

HIGHLIGHTS THIS QUARTER

- LHSS is awaiting feedback from USAID on final draft deliverables submitted at the end of FY22: the case study report and the summary report were sent on September 30, 2022 and October 21, 2022, respectively. LHSS will finalize and complete the activity as soon as feedback is received.

PRIORITIES NEXT QUARTER

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

CORE ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

HIGHLIGHTS THIS QUARTER

- LHSS and the Medicines, Technologies, and Pharmaceutical Services Program (MTaPS) revised the resource for tracking pharmaceutical expenditure to reflect USAID and WHO feedback on the preliminary draft as well as learnings from the pilots.
- LHSS and MTAps delivered a global webinar featuring speakers from LHSS, MTAps, the Ministries of Health of Vietnam and Burkina Faso. In this webinar, presenters shared an overview of the resource and learnings and data from the pilots conducted in Vietnam and Burkina Faso.
- LHSS and the MOH in Vietnam agreed to co-develop a policy brief with the available pharmaceutical expenditure data.

QUARTERLY ACTIVITY PROGRESS

INTERVENTION 1: IDENTIFY GAPS AND POLICY PRIORITIES TO DRAFT A RESOURCE TO IMPROVE PHARMACEUTICAL EXPENDITURE TRACKING

LHSS and MTAps incorporated learning from the LHSS Vietnam pilot and the MTAps Benin pilot to prepare a revised draft resource. The revised draft resource also addressed earlier comments from USAID and WHO. LHSS then shared the revised draft resource with WHO according to the agreed timeline, and subsequently obtained and addressed WHO's feedback

on this version. WHO's feedback requested clarification around what is being included in the estimate of pharmaceutical expenditure, and alignment with the System of Health Accounts 2011 framework. LHSS addressed these comments prior to submission of the revised resource to USAID on December 16, 2022.

As agreed with USAID, LHSS continues to provide monthly updates on the activity to WHO; the last update was sent in December.

INTERVENTION 2: BUILD COUNTRY CAPACITY FOR PRODUCTION AND USE OF PHARMACEUTICAL EXPENDITURE DATA TO IMPROVE DECISION-MAKING

Due to difficulties obtaining and incorporating pharmaceutical expenditure data into the Health Accounts estimation, LHSS and the Vietnam MOH agreed that the available pharmaceutical expenditure data would not be incorporated, but that the standalone data would be used to co-develop a policy brief together with pharmaceutical decision-makers in Vietnam. LHSS developed slides showing how the data could be used to inform policy priorities including financial protection, sustainability, and efficiency for presentation at an upcoming policy workshop with pharmaceutical decision-makers. LHSS worked with the Vietnam MOH to plan the workshop. While originally planned for early January 2023, the MOH has postponed the workshop to February 2023. The USAID Mission in Vietnam has asked to see the slides and discuss the proposed list of workshop participants in early January 2023.

LHSS submitted a revised timeline in the Y4 work plan and has obtained USAID's approval to extend this activity to March 2023.

CHALLENGES

The consultant hired by LHSS (also a consultant for WHO as the lead for the Health Accounts for Vietnam) indicated that the pharmaceutical expenditure data could not be incorporated into the current Health Accounts estimation. This process would have been prohibitively time-consuming and prone to error. The LHSS team then recommended that the standalone pharmaceutical expenditure data be used to co-develop a policy brief with pharmaceutical decision-makers, the Department of Planning Finance, and other appropriate stakeholders, which has been agreed to by the Vietnam MOH.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS MTaPS Revised Draft Pharmaceutical Expenditures Tracking Resource DRAFT v1. Submitted December 16, 2022

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- LHSS and the Vietnam MOH will hold a policy workshop to understand the priorities of pharmaceutical policymakers and how the available pharmaceutical expenditure data can be analyzed and packaged to inform these priorities.
- LHSS and the Vietnam MOH will co-develop a policy brief with the available pharmaceutical expenditure data.

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

QUARTERLY ACTIVITY PROGRESS

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

CORE ACTIVITY 8: QUALITY AND MEASUREMENT

QUARTERLY ACTIVITY PROGRESS

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

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

HIGHLIGHTS THIS QUARTER

- LHSS finalized building the key features and functionalities of the HSS Evidence Gap Map, an online repository of curated evidence for USAID’s HSS Learning Questions.
- LHSS uploaded identified peer-reviewed and gray articles for USAID HSS Learning Question 1 on systems thinking, Learning Question 3 on HSS measurement, and Learning Question 5 on whole-of-society engagement and localization to the Evidence Gap Map.
- LHSS prepared accompanying two-pagers to provide high-level characterizations of the identified evidence for Learning Question 2 on sustainability and scale-up and Learning Question 3 on HSS measurement.

QUARTERLY ACTIVITY PROGRESS

LHSS reviewed existing evidence related to the selected learning questions from the USAID HSS Learning Agenda, guided by the inclusion and exclusion criteria outlined in its evidence mapping process framework, and tailored search headings terms accordingly. Building on findings from initial screenings conducted in FY 22, LHSS did a full-text review of approximately 620 peer-reviewed and gray literature articles for Learning Questions 1,3, and 5. For each of these learning questions, LHSS organized the reviewed evidence around key emerging themes. LHSS then uploaded the curated content to the beta-version of the online repository that serves as the HSS Evidence Gap Map. This beta-version already included 200 articles for Learning Question 2.

LHSS also continued to collaborate with developers and USAID to finalize the functionality, user experience, and visualization aspects of the Evidence Gap Map. To facilitate uptake and use of the Evidence Gap Map, LHSS is developing two-page overviews for each learning question. Each of these resources will describe the type and range of articles identified and provide an overview of the main themes and gaps in the existing evidence. LHSS completed the two-pagers for Learning Questions 2 and 3 during Q1 and will complete the 2-pagers for Learning Questions 1 and 5 in Q2.

CHALLENGES

- No challenges.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Evidence Gap Map with content for all four learning questions. Submitted for review on December 30, 2022.
- Two-pagers on Learning Question 2 (Sustainability and Scale-up) and Learning Question 3 (HSS Measurement). Submitted for review on December 30, 2022.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- Update Evidence Gap Map to address USAID feedback and finalize for approval.
- Draft two-pagers for Learning Question 1 (Systems Thinking) and Learning Question 5 (Whole-of-Society and Localization) to provide a high-level summary of the identified evidence for each question.
- Promote the Evidence Gap Map and corresponding two-pagers through LHSS's website and social media channels.

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

HIGHLIGHTS THIS QUARTER

- LHSS is awaiting review and feedback from USAID of its first deliverable, the landscape report and pullout briefs were submitted on September 30, 2022. The Project will develop the module content upon receipt of USAID's review.

QUARTERLY ACTIVITY PROGRESS

- LHSS will disseminate the learning on pooling reforms to strengthen health financing for UHC through an e-learning module and two webinars, which will draw on the landscape report and pull-out briefs, once USAID approves them.
- In collaboration with instructional designers from LHSS partner TRG, the Project is developing the structure of the e-learning module to disseminate findings on feasible pooling options to country policy makers and practitioners. This module will draw its content from the landscape report and pull-out briefs to provide an interactive learning experience for USAID staff in missions and headquarters. The module will help audiences develop a deeper understanding of pooling options identified in the report and briefs and provide an introductory overview of the health financing functions. LHSS will start working on the content of the module as soon we receive the feedback from USAID on the landscape report and pullout briefs.
- LHSS is also designing two webinars: a global public webinar to share findings from the landscape report, and a webinar for USAID mission audiences. The objective of both webinars will be to share the learning landscape report and pullout briefs. The USAID Mission-specific webinar will also include emerging guidance for countries interested in considering pooling reforms. Webinar panel presenters will include LHSS health financing experts, global thought leaders, and country experts.

CHALLENGES

- Work on the e-learning module and webinars has been delayed pending feedback from USAID on the draft landscape report and briefs.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- None

UPCOMING EVENTS

- Webinar for USAID Missions to share findings from the landscape report. Date TBD.
- Webinar for global audiences to share findings from the landscape report. Date TBD

PRIORITIES NEXT QUARTER

- Continue to develop the e-learning module
- Host two dissemination webinars

CORE ACTIVITY 16: ACHIEVING TECHNICAL EFFICIENCY IN HEALTH SYSTEMS

HIGHLIGHTS THIS QUARTER

- LHSS held the second, and final, learning exchange on October 14, 2022, with 25 participants. In the post-learning exchange survey, 92 percent of respondents ‘agreed’ or ‘strongly agreed’ with the statement “Participation in the learning exchange has helped increase my access to a trusted network of global peers whom I can ask for information and advice.”
- LHSS completed the Learning Brief deliverable to summarize the key findings, takeaways, and learnings from the learning exchanges. Supplementary resources from the learning exchanges will be available for participants and accessible on the LHSS and Joint Learning Network (JLN) websites for anyone interested in learning more about the exchange and the topics covered.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Catalog of Approaches to Improve Technical Efficiency. During Q1, USAID reviewed the draft Catalog of Approaches and submitted feedback. LHSS incorporated this feedback, produced a final version and resubmitted it to USAID for approval in December 2022.

Intervention 2: Virtual Learning Exchange. LHSS held its second learning exchange on October 14, 2022. Three country teams made presentations covering two topics. Representatives from the Philippines and Malawi presented on the first topic, developing, and effectively implementing a human resources for health (HRH) master plan and strategy. Representatives from Malaysia presented on the second topic, a cluster model for hospitals to streamline referrals and optimize health workforce allocation. The presenters used a template developed by the facilitation team to present an overview of the health systems and health workforce contexts in their countries, outlining the challenges and experience of implemented solutions. The presentations also highlighted enablers of and barriers to success and offered implementation tips and recommendations pertaining to key takeaways emphasized during the learning exchange. Twenty-five participants attended the meeting and the JLN Network Manager expressed how impressed they were with the high level of country engagement and participation in the learning exchange. In response to participants’ interest in staying in touch with each other, LHSS established an unmonitored and unmoderated WhatsApp group to facilitate continued information exchange and shared learning.

To date, 12 participants have completed the post-learning exchange survey, with 92 percent of respondents indicating they ‘agreed’ or ‘strongly agreed’ that the exchange increased their network of trusted global peers with whom they can exchange ideas and information. All participants expressed an interest in participating in follow-on activities pertaining to HRH resource optimization, including technical assistance, learning exchanges and longer-term engagement in a learning collaborative.

LHSS completed the Learning Brief deliverable to summarize the key findings, takeaways, and learnings from the learning exchanges. The Learning Brief is organized by the four topic areas discussed during the learning exchange. Each section introduces the topic and defines the specific HRH challenge presented during the learning exchange. These sections are followed by a description of interventions and outcomes achieved by each of the three countries. Each

section of the Learning Brief describes the country's health system context, challenges, and successes to date to underscore the importance of framing HRH interventions within the broader health systems context. The summary and key takeaways section describes the lessons learned and key considerations for other countries interested in adapting HRH approaches to their own country contexts. The Learning Brief will be available for use by participants and accessible on the LHSS and JLN websites for those interested in the topics covered in the learning exchange.

CHALLENGES

- None encountered.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Learning Brief on HRH Resource Optimization to Improve Health Care Service Delivery and Quality. Submitted December 19, 2022.
- The Catalog of Approaches to Improve Technical Efficiency. Revised version submitted for approval December 20, 2022.

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- This activity is completed, pending USAID's concurrence and approval of the two submitted deliverables.

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

HIGHLIGHTS THIS QUARTER

- LHSS met with its PAHO point of contact confirmed PAHO's commitment to working with LHSS to host the e-modules.
- LHSS continued work on a story board for the e-learning modules with technical content from Activity 1 and Activity 2.

QUARTERLY ACTIVITY PROGRESS

LHSS continued to develop the storyboard and content for two e-learning modules that will synthesize and present learning on strengthening MOH budget execution (Core Activity 1) and institutionalizing explicit national health priority setting processes (Core Activity 2). The storyboards package technical content that was co-developed with countries through completed peer learning exchanges and synthesized in the learning resources developed for each activity. In Q1, LHSS significantly advanced development of the e-learning module for health budget execution and will accelerate efforts to develop the e-learning module for priority setting once USAID approves the Core Activity 2 learning resource.

The storyboarding process is a critical step in developing the e-learning modules that will be uploaded to the PAHO virtual campus platform. Here, they will be available free of charge to global audiences of interested practitioners. PAHO has confirmed its commitment to host the e-learning modules and has identified a focal point to work with LHSS. LHSS and PAHO will establish an agreement outlining roles, responsibilities, and fee schedules over the anticipated two-year hosting period.

CHALLENGES

- LHSS experienced some delays in meeting with PAHO representatives to confirm their agreement to host the e-learning modules on PAHO's virtual campus platform and to advance the collaboration process. In Q2, LHSS will work with PAHO to develop a Memorandum of Understanding (MOU) to formalize roles and responsibilities of each partner. LHSS anticipates this agreement will expedite progress of this activity.
- Work on the e-learning module on institutionalizing explicit processes for setting national health priorities was delayed pending completion of the Core Activity 2 learning resource, which has now been approved.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- Establish an MOU with PAHO to host the e-learning modules on its virtual campus platform.
- Complete two e-learning module institutionalizing explicit national priority-setting and improving budget execution.

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

QUARTERLY ACTIVITY PROGRESS

- COR approval was received Dec 21, 2022, and activity implementation will begin in Q2.

PRIORITIES NEXT QUARTER

- Select country and identify local partners to co-develop plan of action for testing the LHSS process guide on integrating social determinants of health-related competencies for health workforce.
- Develop a local theory of change for the selected country.

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

QUARTERLY ACTIVITY PROGRESS

- COR approval was received Dec 21, 2022, and activity implementation will begin in Q2.

PRIORITIES NEXT QUARTER

- Identify and adapt the technical content from Core Activity 12 that will be featured in the e-learning module on expanding financial protection.
- Identify an e-learning platform to host the module.

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

QUARTERLY ACTIVITY PROGRESS

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

CORE ACTIVITY 22: ENSURING SUSTAINABILITY AND INSTITUTIONALIZATION OF QUALITY IMPROVEMENT

QUARTERLY ACTIVITY PROGRESS

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

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

QUARTERLY ACTIVITY PROGRESS

- USAID approval was received Dec 21, 2022, and activity implementation will begin in Q2.

PRIORITIES NEXT QUARTER

- Provide technical assistance to two countries to link national priority setting and budget formulation and execution.

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

QUARTERLY ACTIVITY PROGRESS

- USAID approval was received Dec. 21, 2022, and activity implementation will begin in Q2.

PRIORITIES NEXT QUARTER

- Agree on key definitions and framing for toolkit and begin to identify existing materials for toolkit.

CORE ACTIVITY 25: SUSTAINABILITY AND TRANSITION TOOLKIT

QUARTERLY ACTIVITY PROGRESS

- USAID approval was received Dec. 21, 2022, and activity implementation will begin in Q2.

PRIORITIES NEXT QUARTER

- Conduct a rapid, focused review of tools and guidance used by donor agencies on sustainable health system investments.
- Begin developing a practical toolkit to support USAID Missions in planning and managing sustainable health system investments in host countries.

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

QUARTERLY ACTIVITY PROGRESS

- USAID approval was received Dec. 21, 2022, and activity implementation will begin in Q2.

PRIORITIES NEXT QUARTER

- Develop relevant search terms for the two learning questions.
- Conduct an evidence review guided by the established mapping framework.
- Determine format, topic, agenda, participants, and scale for the planned in-depth technical meetings.
- Prepare to conduct the first technical meeting in March or April 2023 (anticipated).

CORE ACTIVITY 27: HSS PRACTICE SPOTLIGHTS

HIGHLIGHTS THIS QUARTER

- LHSS completed stakeholder consultations to inform the Financing for Quality brief and prepared the first draft of the brief.

QUARTERLY ACTIVITY PROGRESS

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

USAID informed LHSS that the two externally authored briefs will be received in Q2 due to slight delays with drafting those briefs. The first brief is titled *Improving Linkages between Social and Behavior Change and Social Accountability to Help Advance Health System Efficiency and Equity*. The second brief is titled *Digital Financing Services for Health*. Per USAID's request, LHSS extended the final production and submission of these briefs to Q3. The modification to the deliverable timeline was made to the final approved version of the Core Year 4 work plan in December 2022.

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

After conducting stakeholder consultations and completing a desk review, LHSS completed the first draft of the Financing for Quality brief. The draft underwent multiple rounds of the internal quality assurance review and was shared with USAID for feedback prior to being reviewed by the spotlight brief Advisory Committee. LHSS and USAID also agreed to extend the deadline of the brief to FY23 Q2 in the Core Year 4 work plan, which was approved in December 2022.

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

LHSS will initiate the production of three externally produced briefs upon receipt.

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

USAID selected the deliverables under Year 4 HSS Spotlight brief funding. These will be:

- LHSS develops and produces one brief on a priority topic related to HSS.
- LHSS produces four externally authored briefs on topics TBD.

The implementation timeline of these deliverables is reflected in the Core Year 4 work plan, which was approved in December 2022.

CHALLENGES

Scheduling the stakeholder consultations to review the Financing for Quality draft took longer than expected due to participants' availability and scheduling conflicts. This delayed the completion of the first draft of the Financing for Quality brief.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Finalize the two USAID externally authored briefs commissioned under Year 2.
- Finalize the Financing for Quality Brief commissioned under Year 3.
- Prepare a dissemination event (webinar) for the Financing for Quality brief.
- Collaborate with USAID to agree on a topic for the LHSS authored brief planned for Year 4.
- Coordinate with USAID on producing and disseminating the four externally authored briefs planned for Year 4.

CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

QUARTERLY ACTIVITY PROGRESS

In Q1, LHSS held a series of meetings with USAID to discuss shortlisted LHSS countries for the activity, parameters for the tool implementation, and mission engagement and concurrence processes. USAID approval of the work plan was received Dec 21, 2022, and full activity implementation will begin in Q2.

PRIORITIES NEXT QUARTER

- Finalize selection of two countries and introduce the tool to key stakeholders in each country.
- Recruit and onboard consultants in the selected countries.
- Develop a comprehensive list of participants for the tool's survey.

SECTION 3: QUARTERLY PROGRESS REPORTS FOR DIRECTED-CORE ACTIVITIES

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

HIGHLIGHTS THIS QUARTER

- LHSS obtained positive feedback on the draft supply chain political economy analysis primer from expert advisory group members and from USAID's Commodity Security and Logistics Division (CSL) supply chain experts.
- LHSS presented a poster at the Health Systems Research Symposium 2022 highlighting the primer and findings from the Côte d'Ivoire PEA.

QUARTERLY ACTIVITY PROGRESS

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

LHSS received feedback from all members of the expert advisory group. These comments were very positive and included excellent suggestions to strengthen both the content and readability for global supply chain audiences.

LHSS also developed a poster on the primer (including some high-level findings from the Côte d'Ivoire PEA, without mentioning the country name) and presented it at Health Systems Research Symposium 2022 in Colombia. The poster was reviewed and approved by CSL prior to presentation.

Due to delays in the review process, LHSS and CSL agreed to extend the timeline of the Activity to March 2023. The COR has approved this extension. The draft primer will now be submitted in January 2023. Drawing on the finalized primer, the global webinar will be held in March 2023.

CHALLENGES

- No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- LHSS will host a global webinar to disseminate the primer, planned for March 2023.

PRIORITIES NEXT QUARTER

- LHSS will revise the primer to address feedback from expert advisory group members and CSL. The draft primer deliverable will be submitted to CSL in January 2023.
- LHSS will develop and deliver the global webinar to disseminate the primer in March 2023.

CSL SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS (PEA)

HIGHLIGHTS THIS QUARTER

- LHSS obtained feedback from the USAID Commodity Security and Logistics (CSL) Division on the draft findings report and submitted a revised version.
- LHSS submitted the summary brief to CSL which highlights the PEA findings for a global audience.
- LHSS presented a poster on the primer for supply chain PEA at the Health Systems Research Symposium 2022 in Colombia.

QUARTERLY ACTIVITY PROGRESS

INTERVENTION 1: CONDUCT APPLIED PEA IN ONE PRH PRIORITY COUNTRY

LHSS obtained useful feedback from CSL and USAID Côte d'Ivoire Mission on the findings report (PowerPoint slides), addressed the feedback, and submitted a revised report on October 30, 2022. LHSS will finalize the report once CSL's additional feedback is received and incorporated. This report contains sensitive information and should be circulated with discretion.

LHSS developed a summary brief targeted at public global audiences that presents high-level findings from the PEA, with country-specific and general recommendations. The brief was submitted to USAID on November 16, 2022, and LHSS awaits feedback from CSL.

LHSS developed a poster on the primer for supply chain PEA, including high-level findings from the Côte d'Ivoire PEA (without mentioning the country name). The Activity presented the poster at the Health Systems Research Symposium 2022, following review from CSL.

Due to delays in the review process, LHSS and CSL agreed to extend the timeline of the Activity to February 2023. The team agreed that the findings report, and the summary brief will be finalized in January 2023 and the webinar for USAID will be held in February 2023.

CHALLENGES

- No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Inaccurate data in the Côte d'Ivoire supply chain for health commodities: Political economy analysis findings. Submitted November 16, 2022. This product is referred to above as the 'summary brief.'

UPCOMING EVENTS

- LHSS will host a webinar for USAID to disseminate the PEA findings in February 2023.

PRIORITIES NEXT QUARTER

- LHSS will finalize the findings report and summary brief once feedback is received from CSL.
- LHSS will plan and develop the USAID internal webinar on the findings report and summary brief, to be held in February 2023.

TESTING PEOPLE-CENTERED HIV METRICS

HIGHLIGHTS THIS QUARTER

- LHSS obtained approval for the research protocol from the Mozambique Committee for Bioethics in Health and implemented the first step of the intervention (orientation to the people-centered HIV indicators) and the first step of the research study (assessment of indicator dimensions) at two facilities (i.e., CS No2 Bairro Matundo and CS Mpadue in Tete Province).
- LHSS revised one of the six indicators based on feedback obtained from focus group discussion respondents and administered indicator questionnaires to 100 clients (50 each at the two facilities in Tete province) in both health facility and community-based settings.
- LHSS analyzed and presented the indicator values at routine data review meetings at each facility in Tete province.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Prepare for And Design Pilot. Completed.

Intervention 2: Implement Pilot. LHSS obtained approval of the research protocol on October 11, 2022, and immediately began implementation at CS No2 Bairro Matundo and CS Mpadue in Tete Province. The first step of the intervention involved an orientation to the indicators for select providers, program staff and client advocates at each facility. This was followed by the first step of the research study, namely focus group discussions facilitated with a questionnaire to assess perceptions of various dimensions of the indicator. The focus group discussions demonstrated that the indicators were well-received by the participants. This was a promising initial reaction to people-centered indicators in a facility setting.

Based on analysis of the data obtained during the focus group discussions, LHSS recommended revising one indicator (*Percent surveyed clients who report taking out a loan or selling belongings to pay for HIV-related care*) and the associated survey questions. This revised indicator, *Percent of surveyed clients who experience financial hardship associated with their HIV diagnosis, and/or their HIV-related treatment and care*, more accurately captures financial hardship among HIV clients and will be transferrable for use in different country contexts, even where HIV services are free of cost. LHSS and USAID discussed and agreed upon this indicator revision.

LHSS revised the questionnaire for collecting data on the indicators and administered the questionnaire to 50 clients at CS No2 Bairro Matundo and CS Mpadue, in both facility and community settings. Indicator values were calculated and presented at routine facility data review meetings in the third week of December 2022 to facility staff who discussed if and how such data could be useful in their facility and practice.

LHSS reviewed USAID's technical note *Indicators and implementation guidance to advance value-based HIV care through people-centered metrics* prior to its submission to Global Health Science and Practice. The note draws from the LHSS research protocol which was co-authored by two LHSS staff members.

LHSS and USAID agreed on a revised timeline for this activity, with an end-date of July 2023. LHSS obtained COR approval for this revised timeline on December 2, 2022.

CHALLENGES

- No challenges were encountered this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS OHA HIV Metrics Research Protocol. Resubmitted October 28, 2022 (to incorporate revisions based on feedback from the Mozambique Committee for Bioethics in Health).

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- LHSS will implement the next phase of the research study (Phase 1b,) which will involve focus group discussions with program staff and providers to obtain preliminary information on whether and how the indicators could be useful to inform their HIV program and services.
- LHSS will conduct a second round of data collection using the indicator questionnaires at both facilities and will present the new indicator values at routine data review meetings.

SECTION 4: QUARTERLY PROGRESS REPORTS FOR COUNTRY AND REGIONAL ACTIVITIES

LHSS AFGHANISTAN

HIGHLIGHTS THIS QUARTER

- In October 2022, LHSS awarded a one-year \$998,531 grant to an organization to expand its role in providing access to critical family planning and maternal and child health commodities. The grant will also strengthen the grantee's capacity to deliver sustained health impact. Since the grant was awarded in October 2022, the grantee has delivered 19,419 couple years of protection, disinfected 768,400 liters of drinking water, and treated 2,894 diarrheal episodes by generating nearly USD \$80,000 in sales of family planning and maternal and child health products, respectively.
- LHSS leveraged the grantee's trained network of private midwives in Kabul to increase access to and availability of socially marketed commodities among low-income populations. These midwives were linked with local private hospitals and pharmacies for patient referrals. LHSS also mapped thirty additional midwives to expand the network to Herat and Nangarhar before the activity was temporarily suspended in December 2022 following the Ministry of Economy's decree banning women workers in NGOs.
- LHSS mapped and held exploratory discussions with private health providers in the Project's five large urban provinces. These meetings focused on a request for applications (RFA) to expand access to essential products and services through provider networks (i.e., family planning, maternal and child health, nutrition, tuberculosis, and non-communicable diseases), and to strengthen the capacity of local organizations. LHSS received 27 applications and will start awarding grants to selected organizations in FY23 Q2.

QUARTERLY ACTIVITY PROGRESS

Start-Up: LHSS completed recruitment and onboarding of all four local country national staff.

Objective 1: Provide financial and technical support to the grantee organization aimed at expanding its role and improving its organizational capabilities to deliver sustained impact. With financial and technical support from LHSS, the organization: (1) covered markets in 22 districts and 47 slums within the Project's five large urban provinces, (2) opened 19 new outlets and restarted sales activities with 268 inactive outlets that had not directly purchased from the organization for at least six months, and (3) completed over 10,000 sales visits which generated nearly USD \$80,000 in revenue. LHSS supported the grantee to reach 71,880 people through campaigns for its oral contraceptives and micronutrient powder products on Facebook, Twitter, LinkedIn, and YouTube, and 6,108 patients through 562 in-clinic patient sensitization sessions. The grantee also conducted 562 detailing visits among 106 private midwives and providers. LHSS worked closely with the grantee to finalize its annual work plan, product

marketing plans, and product price review and revisions, while initiating the planning and design process to conduct a fifth round of the grantee's development assessment. This exercise will conclude in Q2 and serve as a tool to rapidly identify and prioritize opportunities to strengthen the organization's technical, organizational, and financial management capacities.

Objective 2: Increase product coverage and support establishment of franchising and provider networking models to improve service provision by partnering with additional social marketing/franchising organizations. LHSS continued inception phase (August 24, 2022-January 31, 2023) activities, including holding exploratory discussions with local and regional for-profit and not-for-profit stakeholders. The Project met with 26 private hospitals in the five urban provinces to discuss about their business models, expansion plans, and alignment with LHSS priorities. Collectively, these stakeholders support all of USAID's priority health areas and could fill critical gaps in the delivery of products and services through the private sector. Based on these insights, LHSS issued an RFA seeking grantees interested in receiving LHSS financial and technical support to increase access to products and services through provider networking models, and to sustainably strengthen their organizational capacity. LHSS hosted a virtual briefing for interested applicants, with 48 organizations in attendance. The Project received 27 applications in December 2022 and will begin issuing grants to selected organizations in FY23 Q2.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS identified opportunities to integrate GESI across program implementation. For example, LHSS will review the existing organizational policies and practices, co-identify feasible means to integrate GESI principles, co-develop internal action plans, and provide technical assistance to integrate GESI into each of the grantees' work planning and programmatic and organizational initiatives. The Project also began assessing potential implications and mitigation measures in response to the Taliban decree issued December 24, 2022, that bans women from working in NGOs, including how this may impact the grantee selection process.

PROGRESS ON PERFORMANCE INDICATORS

Key progress on performance indicators include: (1) 19,419 couple years of protection generated through the sales of family planning methods; (2) 1,661 person years of protection generated through the sale of iron folate, chlorhexidine gel and micronutrients; (3) 768,400 liters of water disinfected; (4) 2,894 diarrheal episodes treated; (5) sales revenue of USD \$80,000 generated with 1 percent contributed by the new distribution channel of approximately 100 private midwives and hospitals in Kabul's low-income areas and urban slums; and (6) 71,880 social media users (87 percent men and 13 percent women) and 6,108 patients reached with social and behavioral change messages through private clinics and hospitals (70 percent women, 30 percent men).

LESSONS LEARNED

LHSS continues to learn how best to navigate repeated requests from the Ministry of Public Health's Religious Compliance Unit's for changes to the grantee's health product promotion materials and use of women models in television campaigns. These changes have resulted in the campaigns losing their core purpose of being appealing and persuasive to the target audience. To mitigate this barrier, LHSS is working closely with the grantee to identify

alternative strategies, moving away from television campaigns, and focusing instead on radio, outdoor advertising, and social media platforms to promote its products.

CHALLENGES

- Commodity importation lead time have significantly increased due to many factors including slow import approval by the de facto administration, customs clearance delays at the country of origin, manufacturers operating at sub-optimal capacity, and low frequency of cargo flights and other carriers servicing Afghanistan. LHSS guided the grantee to adjust procurement forecasts by increasing buffer stocks and projected procurement lead times.
- Restrictions imposed by the de facto administration on health promotions and woman models in media campaigns disrupted the organization's social behavior change initiatives. Additionally, the new decree banning women from working in NGOs threatens the feasibility of using women-friendly channels for targeted product distribution and demand generation. This decree also threatens the ability of NGOs that may be selected for grants under Objective 2 to effectively serve women in urban slums. LHSS is currently reviewing grant applications based on technical merit and will continue assessing the impact of the decree during the selection process.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Quarterly sales and marketing dashboard with brief narrative of key achievements. Submitted December 21, 2022.

EVENTS NEXT QUARTER

- No upcoming events.

PRIORITIES NEXT QUARTER

- Identify strategies to resume direct bank transfers in response to Afghanistan International Bank removing restrictions on international wire transfers, withdrawals, and deposits.
- Support the grantee in successfully implementing its work plan, including addressing the supply chain and commodity stockout issues affecting its sales; identifying new products for introduction; completing the organizational assessment; and co-developing the organization's sustainability and transition plan.
- Select grantee organizations to support Objective 2, compile the grant packages, submit potential grantees for the required vetting, and execute grants.

HIGHLIGHTS THIS QUARTER

- LHSS brought together leadership teams from the 14 activity-supported Local Government Institutions for a “Dialogue on Primary Health Care” event, during which leaders articulated their experiences, constraints, and opportunities in expanding primary health care access. One of the suggestions made was to create a separate health wing under the Local Government Division that can provide focused attention to issues around urban PHC.
- LHSS successfully brokered contract negotiations between Bogura Municipality and a contractor, Light House, for operating four new PHC centers. The Municipality and the contractor have approved the draft legal agreement and expect it to be signed in January 2023.
- LHSS commenced its implementation support in Cox’s Bazar by training 18 health assistants in essential service package components, focusing on preventative and promotive care to optimize the use of existing health workers. LHSS facilitated a similar training in Rajshahi City Corporation, training 27 health assistants from six wards.

QUARTERLY ACTIVITY PROGRESS

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

Based on findings from the FY22 capacity needs assessment covering the Project’s 14 Local Government Institutions, LHSS identified two areas of proposed support: 1) strengthening the capacity of Local Government Institutions to prepare primary health care implementation plans, and 2) training service providers on components of the essential service package with a focus on preventative and promotive health care. To address the first area, LHSS will train Local Government Institution officials in the management of primary health care, with modules on budget planning, resource mobilization, stakeholder engagement, and the monitoring of service delivery. This quarter, LHSS began developing the modules to pilot with prospective trainees in January 2023. LHSS will facilitate trainings for three activity-supported Local Government Institutions (locations to be determined) in Q2, with the objective of strengthening institutional capacity to plan, finance, manage, implement, and monitor the delivery of primary health care services.

In Q1, LHSS addressed the second area of proposed support stemming from the needs assessment study within Cox’s Bazar Municipality and Rajshahi City Corporation, through a training of health care workers on preventative and promotive care. In Cox’s Bazar Municipality, 47 percent of trainees found the training topics extremely relevant to their regular work, and 84 percent of trainees mentioned they would use the learning in their daily activities. Next quarter, LHSS will conduct a post-training review to determine whether and to what extent trainees are utilizing the knowledge and skills gained.

LHSS’s support focuses on strengthening the capacity of Local Government Institution officials to mobilize local resources and expand sustainable access to primary health care services. This quarter, LHSS continued supporting Bogura Municipality in reopening its nonfunctional primary health care centers, and completed negotiations with Light House, the NGO contracted to manage the delivery of services in four primary health care centers. To support the reopening of these centers, LHSS developed and reviewed the draft contract, and brokered negotiations

between the NGO and the Municipality. Upon final contract approval, expected early next quarter, Light House will provide services free-of-charge to 25 percent of patients identified as poor by the Municipality. LHSS is documenting this contracting experience in its primary health care management training modules and peer-learning activities to share lessons learned and facilitate future contract negotiation processes.

As a result of LHSS's continuous advocacy and resource mobilization assistance, several activity-supported areas beyond the Bogura Municipality have opened new primary health care centers which will be locally operated and self-funded. This quarter, LHSS worked with Chapainawabganj Municipality and Sylhet City Corporation to identify underserved wards where access to primary health care centers is low. The Project has supported their efforts to advocate with the respective health standing committee meetings and local stakeholders to mobilize local resources to open new primary health care centers to serve these areas. LHSS is documenting these stakeholder engagement and advocacy experiences to include in primary health care management training modules and learning activities for next quarter.

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

Central to LHSS's work in FY23 is the documentation of knowledge and evidence on sustainable and effective urban primary health care models in activity-supported areas. This quarter, LHSS drafted two knowledge products. The first highlights LHSS's application of a health systems-thinking approach in supporting health standing committees to plan for the management and delivery of primary health care services in a more holistic way. The second captures the process and learnings from the Bogura contracting process. LHSS will finalize and submit both products to USAID early next quarter.

Regular communication between Local Government Institutions, Ministry of Health and Family Welfare, and Ministry of Local Government, Rural Development, and Co-Operatives has been essential to address the coordination gap among agencies advancing urban health. LHSS supported the Ministry of Local Government in organizing an event called "Dialogue on Primary Health Care among Local Government Institutions," during which 14 municipality leadership teams articulated their constraints and opportunities for increasing the accessibility of primary health care in urban municipalities such as theirs. With the phasing out of donor funding in their localities, municipality leadership teams are acknowledging the urgent need to increase access to primary health care services for low-income populations living in urban areas, while highlighting the financial and technical constraints that have prevented them thus far from addressing this critical gap.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS trainings this quarter on essential service package components for health care workers included an orientation on the health impact of early marriage and gender-based violence. Trainees, 43 percent of whom were female, were sensitized about these issues and the importance of addressing health impacts of early marriage and gender-based violence through comprehensive primary health care services. LHSS will continue to include modules on gender-related constraints in its upcoming primary health care management trainings next quarter.

PROGRESS ON PERFORMANCE INDICATORS

- One primary health care center in Sylhet Division and one center in Rajshahi Division opened in Q1 as a result of LHSS technical assistance.

- LHSS provided support to 10 health standing committees which organized meetings during Q1 to discuss planning, resource mobilization, and monitoring primary health care activities in their respective localities.
- LHSS trained 49 health staff (45 health assistants and four medical doctors) across activity-supported areas in preventative and promotive care activities.
- LHSS organized one dialogue event in Dhaka which provided a critical platform for communication between Local Government Institutions and national-level ministry stakeholders on urban primary health care issues.

LESSONS LEARNED

- Although 14 NGOs participated in a pre-bid meeting for the Bogura Municipality contracting process, only one submitted a proposal. This resulted in less negotiating-power or dilution of certain clauses within the subsequent draft contract, particularly on clauses regarding the rent amount payable to the municipality and on the provision of medical equipment for the primary health care center. To secure fair terms for the contract, more competition is required. LHSS will document and share these lessons learned with other municipalities. In sharing these experiences, the Project aims to increase the number of proposals submitted in future bids by offering more in-person pre-bid workshops, longer bidding periods, and by providing more comprehensive technical support to potential contractors.

CHALLENGES

- Given the subnational focus of LHSS's activities, the Project has had limited opportunities to engage national-level stakeholders prior to this quarter. USAID/Bangladesh has kindly facilitated these new relationships on behalf of LHSS (e.g., the Ministry of Health and Family Welfare and the Ministry of Local Government, Rural Development, and Cooperatives). Opportunities to engage national-level stakeholders will be instrumental for the Project to build bridges and enhance coordination between national and sub-national partners. For example, LHSS will be able to advocate for sub-national level programs by elevating their challenges to national-level officials.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Local Government Institution Peer-Learning for Urban PHC in Bangladesh Report, submitted December 29, 2022
- Mayor's Dialogue Event Report, submitted December 29, 2022

EVENTS NEXT QUARTER

- PHC management trainings in Sylhet, Rajshahi, and Chattogram Divisions

PRIORITIES NEXT QUARTER

- Roll out PHC management pilot training program.
- Initiate grant-supported operational research to study the effectiveness of LHSS support in developing primary health care implementation plans, coaching, and mentoring efforts, and support to Health Standing Committees in strengthening primary health care.

HIGHLIGHTS THIS QUARTER

- Three social protection schemes with different data systems have been connected to a new central registry that tracks individual clients across all platforms. This interoperability will benefit users, providers, and decision-makers in the Royal Government of Cambodia.
- LHSS provided logistical support to begin registering people living with HIV (PLHIV) in the Identification of Poor Households Program (IDPoor) systems at eight initial antiretroviral therapy sites, with planned expansion to additional sites.
- In collaboration with the National TB program, LHSS began working with the Ministries of Interior and Health on a pilot to integrate TB into Commune/*Sangkat* Investment Plans.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Expand Social Protection Systems Through Global Standards and Best Practices Incorporated into the Implementation of the National Social Protection Policy Framework to Improve Transparency and Accountability. LHSS collaborated with the General Secretariat for the National Social Protection Council's (GS-NSPC) information technology (IT) team and Ernst & Young India to connect the Payment Certification Agency, National Social Security Fund, and the COVID-19 cash transfer program to the newly established central social protection registry that allows recognition of the same individual across the three organizations' platforms. LHSS and the GS-NSPC also jointly conducted recruitment and selected an IT consultant to develop direct interface connections between the Patient Management and Registration System, a national web-based system used by public health facilities to organize patients' administration, and records with the GS-NSPC's Monitoring and Evaluation (M&E) System. With technical guidance from LHSS, the GS-NSPC and the German Agency for International Cooperation (GIZ) developed and approved a Digital Social Protection Strategy. This will guide the use of digital solutions designed to reduce the workload of social protection scheme operators, improve data management, and increase ease of use for the system's target groups.

Objective 2: Strengthen the Decentralization of Health Financing Functions to Ensure Effective Use of Resources for Health, Including HIV, TB, and Malaria, to Improve Transparency and Accountability, and Improve Monitoring of HIV/AIDS Financing. LHSS reviewed results of subnational health burden estimates and projections, target setting, and work planning and budgeting of five health programs (i.e., HIV, TB, Malaria, Maternal and Child Health, and Family Planning) for three selected provinces. The Activity is now using this information to develop a practical manual and visual aids to facilitate health target setting and budgeting.

LHSS participated in the National AIDS Authority's development of a concept note for technical assistance and provided feedback on the draft HIV Sustainability Roadmap that builds on the strong success of the HIV response to date to overcome barriers, particularly in inclusion of key populations. The Roadmap will strengthen detection and prevention measures employed by the National AIDS Authority as they move toward sustaining the effort after HIV is no longer a public health threat.

LHSS participated in developing the strategic plan and supported data collection for the Fast Track City Initiative provinces of Siem Reap and Banteay Meanchey. The Activity also collaborated with National AIDS Authority on a reflection and planning workshop for the Fast Track Cities Initiative to review progress and enable the four provinces to select and prepare for

priority activities. LHSS provided mentorship to the National AIDS Authority teams on strengthening the monitoring system and data collection of HIV sustainability policy measures in two provinces. This effort was a pilot to test the use of online tools for data collection and consolidation. LHSS also developed a draft concept note for HIV in Commune Investment Plans.

The Activity completed a report on integrating TB in the Commune Investment Plans, which the Ministry of Interior and MOH agreed to in principle and developed a draft plan for sensitization at national and provincial levels in two selected provinces. LHSS also drafted a study protocol for the first ever national TB patient costs survey. The Activity will implement the survey led by a national consultant and is recruiting an international consultant who will supplement the work with experience from outside Cambodia.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS provided technical assistance to the National AIDS Authority (NAA) to advocate for the inclusion of populations at high risk of HIV in social protection coverage. Plans were subsequently announced by the NAA to include female entertainment workers in social protection schemes. Similarly, the National Social Security Fund agreed to offer social protection coverage to these high-risk communities. The National Centre for HIV/AIDS, Dermatology and STD Control has begun to register PLHIV into the social protection scheme of IDPoor so their other health care costs can be covered by the Health Equity Fund. This coverage is consequential because it will lead to greater access and reduce out-of-pocket costs for health care.

PROGRESS ON PERFORMANCE INDICATORS

- The National Health Accounts show a decrease in out-of-pocket health expenditures as a share of total health expenditures, from 64.39 percent in 2019 to 60.6 percent in 2020¹. COVID-19 restrictions likely contributed to this decrease. (Indicator #1)
- LHSS is supporting the GS-NSPC in connecting social protection scheme operators to the social registry, newly adding the COVID-19 Cash Transfer program. (Indicator #7)
- The percentage of PLHIV under the social protection scheme IDPoor is 13.5 percent as of December 2022, up from the previously report of 10.4 percent.² (Indicator #10)

LESSONS LEARNED

- The GS-NSPC rather than the MOH is seen as the main driver and accelerator for improving digital interoperability in the social protection landscape. The Cambodia the Social Protection Digital Transformation Strategic Plan 2023 – 2025 endorses GS-NSPC’s role to support digital interoperability across scheme operators, setting interaction standards required for service providers in different Ministries.
- Reporting only becomes valuable if “data can speak.” Reporting agents need to see a benefit for their own organization to ensure consistently high-quality data entry that leads to meaningful reports and evidence-based decision making.
- The Ministry of Interior’s Subnational Administration Department’s buy-in is essential to implement the pilot of the community TB model because local authorities look to them for assurance that they have authorization to include TB in their commune investment plans.

¹ https://apps.who.int/nha/database/country_profile/Index/en - Cambodia

² <https://www.nchads.org/?lang=en> The National Centre for HIV/AIDS, Dermatology and STD Control

CHALLENGES

- Health IT interoperability is complex because data is stored in different formats, information gaps exist, and stakeholders exert their own political influence that impacts the interoperability project. To mitigate these complications, the Embedded Advisor and the GS-NSPC engaged stakeholders to ensure a common understanding. Additionally, IDPoor contracted a new IT service partner in December 2022 which should facilitate alignment of interoperability efforts.
- Despite assistance for work planning and budgeting, the Fast Track City Initiative provinces were not able to spend money due to the complexity of the fund disbursement channel, and staff living in cities are not eligible for per diem or travel allowance since the majority of HIV activities happen there. The Provincial AIDS Committee Chairs committed to solve these problems so funds can be spent in 2023.
- The National AIDS Authority still faces challenges in obtaining data for selected HIV sustainability policy measures because some data are not yet available.
- The National Center for Tuberculosis and Leprosy Control was reluctant to sign off on the standard operating procedures for the community-based TB model without the buy-in of the Ministry of Interior, which oversees local authorities. The Ministry requested that LHSS revise the model to include broader community health so communes/*sangkats* can more easily move it under their development/investment activity. LHSS will work with MOH, as they develop a primary health care boosting strategy and share developments with Ministry of Interior moving forward to address this challenge.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Technical Implementation Plan Support for Information Communications Technology Implementation of Social Health Insurance. Submitted November 2022.
- Capacity Strengthening Areas for Monitoring and Evaluation. Submitted December 2022.
- Status Report on the National Social Security Fund Private Sector Contracting Study. Submitted December 2022.
- Development and Implementation of Community-Based TB Models Report. Submitted January 2023.

EVENTS NEXT QUARTER

- January 2023, location TBD, Digital Social Protection Strategy Dissemination Workshop
- February 2023, location TBD, Interoperability Showcase Presentation
- Conduct provincial workshops for TB in Community Investment Plans, burden estimate, target setting, and fund mapping/analysis dissemination, TBD.

PRIORITIES NEXT QUARTER

- Connect the IDPoor database to the digital social registry.
- Develop workshop plans to disseminate subnational health burden estimates, and to develop targets, work plans and budgets in the four selected provinces.
- Provide technical support to the National AIDS Authority in formulating the national policy on Ending AIDS by 2025 and Sustainability 2023-2028.
- Mentor the National AIDS Authority on data collection and generating monitoring reports from the monitoring system of HIV sustainability policy measures.

- Recruit international lead consultant for TB patient costs survey and begin to survey implementation.
- Start development of a sustainability model to prevent reestablishment of malaria in Battambang (BTB) and document the process, tools, methods, and lessons learned. Conduct a costing exercise for this sustainability model.

LHSS COLOMBIA VRIO

HIGHLIGHTS THIS QUARTER

- LHSS participated in the launch of integrated migrant service centers, or *Intégrate* Centers, in Cali, Cartagena, Riohacha, and Santa Marta. These centers are expected to guide more than 285,000 Venezuelan migrants, Colombian returnees, and host community members through the health insurance enrollment process and orient them to access health services.
- During the US Navy Comfort Hospital Ship's medical mission to Cartagena, LHSS collaborated with Ministry of Health (MOH) and Health District officials to register and provide medical services to 153 migrants. LHSS facilitated the provision of 755 regular and COVID-19 vaccines, and the participation of 1,000 people in mental health and sex education workshops.
- LHSS and the MOH jointly hosted a national forum attended by a cross section of more than 2,000 actors from the Colombian health system. Participants from civil society organizations, academia and the scientific community shared experiences implementing the primary healthcare model. The forum allowed the MOH to position quality of care as a cornerstone of its new healthcare model, and to promote the continued exchange of information among local and international stakeholders to improve primary health care.

QUARTERLY ACTIVITY PROGRESS

In October 2022, the LHSS Colombia Activity presented its capacity strengthening and quality improvement interventions for maternal health for Venezuelans to the United States Chargé d'Affaires ad interim and the new Director of USAID's Mission in Colombia.

From October 31 to November 4, 2022, the Activity presented its work to international audiences and local stakeholders at the Health Systems Research Symposium 2022 with five posters, one oral presentation, and one photovoice presentation. During the conference, the Activity also facilitated a meeting between a delegation from USAID/Washington's Office of Health Systems and three community-based organization grantees. The purpose of this meeting was to share promising practices to strengthen the capacity of civil society organizations to engage stakeholders on priority topics. For example, participants explored ways to address xenophobia as a means of reducing barriers experienced by migrants in accessing health care services.

The work plan for this Activity was approved on November 11, 2022.

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

LHSS continues to support the MOH and prioritized territorial entities in increasing health system access for Venezuelan migrants. The Activity participated in the launch of integrated migrant service centers, or *Intégrate* Centers, in Cali, Cartagena, Riohacha, and Santa Marta. According

to Migración Colombia, these centers are expected to support more than 285,000 Venezuelan migrants, Colombian returnees, and host community members to access social services. LHSS deploys human resources to support the centers in guiding migrants through the health insurance enrollment process and orienting them on how to access health services. LHSS also launched a health and migration toolkit that includes communication material with information about health insurance enrollment, access to health services, and social services. Finally, the Activity continued its work with the National Observatory of Migration and Health to collect updated information on healthcare access for migrant and refugee women of childbearing age. LHSS supported the publication of Bulletin No. 4, which provides data about migrant women of childbearing age, including the percentage who have received Temporary Protective Status, whether they are enrolled in health insurance, and their access to and use of health services. The national and territorial governments will use this information to inform strategies for expanding health services to migrant women.

Objective 2: Promote Sustainable Financing of Health Services for Migrants and Host Communities. LHSS continues to strengthen public-private sector collaboration in order to generate sustainable financing strategies for health services for migrant and host communities. The Activity facilitated an introductory workshop in Q1 for 60 MOH officials on approaches to developing public-private partnerships. With continued support from LHSS, these officials will use this knowledge to identify opportunities for partnering with the private sector to implement Colombia's comprehensive health care model. For example, the MOH can partner with private sector entities to build health infrastructure in rural areas, finance software, and develop information systems.

LHSS implemented capacity strengthening activities, provided technical assistance, and promoted activities to support five community-based organizations in disseminating knowledge about the health system, the health insurance enrollment process, and migrants' rights and duties within the system. This support resulted in the enrollment of more than 200 migrants in health insurance. By enrolling in health insurance, migrants will have the same free access to health care services as their Colombian peers.

In Q1, LHSS collected inputs from local actors such as patients, territorial entities, healthcare providers, insurers, and the private sector in Cali, Bogota, and Barranquilla to implement the USAID's Health Systems Technical Efficiency Guide. The guide will help the MOH identify opportunities to improve efficiency across the health system and will produce policy recommendations to guide MOH planning instruments like the National Development Plan. In addition, LHSS presented results of the Activity's health account audit tool to the MOH. This tool will assist health care providers to invoice territorial entities for emergency services provided to uninsured populations and improve the capacity of territorial entities to conduct expenditure audits. This tool promotes financial sustainability by ensuring providers are paid, increases providers' financial liquidity for expanding services for migrants, and improves health secretariats' control over resource flows for migrants' care. Similarly, LHSS provided a roadmap and training in donation management to nine health secretariats. This framework and training aim to strengthen the capacity of health secretariats to mobilize resources from non-traditional sources such as local foundations. Securing new funding streams will increase the enrollment of migrants in health insurance and expand their access to health care services such as maternal-perinatal care packages.

Objective 3: Strengthen Mechanisms to Increase Access to Appropriate and High-quality Health Care Services for Migrants and Host Communities. The Activity continues to support interventions to increase access to healthcare services for Venezuelan migrants, Colombian returnees, and host communities in prioritized territories. In Q1, LHSS analyzed the implementation of maternal-perinatal care packages in five cities. The Activity is using these

findings to strengthen the capacity of territorial entities and healthcare providers to manage new healthcare packages and care management models that facilitate migrants' access to health services. On November 8, 2022, the MOH and LHSS hosted more than 2,000 actors from the Colombian health system, academia, and the scientific community at the National Forum on Quality in Health with a focus on primary health care. The forum allowed the MOH to identify learnings from local actors of successful experiences implementing the primary healthcare model launched by the new national government. The forum also allowed the MOH to position quality as the cornerstone of the new healthcare model and encouraged the exchange of lessons among local and international participants in improving the quality of primary health care.

Objective 4: Strengthen Health System Resilience for Responding to Current and Future Shocks. LHSS continues to support strategies that facilitate access among the Venezuelan migrant population to vaccines that are part of the national vaccination schedule. The Activity also continues to provide support to strengthen the MOH's capacity to respond to the acute mental health needs of migrant and local populations. Having prioritized mental health during the pandemic, the MOH collaborated with LHSS to host the international symposium, "Mental Health, Global Priority," which included more than 600 participants. It focused on the state of mental health worldwide and within Colombia. Participants exchanged best practices in community-based approaches for the prevention and mitigation of mental health issues.

During the US Navy *Comfort* Hospital Ship's medical mission to Cartagena, LHSS collaborated with MOH and Health District officials to register and provide medical services to 153 migrants. LHSS facilitated the provision of 755 regular and COVID-19 vaccines and the participation of 1,000 people in mental health and sex education workshops. These activities collectively strengthened the capacity of the MOH and territorial entities to provide the migrant population access to vaccinations and improve their access to quality mental health rehabilitation and sexual and reproductive health services.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS and the MOH are completing the final version of the GESI toolkit for territorial entities, which is already being implemented in Cucuta and Bucaramanga and will be launched in the other seven VRIO-prioritized cities in Q2. LHSS developed and facilitated migration and xenophobia prevention training for 252 local health care provider employees in Antioquia Department and is providing technical assistance to the Bogotá city government for the development of a xenophobia prevention in health care toolkit. Finally, LHSS grantee, Profamilia, is preparing to train 20 health care providers in migration, human rights, gender approach, and xenophobia prevention in Q2. The toolkits and the GESI training are expected to result in improved healthcare quality for the migrant population, reduced discrimination, and increased confidence in the health system among migrants.

PROGRESS ON PERFORMANCE INDICATORS

- Three territorial entities signed agreements with community-based organizations to guarantee their participation in decision-making processes, improving their access to information and their ability to inform the community about policies that impact more than 700,000 Venezuelan migrants living in Bogotá, Cucuta, and Bucaramanga. Previously, LHSS strengthened the capacities of these organizations to make decisions and collaborate with territorial entities.
- LHSS developed 18 communication products including the Migration and Health Toolkit to support the socialization of the Temporary Statute of Protection for Venezuelan Migrants and the response to enroll the Venezuelan migrant population in health insurance. The toolkit will

be distributed to 21 prioritized territorial entities as part of an information, education, and communication strategy meant to increase the enrollment of migrants in health insurance and ensure they know how to access health services.

- LHSS trained 85 health care workers in quality improvement and primary health care, 92 percent of whom were women. Health care workers are using their new knowledge and skills to improve the quality of care provided to migrants and host community clients at their health facilities.
- LHSS trained 178 health workers (77 percent of whom were women) on how to treat and prevent COVID-19 and acute respiratory infection. The Activity also trained 1,877 community members (59 percent of whom were women) in prevention, promotion, and health care strategies, to reduce COVID-19 and acute respiratory complications.

LESSONS LEARNED

- LHSS's quality of care activities and approaches must be adapted to the context of each implementing partner and teams to allow for innovation, interdisciplinary work, and co-creation. Flexibility and adaptability are key to achieving sustainable improvement objectives in the Colombian context.
- As the new Colombian administration has begun to develop its agenda, LHSS has quickly been adapting its strategies and interventions to be more closely aligned with the new government's priorities.

CHALLENGES

- Territorial managers need to assume ownership of the health services quality strengthening processes under their management. LHSS has provided technical assistance to territorial entities to integrate these processes into their daily operations, so they are not perceived as impositions or additional tasks.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Tool for monitoring PHC implementation in Colombia. Submitted December 2, 2022
- Technical report for the MSPS describing the details of an incentives model for health care workers in Colombia that will inform the national human resources for health strategy. Submitted December 23, 2022
- Technical report for health providers, private and international donors, and the MSPS on the implementation of maternal-perinatal health care. Submitted December 23, 2022

EVENTS NEXT QUARTER

- February 2023, Deliver course on "Legal and policy frameworks to guarantee the right to health of the Venezuelan migrant population and host communities" to the MOH.
- February 2023, Quality Improvement Expert Training process closure

PRIORITIES NEXT QUARTER

- Implement capacity strengthening processes in information, education, and communications for prioritized territorial entities and community-based organizations.

- Analyze the use of the capacity analysis tool by the public and/or mixed health service providers in the prioritized territories.
- Begin training epidemiologists to strengthen community-focused public health surveillance.

LHSS DOMINICAN REPUBLIC (PEPFAR)

HIGHLIGHTS THIS QUARTER

- LHSS conducted a series of sensitization meetings with three priority national private sector stakeholders from the tourism and sugar cane sectors to lay the groundwork for an upcoming consultative workshop aimed at increasing private sector participation in the HIV national response. As a result, these stakeholders became familiar with the national HIV program – many for the first time – and agreed to participate in the effort.

QUARTERLY ACTIVITY PROGRESS

Note: The LHSS Dominican Republic (DR) FY23 Work Plan is still under review by USAID. USAID provided feedback on the first submission in December 2022, and LHSS submitted a revised version for final approval on December 12, 2022. In the meantime, LHSS requested and received approval to begin implementing one intervention (*Increasing opportunities to mobilize sustainable domestic resources for the national HIV response*). LHSS will begin implementing the remaining activities in Q2 once USAID grants final approval.

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

Intervention 2.2 Facilitate increased private sector engagement in the national HIV response. Building on previous USAID investments to increase private sector engagement in the national HIV response, LHSS is working to develop and operationalize a strategic roadmap that seeks to mobilize and align private sector resources with the national HIV response.

Working in coordination with the USAID Mission in the DR and other implementing partners, LHSS is preparing to convene and facilitate a workshop in February 2023 of public and private sector stakeholders to discuss opportunities for increased private sector engagement in the national HIV response. LHSS has identified and held consultations with key private sector companies about their proposed engagement based on their size and potential reach among populations that drive the DR's HIV epidemic. Said companies are primarily from the tourism and sugar cane sectors, as a high percentage of their employees are Haitian migrants, a priority population for the national HIV response. In addition, LHSS met with the National Council of Private Enterprise where the Project presented the activity objectives, oriented council members to the national HIV response, and gathered insights into council members' current health strategies related to HIV. For many companies, this was their first exposure to the country's national response to the HIV epidemic. As a result of their participation, companies gained a greater understanding of the scope of the challenge and priority response areas. This important process created an opportunity for the companies to suggest new areas for their potential engagement and collaboration in the national HIV response such as incorporating HIV prevention programs to their existing health corporate programs and engaging with public stakeholders to coordinate potential collaboration mechanisms. LHSS will leverage this newfound interest to fuel

these potential new partnerships and inform the scope of a stakeholder engagement workshop in the next quarter.

LHSS also conducted a landscape analysis of national guidelines, including the *National HIV Law* and the *National Strategic Plan for the Response to STIs and HIV and AIDS* to complement these discussions. Findings from this review will expand the Project's understanding of how the government views private sector engagement opportunities so that it can align the activity outputs (private sector engagement strategy and roadmap) with the role envisioned for private actors by national health programs.

Based on these tasks, LHSS began developing materials for the upcoming stakeholder engagement workshop, including the agenda, an outline of the presentations, and discussion points. In addition, LHSS worked with the FHI360's Enhanced HIV Services for Epidemic Control project to secure that project's commitment to provide financial and logistical support for the workshop, which will be held in Q2. LHSS will send invitations to participants (e.g., private sector, government officials, and representatives from USAID/DR) early in the next reporting period.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The DR's HIV epidemic is concentrated among focus populations with higher prevalence rates than the general population and operate on the margins of society due to stigma and/or informal status in the country. Through its Private Sector Engagement intervention, LHSS is engaging with industries that interact directly or indirectly with many of these populations – and therefore have a financial stake in promoting their social inclusion and improving their health outcomes to ensure a productive workforce. LHSS anticipates that through this consultative exercise and the resulting roadmap, private companies will opt for more strategic investments in their employees' health and wellness, with the goal of increasing their productivity – and improving their social protection as a result.

PROGRESS ON PERFORMANCE INDICATORS

Embedded in the revised FY23 work plan, which is pending approval, LHSS submitted a revised Activity Monitoring, Evaluation, and Learning Plan. Specific progress against indicators will be reported in the FY Q2 report.

LESSONS LEARNED

- Private companies in the DR are not generally familiar with the national HIV response. As a first step toward increasing their engagement, LHSS has developed language about that national HIV response that is easily understood by private sector stakeholders. The goal of this effort has been to hone messaging that resonates with private sector stakeholders to increase awareness about the country's HIV prevention and treatment programs, and to encourage their engagement in key strategies where their position as private sector entities can add significant value.

CHALLENGES

- LHSS had limited implementation of activities and engagement with national counterparts pending full approval of its work plan. While implementing the one approved priority intervention, the Project has been gearing up for the immediate kick-off and implementation of the remaining activities as soon as approval is received.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

- A workshop on ‘Increasing Private Sector Engagement in the National Response to HIV’ will be held on February 22, 2023, at the Holiday Inn Hotel in Santo Domingo.

PRIORITIES NEXT QUARTER

- Facilitate co-creation with the private sector and other key stakeholders of a road map to outline how private sector resources can align with USAID’s strategy for private sector partners to address challenges in the National Response to HIV. To support this goal, LHSS will finish preparing for and hold the workshop on ‘Increasing Private Sector Engagement in the National Response to HIV.’ During this meeting, the Project will facilitate alignment discussions to enable private sector stakeholders to better address key challenges outlined in the national strategy.
- Pending work plan approval, LHSS will develop guidelines in collaboration with national stakeholders for the use of HIV self-testing kits.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

HIGHLIGHTS THIS QUARTER

- LHSS worked closely with the Kinshasa School of Public Health to produce the draft research protocol and terms of reference for the flat-rate pricing policy assessment of health facilities in DRC.
- LHSS successfully facilitated an exercise whereby the financial directorate of the MOH assessed their own organizational capacity in order to develop a capacity strengthening plan and road map. This plan informed several interventions in the Directorate’s annual work plan for the 2023 financial year.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Increase understanding of gaps and opportunities to strengthen governance and health financing.

LHSS finalized the terms of reference of the health financing landscape analysis and USAID approved on November 11, 2022. LHSS initiated data collection through key informant interviews at the central and provincial level by collaborating closely with USAID’s Integrated Health Project (IHP). The interviews were conducted using a questionnaire adapted from the WHO Country Assessment Guide: The Health Financing Progress Matrix³. The landscape analysis aims to understand, 1) health financing policies, processes, and governance, 2) fund mobilization, 3) pooling of resources, 4) procurement and payment for services, and 5) public financial management. Thirty-six of 45 targeted entities (80 percent) were interviewed, including 22 of 24

³ The health financing progress matrix: country assessment guide. Geneva: World Health Organization; 2020 (Health financing guidance, no. 9). License: CC BY-NC-SA 3.0 IGO.

national operational implementation bodies (Provincial Health Division, Central Health Zone Office, Reference General Hospital, Health Center), six of eight members of the Inter-Donor Health Group (GIBS) and other technical and financial partners, and eight of the 13 public administrative authorities in charge of health and other relevant sectors.

LHSS conducted a desk review of the peer-reviewed literature and grey literature on health financing, including DRC's strategic and health plans, evaluation and survey reports on health financing, and strategic documents on UHC and social protection. Additionally, policy documents and development plans of national and international organizations such as USAID, WHO, World Bank Group, UK FCDO, Belgian Directorate General for Development Cooperation, French Development Agency were reviewed.

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

With the grant agreement signed on October 31, 2022, LHSS began collaborating with the Kinshasa School of Public Health to develop the research protocol and the terms of reference for a policy assessment in DRC. The assessment will focus on how the flat-rate pricing policy is being implemented at different levels of health facilities and includes an analysis of patient attitudes and experiences, as well as levels of out-of-pocket expenditure under this policy. The unit of analysis will be health facilities (with their administrative and financial agents) who implement the policy, patients who use the health services and central and provincial managers, and donors who support the policy implementation. In December 2022, the Kinshasa School drafted the data collection tools for the assessment, including interview guides and questionnaires for collecting quantitative data.

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

LHSS successfully facilitated an exercise from November 14-29, 2022, whereby the MOH financial directorate assessed their own administrative capacity, organizational learning capacity, and system strengthening capacity. The self-assessment allowed the directorate to identify its strengths and weaknesses, and to develop a capacity strengthening plan and roadmap to improve its operations. To begin the exercise, LHSS introduced the tool during an informational meeting with the members of the assessment focus group. This was followed by interviews with the director and other team members of the Directorate and then a focus group to collect the results of the self-assessments. Once the results were collected, LHSS led a workshop with members of the directorate to analyze the results. At the end of the assessment, LHSS held a workshop with the directorate to validate the assessment results and adopt the capacity strengthening plan and roadmap. In December 2022, LHSS participated in a MOH workshop, supported by the World Bank, to develop the directorate's annual work plan for the 2023 financial year. The LHSS-supported capacity strengthening plan and road map was used in the workshop to inform several interventions in the Directorate's work plan.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

By applying a GESI lens to technical support on health financing, LHSS will encourage more equitable financing processes and systems and seek to create financial protection for some of the most vulnerable people including women, children, and residents of rural areas. In developing the flat-rate pricing policy research protocol, LHSS and the Kinshasa School of Public Health agreed

to include rural facilities in the sample and to ensure that vulnerable populations, such as rural women who tend to have very low incomes, are included during the patient exit interviews.

PROGRESS ON PERFORMANCE INDICATORS

- The number of health sector stakeholders engaged in the planning, implementation, and dissemination of the Health Financing Landscape Analysis increased from 25 to 36 people. The list of stakeholders is presented in Annex II below.
- The Activity co-developed two resources in close collaboration with the MOH's financial directorate to strengthen capacity within the directorate and supported their stewardship of health financing for UHC. The materials developed to support the financial directorate were a capacity strengthening plan and a roadmap.
- One MOH directorate, the financial directorate, was supported in stewarding health financing for UHC.
- The Average of the service gaps between ANC and Penta, in USAID-supported health zones decreased from 20.1 to 18.96 and it is expected to improve further when the financial directorate is operational with good governance of public finances.

LESSONS LEARNED

- Ensuring local ownership, through close collaboration with MOH entities, is key to the success of LHSS interventions. As illustration of that ownership, the financial directorate has included several of the capacity strengthening interventions, identified during the organizational capacity exercise, into its annual work plan prepared at the end of December 2022.

CHALLENGES

- LHSS has not received the MOH's approval on the proposed Planning Directorate's health financing landscape steering committee. This may be due to changes that have taken place at the MOH which have led to the replacement of the Health Secretary General. LHSS plans to meet the new Secretary General in early Q2 to introduce our activities.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Flat-Rate Pricing Policy Assessment in DRC Terms of Reference. Draft submitted December 23, 2022
- Financial Directorate's Organizational Capacity Strengthening Plan and Roadmap. Draft submitted December 30, 2022

UPCOMING EVENTS

- A workshop in March 2023 to disseminate the results from the health financing landscape analysis.

PRIORITIES NEXT QUARTER

- Finalize the first draft of the health financing landscape report.
- Support the Kinshasa School of Public Health to collect and analyze data for the flat-rate pricing policy assessment.
- Support the Financial Directorate in the implementation of its capacity strengthening plan.
- Engage non-financial directorates to identify organizational capacity strengthening opportunities and objectives.

EAST AFRICA REGIONAL

HIGHLIGHTS THIS QUARTER

- The Activity presented a virtual poster at the Seventh Global Health Systems Research Symposium 2022 to share findings from the Landscape Analysis.
- LHSS facilitated a capacity strengthening workshop in collaboration with the East African Community (EAC) to identify opportunities for improving implementation of cross-border health directives among member states. A draft communication and advocacy strategy was vetted by meeting participants and will be submitted for approval to the EAC Secretariat and USAID in Q2. Participants found the workshop so useful they have suggested meeting regularly to review EAC Directives as they are developed.

QUARTERLY ACTIVITY PROGRESS

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

In FY22 Q4, LHSS conducted an assessment of the cross-border digital health solution, implemented under the Cross-Border Health Integrated Partnership Project. A component of the digital health solution is the mobility module which tracks information on the accessibility of HIV/TB, family planning and reproductive health, and maternal, neonatal and child health services for mobile cross-border populations. A key finding of the assessment is that the mobility module has been dropped due to a recent upgrade in Kenya's electronic medical records system.

To restore this important module, and ensure its not omitted again, LHSS worked closely with the Kenyan Ministry of Health (MOH) and the CDC-funded Kenya Health Management Information Systems 3 Project to reinstall an upgraded version of the module that is compatible with the Kenya Electronic medical records system. LHSS also discussed a plan with the EAC to develop and host a shared cross-border digital health system platform where aggregated data from multiple countries can be stored and easily accessed.

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

LHSS facilitated a meeting of EAC stakeholders to identify bottlenecks in the overall process of EAC member states of adopting EAC-level policies. The meeting also addressed communication gaps and advocacy initiatives for regional cross-border health policies and programs. On December 13-15, 2022, LHSS facilitated a follow-on workshop with the EAC Secretariat and East Africa Community Monitoring System focal persons to develop a communication and advocacy strategy. The purpose of this workshop was to create more effective communication channels between the EAC Secretariat and member states to facilitate and expedite adoption and implementation of cross-border health directives, policies, and programs.

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

Through a local consultant, LHSS completed a review of health financing and financial protection policies and programs of regional and focus countries as part of its exploration of financing options for cross-border sites.

LHSS also developed a roadmap for creating a facility assessment readiness checklist for cross-border and mobile population health needs. This checklist will be used by national and

subnational public health managers to better understand challenges and needs for serving such populations in their facilities.

Finally, LHSS completed interviews across five of six cross-border sites to identify relevant private sector and corporate actors to engage in cross-border health. Interview findings informed the development of a toolkit which contains a persuasive business case, list of relevant partnerships within site locations, and suggestions for engaging with the private sector.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS consortium partner Banyan provided technical guidance to ensure integration of stigma and discrimination mitigation strategies into the EAC's new communications and advocacy strategy. The Activity will also link the new strategy to EAC's Comprehensive Regional Integrated Sexual, Reproductive, Maternal, Newborn Health, HIV, and TB Programme (2022-2027). Connecting EAC's communications and advocacy strategy with its integrated health strategy is an important vehicle for ensuring that women and vulnerable populations in their respective countries are represented and active in decision-making processes.

PROGRESS ON PERFORMANCE INDICATORS

EAC's partner states and the EAC Secretariat conducted one capacity development session on communication and advocacy. The Final Communications and Advocacy Strategy developed during this session will be submitted to USAID in Q2.

LESSONS LEARNED

- Grant agreements implemented by regional organizations require longer timelines to review and process grant agreements.
- LHSS learned through its rapid landscape analysis of a new cross-border site, Rusumo (Rwanda/Tanzania), that regional cross-border activities still require engagement and approvals from all Ministries of Health involved before moving forward with implementation.

CHALLENGES

- The grant agreement for EAC was approved by USAID but is still pending EAC Secretariate approval. Bureaucratic and end-of-year holiday delays have impacted the implementation timeline for grant activities.
- Elections in Kenya have ushered in a new government and leadership changes at the MOH. These changes have delayed response time by the MOH and alignment of the digital health solution mobility module with the Kenyan electronic records program.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS submitted the Cross-Border Digital Health Systems assessment report of Busia site facilities in Kenya (Task 1.2.1) on October 7, 2022.

EVENTS NEXT QUARTER

- EAC meeting on cross-border health financing options, anticipated in March 2023.

PRIORITIES NEXT QUARTER

- Finalize the grant agreements between both EAC and IGAD and LHSS.
- Further engage partners in Uganda to add the mobility module to its national electronic medical record system.
- Conduct a rapid landscape analysis of health facilities at Dhikir/Semera site along Djibouti/Ethiopia border.
- Finalize and secure EAC Secretariate and USAID approval of the new EAC communication and advocacy strategy.

LHSS JORDAN

HIGHLIGHTS THIS QUARTER

- LHSS and the Ministry of Health (MOH) organized a launch event for the American Heart Association-accredited Life Support Programs Training Center. His Excellency the Minister of Health, the Spanish Ambassador, and the USAID Deputy Mission Director spoke, recognizing LHSS's role in the work to improve critical care, including for pregnant women, by strengthening intensive care units (ICUs).
- The Minister of Health endorsed the Competency Framework for ICU Healthcare Providers which will be implemented in FY23. The framework introduces multi-disciplinary team care, a global best practice, for the first time in public hospitals.
- LHSS assisted with updates to and accreditation for the MOH COVID-19 training platform by the National Continuing Professional Development (CPD) Committee, increasing the supply of online accredited CPD activities for MOH providers. The relicensing by-law mandates that the MOH must facilitate access to CPD activities for all its providers so they may fulfill their license renewal requirement every five years.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Institutionalize the Continuing Professional Development System: LHSS and the MOH continued to operationalize the CPD system by: (1) Finalizing an RFP for the Ministry of Digital Economy and Entrepreneurship (MODEE) to procure equipment for MOH CPD use; (2) Developing an interim CPD system proposal for MODEE approval; (3) Evaluating bidders for the e-CPD system with MODEE; and (4) Working to accredit the MOH online Training Platform.

LHSS helped the MOH launch its CPD outreach program for 128 communications focal points who will play a key role in sensitizing MOH health care providers to CPD and relicensing requirements. The focal points will also play a key role in providing feedback on the system roll-out to the central MOH. Additionally, LHSS helped the new Acting Director of the Communication Directorate understand the directorate's role in the USAID government-to-government CPD Project grant.

The Activity continued working with the private sector on CPD activities by vetting the results of the organizational capacity strengthening assessment of three health professional councils and prioritized FY23 activities with the councils. LHSS completed the in-kind grant handover of IT equipment for MOH use of the e-CPD system to three councils and two syndicates.

LHSS worked closely with grantee Between the Lines on their CPD communication campaign, including content approval from three councils and the MOH. LHSS collaborated with Between the Lines and the MOH to add CPD content to the MOH's sustainability website. The campaign was subsequently posted on the official MOH and Health Communication and Awareness Directorate social media platforms. LHSS also continued working with three grantees to finalize their four online CPD courses in preparation for content accreditation.

Objective 2: Institutionalize and Sustain the COVID-19 Response Activities: In collaboration with the MOH's Institutional Development and Quality Control Directorate, LHSS finalized the ICU Competency Framework for Interdisciplinary Teams which was adopted by His Excellency the Minister of Health. LHSS is supporting the MOH in planning three national-level awareness raising workshops for ICU stakeholders to disseminate the competency framework and develop training materials for use by three regional hospital ICU teams.

LHSS worked with Jordanian American Physicians and the MOH to design the next phase of the Critical Care Fellowship program to support fellows with activities including didactic trainings, bootcamps, and grand rounds. The MOH will open the fellowship to a wider group of participants, including emergency medicine physicians, with Jordan Medical Council's consent.

LHSS supported the MOH to train 200 MOH health care providers on Advanced Cardiovascular Life Support after successfully adding this discipline to the MOH's American Heart Association Accredited Life Support Programs Training Center in Amman. LHSS organized a launch of training center programs to showcase work undertaken by the USAID Mission in Jordan to upgrade the training center's continuing education curriculum. This training center institutionalizes in-service training to improve the quality of care for patients in MOH intensive care units, including pregnant women.

Objective 3: Strengthen the Quality of the MOH Laboratory Systems: LHSS met with the MOH Quality Directorate Central Laboratories leadership to prepare the Central Laboratories for local accreditation. The Quality Directorate then communicated with the directorates within the MOH and the Civil Defense Department to initiate inspection and review of Central Laboratories to ensure they meet accreditation requirements. The MOH will allocate funds in its 2023 budget to allow the Central Laboratories to continue its accreditation work.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The National CPD framework will include gender indicators. The CPD outreach program considers the different needs of male and female health workers by conducting awareness raising sessions for staff. The MOH has also drafted a gender policy. Once approved, LHSS will support the integration of this policy into the ministry's CPD standards and overall functions. LHSS is collaborating with the MOH to develop a CPD accredited gender course that will be accessible through the MOH training platform. LHSS has initiated recruitment of a gender specialist to ensure integration of gender equality and social inclusion in every aspect of the Activity.

PROGRESS ON PERFORMANCE INDICATORS

- LHSS supported training for 55 health providers in managing a range of COVID-19-related topics and types of patients. The curriculum covered managing pregnant women and patients with disabilities, case management, critical care, home care, counseling, mental health and addressing gender challenges encountered by providers.
- LHSS also trained 96 health providers from the MOH on advanced cardiac life support.

LESSONS LEARNED

- Based on the findings from the mid-term reviews of improvement projects carried out by three MOH hospitals, LHSS recommended that hospitals form quality improvement committees. These committees will be responsible for integrating and providing ongoing support for a sustainable approach to continuous improvements in hospitals.
- LHSS proposed a more efficient evaluation process to MODEE and the MOH for e-CPD system proposals. This new approach will use daily evaluation meetings of one hour each, five times per week, instead of three hours twice a week. This change allowed reviewers to shorten their evaluation timeframes from eight to three weeks and introduced a more focused process of comparing bidders. The committee head recommended MODEE senior management adopt this process for all future bid evaluations.

CHALLENGES

- The Activity experienced delays in the CPD media campaign due to: (1) Multiple approvals required for content, and (2) The delayed release of the revised date for the relicensing by-law. Having a clear date is critical to ensuring a successful campaign launch.
- The Jordan Medical Association has declined to accept the in-kind grant of IT equipment. LHSS will assess rerouting the equipment to other e-CPD system actors.
- The Director of the MOH Communications Directorate retired from her position on short notice, requiring LHSS to move quickly to orient and proactively engage the new director.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

- January 2023, Amman, CPD Systems Thinking Workshop with CPD stakeholders
- January 2023, Abu Dhabi, First CPD Learning Visit to Abu Dhabi Department of Health
- February 2023, Amman, Workshop on administrative effectiveness of the COVID-19 call center and lessons learned for future preparedness
- February 2023, ICU Competency Framework Regional Orientation Workshops.

PRIORITIES NEXT QUARTER

- LHSS will issue RFAs to develop 17 new CPD accredited courses. The purpose of these courses will be to develop master trainers within the Jordan Royal Medical Services and the MOH. The master trainers will serve as CPD focal points for MOH health facilities to support the CPD education of health care providers. The trainers will also conduct a gender audit within the MOH.
- LHSS will conduct a learning visit to Abu Dhabi for key CPD stakeholders in January 2023 and possibly a second visit in March 2023. The purpose of these trips will be to observe and learn from counterparts in the United Arab Emirates about their experiences implementing a successful CPD system.
- LHSS will conduct a systems thinking workshop for national CPD stakeholders including the MOH, health councils, CPD committee members, and private sector representatives. The

workshop will facilitate a systems thinking approach on the interconnectedness of CDP system components and explore other system-wide factors that may be at play.

- LHSS will recruit and onboard four new staff: a grants specialist, an organizational capacity strengthening specialist, a communication specialist, and a gender specialist.

LHSS LAC REGIONAL

HIGHLIGHT THIS QUARTER

- LHSS submitted and is currently revising a four-year Roadmap for Strengthening Social Health Protection for Women in High-Migration Contexts in Honduras in December 2022. This resource will improve financial protection and increase access to health services for women at risk of migrating, those in transit, and those returning. This roadmap will assist the Ministry of Health (MOH) in their communication with stakeholders to jointly strengthen social health protection mechanisms for these vulnerable populations.

QUARTERLY ACTIVITY PROGRESS

The LHSS LAC Bureau Activity has been operating since October 1, 2022, without an approved FY23 work plan but with COR approval to continue working on a few critical tasks that will keep the activity moving forward. The following is progress against key tasks.

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

LHSS re-submitted the Rapid Country Assessment Report of Social Health Protection for Women in High Migration Contexts in Honduras on December 4, 2022, with additional details from the September 2022 stakeholder workshops and USAID feedback. This assessment deepened key stakeholders' knowledge and understanding of the current state of the migration and health response in Honduras. It also identified areas across health systems building blocks where LHSS and local stakeholders can address challenges and strengthen social health protection for women at risk of migrating, women migrants in transit (including Honduran citizens), and returned migrants.

LHSS submitted a four-year *Roadmap for Strengthening Social Health Protection for Women in High-Migration Contexts in Honduras* to USAID for review on December 22, 2022. This deliverable was co-developed with Mesa Interinstitucional Interagencial de Salud y Migración (Mesa) and is based on the findings from LHSS research conducted in 2021–2022, stakeholder feedback and inputs gathered through a series of in-person workshops, and a meeting with the Honduras Minister of Health in 2022. The roadmap will be endorsed with Mesa in Q2 and then serve as a guide for local stakeholders, international organizations, donor agencies, and implementing partners to efficiently coordinate and define areas of involvement and support.

Finally, LHSS developed job descriptions to hire local staff and consultants to support the implementation of selected activities from the work plan once approval is received.

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

On November 14, 2022, LHSS submitted for USAID approval the blog titled Momentum Builds for Addressing the Health Needs of Honduran Women and Children in High-Migration Contexts. Once published, this piece will raise awareness about the current state of health and migration in Honduras, the role of Mesa, and LHSS's involvement in advancing social health protection in collaboration with local partners.

LHSS is preparing the first edition of a regional biannual newsletter. Planned for launch in Q2, the newsletter aims to raise awareness and contribute to regional knowledge about approaches to social health protection for migrant populations in several LAC countries, including Colombia, Peru, the Dominican Republic, and Honduras.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS incorporates gender equality and social inclusion considerations and opportunities throughout its planning and program implementation. For example, in the Roadmap other reports and stakeholder engagement activities, LHSS incorporates the demographic considerations of women and children in migratory contexts to address their specific challenges and needs. These include limited access to quality sexual and reproductive health services, gender-based violence prevention and care, and exploitation exposure. These populations are specifically acknowledged and addressed through the first major key component of the *Roadmap for Strengthening Social Health Protection for Women in High-Migration Contexts in Honduras*, in order to support the unique needs of this target group.

PROGRESS ON PERFORMANCE INDICATORS

- The FY23 Activity, Monitoring, Evaluation, and Learning Plan (AMELP) will be submitted upon approval of the FY23 work plan.
- LHSS developed and submitted a draft roadmap for strengthening social health protection platforms for women in high migration contexts in Honduras for USAID review.

LESSONS LEARNED

- In collaboration with Mesa, LHSS prepared a four-year *Roadmap for Strengthening Social Health Protection for Women in High-Migration Contexts in Honduras*. Several adjustments were made in the Roadmap during the development process to accommodate stakeholders' perspectives and input. For example, the Roadmap's time horizon was reduced from five to four years per local stakeholders' preference to align the timeline with the current Government of Honduras administration tenure.

CHALLENGES

- In November 2022, Mesa elected a new director. LHSS has maintained communication with the new director, however, at the end of the quarter the organization's attention was focused on this leadership transition. This leadership change combined with a slowdown in work activity at the end of the calendar year have resulted in more limited opportunities to communicate with Mesa. LHSS is recruiting a health specialist in Honduras, who will serve as the point of communication with the Mission, Mesa, and other key stakeholders. This new focal point person will enhance communication channels to ensure the Activity remains on track.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Blog post, Momentum Builds for Addressing the Health Needs of Honduran Women and Children in High-Migration Contexts. Resubmitted November 4, 2022.
- Rapid Country Assessment Report of Social Health Protection for Women in High Migration Contexts in Honduras. Resubmitted December 4, 2022.
- Roadmap for Strengthening Social Health Protection for Women in High-Migration Contexts in Honduras. Submitted December 22, 2022.

EVENTS NEXT QUARTER

- None

PRIORITIES NEXT QUARTER

- Complete hiring process of local LHSS health specialist and consultants (pending work plan approval).
- Task 1.1.2. Develop standard operating procedures to strengthen primary health services in Honduran first-response migrant centers attending to women, adolescents, and girls.
- Task 1.1.3. Initiate assessment to inform proposal for the rationalization and strengthened coordination of first response and primary care centers in Honduras (pending work plan approval).
- Task 1.1.4. Initiate institutional strengthening support to Mesa to raise its profile as a mechanism for coordination and advocacy for health for populations vulnerable to migration.
- Task 1.2.1 Launch financing gap study design and implementation plan (pending work plan approval).
- Task 1.3.1. Launch joint assessment of health information systems' policies, practices, and platforms for in-transit, returned migrants, and women at risk of migration in Honduras (pending work plan approval).
- Task 2.1.2. Release first edition of LHSS LAC biannual regional newsletter in English and Spanish to distribution list of over 400 people that includes key stakeholders from academia, government, NGOs, civil society, international organizations working on SHP, migration, and health.

LHSS MADAGASCAR

HIGHLIGHTS THIS QUARTER

- LHSS facilitated in-person technical sessions with the Universal Health Coverage (UHC) Unit in December 2022 to understand how countries have linked the organization of their *mutuelles* with the health system levels, and to discuss considerations for sustainability. LHSS also helped plan the next steps for advancing the government's *mutuelles* initiative.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Continue to Support the UHC Unit to Increase its Organizational and Institutional Capacity.

LHSS continued providing organizational capacity strengthening to the UHC Unit to address the priority elements highlighted in the capacity strengthening plan developed in Activity Year 1. The organizational capacity strengthening activities included group technical coaching sessions on monitoring and evaluation, corporate branding, how to make a short pitch, and how to effectively deliver a presentation. Additionally, LHSS supported the UHC Unit to facilitate discussions about progress on the capacity strengthening plan during short coaching sessions on advocacy, leadership, monitoring and evaluation, and branding. LHSS is working with the UHC Unit to update the capacity strengthening plan and identify which areas it can support. The validated capacity strengthening plan will inform the end-line assessment to measure progress in the development of the organizational and technical capacity of the UHC Unit, and to identify the dimensions that still need reinforcement.

Individual coaching: LHSS continued to provide intermittent coaching sessions with the Director of the UHC Unit. Coaching sessions focused on change management, how to best prepare for and follow up to the forum on financial protection sponsored by the International Labor Organization and the World Bank.

Stakeholder Engagement: LHSS will continue to help the UHC Unit use the stakeholder mapping process to engage directly with a range of stakeholders for financial protection and the implementation of adopted strategies, such as the national health financing strategy. The stakeholders include other Government of Madagascar units, implementing partners, and private organizations providing insurance.

Intervention 2 Increase the Ministry of Health’s Technical Capacity in Financial Protection to Support Future Implementation of the National Health Financing Strategy.

Mutuelles Design

LHSS continued to support the UHC Unit by strengthening their knowledge on the key parameters of *mutuelles*. In December 2022, LHSS organized a series of in-person technical sessions with the UHC Unit to discuss how countries in West Africa (Mali, Senegal, and Benin) have aligned the organization of *mutuelles* around the health system levels and what a similar alignment in Madagascar would look like. The discussion covered the different dimensions of sustainability (technical, organizational, financial) that the government will need to consider for *mutuelles* that would eventually become national scale. These technical sessions helped the UHC Unit to map out a clearer path for expanding *mutuelles*.

Additionally, LHSS continued to update the technical note on health *mutuelles*, incorporating the discussions that took place with the UHC Unit between November and December 2022. The UHC Unit has decided that there will be one *mutuelle* in each commune that will be pooled through a network from commune level to central level. The UHC Unit also defined the full list of actors that will form the management body of each *mutuelle*. Finally, LHSS revised the technical note to include the experiences from Benin and Mali, as well as advantages and risks that the UHC Unit should consider in the conceptualization of *mutuelles*.

In November 2022, LHSS participated in the International Labor Organization workshop on health *mutuelles* and, the health financing forum organized by the UHC Unit and the World Bank. The health financing forum concluded with a key action step to set up a UHC Steering Committee, including a health financing sub-committee, under the Primature by June 2023. The health

financing sub-committee will receive LHSS technical assistance through the LHSS work plan that is currently being drafted.

National Health Financing Strategy

The Government of Madagascar has not yet approved the National Health Financing Strategy and plans to review the national purchasing agency that was proposed. Despite this, LHSS health financing experts continued to support the UHC Unit to strengthen its knowledge of health financing that will be relevant regardless of the strategy that is approved. In particular, LHSS is focusing on the principles of designing and implementing financial protection for health mechanisms and the vision for *mutuelles*.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

To ensure equity and inclusive participation, LHSS extended the organizational capacity strengthening coaching sessions to all the UHC Unit members, which included 12 female and six male members. Ongoing discussions about the design of *mutuelles* will also include how the enrollment, and using, *mutuelles* can be made equally accessible to men and women.

PROGRESS ON PERFORMANCE INDICATORS

- Due to its limited time and scope, this activity does not have a separate MEL plan. Performance is assessed through routine reporting and monthly meetings with the USAID Mission in Madagascar.

LESSONS LEARNED

- The experience shared by LHSS's international expert on *mutuelles* helped the UHC Unit to understand that expanding *mutuelles* will take at least two to three years, with a feasibility study and a demonstration phase as prerequisites.

CHALLENGES

- The Government of Madagascar's decision to not approve the National Health Financing Strategy is disappointing given that it provides a solid foundation from which to move forward, and that it was developed through a participatory process.
- The lack of a Steering Committee and technical sub-committees to ensure coordination of UHC efforts is significantly impeding progress.
- The UHC Unit's limited capacity to work effectively as a team is slowing down progress on health financing reforms. LHSS continues to provide support to encourage behavior change to work more effectively as teams, and to act upon the changes they have identified, as necessary.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Updated Technical Note on Health *Mutuelles*, submitted on December 30, 2022.

EVENTS NEXT QUARTER

- LHSS international expert on *mutuelles* will provide an orientation on feasibility studies and help to plan the feasibility study that UHC Unit will lead.

PRIORITIES NEXT QUARTER

- LHSS submitted a proposed work plan covering the period March 2023 to August 2024.
- LHSS will update the UHC Unit's capacity strengthening plan and submit the results of the self-assessment to USAID. This plan uses the template developed with the UHC Unit.

LHSS NAMIBIA

HIGHLIGHTS THIS QUARTER

- The LHSS team in Namibia supported the Ministry of Health and Social Services (MOHSS) in facilitating a sector-wide health financing meeting on November 28, 2022, to secure broad stakeholder consensus on the priorities and possible strategies suitable in the Namibian context. The meeting focused on adequate and sustainable financing for universal health coverage (UHC) in Namibia, including from the private sector, academia, civil society, and development partners.
- In collaboration with the MOHSS and Survey Warehouse, a local grantee, LHSS has completed the data collection process for the time-driven activity-based costing study on selected health and HIV services covering a total of 15 health facilities, over 1,200 patients and community-level HIV services, provided by six PEPFAR implementing partners.

QUARTERLY ACTIVITY PROGRESS

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

In collaboration with LHSS, the MOHSS has established the Health Financing technical working group (TWG) as a sub-group of the broad UHC governance structure. The purpose of this TWG is to facilitate dialogue on financing reforms for UHC and obtain multi-sectoral input and buy-in for health financing priorities and possible strategies that would be suitable in the Namibian context. At a high-level health financing meeting on November 28, 2022, chaired by the MOHSS, LHSS provided technical input to facilitate the discussions around adequate and sustainable financing for UHC in Namibia, including discussions around possible financing models. LHSS also provided secretariat support for the meeting. Key recommendations included strengthening the current system of non-contributory entitlement financed through public spending, exploring "sin taxes" to finance the high cost of care for non-communicable diseases, and leveraging private sector actors to complement public health sector. Key meeting recommendations were shared with senior leadership from the MOHSS. These will guide Namibia to achieve on progressive reforms required to ensure the country moves toward guaranteeing equitable, affordable, and quality health services for all.

To ensure effective communication and advocacy on the UHC agenda, LHSS recruited a MEL and communication specialist. With the specialist's support, LHSS has secured slots for January 2023 on the MOHSS Facebook page and the Namibian Government Communication Center to promote UHC through messaging from senior leadership, including the executive director and minister of health. LHSS is also in the process of recruiting a public financial management consultant who will provide recommendations and develop detailed guidance materials on required reforms for improved MOHSS budget formulation, execution, and monitoring practices.

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

LHSS continues to provide technical and secretariat support to the MOHSS for revising the Essential Health Services Package. With support from LHSS, the MOHSS has divided the Essential Health Services Package TWG into three sub-groups. Each will focus on different criteria for the Essential Health Services Package development, namely: 1) burden of disease, 2) cost effectiveness and budget impact, and 3) equity and feasibility. LHSS is also in the process of recruiting a medical consultant who will assist with mapping the Essential Health Services Package by merging and aligning the 2014 package with the WHO compendium lists. The sub-groups will apply the criteria to the mapping output at a second stakeholders workshop planned for February 2023. LHSS is assisting the MOHSS in data collection and the application of prioritized criteria.

In collaboration with the MOHSS and Survey Warehouse, LHSS has concluded the data collection for the time-driven activity-based costing study on selected health and HIV services. The data collection teams are currently conducting rigorous quality reviews of the data before it is consolidated and submitted to LHSS for further quality reviews. LHSS expects to complete the data analysis process by mid-February 2023 so that findings can inform development of the Essential Health Services Package. The final costing report is expected to be completed by the end of March 2023.

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

LHSS supported the Social Contracting TWG and the MOHSS Directorate of Special Programs to finalize the social contracting policy, which has been presented to and approved by the Ministerial management committee. The social contracting policy is expected to be approved by the MOHSS in early 2023. Upon approval, LHSS will work with the MOHSS to ensure that the final social contracting policy is disseminated to Civil Society Organizations to ensure that they are aware of the opportunity to contract with government for the provision of health services and understand the applicable contracting mechanisms.

LHSS and the USAID Mission in Namibia met with selected representatives of the medical aid industry to discuss health financing options and opportunities for improved public-private sector collaboration and coordination. LHSS will continue to have focused discussions with key stakeholders to identify and build on these identified opportunities.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS is finalizing a health equity analysis report. The report, which will be shared with MOHSS, will inform application of GESI indicators, while prioritizing services for inclusion in the essential health services package.

PROGRESS ON PERFORMANCE INDICATORS

- In Q1, HSS revised certain indicator targets and learning questions in the AMELP to ensure alignment with the activity's sustainability and transition plan. LHSS is making progress toward Indicator #1.

LESSONS LEARNED

- The proactive support provided by the LHSS team to facilitate work on private sector and civil society engagement has been pivotal to the progress made with drafting the social contract policy and has been valued and respected by the MOHSS. LHSS intends to continue with its private sector and civil society engagement work. Specifically, the Activity will focus on the implementation of social contracting and building investment cases to assess if there could be efficiency gains in financing human resources for health for HIV by increasing strategic purchasing from the private health sector.

CHALLENGES

- LHSS's activity with the Program Management Unit has been limited to remote support during Q1 due to some resistance within specific departments to the proposed LHSS mandate, and scope. LHSS is working with USAID/Namibia, the Program Management Unit, and MOHSS management on a resolution so that implementation can accelerate.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted in Q1.

UPCOMING EVENTS

- A second Essential Health Services Package workshop to review the mapped health services list and apply the prioritization criteria during Q2
- A high-level UHC parliamentary meeting in March 2023

PRIORITIES NEXT QUARTER

- Planning and laying the groundwork for the communications work in January 2023
- Continue to work with MOHSS to finalize the development for the Essential Health Services Package, including supporting the TWG
- Finalizing the costing results and analysis for use in the Essential Health Services Package development process and to inform health financing requirements
- Proceed with working with the governance structures leading the UHC agenda, including the health financing agenda

LHSS NIGERIA

HIGHLIGHTS THIS QUARTER

- LHSS co-developed a town hall meeting strategy with state insurance agencies to engage the poor and vulnerable enrolled in the Basic Healthcare Provision Fund (Provision Fund) to increase service utilization in Zamfara, Plateau, and Nasarawa. The Activity supported 509 meetings convening enrollees, community facility staff, and state agencies.
- LHSS collaborated with State Primary Health Development Agencies to provide health facility trainings in Zamfara, Plateau, and Nasarawa. The curriculum focused on developing context-

relevant, adaptive quarterly business plans that employ prioritization techniques. Primary health centers are required to submit these business plans in order to receive their quarterly obligation from the Provision Fund.

- LHSS supported the Lagos State Health Management Agency (Health Agency) to develop enrollment strategies to expand insurance coverage. By the end of Q1, an additional 57,866 individuals were enrolled in insurance programs, including 30,837 in the Provision Fund.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Expand financial risk protection in targeted states to reduce financial barriers and out-of-pocket payments. In Nasarawa, LHSS held a domestic resource mobilization meeting with state-level leaders. The purpose of this meeting was to provide an update on increasing health insurance coverage, develop stronger community partnerships, and advocate with local governments to increase the number of civil servants working in state health insurance schemes (Schemes). The meeting resulted in local governments committing to initiate equity fund payments to contribute to the Nasarawa State Health Insurance Agency, to enroll state civil servants on schemes and deduct salary premiums as part of enrollment.

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 town hall meetings with enrollees in wards with Provision Fund facilities Zamfara, Plateau, and Nasarawa. The purpose of these townhall meetings is to link enrolled individuals with their assigned primary healthcare facilities, educate enrollees about the available package of health services, and obtain feedback about the quality of care and challenges encountered accessing care at the facilities. At the end of Q1, Provision Fund facilities in wards where meetings were held recorded increased numbers of patients served. For example, in primary health care facility Duduguru in Nasarawa, the number of encounters more than doubled, from 34 visits in Q4 of FY22 to 74 in Q1 of FY23.

LHSS supported the Nasarawa State Health insurance Agency to publicize the townhall meetings to raise awareness and advocate for increased fund disbursements. Due in part to this effort, the Governor released four months of outstanding equity funds during Q1. Progress is being achieved toward making the equity fund a first budget line charge in Nasarawa.

Objective 3: Increase the proportion of revitalized and fully functioning primary health care facilities to provide essential health services. LHSS supported state counterparts in conducting a training of trainers on how to develop Provision Fund business plans. Led by the State Primary Health Care Development Agency, local governments will be equipped to train facility level staff in business plan development. Facility-level training participants included facility and deputy officers in charge and Ward Committee chairpersons. Using practical scenarios and experience sharing, teams were coached on how to develop business plans that address priority needs. Training of trainers and facility-level trainings have been completed in Zamfara, training 647 participants. In Plateau the training of trainers included 54 participants, and facility-level trainings are currently ongoing. Nasarawa trainings will be conducted in Q2.

LHSS collaborated with the USAID Integrated Health Program to organize a national-level training of trainers for the Facility and Financial Management Toolkit. This training strengthened the capacity of national trainers from State Primary Health Care Development Agencies in USAID/Nigeria states. The aim of this training is to strengthen the management skills of the officers in charge of primary healthcare centers. The state-level trainer of trainers and facility-level trainings will be conducted in the LHSS-supported states in Q2.

Objective 4: Expand coverage and integration of HIV services into State Health Insurance Schemes and Basic Healthcare Provision Fund. In Lagos, LHSS worked with People Living with HIV (PLHIV) support groups to improve awareness, uptake, and participation of PLHIV in financial protection schemes. These engagements have led to the registration of 422 PLHIV in five Local Government Area support groups, and 118 have been enrolled to access care in their chosen Provision Fund health facilities. LHSS is also working with the Health Agency to develop RFAs to identify and enroll poor and vulnerable PLHIVs in the Provision Fund.

In Kano, LHSS Nigeria had introductory meetings with high level stakeholders to assess capacity and identify priority areas for collaboration and LHSS activities. The Activity also utilized the opportunity to commence the landscape analysis for Kano.

Objective 5: Improve sub-national public financial management for HIV and promote domestic resource mobilization Public Financial Management Update. LHSS provided advocacy and technical assistance to increase budgetary releases, improve budget execution and ensure improved budget performance for the 2023 budget. The AIDS Agency had a total budget allocation of nearly \$1.7 million for FY22. By the end of November 2022, the AIDS Agency had only received approvals and budgetary releases for about \$450,000. In response to this low budget performance, LHSS is supporting the AIDS Agency to review its historic budget execution over the last five years to determine prior budget performance, identify bottlenecks in the process, and outline interventions to address budget execution issues.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS recruited a new GESI advisor during Q1. The advisor collaborates closely with the LHSS team and developed the protocol for the GESI Analysis to be conducted in all project states. Findings from the GESI analysis will inform the design of the LHSS GESI interventions.

PROGRESS ON PERFORMANCE INDICATORS

- LHSS contributed to the enrollment of 5.5 percent (2022) of target population in financial protection schemes from a baseline of 0.6 percent in 2021 according to data from Schemes Administrative Records (Indicator 2).
- In USAID/Nigeria states, LHSS contributed to the increased number of Provision Fund-funded clinical encounters per person per year to 2.34 (2022) from a baseline of 0.60 in 2021, according to data from Schemes Administrative Records (indicator 10).
- According to data from the Health Agency, LHSS supported the Health Agency to enroll 7.3 percent of PLHIV in PEPFAR-supported financial protection schemes in FY23-Q1, from a baseline of 1.5 percent in 2021 (Indicator 18).

LESSONS LEARNED

- LHSS provided technical support for both the enrollee town hall meetings and the state-level planning meetings. However, the Activity only provided financial support for the planning meetings. LHSS observed that securing financial support for government-led enrollee meetings increases participation.

CHALLENGES

- LHSS encountered security issues in Zamfara which delayed staff hiring and impacted government counterpart operations. LHSS recruited a consultant in November 2022 to work in Zamfara while permanent staff recruitment continued. A full-time employee is expected to

begin work in Q2. LHSS is also working with Zamfara counterparts to help develop Local Government Authority oversight committees in conflict areas.

- There have been delays between registration and enrollment of PLHIV due to poor communication between the units involved at the Health Agency. LHSS has held a meeting with the heads of units to strengthen and improve communication between the units.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Shortlist of topics to address in knowledge exchange. Submitted December 30, 2022

EVENTS NEXT QUARTER

- January 2023, Lagos, Lafia, Jos, Gusau, State Oversight Committee Meeting
- February 2023 (tentative), Abuja, National Health Insurance Summit
- February 2023, Lafia, Jos, Gusau, Gateway Forum Meeting
- March 2023, Abuja, Policy dialogue for Provision Fund engagement strategy
- March 2023, Abuja, Validation of Provision Fund Accountability Framework

PRIORITIES NEXT QUARTER

- Conduct peer-peer learning sessions on: Provision Fund data quality with LHSS and Integrated Health Program States
- Support Public Financial Management workshops in Nasarawa
- Execute Organizational Capacity Strengthening Grant and conduct assessments of State Health Insurance Agencies and State Primary Health Care Development Agencies
- Execute Lagos State Health Management Agency Grant
- Conduct landscape analysis of HIV financing in Kano

HIGHLIGHTS THIS QUARTER

- LHSS worked in close collaboration with the Directorate of Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis (DPVIH), along with implementing partners, government officials, universities, and other stakeholders to prepare and present a bill to the Peruvian Congress that would allow migrants and refugees living with HIV or TB in Peru access to the Comprehensive Health Insurance (SIS). This law, once approved, will remove financial barriers currently preventing these vulnerable populations from accessing the health services they need.
- The rapid assessment of structural barriers faced by Venezuelan LGBTQ migrants in accessing health services and to protect their human rights defense, along with Gender-based Violence prevention and care is progressing on schedule. The Technical Advisory Committee overseeing this effort is now in place. This assessment will provide recommendations to the Ministry of Health (MOH), the Ministry of Women and Vulnerable Populations, and other public sector with strategies to help Venezuelan LGBTQ migrants overcome barriers they face in accessing health care services.
- LHSS held a meeting with the HIV Program Directors of Chile, Ecuador, and Peru and with representatives of USAID and UNAIDS to validate the Road Map that will facilitate the continuity of HIV care for Venezuelan migrants along the migration route. During the meeting, the Road Map was validated, and the participating countries committed to implementing the plan. UNAIDS has committed to monitoring the implementation process.

QUARTERLY ACTIVITY PROGRESS

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

LHSS held meetings, shared information, and conducted follow-up activities with key stakeholders and implementing partners (e.g., UNAIDS, IOM, UNHCR, local NGOs and institutions, government counterparts, academia and others to advocate for the approval of the bill that will expand access to the Integrated Health Insurance for migrants and refugees living with HIV and/or TB, regardless of their migration status. This proposed bill was presented and discussed with two congresspersons. One congressperson proposed organizing an event at the Congress to discuss the migrant health situation, while the other offered to sponsor the bill. The event was scheduled for December 6, 2022, but was later postponed due to political instability in the country. With the support of IOM, volunteer migrants living with HIV were trained as spokespersons to advocate for the bill. Unfortunately, presentation of the bill to congress has been delayed due to the president's impeachment. Once approved, the bill will facilitate access to the Integrated Comprehensive Health Insurance for Venezuelan migrants with HIV or TB and reduced financial barriers currently experienced by this population.

The Activity's work to support the MoH in adjusting HIV-TB results-based budget line items began in late December 2022 and is continuing in close coordination with the from the DPVIH. During Q1, LHSS hired a consultant to modify the results-based budget (Ppr 016 TBC – HIV / AIDS)

which will allow financing for updated HIV surveillance and prevention measures that will benefit both Venezuelan migrants and Peruvians living with HIV.

LHSS is selecting a firm to develop a proposal which will engage community-based organizations to work with the MOH to screen, diagnose and link PLWH with ART facilities. By expanding the network of HIV screening and diagnosis facilities, this effort will expand Peru's ability to reduce barriers Venezuelan migrants living with HIV are experiencing trying to access care.

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

LHSS extended a grant to the Universidad Peruana Cayetano Heredia (UPCH) to implement the Peruvian Observatory of Migration and Health (Observatory) in FY2022. The Observatory will support advocacy to address barriers faced by migrants in accessing health services. In October 2022, LHSS held a meeting with the HIV Programs Directors of Chile, Ecuador, and Peru, as well as representatives of USAID and UNAIDS to validate the Road Map designed to facilitate the continuity of HIV care for Venezuelan migrants along the migration route. The Road Map proposes detailed mechanism for how migrants will carry their own ART information from country to country. The Road Map was validated during the meeting and the countries in attendance committed to implementing it. UNAIDS will commit to monitor the implementation process.

Objective 3: Strengthen care and support networks for LGBTQ, migrants, and nationals

LHSS hired a consultant to carry out a study of structural barriers faced by Venezuelan LGBTQ migrants and supported the formation of a technical advisory committee to oversee the assessment. Members of this advisory committee include representatives of the Ombudsman's Office, the MOH, the Ministry of Justice and Human Rights, the Ministry of Women and Vulnerable Populations, UNAIDS, UNHCR, IOM and the Center of Attention Multidisciplinary for Vulnerable People dedicated to supporting migrant populations. LHSS's work plan was approved by USAID at the end of Q1. Stakeholder involvement and insight enriched analysis of the study findings, and their support has been key to implementing proposed strategies to address access barriers.

Additionally, LHSS issued a solicitation for a grantee to develop a proposal to strengthen the capacity of local providers to improve the quality of care for LGBTQI+ migrant and non-migrant populations in three regions of Peru.

Lastly, LHSS issued a solicitation for a grantee to strengthen and expand the capacities of CBO's for the purpose of providing better care to the needs of LGBTQI+ migrants, migrants with HIV, and other populations.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS Peru worked to strengthen HIV services for Venezuelan migrants, using an intersectional gender and sexual diversity perspective to ensure that the specific constraints faced by those who identify as LGBTQ. For example, the contracting mechanism for strengthening the capacity of community-based organizations serving LGBTQ migrant populations will address access barriers experienced in HIV screening services.

PROGRESS ON PERFORMANCE INDICATORS

The revised AMELP was submitted to USAID on December 23, 2022, and is currently under review by the USAID Mission in Peru. Progress toward the proposed performance indicators includes:

- LHSS coordinated the engagement of 11 stakeholders in advocacy activities to promote the approval of the bill allowing migrants with HIV or TB to access Integrated Health Insurance and receive health care regardless of migration status.
- Through its collaboration with the Observatory website, LHSS contributed to the ongoing dissemination of information related to the improvement of health services for migrants (the site received 215 visitors in Q1).

LESSONS LEARNED

- Close coordination with other stakeholders working in migration and HIV, such as implementing agencies and civil society organizations is instrumental in leveraging their involvement in implementing the proposed strategies and enhances achievement of LHSS's overall results. For example, during the development of cross-border activities, LHSS's collaboration with UNAIDS was key to engaging HIV programs working in other countries needed for the success of Peru's migration route work.
- Working in close collaboration with the MOH facilitates the involvement of the Integrated Health Network Directorates and Regional Health Directorates and is a key factor in the sustainability of interventions delivered under LHSS.

CHALLENGES

- Peru experienced political instability due to events such as the impeachment of the president, insecurity in several regions, and personnel transitions among MOH officials and regional governors. Due to the current sociopolitical instability, LHSS is facing challenges coordinating with local actors and contacting local authorities to carry out technical assistance as planned. Despite these obstacles, LHSS is proceeding with project tasks following through on communications with newly elected authorities (e.g., in locations such as La Libertad and Loreto), and successfully obtaining their support to proceed with planned interventions.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted.

EVENTS NEXT QUARTER

- No upcoming events

PRIORITIES NEXT QUARTER

- Continue providing technical assistance in drafting a bill to allow migrants with HIV or TB to access the Integrated Health Insurance.
- Continue support to the Observatory's advocacy efforts to address barriers faced by migrants in accessing health services. Prepare a report on the structural barriers faced by Venezuelan LGBTQ migrants in accessing health services, human rights protections and prevention and care services for gender-based violence.

- Identify and strengthen the capacities of eight community-based organizations to engage, support, and link LGBTQ migrants and local host communities with health services, human rights protection services and preventive and care services for gender-based violence.
- Begin developing a methodological guide to decentralize ART to primary healthcare.

PERU (MPOX)

HIGHLIGHTS THIS QUARTER

- LHSS began developing the national communication strategy to prevent Monkey Pox (mpox) in Lima, Loreto, and Trujillo. This strategy will improve access to appropriate information on prevention for high-risk populations and contribute to reducing transmission.
- LHSS obtained the support of the new regional authorities of Loreto and La Libertad to develop mpox response plans. Technical assistance will strengthen the region's capacity to prepare for and respond to the epidemic.

QUARTERLY ACTIVITY PROGRESS

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

Task 1.1.1 Develop a national communication strategy to inform and promote preventive behaviors towards against mpox in high-risk populations

LHSS selected CONACCION as a grantee due to previous successful collaboration with LHSS's communication campaign to increase COVID-19 vaccine coverage rates. CONACCION will develop a new communication campaign to reach communities most affected by the mpox virus, including marginalized communities such as men who have sex with men, migrants, and people living with HIV. The campaign will focus on prevention and awareness-raising messages aimed at reducing mpox transmission.

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

Task 2.1.1: Prepare guidance for the implementation at the regional level of the National Technical Norm for the Prevention and Case Management of Patients Affected by mpox, assist in its implementation in selected regions and deliver it to the Ministry of Health and other regions

LHSS is selecting a consultant to develop regional-level guidance to implement the prevention and case management of patients affected by mpox. LHSS will support the MOH in sharing the new guidelines with regional authorities in order to facilitate their response to the mpox emergency.

Task 2.1.2: Support the development of subnational plans in two priority regions

LHSS hired a consultant to provide technical assistance to health authorities in La Libertad and Loreto to support the development of a subnational mpox emergency response plan. LHSS initiated stakeholder engagement meetings with the newly elected governors of each region to brief them on the Activity's plans and objectives.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS applies an intersectional lens in every aspect of its support to strengthen Peru's national response to mpox. The Activity devotes special effort to recognizing and addressing the unique challenges and constraints faced by marginalized populations. LHSS worked with the grantee of the Activity's communications campaign to ensure that the design considers key elements such as socialization and media outreach to populations most burdened by mpox, including gay, bisexual, and heterosexual men who engage in same-sex behavior, and people living with HIV.

PROGRESS ON PERFORMANCE INDICATORS

The revised AMELP was submitted to the USAID Mission in Peru on December 23, 2022, and is currently under review. Progress on mpox indicators will be reported in Q2.

LESSONS LEARNED

None to report in Q1.

CHALLENGES

- In Q1, Peru experienced political instability due to the impeachment of the president, politically motivated riots in several regions, and transitions of key officials in leadership positions in at the MOH and regional governorships. These challenges made it difficult for LHSS to contact and coordinate with local authorities
- In Q1, LHSS had planned to update the national-level Guidelines for the Prevention and Case Management of mpox. However, the Activity learned that the MOH had already updated these Guidelines, rendering this work plan activity unnecessary. This created an opportunity for LHSS to support the MOH in creating a guide for use at the regional level. LHSS consulted with the USAID Mission in Peru and received concurrence to substitute this new activity in its work plan.
- In several instances, technical assistance planned by the activity had to be delayed in order to protect the security of LHSS staff, grantees, consultants and implementing partners. When possible, activities were carried out remotely. New regional governors were selected in recent elections and will take office in January 2023. In Q1, LHSS initiated outreach and stakeholder engagement efforts with the newly elected authorities in la Libertad and Loreto, successfully obtaining their support for LHSS activities.

DELIVERABLES

- No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

- No upcoming events.

PRIORITIES NEXT QUARTER

- Continue developing the regional-level implementation guidance of the National Technical Norm for the prevention and case management of patients affected by mpox.

- Develop and initiate the communication campaigns to raise awareness mpox and to promote behaviors that prevent the transmission of the virus in high-risk communities.

LHSS TIMOR-LESTE

HIGHLIGHTS THIS QUARTER

- LHSS Timor-Leste (known in-country as the USAID Health System Sustainability Activity), the Timorese umbrella organization *Forum Organizaçao Naun Governamental Timor-Leste* (FONGTIL), and the USAID-funded NGO Advocacy for Good Governance project signed a memorandum of understanding to collaborate on developing a learning technology platform for FONGTIL's 250 member organizations. This is the first partnership of its type for FONGTIL and will deepen FONGTIL's experience working as an equal with USAID partners.
- The Activity presented final drafts of 41 job descriptions and performance evaluation criteria for health workers at the primary health care level to the Council of Directors of the Ministry of Health (MOH). The MOH and the Civil Service Commission have endorsed the documents. These new human resource management tools will help expand access to primary health care through a more equitable and transparent recruitment and management processes.
- LHSS conducted capacity assessments for two grantees as a first step in strengthening their capacity to co-implement planned Activity interventions. Findings will be shared in Q2.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Improve health system governance, financing, and information systems through data-driven decision-making. Based on tasks prioritized by the MOH in its capacity strengthening action plan, the Activity solicited concept notes from potential grantees to support the MOH with a leadership and management development program. This effort will focus on strengthening the capacity of MOH managers and help sustain a culture of high performance. The Activity will select an organization to conduct the program in Q2.

The Activity developed a framework for delegating authority within the MOH to address processing bottlenecks when a superior is occupied or away. Current law states that authority may only be delegated to others of comparable rank. However, guided by the Activities focus on sustainability, the MOH is committed to expanding delegation parameters to include subordinates. Once approved, these changes will be included in the MOH's human resources manual being developed under Objective 2.

To support the MOH in establishing a health financing unit, the Activity undertook the following initiatives: (1) participated in the interview process (candidates included three men and six women) for the unit's directors and finance officers, assessing their knowledge of public sector financial management; and (2) co-developed training in public financial management and health budget analysis, key knowledge areas for current MOH employees who may be selected to serve in the new unit once it is established. In supporting the interview process and developing targeted training for prospective staff of the new health financing unit, the Activity is strengthening the MOH's capacity to sustain the functions of this important unit into the future.

The Activity held a workshop for department managers and program coordinators of the MOH's health management information system (HMIS), referred to as the Timor-Leste Health Management Information System (TLHMIS). The workshop focused on: (1) the importance of

good quality HMIS data for decentralized planning, data analysis, and visualization for decision making, and (2) factors contributing to poor data quality. With Activity support, the MOH is updating the TLHMIS guidelines, reviewing forms to resolve discrepancies and duplication, and compiling a data dictionary to improve definition alignment with MOH's monitoring and evaluation department.

Objective 2: Strengthen health sector workforce management. The Activity held a national workshop to validate job descriptions and performance evaluation criteria for 41 different types of health workers including doctors, nurses, and midwives. This will be the first time that Timorese health workers have standardized human resources tools that directly link performance to professional advancement opportunities. Validation ensures the MOH's political buy-in and ownership of these tools. The MOH anticipates these important changes will enhance overall performance and morale throughout its staff ranks at all levels.

After validation, the Activity presented final drafts to the Civil Service Commission, the body managing human resources for Timor-Leste's civil service. The Commission endorsed the job descriptions and performance evaluation criteria in December 2022. The Activity later facilitated a discussion between the National Directorate of Human Resources and the MOH's Directorate General of Corporate Services. This meeting resulted in consensus to move forward with the revised human resource tools for health workers at the primary health care level.

Objective 3: Strengthen existing community health systems to improve healthy behaviors.

The Activity awarded a grant to *Sharis Haburas Comunidade*, a local civil society organization, to establish village health assemblies in two districts (Manufahi and Covalima). These assemblies will serve as forums for community-based health dialogues. They will also help communities develop local action plans for social and behavior change initiatives focused on best practices for inclusive reproductive, maternal, newborn, child, and adolescent health and nutrition programming. The Activity also developed a tool to assess *Sharis Haburas Comunidade's* organizational capacities and competencies in inclusive practices for social and behavior change programs. The assessment findings will be used to develop a capacity strengthening plan for the organization in Q2.

To raise awareness about the importance of inclusive behaviors and practices, the Activity presented key findings from its participatory action research (conducted in FY 2022) at the International Health Scientific Conference in Dili, and with key stakeholders in Manufahi and Covalima municipalities. The two municipalities will use these findings to inform the design and implementation of evidence-based social behavior and change interventions through the grant to *Sharis Haburas Comunidade*.

Objective 4: Improve civic engagement and advocacy for health system strengthening.

Rede ba Saude Timor-Leste, a health-focused civil society organization network, and the Activity held a national workshop with the MOH to discuss the ministry's new partnership manual, essential services package, and the role of civil society organizations in improving civic engagement in health.

FONGTIL, the NGO Advocacy for Good Governance project and the Activity signed a memorandum of understanding to collaborate on a new learning platform that will enable over 250 organizations to strengthen their capacities through sharing knowledge and health related resources.

The Activity initiated an assessment of FONGTIL's organizational and advocacy capacities. These findings will inform the design of the Activity's capacity strengthening plan for FONGTIL, including a plan for FONGTIL to support the *Rede ba Saude Timor-Leste* network.

Communications and Knowledge Management. The Activity launched social media accounts on Facebook and Twitter, increasing its visibility and access to the community, stakeholders, and partners. The Facebook page garnered 250 followers, 23 posts, and 132 likes by the end of Q1.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity supported the MOH in developing job descriptions, performance evaluation criteria, and continued to make progress in standardizing recruitment and retention practices designed to eliminate any form of biased or discrimination based on age, gender, marital status, race, religion, physical impairment, or political affiliation.

PROGRESS ON PERFORMANCE INDICATORS

The Activity held five events to support decision making at the national and municipal levels (Indicator 3): (1) a workshop on job descriptions and performance evaluations for primary care health workers, (2) a workshop on data quality and utilization for decision-making, (3) an orientation on digitalization of tools for data collection, (4) shared findings from participatory action research in both Manufahi and Covalima municipalities.

The Activity supported four information exchanges between the MOH and civil society organizations on the following topics (Indicator 13): family health programming, adolescent health within the essential services package, MOH's partnership manual, and nutrition.

LESSONS LEARNED

- Through consistent stakeholder engagement and relationship-building efforts over the past two years, the Activity has successfully increased the MOH's ownership of most of the Activity's interventions. The MOH has now committed to co-financing key events such as workshops, an important step forward in local ownership and sustainability so this capacity strengthening program may continue after the life of the project.
- Grantees needed more support than initially anticipated to fulfill grant requirements. The Activity is dedicating additional resources to support grantees and enhance their capacities.

CHALLENGES

The Activity faced continued program implementation challenges due to poor coordination across MOH departments. To address this challenge, the Activity plans to develop joint action plans to support inter-department coordination and collaboration.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

- January 2023, Dili, launch 41 MOH job descriptions and performance evaluation criteria
- February 2023: Manufahi, launch of grant to *Sharis Haburas Comunidade*

PRIORITIES NEXT QUARTER

- Conduct health budget analysis training for MOH health financing officers.
- Complete capacity assessments of *Sharis Haburas Comunidade* and FONGTIL.
- Host a workshop to validate the framework for delegating authority within the MOH.

HIGHLIGHTS THIS QUARTER

- The Ukrainian MOH, with support from LHSS, took the first step in developing an enabling environment for telemedicine in Ukraine by developing three technical documents that outline the main goals, objectives, and implementation models that the MOH will use in partnership with LHSS to create this environment.
- LHSS provided training and technical support to health providers to install and use eight telemedicine solutions that were donated to the Ukrainian government to use in health facilities as humanitarian aid. These solutions were used to provide 1,529 services for health care needs including burn care, traumatic surgeries, and pregnancy monitoring. One of these eight solutions is BrainScan, a new telemedicine solution that LHSS supported the MOH to evaluate and introduce this quarter.
- LHSS's Ukraine Activity Chief of Party presented at the Global Digital Health Forum on the activity's approach to telemedicine development in Ukraine and its rapid implementation of telemedicine solutions for wartime needs. About 40 people attended the presentation, and LHSS received positive feedback from USAID and other forum attendees.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Strengthen telemedicine governance, policies, and financing

In Q1, eight out of 10 national-level government institutions in Ukraine (including the Ministry of Digital Transformation and the Ministry of Economy) approved the Interagency Working Group's Telemedicine Strategy and Operation Plan,⁴ which provide a shared vision, principles, and direction for telemedicine development. The two remaining government institutions (Ministry of Finance and the National Health Service of Ukraine) gave feedback on the materials, which LHSS and the MOH are addressing. Once all ten bodies have approved the strategy and operation plan, these documents will officially serve as the roadmap for telemedicine development in Ukraine over the next three years.

In addition, LHSS held a series of meetings with the MOH and the National Health Services of Ukraine, to discuss the status and revision process of Program of Medical Guarantees 2023-2024 and integration of telemedicine services into the Program of Medical Guarantees, as well technical support needed for this work. LHSS will provide technical assistance to the MOH to develop its regulations on telemedicine service provision, including specific requirements to be included in Program of Medical Guarantees service packages, and will work with technical working groups at the National Health Services of Ukraine to integrate these requirements into 2024 service packages.

Finally, LHSS analyzed findings from the assessment of telemedicine in Ukraine, led by a local subcontractor, Patients of Ukraine. Initial findings suggest there is likely untapped potential to expand access to health examinations and screenings through telemedicine. The landscape assessment findings will support evidence-based decision making around current trends in

⁴ The Telemedicine Strategy and Operation Plan were initially called the telemedicine Concept Note and Implementation Plan. The MOH legal department renamed these documents.

telemedicine and identify vulnerable populations that will benefit from telemedicine. The assessment will be submitted to USAID in Q2.

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

LHSS supported the MOH in creating three technical documents that outline the main goals, objectives, and implementation models for the telemedicine enabling environment, which is a crucial step in telemedicine development at the national level. This enabling environment will provide a secure way for private sector companies and health providers to share data from telemedicine consultations with the national eHealth system.

Public-private cooperation is important, especially during the war, as private companies donate access to readily available telemedicine solutions and cloud storage and share their expertise. LHSS continued to facilitate public-private sector dialogue through meetings with leading IT companies, including Amazon, Microsoft, Cardio AI, Idonia, Roche Diagnostics, and Siemens Technology, to deepen cooperation for telemedicine development, including the possibility of using Microsoft products in telemedicine systems.

Objective 3: Strengthen Government of Ukraine capacity to respond to urgent needs for conflict and post-conflict telemedicine solutions

LHSS continued to support the MOH in implementing telemedicine solutions donated as humanitarian aid. In Q1, 72 additional health facilities were involved in the provision of health services using these telemedicine solutions. LHSS trained 294 health care providers from these facilities and conducted 245 technical assistance interactions with health providers to address problems in solution implementation. Patients received 1,529 services using these solutions across Ukraine. LHSS also worked with health departments in 11 oblasts where these health facilities are located to organize additional provider training and technical support for the facilities. LHSS has been highlighting these achievements on LHSS's Facebook, LinkedIn, and Twitter pages.

To expand healthcare access beyond facilities to patient homes, LHSS facilitated distribution of 21 new Home Doctor remote monitoring devices to Chernihiv, Zhytomyr, and Sumy oblasts. Lastly, in Q1, LHSS supported the MOH in evaluating and implementing a new telemedicine solution for rapid wartime response, BrainScan, using the standardized approach to evaluating offers that LHSS developed in AY1 to ensure they meet MOH standards on data privacy, security testing, and functionality. This solution facilitates rapid assessment of brain damage after CT or MRI scan to provide a timely response. The BrainScan donation is extremely timely and relevant for Ukraine, given the current lack of providers who can read these scans and draw the correct conclusions.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

Preliminary findings from LHSS's telemedicine landscape assessment indicate several vulnerable groups that may benefit most from increased access to telemedicine services, including people living in rural areas, internally displaced persons, people living in occupied territories, military personnel, and people with disabilities. The COVID-19 pandemic also increased the vulnerability of patients with limited mobility, older adults, and people with chronic diseases. LHSS is also considering the unique challenges that women face in accessing healthcare through this assessment and will identify opportunities to address those challenges through telemedicine.

PROGRESS ON PERFORMANCE INDICATORS

LHSS submitted a draft revised AMELP to USAID in Q1 for review. After receiving comments, LHSS resubmitted it to USAID in January 2023 and is currently under review by the USAID Mission in Ukraine. The following are the Q1 results of LHSS's proposed performance indicators measuring intervention progress.

- LHSS trained 294 health providers to use the telemedicine solutions donated to Ukraine as humanitarian aid.
- LHSS engaged 72 new health facilities in the utilization of telemedicine solutions to expand the reach of health services in Ukraine.
- LHSS provided 245 technical assistance interactions to health providers addressing issues in the implementation of telemedicine solutions.
- Through staff training and technical assistance supported by LHSS, health facilities provided services to patients 1,529 times using telemedicine solutions.

LESSONS LEARNED

- Video is an effective medium for providing instructions for telemedicine technology use, potentially more effective than written materials. When implementing telemedicine solutions, health facilities initially struggled to understand instructions provided in a written digital version (sometimes in English only) and experienced technical issues connecting equipment. To address these challenges, LHSS developed video step-by-step instructions for health providers and involved additional IT professionals to help properly connect telemedicine devices. Video instructions received positive feedback from health providers, with many of them noting that it became easier to understand the content of the training.

CHALLENGES

- The escalation of Russia's attacks on Ukrainian energy infrastructure has caused connectivity challenges that have negatively affected the work of LHSS, including delays in data gathering and analysis and difficulties in connecting telemedicine equipment in health facilities. LHSS provided essential winterization supplies to team members located in Ukraine to mitigate the negative impacts of power outages.
- LHSS noticed limited motivation and insufficient interest in telemedicine implementation among some health providers due to their high workload, lack of technical skills to use telemedicine solutions, and lack of understanding regarding who pays for telemedicine services provided through the solutions. LHSS is addressing this challenge by providing individual trainings and technical support to these health providers to ease the learning burden as much as possible, though it is likely other incentives will be needed to further motivate providers during broader rollout of telemedicine services. LHSS is also considering health facility readiness to install and use telemedicine prior to distributing the telemedicine solutions to the facilities.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Local Health System Sustainability Ukraine Activity Monitoring, Evaluation, and Learning Plan FY2022-24 Activity Years 1-3 October 1, 2021 – September 30, 2024. Submitted December 29, 2022.

EVENTS NEXT QUARTER

- USAID Health Implementing Partner Meeting, Krakow Poland. January 26-27, 2023.
- Telemedicine Inter-Agency Working Group meeting. Date TBD.

PRIORITIES NEXT QUARTER

- Receive the telemedicine strategy approval from the Ministry of Finance and the National Health Service of Ukraine.
- Finalize landscape assessment and disseminate findings to inform telemedicine development.
- Finalize design and begin implementation of an enabling environment for telemedicine services.

LHSS VIETNAM

TOP HIGHLIGHTS THIS QUARTER

- LHSS worked closely with Vietnam Social Security (VSS) and Vietnam Administration of HIV/AIDS Control (VAAC) to grant Electronic Logistic Management Information System (eLMIS) accounts for ARV management to all 63 provincial centers for disease control and HIV treatment facilities nationwide. Having eLMIS accounts will allow the provincial centers and facilities to strengthen their ability to manage ARVs within the Social Health Insurance system. LHSS will provide training on eLMIS in Q2.
- LHSS supported the National TB Program and VSS in completing the integration of the Social Health Insurance's (SHI) TB drug management function into the eLMIS and provided training in its use. This new feature will allow users in provincial TB Programs, TB treatment facilities, and TB drug suppliers to monitor TB drug quantification, dispensing, reallocation, reporting, and reimbursement.
- With LHSS support, Vietnam has made significant progress integrating TB treatment facilities into the SHI. To date, 100 of 115 TB treatment facilities in the seven LHSS-supported provinces have completed the process of integrating TB service delivery—including provision of TB drugs—into the SHI fund.

QUARTERLY ACTIVITY PROGRESS

LHSS made considerable progress toward sustainability, local ownership, and capacity strengthening, categorized by objective as follows:

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

LHSS met with VSS to develop the scope of work and protocol for the Defined Daily Dose antibiotic analysis, which will be the first deep-dive review of SHI-covered antibiotic prescription, utilization, and related costs across levels of care. The results will inform policy development and contribute to the MOH and VSS's efforts to standardize treatment regimens, ensure reasonable drug use, and better control SHI antibiotic claims and payment.

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

LHSS worked with VAAC to co-develop a social contracting pilot monitoring checklist and tested it during three provincial technical assistance (TA) visits, confirming that it includes appropriate indicators. LHSS finalized and transitioned the checklist to VAAC and other implementing partners for use in future TA visits. LHSS developed a scope of work to conduct an assessment of out-of-pocket expenditure and willingness to pay for HIV services outside of the SHI benefit package among People Living with HIV (PLHIV) using SHI ART and viral load services. The assessment will generate evidence as the MOH works to reduce out-of-pocket costs and strengthen financial protection for PLHIV. LHSS shared the scope with the USAID Mission in Vietnam and USAID/Vietnam's Support for Technical Excellence and Private Sector Sustainability, which is conducting a complementary assessment.

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

LHSS provided technical and financial support to the MOH's Department of Planning and Finance to organize 11 technical meetings to revise Circular 15/2019 regulating drug bidding at public facilities. This effort will improve procurement processes at the central and facility levels. The proposed revisions include updating VAAC's ARV procurement responsibilities through the state budget, and regulations on SHI ARV drug price, tender selection, budget estimation, and e-procurement. To improve ARV management using eLMIS, VSS granted eLMIS accounts to all provincial centers for disease control and HIV treatment facilities, allowing access to monitor ARV utilization, reallocation, reimbursement, and the number of HIV patients on ARTs provided by the SHI. LHSS will provide training on eLMIS utilization in Q2. LHSS worked with VAAC to finalize the ARV management module of the HIV Medicines system and shared a demo with VAAC for trial use. LHSS supported VAAC and the National Centralized Drug Procurement Center to monitor the centralized ARV procurement progress along with the national SHIARV supply and utilization trends, to ensure consistent and reliable ARV supplies are available for all patients throughout their treatment.

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

LHSS organized a workshop with one in-person and six virtual sessions to guide provincial TB programs, health facilities, and TB drug suppliers on utilization of the updated eLMIS tool for SHI TB drug management before its official launch in January 2023. Building on new knowledge gained during the workshop, the National TB Program developed a comprehensive Q&A-style guide for health facilities on policies related to TB service delivery. With technical assistance from LHSS, 100 of 115 TB treatment facilities in the seven project-supported provinces completed SHI integration. LHSS and the National TB Program organized monitoring field trips to the warehouses of three TB drug suppliers and provided guidance on using the eLMIS to track drug orders from health facilities and to report drug supplies to the National TB Program.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS and the National TB Program co-organized a series of trainings on utilization of the eLMIS for SHI TB drug management and reallocation. A total of 445 participants attended the trainings, 57 percent of whom were women. The social contracting pilot is a key strategy to foster the social inclusion of vulnerable groups. To date, eight community-based organizations and social enterprises across five USAID-supported provinces have signed contracts and are providing HIV services to target groups.

PROGRESS ON PERFORMANCE INDICATORS

Progress against annual targets: Indicator #9: Number of Community-based Organizations/ Social Enterprises engaged through social contracts to provide standard HIV service packages (actual: eight; target: ten). Indicator #14: Percentage of PLHIV on ART receiving ARV through the SHI scheme [KPI-3] (actual: 88 percent; target: 90 percent). Indicator #15: Percent of health facilities providing HIV treatment services integrated into PEPFAR-supported financial protection schemes [FIN_INS_HF] (actual: 95 percent; target: 97 percent). Indicator #20: Percentage of SHI-covered ARVs used by HIV treatment health facilities against the supply plan (actual: 81 percent; target: 80 percent). Indicator #21: Percent of provinces granted eLMIS accounts to extract and use SHI data for improved drug management and treatment monitoring (actual: 100 percent; target: 100 percent). Indicator #23: Percentage of TB patients that receive TB drugs from SHI [PMP P.2.2.2] (actual: 58 percent; target: 86 percent).

LESSONS LEARNED

Although LHSS provided intensive TA to relevant government agencies on SHI ARV procurement processes, the 2023 open bidding procurement was delayed (see Challenges). Moving forward, the following lessons should be applied:

- MOH leadership should consider specific mechanisms to ensure that relevant agencies comply with regulations and processes for the development, appraisal, and approval of tender selection plans for ARV open bidding, enabling timely procurement of ARVs.
- The 12-month procurement contract between selected suppliers and VSS is too short given the lengthy procurement preparation process. MOH should consider extending the contract duration to 24-36 months to mitigate supply chain interruptions.
- VAAC should regularly monitor ARV stock at treatment facilities and national warehouses to prepare backup solutions for delayed procurement, collaborate with provincial centers for disease control to support reallocation, and propose appropriate drug dispensing strategies.

CHALLENGES

- As of December 2022, the 2023 ARV procurement via open bidding was incomplete. The MOH appraisal team requested clarifications on the tender selection plan submitted by the National Centralized Drug Procurement Center regarding drug quantification, technical criteria grouping, and drug prices. LHSS provided support to address the appraisal team's comments. The MOH Department of Planning and Finance submitted the revised tender selection plan to MOH leadership for approval. The ARVs procured through open bidding include second line ARVs used in 333 health facilities and cover over 10,000 patients.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Technical brief: Tracker to monitor budget planning and allocation for the HIV program at the provincial level. Submitted to COR on October 8, 2022.
- Government of Vietnam guidance or policy revisions to accommodate the SHI requirements for HIV examination and treatment. Submitted to COR on October 12, 2022.
- Creating Budgetary Space for Health in Vietnam by Reforming Expenditure Planning and Pro-Health Taxation: A Synthesis Report. Submitted to COR on November 29, 2022.
- Analysis of integration options and proposed action items for each province to provide TB drugs through the SHI Fund. Submitted to COR on December 15, 2022.

- Summary of LHSS’s Technical Assistance in Upgrading the Electronic Logistics Management Information System for Tuberculosis Drug Management. Submitted to COR on December 22, 2022.
- Policy Brief: Strategies to Increase Budgetary Space for Health in Vietnam. Re-submitted to Mission on December 22, 2022.
- Technical notes on the development of the Ministry of Health report for the National Health Account for the period 2018–2019. Submitted to COR on December 23, 2022.
- Technical brief: SHI Tuberculosis Transition Dashboard. Submitted to USAID/Vietnam on December 29, 2022.

UPCOMING EVENTS

- February 15, 2023: Social contracting quarterly meeting and experience-sharing workshop on the pilot implementation of social contracting, Can Tho.
- February 2022 (TBD): Training sessions to provincial centers for disease controls and health facilities of 63 provinces on eLMIS use for HIV/AIDS treatment, Hanoi, and Ho Chi Minh City.
- February/March 2022 (TBD): Workshop to disseminate Circular 15.
- Monitoring and TA visits to remaining social contracting pilot provinces.
- Site visits to health facilities to monitor SHI ARV utilization and reallocation in the context of delayed open bidding and the introduction of the dolutegravir-based treatment regimen.
- TBD: A workshop to disseminate the findings of the international review of Diagnosis-Related Group (DRG) Management and Evaluation Systems, and DRG contracts, to improve the efficiency of SHI fund management.

PRIORITIES NEXT QUARTER

- **Objective 1:** Work with VSS to conduct the national Defined Daily Dose antibiotics analysis. Conduct a review of opportunities to use state budget funding for an emergency response for commodity procurements gaps.
- **Objective 2:** Work with VAAC and other implementing partners to organize a social contracting workshop. Develop a web-based tracking tool for annual resource allocations and expenditures at national and provincial levels. Finalize the protocol to assess out-of-pocket expenditure of PLHIV for HIV services and apply for IRB approval.
- **Objective 3:** Develop a technical summary report with new HIV Medicine system features for ARV management. Assist the MOH in finalizing and enacting Circular 15 and organizing a dissemination workshop. Provide support to VAAC and the Drug Administration of Vietnam to extend Acruptega drug marketing authorization, which expired on December 31, 2022.
- **Objective 4:** Support provinces and the National TB Program in using eLMIS for SHI TB drug management. Develop the eLMIS tool manual for TB drug management.

SECTION 5: QUARTERLY PROGRESS REPORTS FOR ARPA-FUNDED ACTIVITIES

LHSS COLOMBIA (ARPA)

HIGHLIGHTS THIS QUARTER

- Through a grant with the Colombia Society of Pediatrics, more than 132 doctors, pediatricians, and vaccinators participated in the Regional Vaccine Update Forum in Cundinamarca and the International Vaccine Update Congress in Barranquilla. During these forums, participants reviewed and updated national and regional vaccination plans to expand and accelerate equitable COVID-19 vaccination coverage among vulnerable populations.
- Through a grant with Banco de Medicamentos, LHSS is continuing to strengthen the capacities of the health secretariats in Bucaramanga and Cúcuta to improve management of donated medicines and medical supplies for the migrant population. LHSS's support will help health secretariats to manage medical waste more efficiently, leading to cost savings in their health budgets.
- Through a grant with Fundación Oriéntame, 71 community-based organizations learned how to educate the community on sexual and reproductive rights and promote healthy sexual and reproductive practices. Using these learnings, these organizations will apply this new knowledge in their communications and outreach activities which are expected to reach more than 2,000 migrants, returnees, and host community members. This effort is expected to enhance their knowledge about and increase their access to contraceptives among the target audiences.

QUARTERLY ACTIVITY PROGRESS

The LHSS Colombia Activity was awarded one of three prizes from the 2022 Health Systems Strengthening Case Contest, USAID's global event to share lessons learned. This opportunity showcased the impact the Activity has had in strengthening the health system in Colombia and guaranteeing access to health services through COVID-19 rapid response teams.

ARP Objective 1: Accelerate Widespread and Equitable Access to and Delivery of Safe and Effective COVID-19 Vaccinations. LHSS continues to support strategies to increase vaccination coverage during each stage of the National Vaccination Plan. Through a grant with the Colombia Society of Pediatrics, more than 132 doctors, pediatricians, and vaccinators participated in the Regional Vaccine Update Forum in Cundinamarca on November 19, 2022, and the International Vaccine Update Congress in Barranquilla on November 25, 2022. During these forums, participants reviewed and updated national and regional vaccination plans to expand and accelerate equitable COVID-19 vaccination coverage among vulnerable populations. As a result of their participation, departments and municipalities have strengthened their capacity to manage vaccination campaigns through increased knowledge, improved tools and materials, and improved vaccination oversight and registration systems.

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

Strengthened governance and management of the migrant health response. Through a grant with the SIDOC Foundation, 149 people (66 percent Venezuelan migrants) participated in street art activities to promote healthy communities in Cali. The grantee has found that when community members, especially young people, see health promotion as a shared responsibility with the government, they are more likely to become engaged and develop ownership for improving the health of their communities. Complementing territorial government communication strategies, this initiative is promoting resilience and inclusion of migrant, returnee, and host communities. The Activity finds that encouraging these groups to take an active role in promoting healthy practices, advocating for preventive measures against acute respiratory infections and COVID-19, and promoting support for mental health improves overall health within these communities.

Promote sustainable financing of health services for migrants and receptor communities. LHSS continues to collaborate with five community-based organization to promote and increase migrant enrollment as active participants in the General Social Security System in Health (SGSSS) enrollment process: Asociación Salto Angel, CPUV Colombia, Fundación Alianzas Solidarias, Fundación Colombia Nuevos Horizontes, and Fundación Mahuampi Venezuela. Through a grant with Banco de Medicamentos, LHSS is continuing to strengthen the capacities of the health secretariats in Bucaramanga and Cúcuta to improve management of donated medicines and medical supplies for the migrant population. LHSS's support will help health secretariats to limit medical waste from inefficient management, leading to savings in their health budgets.

Strengthen health system resilience for responding to current and future shocks, including the COVID-19 pandemic. LHSS continues to provide capacity strengthening support to grantees to improve health system resilience and strengthen essential health services disrupted by the COVID-19 pandemic. Through a grant with Fundación Oriéntame, 71 community-based organizations from USAID-prioritized cities and Maicao learned how to educate their communities on sexual and reproductive rights and promote healthy sexual and reproductive practices. Using these learnings, the organizations are expected to reach more than 2,000 migrants, returnees, and host community members to increase their knowledge and ability to manage and access long-acting reversible contraceptives. Strengthening community knowledge regarding access to and promotion of sexual health services and family planning methods reduces public health threats such as maternal mortality and teenage pregnancy that increased during the pandemic. Another grantee, the University of Manizales, coordinated with the Ministry of Health (MOH) and academics to identify human resource needs in the mental health sector. This work highlights the urgent need to strengthen capacity among mental health workers to combat the mental health effects of the COVID-19 pandemic and future health system shocks among the migrant and host populations.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS grantee SIDOC Foundation trained 38 health workers (84 percent of whom were women) at the Decepez Health Center to promote gender equality and respect for human rights in the health services they provide to patients from migrant communities. Migrant, returnee, and host communities are more likely to access health services from providers who value and incorporate practices that encourage gender equity and social inclusion. Research suggests that individuals who are treated with dignity and respect by their health service providers have a greater sense of

trust in the health system and are more likely to seek preventative medical care, reducing the financial burden on the health system.

PROGRESS ON PERFORMANCE INDICATORS

- LHSS trained 56 health workers on the community-based rehabilitation strategy in mental health, 87 percent of whom were women. Skills learned in these trainings will improve the quality of mental health rehabilitation for migrants and host communities.
- LHSS trained 480 health workers on vaccine-related topics, 74 percent of whom were women. Health workers are using this training to increase coverage of COVID-19 and other vaccinations among the migrant and host communities.
- In Santiago de Cali, 149 people are participating in mental health initiatives to strengthen their socioemotional and citizenship skills to promote healthy communities. Sixty-six percent of participants are Venezuelans (95 percent are women, and there are 47 individuals from ethnic communities). Participants are expected to adopt practices that reduce the spread of COVID-19 and other acute respiratory infections and promote these practices within their communities.

LESSONS LEARNED

- To successfully combat acute respiratory infections, including COVID-19, among migrant and host populations, it is necessary to collaborate with community-based organizations. This collaboration must be focused on strengthening communication messages to improve healthy practices and impact behavioral change to improve the health outcomes among the target groups.
- Taking into account the conditions in each territory, identifying improvements to the My Patient solution in collaboration with the National COVID-19 Prevention and Control Program was key to planning, monitoring, and defining scenarios for sustaining patient follow-up. This type of planning and coordination carried out by the Activity in coordination with the MOH and territories facilitated the successful delivery of 150 kits of pulse oximeters and pedagogical materials.
- Supporting community-based organizations and grantees in their MEL processes throughout the implementation of the grants has allowed them to develop and sustain better monitoring processes and has strengthened their ability to tell the story of their results.

CHALLENGES

- Short timelines for grant implementation and busy schedules combined with limited technical capacity in specific territorial contexts have made it difficult to carry out the planned activities within proposed timelines. Notwithstanding these challenges, detailed planning, and periodic follow-up from LHSS technical, operational, and finance staff has allowed grantees to deliver the expected results with success.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Assistance report with outcomes for improving audit procedures at each territorial entity. Submitted December 23, 2022

EVENTS NEXT QUARTER

- February 2023, Arauca, Bogotá, Cartagena, Cucuta, Nariño, Riohacha, and Santa Marta, Regional meetings, and a virtual diploma course on vaccine updates

PRIORITIES NEXT QUARTER

- Initiate training for healthcare workers and community leaders in Community-Based Mental Health Rehabilitation in Maicao and Riohacha.
- In eight territories, initiate the use of the My Patient solution for follow-up of pediatric pneumonia, bronchiolitis, and general COVID-19 cases, and community-acquired pneumonia and COVID-19 in adults.

LHSS JAMAICA (ARPA)

HIGHLIGHTS THIS QUARTER

- LHSS collaborated with Health Connect Jamaica to develop a surge support plan that outlines actions Health Connect Jamaica will take to rapidly engage the country's private health sector in the event of a public health emergency. The plan will enable Health Connect Jamaica, through its private provider network, to assist the Ministry of Health and Wellness by reducing the workload on the under resourced public health system and increase the availability of critical services.
- With LHSS's support, Health Connect Jamaica conducted case management trainings to 20 providers under their COVID-19 network. Training modules covered management of basic and complicated COVID-19 cases, risk communication, and reporting adverse events.
- LHSS successfully closed out its grant with Health Connect Jamaica to support the Ministry's Outsourcing of Vaccine Administration Plan for COVID-19. Following the end of the grant period, Health Connect Jamaica has continued to administer vaccines through their COVID-19 network. Their ability to sustain their work after the LHSS grant is a direct result of the technical assistance and financial support they received from Activity during the project.

QUARTERLY ACTIVITY PROGRESS

In FY22, LHSS received approval to extend its work plan period of performance through the FY23 Q1 period. Implementation in this period therefore focused on wrapping up all final deliverables from the FY22 work plan while conversations with the USAID Mission in Jamaica continued about the FY23 work plan.

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

All activities were completed in FY22.

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

In Q1, LHSS coordinated with Health Connect Jamaica and the Ministry of Health and Wellness to develop a Private Provider Rapid Response Protocol. The protocol outlines a checklist of the

actions and services that Health Connect Jamaica can take to support the Ministry of Health and Wellness to respond swiftly to new or re-emerging infectious disease outbreaks. Following the actions in this protocol will enable Health Connect Jamaica to bridge gaps between the Ministry-led public sector and the broader private health sector to mitigate delays in private sector mobilization that were prevalent at the start of the COVID-19 pandemic in Jamaica. Key components of the plan include contact tracing and referrals, public health communication, community mobilization and outreach, and access to essential equipment and supplies.

With support from the LHSS grant, Health Connect Jamaica conducted its first set of case management trainings to 20 private providers under their COVID-19 network. The trainings covered management of basic and complicated COVID-19 cases, risk communication, and reporting adverse events, among other topics. The training modules—developed and delivered by University of the West Indies staff—were aligned to the Ministry’s national standards and focused on the skills and competencies required to address confirmed and suspected cases of COVID-19. These trainings signaled Health Connect Jamaica’s increased capacity to support the country’s COVID-19 response.

LHSS wrote and published a success story about how Online Medics, a private provider grantee under LHSS Jamaica, benefitted from being a part of the project. The story underscored the importance of multisector collaboration in the design to the success of the implementation of project activities. Published on the LHSS website, the piece was also shared on social media and with other grantees.

LHSS started planning for a Pause and Reflect session in Q1 which will be held in January 2023. It will bring together grantees and stakeholders from the Ministry and USAID/Jamaica to gather feedback on the LHSS activity, their work together on these interventions and discuss lessons learned. Findings will be used to inform the workplan design for FY24.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

Gender equity and social inclusion were embedded throughout the COVID-19 case management trainings that Health Connect Jamaica developed and delivered, including a recognition of the vulnerability of women, girls, and victims of gender-based violence to social determinants of health. In addition, one module of the case management trainings provided a deep dive into risk factors and treatment considerations relevant to different population groups to ensure that trainers could provide responsive and respectful care.

PROGRESS ON PERFORMANCE INDICATORS

- LHSS supported the administration of 882 vaccines by private providers under Health Connect Jamaica COVID-19 network during this reporting period.
- LHSS supported COVID-19 case management trainings consisting of 7 modules to 20 private providers during the reporting period, providers received training on vaccine administration, initial management, identifying vulnerable populations, reporting adverse events, and long-term effects of COVID-19.

LESSONS LEARNED

- Health Connect Jamaica continued providing COVID-19 vaccinations through its network following the completion of the LHSS grant. This continuation demonstrates a willingness and commitment on the network’s part to continue utilizing the skills and capacities developed

through the LHSS grant without direct donor-funded backing. It also reinforces findings from the LHSS Jamaica private health sector assessment and other deliverables, which highlighted the willingness of the private sector to contribute to the COVID-19 response if capacity gaps were addressed. This positive experience collaborating with the private sector underscores the need for the Ministry of Health and Wellness to develop a more robust public-private contracting mechanism. A primary goal of this type of partnership would be to create more sustainable domestic financing opportunities for private health care providers in the country.

CHALLENGES

- The Ministry of Health and Wellness's point of contact at the start of the project transitioned to a new role which resulted in significant delays receiving technical guidance and feedback on the surge support plan. The LHSS team enlisted the support of technical experts to ensure the plan was technically sound and complete.
- Internal challenges within the Ministry of Health and Wellness led to delays in mandatory training and site approvals. This caused long delays in private providers getting started with their vaccination program.
- Poor communication and insufficient engagement from Health Connect Jamaica continued to be a challenge. This required flexibility from LHSS in extending deadlines on grant deliverables and providing additional support to the network to complete deliverables on time.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- COVID-19 Vaccination Program Partnership Manual. Submitted to COR on December 20, 2022.
- Private Provider Rapid Response Protocol (surge support plan). Submitted to USAID/Jamaica for concurrence on December 23, 2022.
- COVID-19 case management training materials and webinar recordings. Submitted to USAID/Jamaica for concurrence on December 23, 2022.
- Consolidated database of trained private providers. Submitted to USAID/Jamaica for concurrence on December 23, 2022.

EVENTS NEXT QUARTER

- January 2023, Kingston Jamaica (Terra Nova), LHSS Pause and Reflect Workshop

LHSS KAZAKHSTAN (ARPA)

HIGHLIGHTS THIS QUARTER

- LHSS worked with the USAID Mission in Kazakhstan, CDC, and Albiogen to finalize the Round 4.2 Illumina MiSeq contract and installation. This instrument will support the nation's efforts to utilize genomic sequencing as part of COVID-19 variant monitoring and ongoing microbiological research efforts being coordinated by Government of Kazakhstan, CDC, and USAID.
- The supplier VizaMed, with support from LHSS, delivered the Round 5.2 BioAnalyzer Tapestation on December 28, 2022. Installation and training were planned for the week of January 9, 2023. This instrument will be used for RNA/DNA analysis to support the nation's infectious disease monitoring and research efforts being coordinated by the Government of Kazakhstan, CDC, and USAID.

QUARTERLY ACTIVITY PROGRESS

In Q1, LHSS, in cooperation with USAID/Kazakhstan, CDC, and the Ministry of Health (MOH), completed all ARPA-related equipment deliveries, including reagents and laboratory instruments necessary to advance the nation's Omicron variant monitoring and broader genomic sequencing efforts. This included SARS Spike N501Y 505H and SARS Spike Ctrl's Omicron (reagents) for Omicron variant detection; the Illumina MiSeq and BioAnalyzer Tapestation.

LHSS is currently awaiting final installation and training on the Round 5.2 BioAnalyzer Tapestation and repair of the Round 2.2 MALDI-TOF Mass Spectrometer, before completing its ARPA program. While global supply chains remain backlogged and procurement of COVID-19 diagnostic instrument remains a high priority for governments worldwide, USAID's investment in genomic sequencing reagents and equipment with ARPA funding has helped bolster the Almaty Center's current COVID-19 response, while positioning the Center's ability to detect future infectious diseases and carry out its research functions.

The LHSS Contracting Officer's Representative (COR) team is presently in discussions with USAID/Kazakhstan about potential Global Health Security funding for the Project to continue capacity development activities at the Almaty Laboratory. A scoping trip of 1-week has been proposed for Q2 to assess laboratory Quality Management Systems and International Organization for Standardization certification needs at the Almaty Center. Based on findings from this trip, LHSS will develop a proposed scope of work to support the Center's capacity strengthening and organizational development activities.

PROGRESS ON PERFORMANCE INDICATORS

Installation of the MiSeq Illumina and delivery of BioAnalyzer Tapestation were successfully concluded in Q1. BioAnalyzer Tapestation equipment installation and training are planned in early Q2.

LESSONS LEARNED

Procurements are most impactful when paired with trainings, orientations, and mentoring, which can ensure that materials and equipment are used effectively and properly.

CHALLENGES

- Global supply chains continue to be significantly disrupted in terms of both manufacturing and shipping, which has impacted LHSS's timeline. To mitigate these impacts, as they relate to COVID-19-related materials, LHSS worked closely with CDC, USAID, and global suppliers to ensure import, delivery, handover, quality assurance, and installation of LHSS procured materials occurs in a timely and efficient manner.
- As reported previously, the MALDI-TOF Mass Spectrometer purchased by USAID/LHSS in 2020 has been non-functional for the past several months due to the accumulation of dust on key sensors and other internal components. USAID/Kazakhstan has asked LHSS to utilize a portion of its remaining ARPA funds to clean, repair, and preserve the device in partnership with Demeu, the supplier. LHSS has prepaid 80 percent of the cost for Demeu to carry-out repair and preservation in early January 2023. This effort has also revealed needs to be addressed at the Almaty Center as part of ongoing laboratory QMS and international standardization of practice (such as appropriate HEPA, IPC, and laboratory cleanliness standards).

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted.

EVENTS NEXT QUARTER

Not applicable.

PRIORITIES NEXT QUARTER

- Conduct BioAnalyzer TapeStation installation and training.
- LHSS looks forward to continuing to support new health systems strengthening activities in Kazakhstan via Global Health Security funding and programming.

LHSS PERU (ARPA)

HIGHLIGHTS THIS QUARTER

- LHSS supported a visit of 10 high-level specialists from the National Institute of Health to Seoul, South Korea to receive training by Seoul Clinical Laboratories. The purpose of this study visit was to strengthen the quality and capacity of Peru's key COVID-19 laboratory functions, such as testing and infection surveillance. The trainings will strengthen the Ministry of Health's (MOH's) laboratory and surveillance services so they may better respond to COVID-19 and future viral respiratory infections with epidemic potential.

QUARTERLY ACTIVITY PROGRESS

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

Task 1.1.1 Support the MOH to develop a scenario analysis for future COVID-19 vaccination

LHSS discussed the work plan with the MOH in December 2022 and defined the COVID-19 vaccination scenarios to be analyzed by a consultant. The analysis will consider the resources needed to incorporate vaccination against COVID-19 in the MOH's regular vaccination scheme and will estimate the budget required to implement each of these scenarios. The Activity will support the MOH's upcoming negotiations with the Ministry of Finance to obtain funding.

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

Task 2.1.1 Strengthen laboratory capacity to improve testing availability and accuracy

Working through the LHSS subcontractor, Seoul Clinical Laboratories, the National Institute of Health collaborated with LHSS to conduct a rapid assessment of the MOH's sampling process, biosafety conditions, and transportation of samples to reference laboratories in designated COVID-19 testing locations in Lima and Ayacucho. Based on the findings and in coordination with the National Institute of Health, LHSS designed and implemented a training plan for 52 health professionals of National Institute of Health and the Network of Public Health Laboratories.

In addition, LHSS conducted an assessment of PCR testing and genomic sequencing procedures in public health laboratories in Lima, and on PCR testing in Ayacucho. The assessment identified gaps in safety bio-sampling and cold chain related to the transportation, and in the general PCR testing process. These gaps informed the curriculum and focus of the trainings conducted in Seoul.

Task 2.1.2 Support two DIRESAs to strengthen COVID-19 services at the regional level

LHSS brought five health officials from the Puno Regional Health Directorate to Ayacucho to learn directly about the successful LHSS-supported strategies implemented last year to increase COVID-19 vaccination in this region. Contributing to Peru's transition to a post-pandemic phase, LHSS is supporting regional governments to develop preparedness and response plans for potential future respiratory virus epidemics. LHSS will present and discuss these plans with the new Regional Health Directorate authorities in Ayacucho and Huánuco in January 2023.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

In all aspects of LHSS's work to strengthen the national response to COVID-19, the Activity applies an intersectional gendered lens. LHSS considers the specific constraints facing women to ensure gender equality and their equal participation in all activities. For example, in the Activity's work strengthening laboratory capacity, 50 percent of the Peruvian professionals trained in Korea, and 52 percent of health workers trained in Peru, were female.

PROGRESS ON PERFORMANCE INDICATORS

The revised AMELP was submitted on December 23, 2022, for review by the USAIDF Peru Mission. In Q1, LHSS trained 52 health professionals in improving laboratory practices for COVID-19, including testing and specimen transport, PCR quality control and genomic

surveillance. These activities will strengthen Peru's capacity to respond to COVID-19 and future health emergencies.

LESSONS LEARNED

- Constant coordination with national and subnational authorities from the previous and current administrations facilitates their involvement in project activities, despite frequent political changes. This is a key approach LHSS is using to promote continuity and sustainability. Learning exchange visits among regions, such as those held between Puno and Ayacucho, have proven to be an opportunity for staff at all levels to learn from peers and develop the capacity to find local solutions to common challenges.

CHALLENGES

- Q1 was marked by political instability in Peru which led to the president's impeachment in December 2022. LHSS's MOH counterparts changed several times, delaying coordination of project activities. LHSS contacted the new authorities each time there was a change to brief them on the LHSS project and technical assistance provided by the Activity.
- Elections were held in October 2022 and new regional governors are slated to take office in January 2023. When the new health officials are in place in Ayacucho and Huánuco, LHSS will conduct stakeholder outreach initiatives to inform them about the Activity and proactively seek their support and buy-in.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted.

PRIORITIES NEXT QUARTER

LHSS will submit the following reports in February 2023:

- Report on analysis for future COVID-19 vaccination scenarios
- Report with recommendations to improve COVID-19 sequencing in laboratories
- Training plan to improve the collection and transport of COVID-19 laboratory samples.

TAJIKISTAN (ARPA)

TOP HIGHLIGHTS THIS QUARTER

- LHSS and the Sughd region Department of Health and Social Protection of the Population held a month-long "Protect yourself from the Coronavirus!" contest in eight LHSS districts. The contest aimed to motivate health care workers to creatively engage their communities to increase COVID-19 vaccination coverage and leveraged health care workers as a trusted source of information about vaccines. Health care workers employed community outreach tactics such as information events, education sessions with community members, household visits, and patient counselling; and tailored messages to target audience communities. Following the contest, COVID-19 vaccination rate in the region rebounded by 30 percent.

- LHSS and government counterparts jointly led classes and workshops for journalists and local media on how to engage communities in COVID-19 vaccination. As a part of the workshops, LHSS helped develop outreach materials that seek to decrease community hesitancy towards vaccinations.
- LHSS developed and published a series of articles on COVID-19 vaccination and vaccine hesitancy in a major national paper, ASIA-Plus Tajikistan. ASIA-Plus Tajikistan's daily readership is 50,000, reaching a broad swath of the country. The articles provided accurate and up to date information on the benefits of being vaccinated against COVID-19, how vaccines can prevent severe illness and hospitalization, the purpose of boosters and the importance of pregnant women getting vaccinated.

QUARTERLY ACTIVITY PROGRESS

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

Health care worker trainings and community outreach: In December 2022, LHSS and the Sughd Republican Centre for Immunoprophylaxis co-sponsored a contest for health care workers who provide immunizations in pilot districts in the Sughd region. Over 400 health care workers from rural health care facilities in eight districts participated in the contest. The primary goal was to mobilize health care workers and help them better reach their communities, with a focus on increasing vaccination rates among target populations. Following the contest COVID-19 vaccination rates in the region improved by 30 percent.

LHSS and Republican Healthy Lifestyle Center co-led several workshops and classes to improve community outreach to increase the uptake of COVID-19 vaccines. In October 2022, LHSS held a workshop with District Coordinators, Republican Healthy Lifestyle Center, and Republican Centre for Immunoprophylaxis representatives. Participants developed a joint action plan and key messages to enhance community engagement and raise awareness about the importance of the Covid-19 vaccine.

In December 2022, participants from the first community outreach workshop reconvened with local journalists to review and validate an information package developed by LHSS on recommendations for decreasing COVID-19 vaccine hesitancy. This information package will be finalized in Q2 and submitted to the Republican Healthy Lifestyle Center for approval for intended use by the Center and primary health care specialists to support community-based outreach initiatives.

LHSS and its implementing partners led a “master class” for 30 local journalists and media representatives in Bikhtrar City in Khatlon region. The class focused on improving community engagement on the COVID-19 vaccine and debunking myths about the vaccine. Participants shared experiences, learned how to access reliable and up to date COVID-19 knowledge platforms (e.g., WHO and CDC webpages) and other Tajik resources approved by the Ministry of Health and Social Protection of the Population (MOHSPP). Participants practiced responding to misinformation and how to use evidence-based information to raise awareness about the importance of the COVID–19 vaccine. The class also emphasized using storytelling to engage communities and increase interest in and commitment to getting vaccinated.

Medical waste management: LHSS assessed 23 health facilities in the pilot districts to better understand their existing methods of medical waste disposal and to develop an action plan to optimize medical waste management in these facilities. In collaboration with the MOHSPP, LHSS helped identify several regulatory and legal waste management violations (e.g., unsafe incinerator systems) and developed risk mitigation measures for the MOHSPP's consideration. The assessment also found that health facility staff responsible for the collection, storage, disinfection,

and disposal of medical waste had not received training on updated guidelines, known as “SanPin.”

To improve medical waste management, LHSS printed and distributed SanPin guidelines to the health facilities. The Project also prepared training modules covering the collection, storage, transportation, and disposition of medical waste. These guidelines and training materials have been approved by the MoHSPP and will be used in future trainings.

Digital: LHSS designed a digital tool to collect and visualize data on COVID-19 vaccines. This tool has an intuitive and user friendly offline/online data entry capability, including data validation during the data entry process. It allows users to see dashboards and visual reports on the District’s Health Information System platform as data is entered and processed. The digital tool collects and disaggregates three indicators including first, second, and booster COVID-19 vaccine doses. LHSS held a training for 10 representatives from nine District Centers of Immunoprophylaxis in Sughd on the use of the tool.

Procurement: LHSS provided immunization centers and primary health care facilities in Sughd region with supplies for infection prevention and biomedical waste management. As of Q1, LHSS has provided 10,000 safety boxes, 8,000 containers of antiseptic solution, 119,100 masks, 158,800 medical gloves, and 1,900 containers of liquid soap. LHSS also supported the transportation of 4,785,370 vaccines, 5,526,135 syringes and 21,899 biohazard waste containers.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS has continued to integrate gender equity in its programming. In Tajikistan, many women in rural areas struggle to access correct and up-to-date information about COVID-19 and vaccines. In collaboration with its implementing partners, LHSS has focused on outreach to women, particularly young and pregnant women, during trainings and workshops with health care workers and local media. The Project has also developed gender-sensitive COVID-19 vaccination materials to promote community-level vaccine uptake.

PERFORMANCE ON PERFORMANCE INDICATORS

LHSS trained ten directors from nine Centers of Immunoprophylaxis in Sughd region on how to disaggregate population-level immunization data by gender, how to report on indicators associated with infection prevention and control, and water, sanitation, and hygiene, along with data storage and analysis.

LESSONS LEARNED

- LHSS has found that using awards and other forms of recognition acts can motivate implementing partners. For example, local journalists who participated in LHSS-led classes and workshops will be eligible for an award recognizing high quality media products on COVID-19 that have been broadly disseminated. Similarly, LHSS found that health care workers and community members involved in health promotion truly welcome and benefit from the opportunity to meet with local authorities to share their experiences, promising practices and what they are learning.

CHALLENGES

- LHSS found limited materials about COVID-19 vaccine hesitancy that would be appropriate for the country’s context. As a result, LHSS is working with District Coordinators, Republican

Centre for Immunoprophylaxis, Healthy Lifestyle Centers, and local journalists in Bokhtar to develop these materials. These materials will be distributed and used by government counterparts for SBCC outreach.

- The majority of facilities surveyed in the medical waste management assessment were not equipped with a safe incinerator system, nor were their staff trained on proper waste management. This hints at a broader issue with waste management in the country, which is now more pronounced due to the increased volume of medical waste from COVID-19 prevention and vaccination campaigns. To address this, in Q2 LHSS will begin to work with the facilities surveyed to provide safe, environment friendly incinerators and technical assistance with updated training materials, as needed.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted.

UPCOMING EVENTS

- Round table to discuss the results of mentoring and monitoring visits in Bokhtar and Sughd regions with the MoHSPP and district coordinators, March 2023

PRIORITIES NEXT QUARTER

- Support district and regional-level trainings at 15 Centers of Immunoprophylaxis on effective forecasting and warehouse management for COVID-19 vaccines
- Support training for health care workers to strengthen their COVID-19 vaccination counseling skills.
- Develop a training package on proper medical waste management for use at the health facility level.

LHSS TIMOR-LESTE (ARPA)

HIGHLIGHTS THIS QUARTER

- The USAID Health System Sustainability Activity grantee, HAMNASA, supported the Ministry of Health (MOH) in administering 9,528 COVID-19 vaccines representing a 14% increase in vaccine uptake, including first and second doses to school-aged children and booster shots to the general population in four target municipalities: Ainaro, Bobonaro, Ermera, and Liquica.
- The Activity convened three major telecommunication providers (Telemor, Timor-Telecom, and Telkomcel) with the MOH to discuss ways the companies can support reliable internet connectivity for HMIS officers to improve reporting and strengthen the country's health management information system.
- The Activity and HAMNASA completed a survey in four municipalities to understand community perceptions of COVID-19, the vaccine, and health services. The four municipalities were selected due to their low rates of vaccine uptake, where understanding barriers or facilitators to vaccine uptake and seeking services will help design a more effective response. The survey found healthcare providers and community leaders were the most commonly

trusted sources of information about the vaccines, reiterating the value of the Activity's work training role models to influence and increase COVID-19 awareness in the community.

QUARTERLY ACTIVITY PROGRESS

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

Activity grantee HAMNASA supported the MOH vaccine roll-out campaign in four targeted municipalities by administering a total of 9,528 vaccine doses this quarter (cumulative 74,000 to date). HAMNASA mobilized communities and disseminated COVID-19 information in close coordination with municipality health services and partners to increase awareness on COVID-19 and increase vaccination uptake.

The Activity trained 17 volunteer role models this quarter for a cumulative 438 (182 females and 258 males) from 32 villages across the four municipalities by equipping them with COVID-19- and vaccine-related information to support healthcare workers as they share information to increase vaccine uptake and promote utilization of health services. These role models, chosen based on their influence on the community, include village and hamlet chiefs, youth group coordinators, family health promoters, mother support group members, and community delegates.

After the training, role models developed action plans to engage with their community and mobilize members to receive vaccinations. The Activity monitored these by tracking referrals to health facilities for COVID-19 vaccination and conducting site visits. HAMNASA health promotion officers visited villages and utilized checklists to monitor and measure progress of role model efforts and provide additional coaching and support based on these monitoring results.

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

The Activity completed a perception survey of community members in the four municipalities to identify community sentiment towards COVID-19 vaccinations to help develop more targeted responses and interventions for additional municipalities. The survey showed positive results: favorable responses towards the COVID-19 vaccine campaign, high motivation to receive the vaccine, trust in government efforts, and overall satisfaction with quality of health services despite the COVID-19 pandemic. The survey also indicated that healthcare providers and community leaders were the largest trusted sources of information about the vaccines. The Activity will share the survey results with the MOH and other partners in early Q2.

To support the MOH's efforts in sustaining select COVID-19 programs in the long term, the Activity conducted a feasibility study on integrating the MOH COVID-19 call centers with ambulance call centers. The study explored ways to strengthen and sustain integration and shared information among the call centers. The study analyzed procedures, process flow and identified challenges to be addressed by integration. The study also recommended an implementation road map with essential integration components such as governance structure, management processes, and standard operating procedures. The Activity will share a complete report, a capacity strengthening plan, and a software design and development plan with the MOH and relevant partners in early Q2.

In December 2022, the Activity organized a coordination meeting between the three major telecommunication providers (Telemor, Timor-Telecom, and Telkomsel) with the MOH to discuss ways to continue engaging the private sector in bolstering the country's health management information system as part of their corporate social responsibility. Participants discussed options to continue free or subsidized internet services to health management information system officials including through co-funding with the MOH, in order to increase access to and utilization of health

information. This collaboration has led to strengthened data use by improving completeness and timeliness of reporting across municipalities. The Activity completed a success story to document lessons learned and share the Activity's partnership with private telecoms providers.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity prioritized vaccinations for marginalized and underserved groups including women, people with disabilities, the elderly populations, and those who live in rural and isolated areas through door-to-door visits. For numbers vaccinated at vaccine camps in villages for both first and second doses and both children and adults, women (52 percent) mostly exceeded men (48 percent) as women were more readily available in villages during the campaigns, while men were more likely to be away at work and tend to seek vaccines elsewhere such as near their place of work.

In the COVID-19 training for role models, female (53 percent) participants exceeded male (47 percent) participants. For the volunteer role model program, 44 percent of those recruited are women.

PROGRESS ON PERFORMANCE INDICATORS

In Q1, Activity progress was measured through the following indicators:

- Deployed COVID-19 vaccinations in 213 sites including 58 newly supported vaccination sites, expanding vaccination coverage across the four target municipalities (Indicator CV.1.4-5)
- Vaccinated 9,528 people (4,569 male and 4,959 female) in the four target municipalities: 1,435 first doses – 674 male, 761 female (Indicator CV.1.4-6), 2,187 second doses – 1,037 male, 1,150 female (Ind CV.1.4-7), and 5,906 boosters – 2,858 male, 3,048 female (Indicator CV.1.4-8). 235 school-aged children received first doses (127 male, 108 female) while 475 school-age children received second doses (217 male, 258 female).
- Trained, together with the MOH and the National Institute of Health, 109 (59 male and 50 female) healthcare workers in the four targeted municipalities on COVID-19 related messages (Indicator CV.1.3-3).

LESSONS LEARNED

- During its monitoring visits, HAMNASA found that some role models were not effectively promoting vaccination among the community as they expected and had documented in their action plans. This was primarily due to role models having to juggle many competing priorities within each community (especially in Ermera). The Activity and HAMNASA worked closely with and coached the role models to adjust their action plans and associated schedules to help them plan better and prioritize vaccination promotion activities. As a result, the role models increased their engagement in the communities in the later part of the quarter and achieved their updated plans. HAMNASA COVID Officers will follow up in early Q2 to compare available data to shed additional light on any progress in vaccination rates. This was a valuable lesson for both HAMNASA and the Activity demonstrating the importance of effective monitoring of community initiatives.
- In addition, to ensure that the Activity recruits effective role models going forward, the Activity plans to recruit from Family Health Promoters (Promotor Saúde Família) and Mother Support Group members. These individuals already work as government health promoters and have

greater youth representation, since they have a better understanding of health issues and experience working with the community.

CHALLENGES

- Community leaders have limited access to data about vaccination coverage in their community, which makes it difficult to identify those who have yet to receive vaccines. More frequent collaboration with health officers in the municipalities to provide information for each *suco/aldeia* leader will help them to identify these community members for vaccination.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

EVENTS NEXT QUARTER

- February 2023: HAMNASA to launch activities under a second COVID-19 grant that expands vaccinations and role model training to two more municipalities (Aileu and Lautem)

PRIORITIES NEXT QUARTER

- Initiate assessments of community mobilization activities for increasing vaccination uptake in the four targeted municipalities
- Conduct review of key COVID-19 vaccination promotion activities and collect information on Gender Equality Social Inclusion (GESI) lessons learned and best practices
- With the National Institute for Health, assess health care professionals trained in 2022 and identify key topics for refresher training
- Support government efforts to integrate COVID-19 vaccines into routine vaccines in the four targeted municipalities through HAMNASA's vaccination campaign and community outreach programs