



QUARTERLY PROGRESS REPORT

YEAR 2, QUARTER 3

April 1, 2021 – June 30, 2021

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

Local Health System Sustainability Project

The Local Health System Sustainability Project under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries to transition to sustainable, self-financed health systems as a means to support universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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ACRONYMS

AMELP	Activity Monitoring, Evaluation, and Learning Plan
BHA	Bureau for Humanitarian Assistance
CDC	Centers for Disease Control and Prevention
COR	Contracting Officer's Representative
CPD	Continuing Professional Development
CSO	Civil Society Organization
CQI	Continuous Quality Improvement
DFS	Digital Financial Services
DDP	Department of Disease Prevention
DDP	Department of Disease Prevention
EOI	Expression of Interest
GESI	Gender Equality and Social Inclusion
GS-NSPC	General Secretariat National Social Protection Council
GVN	Government of Vietnam
HRH	Human Resources for Health
HSA	Health Systems Assessment
HSR2020	Health Systems Research 2020
HSS	Health Systems Strengthening
IHAP	Inclusive Health Access Prize
IHI	Institute for Healthcare Improvement
IPC	Infection Prevention and Control
IPL	Institut Pasteur du Laos
IRB	Institutional Review Board
JLN	Joint Learning Network for Universal Health Coverage
KII	Key Informant Interview
KSMIR&CE	Kyrgyz State Medical Institute of Retraining and Continuous Education
LAC	Latin America and Caribbean
LDMIS	Laboratory Data Management Information System
LHSS	Local Health System Sustainability Project
LMIC	Low- and Middle-Income Country
MEL	Monitoring, Evaluation, and Learning
MERL	Monitoring, Evaluation, Research, and Learning

MOH	Ministry of Health
MTaPS	Medicines, Technologies, and Pharmaceutical Services Project
NCD	Non-Communicable Disease
NCLE	National Center for Laboratory and Epidemiology
NQPS	National Quality Policy and Strategy
OFDA	Office of Foreign Disaster Assistance
OHS	Office of Health Systems
PCR	Polymerase Chain Reaction
PEA	Political Economy Analysis
PHC	Primary Health Care
PRASS	Sustainable Selective Testing, Tracking and Isolation Strategy (Pruebas, Rastreo y Aislamiento Selectivo Sostenible)
QHS	Quality Health Systems
QOC	Quality of Care
R4D	Results for Development
RFQ	Request for Quotations
RRT	Rapid Response Team
RT-PCR	Reverse Transcriptase Polymerase Chain Reaction
SDOH	Social Determinants of Health
SES	Sanitary and Epidemiological Surveillance
SHA	System of Health Accounts
SOP	Standard Operating Procedure
SPA	Service Provision Assessment
TA	Technical Assistance
TOC	Theory of Change
TRG	Training Resources Group
TWG	Technical Working Group
UHC	Universal Health Coverage
VAAC	Vietnam Administration of HIV/AIDS Control
VRIO	Venezuelan Response and Integration Office
VSS	Vietnam Social Security

I. INTRODUCTION

I.1 THE LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

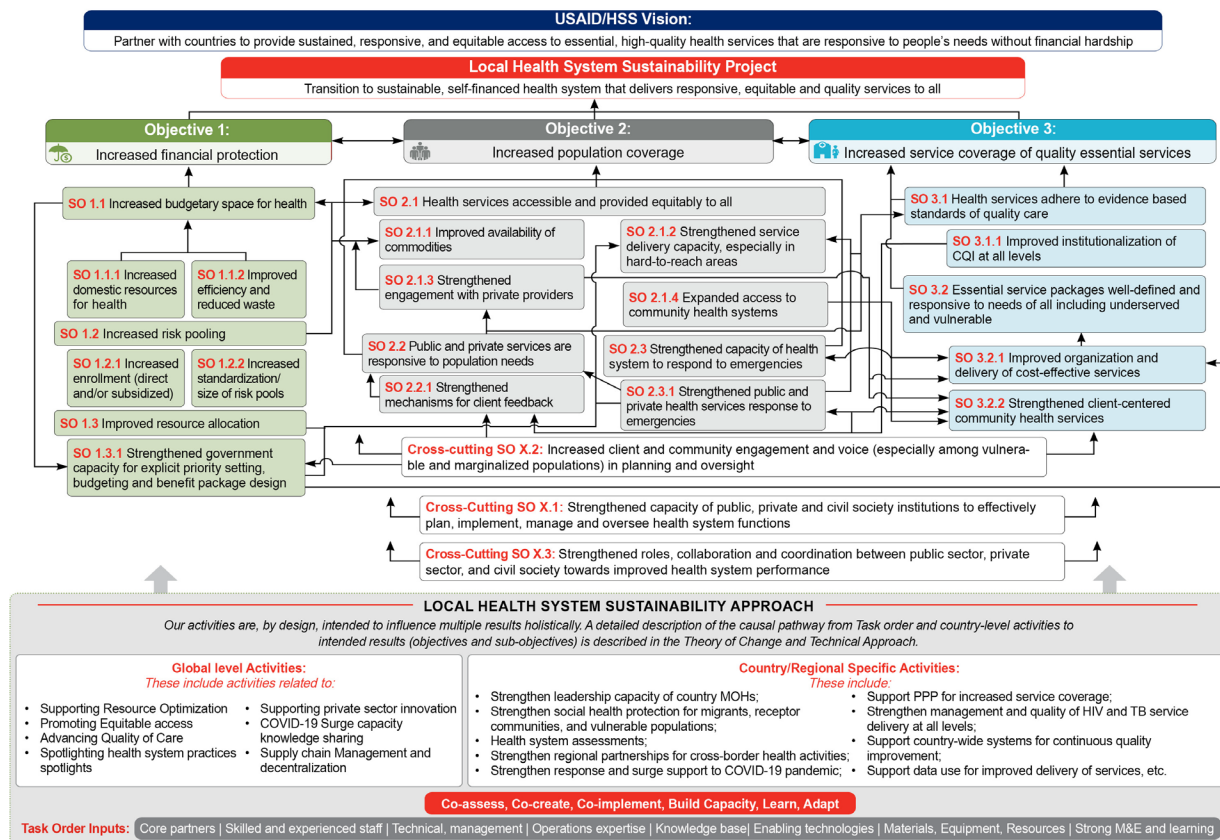
The Local Health System Sustainability Project (LHSS) is a five-year (2019–2024) global activity funded by USAID as Task Order I under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is to support achievement of USAID health systems strengthening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

I.2 RESULTS FRAMEWORK

The LHSS results framework below defines the ultimate objectives and sub-objectives (SOs) for both core and field-funded activities. The framework was reviewed with the COR team during this quarter and minor modifications were made.

Figure I. LHSS Results Framework



Footnote: As at time of developing this report, LHSS awaits final COR approval of this results framework

2. OVERVIEW

This report covers LHSS work from April 1 to June 30, 2021. LHSS commenced consultations and work plans in Namibia and started approved work in Peru, Tunisia, and Madagascar. LHSS teams have established work underway in 17 countries, with an additional two regional pieces of work, and core activities underway in several countries as agreed with USAID missions. LHSS continues its work on strengthening the COVID-19 response, including early discussion on support for COVID-19 vaccine roll-out.

NEW WORK PLANS

During the quarter, LHSS continued to expand its geographical footprint with a new buy-ins in Tunisia and Madagascar.

CROSS-CUTTING STRATEGIES AND PLANS

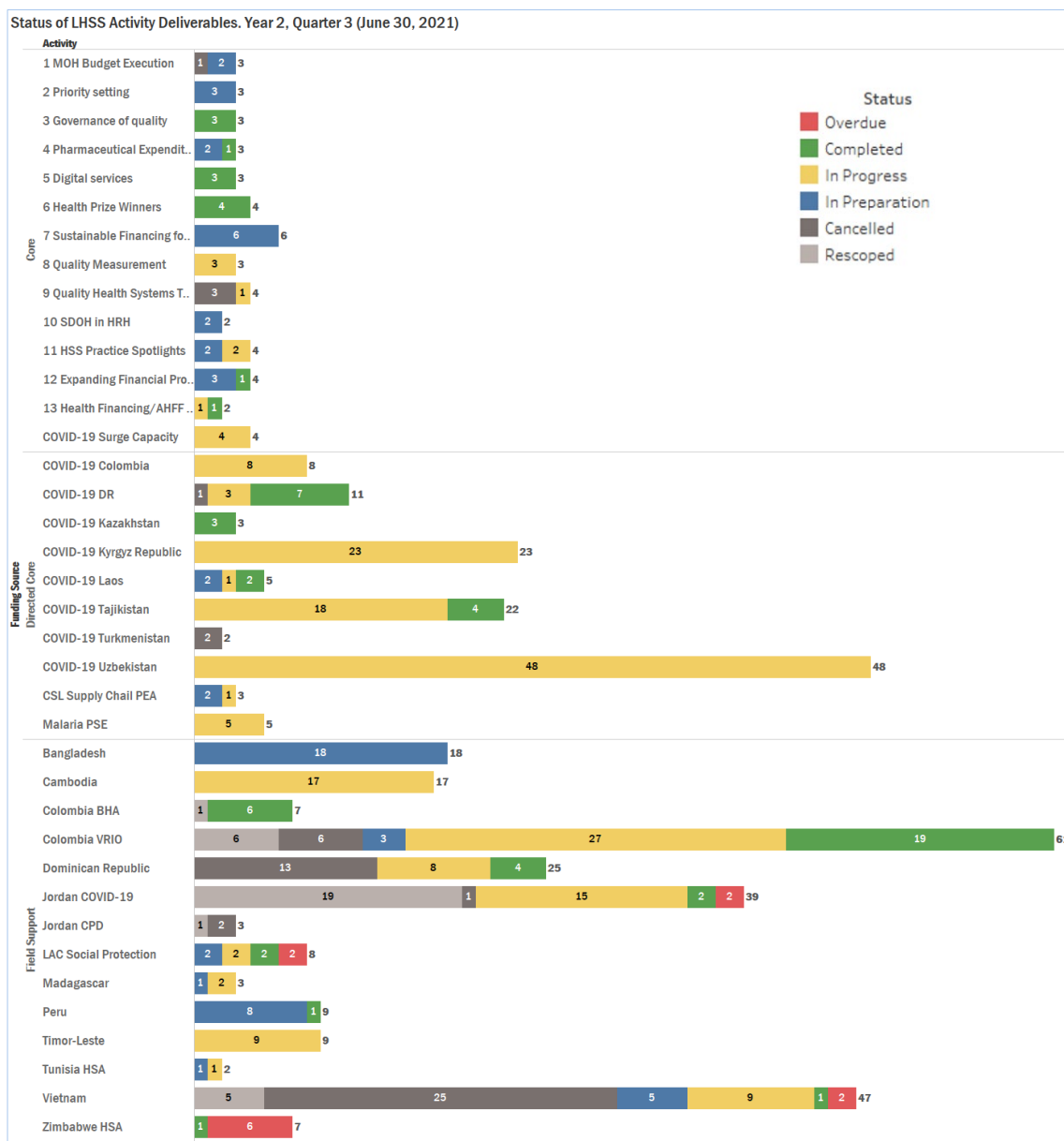
Scale-up of Local Capacity Strategy: In this quarter, the director of capacity building, transition, and sustainability oriented LHSS teams in Timor Leste, the Kyrgyz Republic, Uzbekistan, Bangladesh, and Tajikistan on the strategy. Orientations in support of the strategy on the LHSS grants program were held for the Timor Leste and Bangladesh teams. LHSS developed a zero draft Local Partner Sustainability and Transition Plan in Uzbekistan, which brings the total number of country activities with such plans to 10. Five of these countries have discussed and agreed on milestones with local counterparts, and two have engaged USAID missions in discussing and validating the plans (Colombia and Jordan.) LHSS engaged 12 local partners for a total of US\$2,105,346 value in subcontracts. Across LHSS countries, 45 local consultants were engaged for a total value of USD 328,084. Most countries with Sustainability and Transition Plans are using them as a reference for Year 3 work planning. Strategy orientations are scheduled for Peru, Madagascar, and Namibia country teams. Priorities for the final quarter of Year 2 include setting capacity baselines in all countries with approved work plans, engaging local partners and missions in validating and finalizing S&T plans, ensuring that robust local partner subcontracting strategies and grants programs are programmed into Year 3 country activity work plans, where appropriate, and data collection for the annual LHSS Transition and Sustainability Report.

Gender Equality and Social Inclusion (GESI) Strategy: Following successful adoption of the strategy and staff trainings, LHSS continued to make progress on integrating GESI considerations into work plans and ongoing implementation. LHSS continues to integrate GESI considerations into all scopes of work and new work plans. This quarter, LHSS launched the GESI Focal Point Network with the purpose of increasing LHSS country staff capacity to consider relevant GESI issues in their activities and apply a GESI lens to project implementation and MEL, including appropriate resourcing of GESI activities. The goal is to maximize the effectiveness of programming and support sustainable, responsive results. There are GESI Focal Points from six country program (Bangladesh, Cambodia, Colombia, Jordan, Timor-Leste, and Vietnam). There have been two meetings so far, which covered a prioritization exercise of GESI topics and GESI in local partner capacity development. The materials from each session are available for all project staff so that GESI Focal Points can disseminate the information to their other team members and programs without a GESI focal point can also use the information.

Monitoring, Evaluation, and Learning Plan: LHSS completed its annual review of the Task Order monitoring, evaluation, and learning plan, and resubmitted for approval at the time of developing this report. LHSS also submitted the Y2/Q2 quarterly report. The report was approved by the Contracting Officer's Representative (COR) on May 18, 2021 and disseminated widely. LHSS finalized activity monitoring, evaluation, and learning plans (AMELPs) in Y2/Q3 for the Peru field support activity, and finalized revisions to AMELPs for Bangladesh, Jordan Continuing Professional Development (CPD) and COVID-19 activities, Kyrgyz Republic, Uzbekistan, Tajikistan, and the Dominican Republic. On June 10, 2021, LHSS hosted the Q2 semi-annual project-wide pause and reflect session and learning workshop for

field and home office teams to reflect on learning up to the first half of Y2. Discussions centered around *Building Lasting Health System Resilience (HSR) - what did COVID-19 reveal about routine health systems' stressors and how they threaten health system resilience in context?* LHSS is grateful to the USAID missions in the Dominican Republic (DR), Tajikistan, and Kyrgyz Republic who participated in the sessions. The LHSS team in Colombia, Vietnam, and Kyrgyz Republic held successful learning sessions (see details in Country-specific reports), and plans were in the advanced stages for similar learning events in Uzbekistan, Cambodia, Jordan, and the DR. Learning sessions have proven invaluable to both field and home office teams for exploring how and why change happens in relation to LHSS activities, results, and deliverables, with outputs useful in the short-term to inform project implementation, specifically in the development of subsequent year workplans occurring in Y2/Q4. LHSS now has 36 active work plans (two previously completed, Kazakhstan and Core Activity 5); of these, 13 are core-funded, nine are directed core, and 14 are field support activities.

Figure 2: Status of LHSS Activity Deliverables



During the quarter, up to 18 percent deliverables were completed, with 62 percent in progress (see Figure above).

Knowledge Management Plan: USAID approved the LHSS website on June 9 and the site went live immediately. The project promoted the website through multiple channels, including LHSS social media, the LHSS mailing list (1,200 subscribers, including 200+ USAID contacts), the HSS Network, Abt Associates social media, Abt's external Global Health email list (3,175 subscribers, including 130 USAID contacts), and Abt internal email lists. LHSS also launched new pages on Facebook and LinkedIn during the quarter, and shared news of project activities on these channels as well as Twitter throughout the quarter.

The project held two external webinars during Q3:

- The May 13 webinar, *Strengthening Health Systems by Supporting Innovative Health Businesses*, shared project experiences and learning from Core Activity 6 on providing technical assistance to private sector health entrepreneurs. USAID Private Sector Advisor moderated the webinar. Speakers included three recipients of USAID's Inclusive Health Access Prize and LHSS Senior Technical Advisor for Private Sector Engagement April Warren. The webinar was attended by 115 people, including 27 from USAID. The recording had been viewed 169 times as of early July.
- The June 29 webinar, *Continuous Quality Improvement in a Health System*, shared findings from the Core Activity 3 literature review and survey on current practices in National Quality Policy and Strategy processes, and best practices in continuous quality improvement in a learning health system. The webinar, moderated by the director from LHSS partner, the Institute for Healthcare Improvement (IHI), featured a presentation by Malawi Ministry of Health Acting Director for Quality Management. Three IHI speakers also presented. The webinar was attended by around 100 people, including from USAID.

Grants Manual: Orientations were held for LHSS Bangladesh and Timor Leste this quarter. Vietnam developed a grants strategy in alignment with the grants manual during last quarter. In this quarter, the project issued three grants in Colombia.

Branding Implementation and Marking Plan: The COR approved 12 exceptions to the LHSS branding and marking requirements for interventions in Cambodia, Colombia, Dominican Republic, Jordan, Kyrgyz Republic, Timor Leste, and for Core Activity 1 work with the Joint Learning Network.

MANAGEMENT AND PARTNERS

The LHSS project reviewed its management arrangements during this quarter. LHSS continues to have its regular management arrangements including a weekly Senior Management Team meeting focusing on operational issues and matters to be discussed with the COR team, and a weekly Technical and Learning meeting open to all LHSS staff. We also have a monthly session for all LHSS staff to share progress with specific activities and to introduce new ones. A three-monthly meeting with all LHSS consortium partners is used to share progress and get feedback. During this quarter, the LHSS Senior Management Team held a virtual retreat over two mornings to review and improve the efficiency of its management arrangements and to reflect on feedback from COR/USAID. The virtual retreat focused on how we support our work on sustainability and transition and communications and knowledge management, how we undertake regular planning and reporting, and the LHSS consortium partner principles. This resulted in broad agreement on actions to improve the efficiency and effectiveness of way of working.

2.1 CORE ACTIVITIES

LHSS core activities aim to provide USAID missions, governments, and local partners with the knowledge and tools they require for reaching and sustaining nationally defined goals in relation to the three LHSS

objectives. In Year 2 Q3, LHSS made progress in activity implementation across all core activities, although the COVID-19 crisis and other more activity-specific constraints continued to slow progress for several activities that will need an extension of their current timeline; LHSS is reaching out to the COR on a case-by-case basis for these requests. The table below summarizes progress for each core activity; the problems encountered and how they were addressed are presented in Section 3 of this report.

Table 1: Core Activity Progress

CORE OHS ACTIVITIES			
Activity	Deliverables	Status	Q3 Progress
1. Strengthen Ministry of Health (MOH) budget execution	Resource document incorporating findings from the literature review, learning exchange discussions, and technical assistance (TA) support to five countries.	Ongoing	The LHSS team conducted scoping calls with seven of the eight countries that submitted Expressions of Interest via the JLN network. The team has been unable to schedule a call with Malaysia due to the COVID-19 situation. After the scoping calls, the team reached out to each country to provide clarifications and additional information and has begun analysis to identify common country interests and emerging good practices in order to finalize the learning agenda.
	TA to five countries to support increased budget execution (provided during joint learning).	Not started	N/A
2. Institutionalize explicit national health priority-setting processes	Knowledge product generated through the joint learning process and synthesized key learnings from country cases harvested through the exchange.	Ongoing	In Q3, LHSS drafted a request for expression of interest (EOI), which will be used to recruit countries to the learning exchange and shared with USAID for feedback. Also, in Q3, LHSS coordinated with the JLN Network Manager and other learning collaboratives, such as the World Bank's efficiency collaborative, to ensure that the LHSS offering is complementary rather than duplicative. LHSS also began drafting the technical framework which will guide the learning exchange.
	TA to two countries to support institutionalization of explicit national health priority-setting processes (provided during joint learning).	Not started	N/A
3. Strengthen governance to improve the quality of health service delivery	Governance of quality health care analytical lens (formerly framework).	Completed	NA
	Summary report on the current state of governance of quality in USAID priority countries.	Ongoing	LHSS developed the first draft of the report summarizing findings from both the literature review and survey on country-level institutional and operational mechanisms for providing quality services in 39 USAID priority countries.

CORE OHS ACTIVITIES

Activity	Deliverables	Status	Q3 Progress
	Technical report on key lessons and best practices for successfully operationalizing the National Quality Policy and Strategy (NQPS).	Ongoing	LHSS collaborated with USAID to select Rwanda and Zambia as the two countries for in-depth case studies and secured mission concurrence from those missions. LHSS also recruited in-country researchers to lead the case study interviews and developed initial stakeholder list for review by the two USAID missions.
	Identification of a learning platform. At least five learning exchanges. At least three webinars. Repository of tools/resources.	Ongoing	LHSS hosted the first of the three webinars, focused on CQI and which featured a speaker from the Malawi MOH. Planning also started for the next two upcoming webinars on Stakeholder Engagement and Situational Analysis and Financing, respectively. LHSS also launched all five learning exchanges via WhatsApp and collaborated with WHO to establish a repository of tools and resources through the Global Learning Laboratory (GLL) platform.
4. Increase accuracy of pharmaceutical expenditure data	Resource for tracking pharmaceutical expenditures.	Ongoing	USAID provided comments on the draft resource. The draft resource will be refined based on learnings from the ongoing pilots, at which time feedback from USAID will be incorporated.
	Two country policy briefs produced using data from country pilots.	Ongoing	LHSS will pilot in Vietnam and MTaPS will pilot in Benin. This quarter, LHSS obtained mission concurrence from USAID Vietnam to conduct the pilot and initiated communication with the mission and the Health Accounts team in the MOH. LHSS prepared letters for introduction of the activity on behalf of USAID Vietnam and LHSS and is waiting to obtain approval for conducting pharmaceutical expenditure (PE) tracking as part of the ongoing health account (HA) estimation.
5. Digital Financial Services (DFS) to support financial protection	Technical report on evidence of impact of DFS on financial protection and health system performance including recommendations on opportunities for USAID to advance UHC and health system strengthening through DFS investments.	Completed	N/A.
	Webinar to disseminate results and generate interest in DFS integration to help achieve UHC.	Ongoing	Final webinar is pending the completion of the complementary case studies by Management Sciences for Health (MSH), expected in Y2Q4.

CORE OHS ACTIVITIES			
Activity	Deliverables	Status	Q3 Progress
6. TA to Support Inclusive Health Access Prize (IHAP) Winners	TA plan for each IHAP winner and TA provision.	Completed	N/A.
	Final activity report and learning brief.	Completed	The final TA report LHSS submitted to USAID last quarter was approved. LHSS then uploaded the approved report to Development Experience Clearinghouse (DEC) for public access and use. LHSS built off the final activity report to draft a short learning brief that focused on key takeaways from the learning process of this activity. LHSS submitted the final brief to USAID for approval.
	Global learning event.	Completed	On May 13, 2021, LHSS hosted a webinar to share the IHAP winners' innovative platforms for health system strengthening, their challenges in scaling their solutions to reach more people, and lessons that emerged during LHSS's TA on how to best support local private enterprises. The webinar was moderated by USAID and featured three of the IHAP winners (mDoc in Nigeria, GICMed in Cameroon, and JokkoSanté in Senegal) LHSS developed and submitted an event report to USAID as a follow up.
7. Operationalize the common approach for increasing sustainable financing for health—a proof of concept	Operational framework outline/plan with accompanying resources.	Not started	Final scope and implementation plan depends on completion of a common approach to sustainable financing for health (to be developed by USAID OHS). Work on this activity was awaiting availability of these two documents.
8. Quality and measurement	Landscaping report detailing the current status of efforts to measure global quality of care (QOC).	Ongoing	LHSS continued reviewing key publications on QOC metrics and frameworks. As part of the review and analysis, LHSS identified key QOC measurement gaps and drafted potential actions to address them in a preliminary report.
	TA provided to support the incorporation of systems quality indicators into selected existing USAID tools.	Ongoing	LHSS continued to serve as the technical facilitator for the HSS and NCDs COP as part of the SPA tool revision. LHSS participated in a consultative workshop with other external stakeholders to discuss recommendations submitted last quarter and contribute to a participatory prioritization of key QOC indicators to be included in the next iteration of the tool.
	Virtual TA support to QOC network countries.	Ongoing	The support under this intervention is on request and for this quarter LHSS did not receive request for support.

CORE OHS ACTIVITIES

Activity	Deliverables	Status	Q3 Progress
9. Quality health systems (QHS) technical working group (TWG) / advisory group	Technical inputs to first-year implementation plan for monitoring QHS efforts at the country level.	Ongoing	USAID informed LHSS that the QHS TWG is moving away from an implementation plan toward a more ad hoc format to address country-level QHS needs. Thus, LHSS will support TWG needs as requested and did not receive a specific request this quarter.
	CPD training plan for the USAID QHS TWG.	Ongoing	LHSS joined the USAID team in the design and delivery of a three-hour virtual instructor-led training session for 25 USAID mission staff in priority countries. Specifically, LHSS collaborated on the design and delivery of a performance improvement deep dive session and facilitated an educational game about medication supply chain quality and safety issues.
	Up to five virtual learning series to train USAID QHS TWG members in prioritized skill areas and topics.	Not started	N/A.
10. Social determinants of health (SDOH) human resources for health (HRH) focus	Report on evidence gap including a comprehensive literature review and online survey results.	Ongoing	The comprehensive literature review was completed this quarter and submitted to USAID. The team received Abt Institutional Review Board (IRB) approval for the online survey (aimed at faculty and learners) during this quarter. After obtaining COR country notification distribution of the surveys started in late June across the 12 target countries.
	Draft theory of change (TOC) and resource map.	Ongoing	The draft TOC and Resource Map were approved by USAID at the end of the quarter.
	Report from the two case studies.	Ongoing	Based on the developed country selection criteria and case study objectives LHSS identified six potential countries for case studies, and the team reached out to the COR to send notifications to those missions and inquire about their interest.
11. HSS practice spotlights briefs	Practice spotlight briefs on specific monitoring, evaluation, research, and learning (MERL) approaches and their application to improve HSS program implementation.	Ongoing	In Q3, the activity team held consultations with MERL practitioners to collect examples on the two selected brief topics: contribution analysis and outcome harvesting. After collecting the necessary use cases, LHSS began drafting the briefs.
	Practice spotlight briefs on digitization approaches and their application to improve health service delivery.	Ongoing	Digital Square shared a near-final draft of the digitalization brief with LHSS in Q3. LHSS provided edits and comments to ensure consistency with the MERL briefs. USAID added final edits and sent the draft to Digital Square for finalization.

CORE OHS ACTIVITIES			
Activity	Deliverables	Status	Q3 Progress
	Webinars on MERL briefs and digitization briefs.	Not started	N/A.
	Guidelines documenting the practice spotlight brief production process.	Ongoing	As part of the MERL briefs literature scan topic identification and drafting, LHSS started documenting key steps for informing this deliverable.
12. Expanding financial protection	Literature review.	Ongoing	In Q3, the activity completed its literature review on financial protection coverage of vulnerable populations in LMICs, and submitted a literature review summary to the client, along with a draft literature review chapter format for review and client feedback. The team is in the process of writing up the formal literature review document and will share the full draft with the client in early Y2Q4.
	Two country case studies.	Ongoing	This quarter, the client pursued initial conversations with the USAID Senegal, Indonesia, and Vietnam missions to determine interest and availability for collaboration on case studies to conduct a deeper dive into financial protection efforts. The Senegal mission indicated the initial feasibility while the Indonesia and Vietnam missions had other competing interests. The team is currently looking for other potential case study options.
	Compendium report synthesizing the literature review and country case studies.	Ongoing	The team is finalizing the literature review report, although the delays in beginning country case studies impact the development of the compendium report.
	One podcast, webinar, or other dissemination product.	Not started	N/A.
	An Excel spreadsheet of documents, SOPs, and other materials sourced.	Ongoing	LHSS conducted a title/abstract review from different sources and there are now several hundred papers, guidelines, and tools from which to select from in preparing the initial repository. LHSS also continued conversations with Johns Hopkins University's (JHU's) Center for Health Security regarding housing the resources on website and working with Abt to promote the site when "live." LHSS reached initial agreement with JHU and is currently processing a contract for the Center as a technical contributor under this activity.
13. COVID-19 Surge Capacity	A curated file upload of selected materials and key guidance.	Ongoing	LHSS has internally confirmed four thematic grouping for the file upload, and a template webpage design as provided by JHU including potential search functionality. These grouping are: 1. Surge Capacities 2. Surge Capabilities 3. Country/regional specific tools, and 4. Links to other existing WHO, CDC, FEMA surge databases & platforms.

CORE OHS ACTIVITIES			
Activity	Deliverables	Status	Q3 Progress
	Various one-pagers, short summaries, or technical guides to support those accessing knowledge in applying it.	Not started	N/A.
	Final PowerPoint presentation.	Not started	N/A.

Table 2: Directed Core Activity Progress

DIRECTED CORE ACTIVITIES			
Activity	Deliverables	Status	Q3 Progress
1. President's Malaria Initiative (PMI) malaria private sector engagement (PSE)	Market segmentation documents describing key persons/profiles in the private sector and dashboard of private sector activities and learnings.	Ongoing	This quarter LHSS finalized key informant interviews (KIIs) in Uganda, Liberia, and DRC. The dashboards for each country, describing the findings from the interviews, are being finalized. LHSS also collaborated with PMI to finalize the market segmentation template and started working on the first draft of the document for each country. The market segmentation documents outline key profiles within each private sector segment, the impact of malaria to their businesses and customers, and potential incentives for investment in malaria programming.
	Recommendations report.	Ongoing	Based on the individual country reports, LHSS is starting to synthesize priority strategic opportunities for private sector partnerships that PMI and other stakeholders should consider pursuing at the country level.
	PSE toolkit and co-created PSE models.	Ongoing	LHSS developed a skeleton outline of the PSE toolkit and held a brainstorming session with PMI to ensure the design and utility of the tool will effectively meet the needs of PMI country offices and National Malaria Control Programs (NMCPs) and support stronger engagement with the private sector.
2. Population and Reproductive Health (PRH) supply chain management and decentralization	Landscape assessment report.	Ongoing	LHSS and CSL agreed that this report would be a documentation of the country selection process rather than a landscape. Given that USAID Mozambique expressed interest in conducting a political economy analysis (PEA), LHSS and CSL agreed that LHSS would complete and submit the report with Mozambique as the final selected country. The report was submitted to CSL in May. However, in late May LHSS learned that Mozambique did not provide concurrence for this activity so in collaboration with CSL, LHSS is looking to identify another country for this PEA.

DIRECTED CORE ACTIVITIES			
Activity	Deliverables	Status	Q3 Progress
	Technical report of PEA findings.	Ongoing	LHSS drafted preliminary tools for the PEA (approach and report format).
	Short brief summarizing findings, recommendations, and lessons.	Not started	N/A.

2.2 COUNTRY/REGIONAL ACTIVITIES

During this period, LHSS worked in 17 countries and implemented one regional activity. Summaries of this work is provided below, with more detail in Sections 4 and 5.

LHSS continued to provide support to country-led responses to COVID-19 in nine countries, working closely with key local counterparts at the national, district, and community levels to strengthen the pandemic emergency response pillars of preparedness/prevention, detection/diagnosis, case management, and long-term resilience. In Q3, the project initiated its support to the roll-out of COVID-19 vaccines in three countries (Colombia, Kyrgyz Republic, and Tajikistan).

USAID approved activities in Madagascar and Tunisia during this quarter. In these two countries, as well as Peru and Zimbabwe, LHSS will undertake tailored co-assessments of the health system to guide health system strengthening interventions for host governments and USAID investments. The LAC Region activity analyzed key enabling factors for the inclusion of migrants into national health systems, and concrete results were achieved in Colombia as the project supported the Government's new policy for the extension of formal migratory status to irregular migrants. In Cambodia, DR, and Vietnam, progress was achieved in improving access of people living with HIV (PLHIV) to quality health services, while in Bangladesh, Jordan, and Timor Leste, efforts were directed to improve key health system functions such as governance and financial management, health workforce development, and civil society engagement for the adoption of healthy behaviors.

ASIA/MIDDLE EAST REGION

JORDAN

The LHSS Jordan Activity continued its support to Jordan's COVID-19 response through expanded interventions detailed in a revised work plan, which USAID approved in April 2021. The activity also accelerated implementation of Year 2 CPD interventions by leveraging relationships and IT systems built through COVID-19 TA and grants and subcontracts with local partners.

CAMBODIA

In Q3, the LHSS Cambodia Activity supported the General Secretariat (GS) in enhancing its monitoring and evaluation (M&E) web-based data collection system user interface and functionality, conducted a technical kick-off with all National Social Protection Council (NSPC) reporting units on using the system, and provided support to the GS-NSPC's research team advancing several studies. To support resource allocation and budget execution for health and HIV/AIDS, LHSS conducted a financial analysis for HIV funding at the sub-national level in Battambang, and submitted version 2.0 of the Battambang Assessment Report, which highlighted that the first ever provincial level HIV strategic plan was developed with M&E targets. LHSS also assessed the data collection, data analysis, and policy advocacy capacity of the National AIDS Authority Secretariat General.

TIMOR LESTE

In Q3 the Timor Leste team held its official activity launch hosted by its new Chief of Party. Severe flooding in early April, followed by a surge in COVID-19 cases, limited Government of Timor Leste (GOTL) capacity for meeting, but the activity successfully garnered buy-in and support from Director Generals of multiple line ministries on its core initiatives, and identified focal points with whom the Activity will work on a daily basis moving forward. The team drafted multiple desk reviews and interviewed 19+ civil society organizations to assess existing mechanisms of communication between the Government and community, as well as existing social and behavior change (SBC) interventions promoting healthy behaviors. The team will validate these next quarter with GOTL focal points and co-determine recommendations around healthier behavior and stronger civic engagement. The team also filled critical positions, including a Monitoring, Evaluation and Learning

Director; a Civic Engagement Lead; a Social Behavior Change Lead; a Social Behavior Change Manager; a Data Specialist; and a Project Communications Coordinator.

VIETNAM

LHSS provided TA to the Government of Vietnam (GVN) in a number of key policy areas, ensuring that viral load testing is covered by social health insurance (SHI) and there are no interruptions to HIV services covered by SHI. The activity also supported the GVN to expedite procurement processes for new HIV drugs (TLD and TLE400). LHSS submitted a draft activity plan to the Ministry of Finance (MOF) to begin priority assessments for the MOF to examine strategies to generate revenue and increase efficiency. Although some work plan revisions are required, some interventions are underway.

BANGLADESH

The Bangladesh work plan was approved on January 26, 2021. The activity will improve governance and financial management for health service delivery; test and scale models for financial protection and service delivery; and increase private sector investment for health. Leadership positions, including the Chief of Party and financial and operations director, were filled in Q2 and additional technical leads were filled in Q3. COVID-19 restrictions slowed activity implementation in Q3, however, in spite of this, consultations with many national government and other stakeholders continued virtually.

AFRICA REGION

ZIMBABWE

LHSS had prepared for a TDY to complete the health system assessment (HSA) using in-country interviews to fill data gaps and conduct an additional analysis of the impact of COVID-19 on the health system in the second quarter. However, the team is still waiting for concurrence from the Ministry of Health and Child Care (now under new leadership) and will propose an alternative approach to USAID for completing the activity.

EAST AFRICA

The LHSS East Africa Activity is awaiting final approval and funding.

MADAGASCAR

LHSS will collaborate with the Universal Health Coverage Unit (CSU) of the MOH to identify opportunities for expanding financial coverage through private sector partners (insurance, mutuelles) and existing public sector initiatives. The program will also review any existing strategic purchasing approaches in use. Having received funding in June, the COP and local team will engage the CSU and jointly develop the terms of reference in the coming quarter.

TUNISIA

LHSS received workplan approval and funding in May and has begun a rapid health assessment to support USAID Tunisia's decision-making for supporting health objectives. The LHSS team proposed an approach for the assessment (a rapid, targeted overview to be followed by up to four deep dives) to the mission. Subsequently the mission identified some areas of particular interest specifically immunization and water, sanitation, and hygiene (WASH), which the team is addressing.

LATIN AMERICA AND CARIBBEAN REGION

LATIN AMERICA AND CARIBBEAN BUREAU

LHSS finalized the landscape analysis on social health protection and migration, and an engagement and knowledge management strategy for the activity. The project developed a country assessment report and roadmap to strengthen social health protection in the Dominican Republic. LHSS conducted a panel discussion to share relevant findings from the landscape analysis and experience working to increase access to health care for migrants in Colombia, the DR, and Peru with USAID missions from the LAC region.

COLOMBIA

LHSS implements three integrated activities in Colombia. Colombia experienced a third wave of COVID-19 in this quarter, and a series of violent political protests. At least one deliverable was delayed as a result of travel restrictions. The project team continued to work outside of the Bogotá office, pending more complete access to vaccines for LHSS staff. LHSS completed capacity assessments in three departments and eight municipalities, finding a lack of planning and knowledge around health care for the migrant population. LHSS provided recommendations for mechanisms to strengthen MOH and territorial entities' management of private sector and international partner donations. LHSS finalized with the MOH a private sector resource mobilization strategy for migrant health care and the COVID-19 response that, combined with the donation mobilization strategy, will help inform the MOH's first PSE strategy. LHSS continued to support 10 departments to increase enrollment of migrants to the health system including events where more than 2,500 migrants enrolled. LHSS completed several research studies to inform a community health strategy and the development of a primary health care model for migrants. LHSS held GESI trainings with 27 health institutions. Ninety-two health providers completed LHSS quality improvement courses and an additional 100 started courses. LHSS findings from a mixed-methods study in four departments and Bogotá on stress and burnout among health care providers found that 99.8% of the people surveyed have some degree of exhaustion, and 54% reported having been victims of verbal or physical violence by the patients or their families or knowing cases in which their colleagues were. More than 97% believe that they are exposed to infection. In this quarter, LHSS established a working group with the Colombian government's Border Management and the MOH to promote joint efforts developing a roadmap to implement the temporary protection status policy for migrants. LHSS COVID-19 Rapid Response Teams (RRTs) supported over 400 health facilities and trained 827 health professionals and 262 community members on COVID-19 prevention and communication. In this quarter, the LHSS Bureau for Humanitarian Assistance (BHA) Activity ended. At the conclusion of LHSS's support, 19 of the 83 professionals in the 18 departments throughout Colombia joined their territorial entities' pandemic response teams. LHSS-supported rapid HRH deployment roadmap was adopted by the MOH as were tools that will continue to be used by the health secretariates. The LHSS COVID-19 Critical Care Activity held five regional seminars to share experiences and technical updates on critical care for hospitalized COVID-19 patients, with 269 critical care health professionals attending and a national seminar with 202 health professionals. LHSS initiated real-time TA to provide higher QOC, supporting 51 hospitals that have an intensive care unit (ICU) for COVID-19 patients and providing assistance to health workers caring for over 2,000 patients. LHSS also hosted 43 workshops with 105 participating health care workers to help resolve clinical case issues.

DOMINICAN REPUBLIC

LHSS implements two activities in the DR: 1) strengthening governance, management, and quality of HIV service delivery at the facility and community levels; and 2) supporting the government to address the COVID-19 epidemic (completed). LHSS is developing SOPs covering the following HIV response activities: community testing, including index case testing; community antiretroviral (ARV) distribution including home delivery and community-based organizations; and care retention and antiretroviral therapy (ART)

adherence for professional and lay healthcare workers. LHSS conducted a workshop with the SNS and DIGECITSS to review a draft of the SOP for *Community ARV distribution* before piloting it. LHSS organized with the Government of the Dominican Republic (GODR) training for HIV staff on revised client-focused HIV service delivery guidelines. In coordination with the SNS, based on the findings from LHSS studies conducted in Q3, LHSS has started the design of a digital self-learning course to train management and pharmaceutical staff to strengthen supply chain performance and the implementation of the Unified Pharmaceutical and Commodity Management System (SUGEMI) including quantification, warehousing, distribution, dispensing and use of the logistic management information system (LMIS). TA provided this quarter supported the development of the 2022 quantification and programming report, shared with the Deputy Minister of Planning from the MOH for review, final approval, and inclusion in the national budget of 2022. Like many countries in the region, the DR experienced an increase in COVID-19 infections in this quarter, which demanded attention from health officials and facility managers, challenging implementation, but LHSS operations were minimally impacted.

PERU

LHSS helps the Government of Peru to ensure adequate, reliable, and sustainable provision of testing, prevention, treatment, and care services for those living with HIV. The LHSS work plan was approved in March 2021. The LHSS COP and financial manager joined this quarter, and a technical officer was identified who will start with the project in July 2021. The HSA was designed and initiated. LHSS submitted its first deliverable, a population size estimation report for Venezuelan migrants living with HIV in Peru, which was approved by USAID, and a Spanish language version was submitted to the MOH. A presidential election was held in Peru during this quarter, and the country experienced an upsurge in COVID-19 cases. LHSS expects some MOH counterparts to change in the next quarter, which may slow engagement, but the team foresees no significant disruptions due to the change in government.

COVID-19 ACTIVITIES

COVID-19 activities continued in nine countries. The LHSS work in all nine countries is aligned with country-led response plans and organized around the COVID-19 emergency response pillars—preparedness/prevention, detection/diagnosis, case management, and long-term resilience. During this quarter support to country readiness for COVID-19 vaccine roll-out was received for three countries: Kyrgyzstan, Tajikistan, and Colombia.

LHSS has provided or is providing emergency support in Colombia, the DR, the Lao People's Democratic Republic, and five countries in Central Asia (Kazakhstan (ended February), Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan). Activities in Turkmenistan were completed at the end of May 2021. In addition, Jordan, Colombia, and DR added urgently needed COVID-19 tasks to their existing country work plans. In Uzbekistan, Tajikistan, Colombia, and DR, LHSS received additional funds for facility level assessments and clinical training on critical care and the use of ventilators delivered by USAID (Uzbekistan, Colombia, and DR), as well as the use of data for decision-making and institutionalizing a critical care curriculum (DR). In Kyrgyz Republic, risk communication activities were added to the workplan in Year 2.

COVID-19 activities continued to evolve in Q3 beyond the initial start-up, with additional activities (e.g., risk communication and additional laboratory strengthening), added to COVID-19 scopes of work. Time extensions were approved for all five Central Asia Region (CAR) countries to Q2 and Q3 of Year 2. Q3 results included: 1) successful delivery of key equipment, materials, and supplies, which will strengthen long-term resilience for country health systems in areas such as improved laboratory capacity and IPC measures; 2) improved ICU case management capacity and skills for COVID-19 (DR, Colombia, Uzbekistan); 3) strategies to strengthen supply chain systems, including accurate forecasting of essential

commodities for all infectious diseases; and 4) implementation of risk communication activities combating misinformation and vaccine hesitancy in the Kyrgyz Republic.

Across all countries, LHSS is working closely with key local stakeholders at the national, district, and community levels to improve overall emergency response, promote awareness and education for the public, and ensure healthcare workers are equipped with the training and resources necessary to meet evolving pandemic.

WORK PLANS FOR OTHER COUNTRIES

A work plan request for Namibia received by the end of Q3 was subsequently withdrawn pending further decisions by the mission about priorities for the technical content of the activity. It is expected that LHSS will resume work planning in Q4. The East Africa Regional Activity continued on hold during this period.

3. CORE ACTIVITIES

3.1 ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

Status: Scoping calls to understand countries' experience with budget execution completed for seven out of eight countries. Summary of findings and identification of common themes underway.

Problem Statement: Increasing budget execution rates can potentially free up resources for health more quickly than finding new sources of revenue or depending on revenue driven by a country's macroeconomic performance. Ministries of health (MOHs) know that increasing budget execution is important, but practical guidance about how to do so is limited. However, there are MOH practices that can influence budget execution rates and strategies that MOHs can adapt to address changes that are outside their control. These practices are not yet fully documented. Documenting such practices by MOHs—with a focus on the practical steps—would benefit MOHs that are looking to quickly accelerate progress in health budget execution.

Purpose: Identify and document examples of successful MOH efforts that have led to increased health budget execution, and use the lessons learned to inform USAID, development partners, and MOH efforts to increase budget execution

Interventions:

- LHSS-facilitated plenary sessions with Joint Learning Network (JLN) members who are selected through an EOI process.
- One-on-one sessions with five countries to provide technical support and co-develop the knowledge product.

Planned Deliverables:

In line with the original interventions:

- Global knowledge product to capture selected JLN members' success with increasing budget execution
- TA plans for five countries

Consortium Partners:

- Abt Associates, Results for Development (R4D)

Contribution to Task Order Objectives

- **Objective 1:** Increased financial protection

SO 1.1.1 – Increased government budget allocation for health

SO 1.1.2 – Improved efficiency and reduced waste

SO 1.1.2 – Improved efficiency and reduced waste

SO 1.4.2 – Increased effectiveness of the health sector budget

- **Cross-cutting:** Strengthened community voice, institutional capacity, and collaboration

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Knowledge product (to be defined by countries) synthesizing key learnings.
- **Progress:** In order to facilitate joint learning between countries about successful examples of improving health budget execution, the LHSS team conducted scoping calls to collect baseline information and about the countries' promising practices. Seven of the eight countries were available for scoping calls. The team has been unable to schedule a call with Malaysia due to the COVID-19 situation. However, the country team (via the Core Country Group) has confirmed a strong interest in participating in the learning exchange and has promised that the participants will join the activity as soon as they are able to. After the scoping calls, the team reached out to each country to provide clarifications and additional information, and has begun analysis to identify common country interests and emerging good practices in order to finalize the learning agenda.
- **Problems encountered:** The team experienced delays in scheduling scoping calls due to country team availability, and this phase of the activity has taken longer than expected. Coupled with previous delays in receiving guidance on Special Notification countries, a time extension through the second quarter of year 3 is likely to be required to complete the activity as planned.
- **Activities to be undertaken in the following quarter:** The LHSS team will conduct a virtual meeting on the JLN platform to share findings from the information collected through country surveys and scoping calls, to finalize the learning agenda, and finalize countries' requests for TA.
- Technical support to five countries to increase health budget execution (provided in the course of joint learning among practitioners, coaching and facilitated discussions with peers)
- The scoping calls identified some initial areas where countries might be interested in technical assistance. The team will continue discussions with countries to understand their technical assistance needs in-depth, following which this deliverable will begin.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

This activity will use and contribute to the JLN platform, an existing peer-to-peer learning platform for policymakers in LMICs striving to finance universal coverage of their populations' health care needs. This approach will ensure that the global knowledge product and TA are defined and driven by countries themselves, rendering them more usable and transferable. LHSS will provide TA through local consultants or local organizations, as much as possible, and in the process, develop their capacity as TA providers.

3.2 ACTIVITY 2: INSTITUTIONALIZE EXPLICIT NATIONAL HEALTH PRIORITY-SETTING PROCESSES

Status: In Y2 Q3, LHSS drafted a request for EOI, which will be used to recruit countries to participate in the JLN learning exchange that LHSS established through a memorandum of understanding (MOU). At the same time in Q3, LHSS prepared for the learning exchange by coordinating with related JLN collaboratives, establishing the systems and processes required for a JLN learning exchange, and developing the technical framework that will guide the learning exchange.

Problem Statement: Setting national priorities for the health sector is an inherently political process that ultimately guides planning and resource allocation. To institutionalize explicit and accountable priority-setting processes, countries must understand and navigate complex, context-specific challenges. While some existing resources set out principles to guide high-level priority-setting processes, countries face challenges in translating these into institutionalized national processes that are most appropriate for addressing the specific barriers and opportunities they face.

Purpose: Drawing from peer learning through the JLN, LHSS will develop and validate a resource that sets out lessons and promising practices for use in institutionalizing explicit national priority-setting in different country contexts. Building on lessons learned during the development of the resource, LHSS will build capacity of selected local institutions in two countries to support the institutionalization of more inclusive, evidence-informed, and accountable priority setting in the context of national strategic planning processes.

Interventions:

- Apply a joint learning approach to identify lessons learned and promising practices in institutionalizing explicit national health priority-setting processes.
- Use learning generated to support institutionalization of explicit national priority-setting processes in two countries.

Planned Deliverables:

- Resource generated through the joint learning process and synthesizing key learnings from country cases harvested through the exchange
- Reports on TA to two countries to support institutionalization of explicit national health priority-setting processes
- Communications products such as blog post or webinar to disseminate findings

Consortium Partners:

- Abt Associates, Results for Development (R4D)

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.3 – Improved resource allocation

SO 1.3.1 – Strengthened government capacity for transparent, evidence-based priority setting and budgeting

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 – Strengthened capacity of public, private, and civil society institutions to effectively plan, manage, and oversee health system functions

SO X.2 – Increased client and community engagement and voice in planning and oversight

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Resource generated through the joint learning process and synthesizing key learnings from country experience harvested through the exchange.
 - **Progress:** Since conducting a landscape analysis and synthesizing lessons about institutionalization of explicit national priority setting processes in Year 1, LHSS established a learning exchange through the Joint Learning Network for Universal Health Coverage (JLN). This learning exchange will facilitate peer learning in a virtual environment and will build on the landscape analysis completed at the end of Year 1. In Q3, LHSS drafted a request for EOIs, which will be used to recruit countries to the learning exchange and prepared for its launch with the JLN. Also in Q3, LHSS coordinated with the JLN Network Manager and other learning collaboratives, such as the World Bank's efficiency collaborative, to ensure that the LHSS offering is complementary rather than duplicative. LHSS began drafting the technical framework which will guide the learning exchange.
 - **Problems encountered:** Due to the additional time required to set up a new JLN collaborative, it is unlikely that this activity will conclude by the end of LHSS Y2. The activity team has had conversations with USAID about the need for an extension, and it was agreed that LHSS will begin the process of seeking an extension once the EOI has been issued.
 - **Activities to be undertaken in Y2:** LHSS will issue a call for EOIs to the learning exchange, review submissions, and begin country engagement. After country engagement and knowledge product generation begin, the activity team will start planning for the other Y2 deliverables: reports on TA and communications products to disseminate findings from the learning exchange.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

The proposed new approach has been designed to increase the sustainability of the work done under this activity. It will leverage and contribute to the JLN platform, an existing peer-to-peer learning platform for policymakers in LMICs striving to make faster progress toward UHC. The approach will ensure that the new resource and TA are defined and driven by countries themselves to meet their specific needs. This will increase the likelihood that they will have a sustained impact on the way priorities for health are set in countries.

The proposed new approach will allow officials in planning units of ministries of health to receive TA and participate in peer learning on the basis of their interest in institutionalizing explicit and accountable national priority-setting processes, in doing so increasing local ownership of the outputs.

OTHER UPDATES

As of June 2021, the EOI was being reviewed and updated by LHSS, USAID, and the JLN. It is expected to be launched in July 2021.

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

Status: Country quality documents reviewed, survey responses analyzed, and technical report in progress. Case studies in Rwanda and Zambia underway. First of three webinars were hosted, and five learning exchanges launched.

Problem Statement: Governance is key to improving health sector performance and, along with effective health financing and service delivery, is central to expanding access to UHC. Country leaders, practitioners, and communities need to work collaboratively to build a system that enables health care professionals to deliver quality care. Countries embarking on National Quality Policy and Strategy (NQPS) reforms are attempting to address these complexities, but little is known about current experiences, including competency needs and governance and other challenges related to operationalizing NQPS.

Purpose: Assess progress in 39 USAID priority countries toward developing, implementing, or refining their NQPS; package a set of existing/new products in user-friendly formats to help countries operationalize their NQPS objectives; and create virtual learning exchange opportunities to connect countries with common challenges to countries that have implemented a specific quality reform.

Interventions:

- Identify governance reform lessons learned in operationalizing NQPS.
- Facilitate virtual learning exchange among USAID priority countries.

Planned Deliverables:

- Governance of Quality Health Care Analytical Lens (previously framework)
- Summary report on governance of quality in USAID priority countries
- Technical report on lessons and best practices for operationalizing NQPS
- Identification of a learning platform, at least five learning exchanges, at least three recorded webinars, and a repository of tools/resources

Consortium Partners:

- Abt Associates, IHI, Training Resources Group (TRG)

Contribution to Task Order Objectives

- Objective 3: Increased service coverage of quality essential services

SO 3.1 – Health services meet evidence-based standards of quality care

SO 3.1.1 – Improved institutionalization of CQI at all levels

SO 3.2.2 – Strengthened community health services

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 – Strengthened capacity of institutions to effectively plan and oversee health system functions

SO X.2 – Increased client and community engagement and voice in planning and oversight

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Governance of Quality Health Care Analytical Lens (previously framework).
 - **Progress:** Deliverable completed and with USAID for review.
- Summary report on the current state of governance of quality in USAID priority countries.
 - **Progress:** LHSS developed the first draft of the report summarizing findings from both the literature review and survey on country-level institutional and operational mechanisms for providing quality services in 39 USAID priority countries.
 - **Problems encountered:** None.
 - **Activities to be undertaken in the following quarter:** LHSS will submit the final summary report to USAID for review and feedback.
- Technical report on key lessons and best practices for successfully operationalizing the NQPS.
 - **Progress:** Based on the survey results from 39 countries and USAID's input, LHSS selected Rwanda and Zambia as the two countries for in-depth case studies given the potential lessons learned for their progress on improving quality and strengthening the governance systems providing oversight to quality service delivery. LHSS secured concurrence from the USAID missions in the two countries and recruited in-country researchers to lead the case study interviews. LHSS also developed an initial stakeholder list for review by the two USAID missions.
 - **Problems encountered:** Due to internal coordination to select appropriate countries for the case studies as well as local IRB review requirements in both Rwanda and Zambia, LHSS discussed with USAID about extending the activity through December 2021 and will soon submit a formal request for approval.
 - **Activities to be undertaken in the following quarter:** LHSS will conduct stakeholder interviews in Rwanda and Zambia and complete a technical report capturing key lessons in NQPS operationalization.
- Identification of a learning platform; at least five learning exchanges; at least three recorded webinars; and a repository of tools/resources.
 - **Progress:** LHSS worked with USAID to select topics for learning exchanges and webinars based on the survey findings. LHSS also hosted the first of the three webinars and launched all five learning exchanges via WhatsApp. The first webinar focused on CQI and featured a speaker from the Malawi MOH. LHSS also coordinated with USAID to extend invitations to participants from Eswatini and Zambia for the next two upcoming webinars on Stakeholder Engagement and Situational Analysis and Financing, respectively. Furthermore, LHSS also collaborated with WHO to establish a repository of tools and resources collected by the activity to share on the GLL platform.
 - **Problems encountered:** Due to the additional time required to select the webinar topics and communicate with all relevant USAID missions, the webinar series will extend into Q4.
 - **Activities to be undertaken in the following quarter:** LHSS will host the two remaining webinars under this activity and continue to facilitate the five learning exchange groups via WhatsApp by posting prompts for discussion and sharing relevant publications, resources, and tools.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

The WHO's GLL will facilitate global long-term use of the activity's learning products as it provides international access to the products as well as an implicit endorsement by a globally recognized authority. The collaborative nature of the GLL also ensures country participation and inputs to the knowledge resources, making the final products more likely to be adapted and applied by in-country counterparts. LHSS will continue to collaborate with WHO to upload final products from this activity to the repository of tools and resources that has been established on the GLL platform.

3.4 ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

Status: Mission concurrence obtained for Vietnam pilot; awaiting approval from Minister of Health to proceed with the pilot.

Problem Statement: Given the significant spending on pharmaceuticals as a proportion of spending on health, accurate PE data is needed to inform pharmaceutical decision-making and ultimately increase financial risk protection. The System of Health Accounts (SHA) 2011 presents an appropriate framework for estimating these expenditures. However, comprehensive, detailed, and practical guidance is needed on how to incorporate and analyze pharmaceutical data as part of a Health Accounts estimation.

Purpose: Produce a practical resource on PE tracking to accompany SHA 2011 and build the capacity of Health Accounts and pharmaceutical decision-makers to increase production and use of PE data.

Interventions:

- Identify gaps in data and policy priorities through desk review and in-country fieldwork to inform a resource on PE tracking.
- Apply the resource in one country and build country capacity for production and use of PE data to improve decision-making.

Planned Deliverables:

- Preliminary and final drafts of resource for tracking pharmaceutical
- expenditures
- One country policy brief produced using data from country application

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.1.2 – Improved efficiency and reduced waste

SO 1.2 – Increased risk pooling to improve financial sustainability

SO 1.3 – Improved resource allocation

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Practical resource on PE tracking to accompany SHA 2011
 - **Progress:** USAID provided comments on the draft resource. The draft resource will be refined based on learnings from the ongoing pilots, at which time feedback from USAID will be incorporated.
 - **Activities to be undertaken in Q4:** LHSS and MTaPS will apply the resource in pilot countries (Vietnam and Benin) to refine the resource and make it more generalizable to different country contexts. Also, the draft resource will be shared with WHO for feedback.
- One country policy brief produced using data from country pilot
 - **Progress:** USAID agreed that, given the time and effort that was required to collect and analyze pharmaceutical data for Burkina Faso, it would be difficult for LHSS to conduct two pilots and LHSS should instead focus on one. LHSS obtained mission concurrence from USAID Vietnam and initiated communication with the mission and the Health Accounts team in the MOH. LHSS prepared letters for introduction of the activity on behalf of USAID Vietnam and LHSS. The Health Accounts team confirmed receipt of the letters and will meet with the Minister of Health to obtain approval for conducting PE tracking as part of the ongoing HA estimation. LHSS has also interviewed a promising consultant for data collection.
 - **Problems encountered:** Due to the COVID-19 wave in Vietnam, the HA team in Vietnam has not yet obtained approval from the Minister. This will result in delays in the pilot. The LHSS team is monitoring the situation in case an extension is needed for this activity.
 - **Activities to be undertaken in Q4:** Once the Minister of Health approves, LHSS will engage with HA staff in-country to kick-off the exercise, and will also hire in-country consultants to support data collection and mapping.

OTHER UPDATES

LHSS and MTaPS agreed with USAID to share the draft resource with WHO after first holding a meeting to describe the resource (why it is Burkina Faso-specific) and challenges faced during its production. This meeting will include WHO colleagues from Health Accounts and pharmaceutical teams and will also be used to identify policy questions that PE data could help answer.

3.5 ACTIVITY 5: DIGITAL FINANCIAL SERVICES TO IMPROVE HEALTH SYSTEMS PERFORMANCE AND SUPPORT FINANCIAL PROTECTION

Status: Report published with several dissemination activities held. Final webinar pending.

Problem Statement: DFS refers to any financial services accessed and delivered through a broad range of digital channels, including the internet and mobile phones. The case for DFS as a means of expanding financial inclusion is well-established. However, less is known about the impact of DFS on health system performance or protection from impoverishment due to health care costs.

Purpose: Address gaps in understanding the degree to which DFS impacts health system use, performance, and/or financial protection, and under what circumstances.

Interventions:

- Conduct a landscape review of current and emerging digital savings and insurance applications in LMICs.
- Document existing evidence on how such applications prevent and protect vulnerable populations from high out-of-pocket payments, lead to increased health service use, and support health system performance overall.
- Provide a dissemination webinar to share findings.

Planned Deliverables:

- Technical report providing an up-to-date review of evidence on whether and how digital health savings and insurance services increase financial protection, use of health services, and health system performance
- Recommendations on opportunities for USAID to advance UHC and health systems strengthening through DFS investments
- A webinar to disseminate results and generate interest in DFS integration to help achieve UHC

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.2: Increased risk pooling to improve financial sustainability

SO 1.2.1: Increased enrollment (direct and/or subsidized)

SO 1.2.2: Increased standardization/size of risk pools

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions – public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Technical report detailing evidence on whether and how digital health savings and insurance services increase financial protection, use of health services, and health system performance.
 - **Progress:** The client approved the report and it was published in Y2Q2.
- Recommendations on opportunities for USAID to advance access to UHC and health systems strengthening through DFS investments.
 - **Progress:** As part of the published report, LHSS identified recommendations on opportunities for USAID to advance UHC and health systems strengthening through DFS investments.
- Dissemination of results to generate interest in DFS integration and help achieve UHC.
 - **Progress:** None. Final webinar is pending the completion of the complementary case studies by MSH, expected in Y2Q4.
 - **Problems encountered:** None. Final webinar is pending the completion of the complementary case studies by MSH expected in Y2Q4.

Activities to be undertaken in Q4: LHSS will conduct a webinar in partnership with MSH who is currently completing the complementary case studies..

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

Status: Final activity report finalized and submitted to USAID. Learning brief finalized. External webinar to share the innovations of the IHAP winners and lessons from the TA hosted. This activity has now completed all its deliverables.

Problem Statement: As countries strive toward expanding access to UHC, total market approaches can fill gaps in service and population coverage and provide financial protection. Private health sector innovators are a key contributor to this effort. Previous challenge funds and equity investors have reported a need for capacity-building to increase the effectiveness of start-up funding. However, innovators often lack the TA and support needed to reach scale and achieve sustainability.

Purpose: Strengthen the capacity of the five IHAP winners – GIC Med (Cameroon), Infiuss (Cameroon), JokkoSanté (Senegal), mDoc (Nigeria), and Piramal Swasthya (India) – to sustainably scale up their innovations and thereby increase population coverage of the health services they offer.

Interventions:

- Co-design TA plans.
- Implement TA plans.

Planned Deliverables:

- TA plan for each IHAP winner
- Final activity report
- Global learning event and report
- Learning brief documenting lessons learned from TA provision

Consortium Partners:

- Abt Associates, TRG, Banyan Global

Contribution to Task Order Objectives

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 – Strengthened capacity of public, private, and civil society institutions to effectively plan, manage and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- TA plan for each IHAP winner
 - **Progress:** The final TA report LHSS submitted to USAID last quarter was approved. LHSS then uploaded the approved report to DEC for public access and use.
- Learning brief documenting lessons learned from TA provision
 - **Progress:** LHSS built off of the final activity report to draft a short learning brief that focused on key takeaways from the learning process of this activity. The brief focused on challenges private health innovators face scaling and contributing to health system goals and considerations for partners to design and deliver effective support. LHSS submitted the final brief to USAID for review and dissemination.

- **Activities to be undertaken in the following quarter:** N/A – completed.
- Global learning event
 - **Progress:** LHSS hosted a webinar to share the IHAP winners' innovative platforms for health system strengthening, their challenges in scaling their solutions to reach more people, and lessons that emerged during LHSS's TA on how to best support local private enterprises. The webinar was moderated by USAID and featured three of the IHAP winners (mDoc in Nigeria, GICMed in Cameroon, and JokkoSanté in Senegal) and LHSS's Senior Technical Advisor for PSE. The webinar was attended by over 100 people from various development, commercial, and research institutions. LHSS developed and submitted an event report to USAID as a follow-up. LHSS also circulated the recording from the session with everyone registered to attend the event.
 - **Activities to be undertaken in the following quarter:** N/A – completed.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

The winner organizations were fully engaged in TA design and delivery, and LHSS facilitated participatory hand-off meetings between TA providers and IHAP winners to prepare winners to use TA outputs. LHSS also aims to contribute to the global knowledge base on how to effectively support local private sector enterprises for improved sustainability and impact through the dissemination of its final products (report and learning brief).

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

Status: Activity implementation will begin when LHSS receives the common approach from USAID.

Problem Statement: To date, many donor-supported interventions to improve partner country domestic resource mobilization have focused on specific programs or diseases. This approach can further fragment host country health financing systems. USAID mission health offices embrace the idea of approaching host country governments in a more integrated and streamlined manner on the subject of sustainable financing for health. The USAID OHS is developing a common approach to facilitate such engagement.

Purpose: Develop and implement a proof of concept for a framework to operationalize the USAID common approach that will facilitate agreement across USAID teams, missions, and bureaus on advocacy and technical support for sustainable financing for health.

Interventions:

- Develop process and milestones for establishing an integrated approach across mission offices for engaging host governments.
- Develop an approach for strategic engagement of stakeholders for sustainable financing for health and test it for proof of concept.
- Identify metrics required to support a discussion with host governments on sustainable financing.

Planned Deliverables:

- Operational framework outline/plan with accompanying resources
- Proof of concept country selection criteria, operationalization plan, and final report
- Proof of concept implementation plan
- Proof of concept report
- Implementation research plan and final report on country engagement with the operational framework
- Evaluation concept plan for countries chosen for the proof of concept.

Consortium Partners:

- Abt Associates, Harvard School of Public Health, TRG

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.1: Increased availability of revenue for health

SO 1.1.1: Increased government budget allocation for health

SO 1.1.2: Improved efficiency and reduced waste

SO 1.3: Improved resource allocation

SO 1.3.1: Strengthened government capacity for transparent, evidence-based priority-setting and budgeting

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Development of operational framework outline.
- **Progress:** USAID approved the work plan, and this activity's final scope and implementation plan depends upon finalization of 1) a landscape analysis already initiated by USAID; and 2) a common approach to sustainable financing for health to be developed by OHS. LHSS work on this activity is awaiting the availability of these two documents.
- **Problems encountered:** No new problems were encountered during the reporting period. HSS originally anticipated receipt of USAID's landscape analysis and common approach in November 2019. However, we are awaiting further guidance from USAID on when we can expect these documents.
- **Tasks to be undertaken next quarter:** Review the landscape analysis and common approach documentation when received from USAID, and initiate framework development.

3.8 ACTIVITY 8: QUALITY AND MEASUREMENT

Status: Technical support to the Service Provision Assessment (SPA) tool revision finalized. Landscape review of global QOC measurement initiatives underway.

Problem Statement: Reliable, timely, accessible data is the backbone of high-quality health systems; without it, systems will struggle to improve their performance. Given strong global interest to improve QOC for reproductive, maternal, newborn, and child health (RMNCH) services, there is a need for dedicated support to integrate QOC measures and standards into globally available HSS tools and strategies.

Purpose: Leverage existing USAID QOC activities to comprehensively examine existing quality measurements in RMNCH and identify linkages, propose a cohesive set of quality indicators that can be incorporated into existing USAID assessment tools and resources, and provide ad hoc technical input to WHO's QOC Network countries.

Interventions:

- Summarize current state of quality measurement.
- Support integration of QOC measures into existing tools.
- Provide TA to QOC network countries.

Planned Deliverables:

- Landscaping report detailing the current status of efforts to measure global QOC
- TA provided to support the incorporation of systems quality indicators into selected existing USAID tools
- Virtual TA support to QOC network countries

Consortium Partners:

- Abt Associates, IHI

Contribution to Task Order Objectives

- Objective 3: Increased service coverage of quality essential services

SO 3.1 – Health services meet evidence-based standards of quality care

SO 3.1.1 – Improved institutionalization of continuous quality improvement (CQI) at all levels

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Landscaping report detailing the current status of efforts to measure global QOC
 - **Progress:** LHSS continued reviewing key publications on QOC metrics and frameworks. As part of the review and analysis, LHSS identified key QOC measurement gaps and drafted potential actions to address them in a preliminary report.
 - **Activities to be undertaken during the following quarter:** LHSS will finalize the internal review of the preliminary report and finalize the landscape for USAID review and feedback. The report will synthesize the information on current efforts to measure QOC and outline practical resources and guidance for countries.
- TA provided to support the incorporation of systems quality indicators into selected existing USAID

tools

- **Progress:** LHSS continued to serve as the technical facilitator for the HSS and NCDs COP as part of the SPA tool revision. LHSS participated in a consultative workshop with other external stakeholders to discuss recommendations submitted last quarter and contribute to a participatory prioritization of key QOC indicators to be included in the next iteration of the tool.
- **Activities to be undertaken during the following quarter:** LHSS's support to the SPA revision is completed. LHSS will continue to provide similar TA as needed, depending on similar request(s) from USAID.
- Virtual TA support to QOC network countries
 - **Progress:** In the previous quarter, LHSS connected with MOMENTUM Country and Global Leadership project to potentially coordinate on identifying emerging country needs in the QOC network and providing appropriate TA. However, LHSS did not receive request for support in Y2Q3.
 - **Activities to be undertaken during the following quarter:** LHSS will respond to ad hoc request for support, if received.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

The development of practical guidance on quality of care and quality health systems will provide countries with a list of actionable options on tools, frameworks, and approaches they could apply for their QOC measurement needs.

3.9 ACTIVITY 9: QUALITY HEALTH SYSTEMS TWG/ADVISORY GROUP

Status: Supported USAID’s annual health systems strengthening training course.

Problem Statement: Based on its experiences from support to multiple access to quality healthcare initiatives, USAID is keen to advance its own thinking in QHS by convening an internal body that keeps the organization abreast with current trends and methods for advancing QHS; and further building its own internal expertise on the science of quality improvement (QI).

Purpose: Facilitate resources for continued professional development in QHS and QI for USAID staff and produce a QHS implementation plan to guide QHS programming progress at the mission level.

Interventions:

- Support finalization of TWG terms of reference and QHS implementation plan.
- Support QHS professional development.

Planned Deliverables:

- Technical inputs to first-year implementation plan for monitoring QHS efforts at the country level with up to two implementation plan tasks prioritized for additional TA support
- CPD training plan for the USAID QHS TWG
- Up to five virtual learning series to train USAID QHS TWG members in prioritized skill areas and topics
- Ad hoc technical advisory support—this deliverable could take several forms depending on specific requests from USAID

Consortium Partners:

- Abt Associates, IHI

Contribution to Task Order Objectives

- Objective 3: Increased service coverage of quality essential services

SO 3.1.1 - Improved institutionalization of CQI at all levels

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Technical inputs to first-year implementation plan for monitoring QHS efforts at the country level with up to two implementation plan tasks prioritized for additional TA support
- **Progress:** In Y2Q2, USAID informed LHSS the QHS TWG is moving away from an implementation plan to a more ad hoc format to address QHS needs at country level. Thus, LHSS will not be working on this specific deliverable, but will support other TWG needs as needed.
- **Activities to be undertaken in the following quarter:** Given the change stated above, and further discussions with USAID, LHSS doesn’t anticipate request for TA support in the next quarter. However, LHSS is ready to contribute to the TWG’s next steps as needed.
- Continuing professional development training plan for the USAID QHS TWG – Not started yet.
- Virtual learning series to train USAID QHS TWG members in prioritized skill areas and topics

- **Progress:** LHSS collaborated with USAID and other key partners on the quality component of USAID's annual internal course on health systems strengthening for health officers at USAID headquarters and missions. LHSS joined the USAID team in the design and delivery of a three-hour virtual instructor-led training session for 25 USAID mission staff in priority countries. Specifically, LHSS collaborated on the design and delivery of a performance improvement deep dive session and facilitated an educational game about medication supply chain quality and safety issues. Immediate feedback from participants following the session was overwhelmingly positive.
- **Activities to be undertaken in the following quarter: N/A** – this deliverable is completed.

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

Status: Literature review has started to identify health and social care workforce education, training, and accreditation systems and human resources management.

Problem Statement: A major barrier to achieving equity in health outcomes is the limited knowledge and understanding of the effects of SDOH and factors beyond the health sector. To deliver quality care effectively and consistently, health workers, health managers, and planners need to understand the SDOH. ¹ Acquiring core competencies for addressing SDOH will enable and empower workers and leaders at all levels of the health system to collaborate with stakeholders and integrate action on SDOH into health programs and the provision of care.

Purpose: The purpose is to identify, analyze, and document examples of successful efforts in integrating social determinants of health (SDOH) into health workforce education, training, and service delivery for improved QOC and equity in health outcomes. The current body of knowledge on health workforce education and SDOH links to learning outcomes but is limited in terms of information about downstream impacts related to QOC and equity outcomes. The analysis and lessons learned will be used to inform USAID, development partners, MOHs, and professional and educational associations and institutions.

Interventions:

- Conduct a landscape analysis of best practices and protocols on SDOH designed for healthcare workers.
- Develop case studies and disseminate finding through virtual exchanges.

Planned Deliverables:

- Comprehensive literature review
- Technical guidance report
- Resource map and TOC
- Three country case studies
- Three webinars

Consortium Partners:

- Abt Associates, THEnet

Contribution to Task Order Objectives

- Objective 2: Increased population coverage

SO 2.1: Health services accessible and provided equitably to all

SO 2.1.2: Improved availability and distribution of skilled/motivated HRH, especially in hard-to-reach areas

SO 2.2: Public and private services responsive to population needs

- Objective 3: Increased service coverage of quality essential services

SO 3.1: Health services meet evidence-based standards of quality care

SO 3.2: Essential service package well-defined and responsive to needs of all

¹ The most recent framework related to health workforce education and SDOH comes from the National Academy of Sciences 2016 report, *A Framework for Educating Health Professionals to Address the Social Determinants of Health*.

SO 3.2.1: Improved organization and delivery of cost-effective services

SO 3.2.2: Strengthened community health services

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration:

SO X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Deliverable 1: Comprehensive literature review
 - **Progress:** A comprehensive literature review on the incorporation of SDOH into health and social care workforce education, training curricula, and accreditation systems, and human resources management was completed this quarter. Several searches yielded more than 4,500 publications including peer-reviewed articles and gray literature. Because current evidence for HRH approaches to SDOH is very limited, this literature review will help contribute to knowledge base in this field. The team received Abt IRB approval for the online survey which included the four survey instruments (aimed at faculty and learners in French and in English) during this quarter. Distribution of the surveys started in June across the 12 target countries.
 - **Problems Encountered:** LHSS, in discussion with USAID, changed some of the target countries due to COVID-19 impacts, so the survey launch was delayed.
 - **Activities to be undertaken during the following quarter:** Survey data will be analyzed and reported on during the next quarter.
- Deliverable 3: Draft theory of change and resource map
 - **Progress:** The draft Theory of Change (TOC) and Resource Map was completed and approved by USAID at the end of the quarter.
 - **Problems Encountered:** None.
 - **Activities to be undertaken during the following quarter:** The TOC and Resource Map deliverables will go through final review after the completion of other deliverables and reviewed by stakeholders in LMIC to ensure that they are useful and relevant to the LMIC context.
- Deliverable 4: Three Case Studies
 - **Progress:** LHSS developed country selection criteria and case study objectives and key questions. Six potential countries were identified for case studies, and the team has reached out to key stakeholders to request information including the need and timeline for local IRB applications.
 - **Problems Encountered:** LHSS, in discussion with USAID, changed some of the target countries due to COVID-19 impacts, so the case study development has been delayed.
 - **Activities to be undertaken during the following quarter:** develop three country case studies and agree on communication plan, including webinar topics and schedule, with USAID.

3.10.1 OTHER UPDATES

List of completed reports and deliverables: Resource map and TOC

3.11 ACTIVITY 11: HSS PRACTICE SPOTLIGHTS

Status: Interviewed HSS MERL practitioners to collect examples of contribution analysis and outcome harvesting for use in the briefs. Began drafting the briefs.

Problem Statement: As USAID’s HSS Vision evolves from defining the components necessary for a well-functioning health system to articulating how to improve health outcomes, strong examples of promising HSS approaches are needed. Although USAID projects have developed and applied many effective approaches over the years, more can be done to provide decision makers with concise, well-documented, and implementable examples of promising approaches to specific HSS program challenges.

Purpose: Publish and disseminate Practice Spotlight briefs that discuss specific HSS approaches and how they were successfully applied in USAID-supported or other HSS programs.

Interventions:

- Produce and disseminate briefs on two MERL topics.
- Support production and dissemination of Digital Square digital health briefs.
- Document the practice spotlight brief production process.

Planned Deliverables:

- Practice Spotlight briefs discussing specific MERL approaches and how they were applied to improve HSS program implementation
- Webinar on MERL briefs
- Practice Spotlight briefs discussing digitalization approaches and how they were applied to improve health service delivery
- Webinar on digital health Practice Spotlight briefs
- Guidelines documenting the Practice Spotlight brief production process

Consortium Partners:

- Abt Associates, R4D

Contribution to Task Order Objectives

- Objective 2: Increased population coverage

SO 2.1 – Health services accessible and provided equitably to all

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 – Strengthened capacity of public, private, and civil society organizations to effectively plan and oversee health system functions

SO X.2 – Increased client and community engagement and voice in planning and oversight

SO X.3 – Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- HSS Practice Spotlight briefs discussing specific MERL approaches and their successful application to improve HSS program implementation
 - **Progress:** LHSS selected the topics of the two briefs at the end of Q2: contribution analysis and outcome harvesting. In Q3, the activity team held consultations with MERL practitioners to collect examples of contribution analysis and/or outcome harvesting being used to monitor, evaluate, research, or learn about HSS activities. After collecting the necessary use cases, LHSS began drafting the briefs.
 - **Problems Encountered:** The consultation period took longer than anticipated due to scheduling difficulties. However, LHSS is still on track to complete and disseminate the briefs by the end of Q4.
 - **Activities to be undertaken during the following quarter:** The activity team will produce first drafts of the two MERL HSS spotlight briefs and solicit feedback from the Advisory Committee, USAID, and practitioners whom the activity team consulted. The team will finalize the briefs in Q4.
- HSS Practice Spotlight briefs discussing digitalization approaches and how they were successfully applied to improve health service delivery
 - **Progress:** Digital Square shared a near-final draft of its first digitalization brief with LHSS in Q3. LHSS provided edits and comments to ensure consistency with the MERL briefs. USAID added final edits and sent the draft to Digital Square for finalization.
 - **Activities to be undertaken during the following quarter:** LHSS expects to receive the final version of the first Digital Square brief late in Q3. The second digitalization brief is expected to be sent to LHSS in Q4 or FY22 Q1. LHSS will finalize the design and production of both digitalization briefs to ensure packaging is consistent with the overall HSS Spotlight series.
- Two webinars: one on the MERL briefs, and one on the digital health briefs
 - **Progress:** These webinars will focus on the briefs, which will be finalized in Q4. Planning for the webinars will begin once the LHSS team completes the first drafts of the MERL briefs.
 - **Activities to be undertaken during the following quarter:** Planning for these webinars will start in Q4.
- Guidelines documenting the Practice Spotlight brief production process
 - **Progress:** The team has been taking notes on the process and will draft this document as it is finalizing the briefs.
 - **Activities to be undertaken during the following quarter:** The team will start this document in Q4.

OTHER UPDATES

After completing a literature scan and key informant discussions, the team has accumulated valuable lessons learned for creating HSS global knowledge products. The team will capture and expand on these points in the guidelines documenting the Practice Spotlight brief production process. Initial lessons and insights are provided below:

- There is not a clearly delineated body of HSS literature and projects. Rather, we found in our literature review and key informant discussions that a wide variety of development projects are incorporating HSS components into their approaches. For example, several use cases of complexity-aware

monitoring approaches for HSS interventions came from HSS interventions that are nested within service delivery projects. Therefore, it will be important for the HSS Spotlight briefs to target implementing partners with diverse backgrounds and experiences, and varying familiarity with HSS concepts and principles.

- A best practice that we developed which was very useful for scheduling and conducting interviews was creating a discussion guide that included a summary of LHSS and the activity. This allowed the team to clearly communicate our goals without overwhelming our contacts with information.

3.12 ACTIVITY 12: EXPANDING FINANCIAL PROTECTION

Status: Literature review report is underway, along with discussions with country experts and the client on potential country case studies. The team awaits client approval to move forward with concurrence for Senegal, and hopes to finalize a second country case study by early next quarter

Problem Statement: LMICs often grapple with extending financial protection schemes to the entire population. Countries commonly focus on measures addressing the financial constraints to enrolling the poor and most vulnerable, but many other challenges exist related to population behaviors. These challenges span from gaps in understanding and addressing non-health related financial burdens and non-financial barriers to lack of engagement of targeted beneficiaries before designing the mechanism.

Purpose: Build on previous health equity work to identify promising approaches and strategies to ensure more equitable financial protection, particularly for underserved and socially excluded populations.

Interventions:

- Literature review on expanding financial protection to underserved and socially excluded populations in LMICs.
- Country case studies.

Planned Deliverables:

- Literature review
- Two country case studies
- Compendium report synthesizing the literature review and country case studies
- One podcast, webinar, or other dissemination product

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Objective 1: Increased financial protection
SO 1.2 – Increased risk pooling to improve financial sustainability
- Objective 2: Increased population coverage
SO 2.1 – Health services accessible and provided equitably to all

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Literature review on extending financial protection to underserved and socially excluded populations in LMICs.
- **Progress:** In Y2Q3, the Activity completed its literature review on financial protection coverage of vulnerable populations in LMICs, sourcing 185 relevant papers from PubMed and 22 grey literature papers from the World Bank, JLN, OPM, DEC, and relevant USAID-funded projects like Health Finance and Governance (HFG) and Health Policy Plus (HP+). The team submitted a literature review summary to the client, along with a draft literature review chapter for client review and

feedback. The team is in the process of developing and finalizing the literature review report, and will share the full draft with the client in early Y2Q4.

- **Activities to be undertaken during in the following quarter:** The team will finalize the literature review write-up next quarter based on client comments and feedback.
- Two country case studies
 - **Progress:** This quarter, the client pursued initial conversations with the USAID Senegal, Indonesia, and Vietnam missions to determine willingness for collaboration on case studies to conduct a deeper dive into financial protection efforts. The Senegal mission indicated an initial feasibility of undertaking the case study, while the Indonesia and Vietnam missions indicated that a case study was currently not feasible given competing priorities due to COVID-19 and political situations. The team has thus begun to revisit its shortlist of countries for other potential case study options.
 - **Problems Encountered:** Countries selected are highly dependent upon the COVID-19 situation, USG restrictions, and in-country political contexts. Further delays in obtaining mission concurrence could impact the completion of the case studies within the original set timeline.
 - **Activities to be undertaken during the following quarter:** The client is continuing to follow up with the Senegal mission on next steps to secure mission concurrence. In the meantime, the team will finalize all case study materials and internal IRB approvals to prepare for rapid initiation of case studies after receiving concurrence.
- Compendium report synthesizing the literature review and country case studies
 - **Progress:** The team is finalizing the literature review report that will feed into a final compendium report, but the team has experienced delays in beginning country case studies, which impact the completion of the compendium report.
 - **Problems Encountered:** Noted above.
 - **Activities to be undertaken during the following quarter:** The team will complete the literature review portion of the compendium report by next quarter and hopes to begin both country case studies and analysis early next quarter.

3.13 SURGE CAPACITY AND KNOWLEDGE SHARING

Status: Contracting with JHU's Center for Health Security (JHCHS) underway. JHCHS will serve as a permanent home to the surge capacity and capability resources/tools that will be curated under this activity.

Problem Statement: The COVID-19 pandemic has created an urgent need to modify, adapt, and reinforce healthcare system configurations, and health systems around the world are seeking strategically sourced technical support and practical operational resources to assess surge needs, build and reinforce capacities, and adequately foster surge capabilities for the long term.

Purpose: Provide countries and health system leaders with access to proven global strategies related to surge capacities during health system shock and stressor events and facilitate connections to knowledge hubs where emerging evidence are being shared for COVID-19 and resilience.

Interventions:

- Compile, curate, and share global knowledge on surge capacity strategies.

Planned Deliverables:

- An Excel spreadsheet of documents, SOPs, and other materials sourced
- A curated file upload of selected materials and key guidance.
- Various one-pagers, short summaries of materials, or technical guides to support those accessing the knowledge in applying it
- Final PowerPoint

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- An Excel spreadsheet of documents, SOPs, and other materials sourced
- **Progress:** LHSS conducted a title/abstract review of sourced academic literature, grey literature, and published tools from key international and US federal agencies. There are now several hundred papers, guidelines, and tools from which to select from in preparing the initial repository. LHSS also continued conversations with JHU's Center for Health Security regarding adding to these initial materials, formatting summary links, presenting them long-term on their website, and working with Abt to promote the site when live. LHSS reached initial agreement with JHU and is currently processing a contract for the Center as a technical contributor under this activity. Following all necessary USAID and contractual approvals, JHU will collaborate with LHSS to support collection of evidence-based surge capacity strengthening resources, develop a dedicated webpage for these surge materials, and host the final, compiled resources on its website for global access.

- **Problems Encountered:** The process of locating relevant websites/institutions that could host the “surge repository” long-term, discussions with those parties, and initial contracting process with JHU took a good portion of time during this reporting period.
- **Activities to be undertaken during the following quarter:** LHSS will hold a kick-off call with JHU to start the process of additional compilation of materials and selecting and organizing the identified surge materials. Based on these, JHU will prepare the initial design for the surge webpage.
- A curated file upload of selected materials and key guidance
 - **Progress:** LHSS has internally confirmed four thematic grouping for the file upload, and a template webpage design as provided by JHU including potential search functionality. These grouping are: 1) Surge Capacities (specific input capacities to meet a surge need such as workforce, pharmaceutical services, emergency resource mobilization etc.); 2) Surge Capabilities (the operational ability/structures/functional systems to use whatever surge capacities exist to meet the most critical surge demands across the health system such as preparedness planning, protection of personnel, knowledge enhancement, etc.); 3) Country/regional specific tools, and 4) Links to other existing WHO, CDC, FEMA surge databases & platforms.
 - **Problems Encountered:** It took extended time to identify and contract a relevant partner for this activity.
 - **Activities to be undertaken during the following quarter:** LHSS will confirm thematic groupings with JHU and collaboratively decide on the content to be curated and presented as surge materials and resources. LHSS will also prepare an internal excel sheet of all materials sourced (including those not included on the website) as per agreed deliverables.
- One-pagers, short summaries of materials, or technical guides to support those accessing the knowledge in applying it – TBD based on format discussed with JHU.
 - **Progress** Final PowerPoint - Not started yet

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

As part of the search strategy, LHSS incorporated key terminology and themes related to HSS, HSR, GHS, administration, planning, and other topics related directly to sustainability of government health systems and emergency surge. LHSS will also coordinate with JHU to engage local country partners to ensure harmonization in the scoping, selection, and dissemination of the surge resources and facilitate uptake.

4. DIRECTED CORE ACTIVITIES

4.1 KYRGYZ REPUBLIC

Problem Statement: WHO has declared COVID-19 a public health emergency of international concern. Given the epidemic in the Central Asia Region (CAR), it is critical to intervene through effective containment methods and prepare the health systems to respond. The LHSS Project is tasked with providing surveillance technical assistance and support for lab activities including procurement of tests and equipment.

Purpose: The LHSS COVID-19 Emergency Response Activity addresses immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in CAR.

Interventions:

- Procure priority case detection and case management materials.
- Provide TA to advance IPC.
- Support laboratory case detection capacities for SARS-nCoV-2 and other pathogens.
- Support surveillance and rapid response.
- Support risk communications to supplement the MOH's efforts.

Planned Deliverables:

- Improved lab testing capacity and safer collection and transportation of samples
- Ability to use locally produced test kits, reducing demand on global supply
- Improved resource use based on appropriate screening and management of COVID-19 cases
- More rapid execution of COVID-19 cluster investigation, disease detection, infection prevention, and outbreak response and decreased human to human transmission
- Increased production of trustworthy information about the pandemic and emergency situation in the country

Consortium Partners:

- Internews

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.1.1: Increased government budget allocation for health

SO 1.1.2: Improved efficiency and reduced waste

SO 1.4.2: Increased effectiveness of the health sector budget

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

Work Plan A: COVID-19 Activities

LHSS began implementation of activities shortly after USAID approved the Central Asia work plan on April 23, 2020. In July 2020, the LHSS Kyrgyz Republic Activity received extra funding to expand activities, working with USAID Kyrgyz Republic and other implementing partners. LHSS has since initiated tasks that draw upon existing links to public and private institutions. LHSS's overall technical approach respects local leadership and fosters collaboration to undertake a rapid and joint assessment of health system capacities and needs and identify and implement solutions mutually, with careful attention to learning and adapting. The work plan is approved for implementation through July 31, 2021.

Work Plan B: Vaccine Technical Assistance

Implementation of the COVID-19 national vaccination strategy will be accomplished through a cross-sectoral approach with relevant governmental and nongovernmental organizations, acknowledging fully that activities are being implemented in a mixed-vaccine landscape involving numerous international partners. LHSS will collaborate with government partners and international organizations such as WHO, UNICEF, and Gavi and with relevant projects implementing COVID-19 prevention, treatment, and vaccination activities. LHSS will continue to collaborate with the WHO and other key stakeholders to ensure effective coordination and communication during vaccination deployment. The LHSS team will continue to participate in the Disaster Risk Coordination Unit (DRCU) and Development Partners Coordination Council (DPCC) platforms established in 2020 in response to the COVID-19 epidemic; participation includes regular coordination meetings, technical meetings with national partners, and regular updates.

DELIVERABLES

Work Plan A

- **Intervention 1: Procure priority testing commodities and supplies**
 - **Progress:** All priorities, locations, and quantities for Round 3 procurements were defined with the MOH and various facilities. Purchase orders (POs) were released, and a local supplier, Kokomeren LLC, was identified as the selected vendor. Over the period, the vast majority of Round 3 materials across four technical areas were physically delivered to end users. Round 3.1 consisted of oxygen therapy ecosystems materials, Round 3.2 consisted of a Rotor-Gene RT-PCR machine and supplementary materials for Osh City, Round 3.3 consisted of waste management/sterilization materials for IPC and PHC level, and Round 3.4 consisted of laboratory refrigeration materials for SARS-nCoV-2 specimen storage (*not vaccine related). It was further confirmed that the purchase of a GeneXpert platform (Round 3.5) will move ahead with expected lead time of 3-4 months. Final verifications and greenlight for purchase are being conducted with LHSS and USAID now. Purchase via STOP TB/GDF is expected the week of July 12, 2021. An RFQ for surveillance-related computer hardware (Round 3.6) has been issued, and LHSS is awaiting vendor responses. Purchase and delivery are expected by end of July/August 2021.
 - **Problems Encountered:** Thus far, the only setback has been infrastructural issues at eleven rural health facilities who received an autoclave for IPC sterilization. Issues such as plastic piping (which would melt), water supply, and power supply issues have been discussed by MOH, the vendor, and LHSS. We are pleased to report that after joint discussions it was determined the facilities would make necessary upgrades (with financial support from the vendor directly and/or via MOH) rather than reallocate the units elsewhere. This is a strong example of public-private collaboration, as well

as an example of how upgrading key materials (i.e., autoclaves for IPC or incinerators for waste management etc.) can stimulate other necessary upgrades

- **Tasks to be undertaken in the following quarter:** All Round 3.1-3.4 materials are expected to be fully delivered and installed, with trainings conducted by end of July 2021. The GeneXpert (Round 3.5) and computer hardware (Round 3.6) purchases will also be made by end of July.
- **Intervention 2: Provide infection prevention and control TA**
 - **Progress:** LHSS supported the modification of the latest version of clinical guidelines for diagnosis and treatment of COVID-19. The clinical guidelines were approved by the MOHSD order on April 19, 2021. A local LHSS consultant drafted a pocket guide for primary healthcare (PHC) physicians and nurses, which will be printed out in a user-friendly format in both Russian and Kyrgyz and will be piloted in PHC facilities. The pocket guide is being designed to be completed early in Q4.
 - **Problems Encountered:** Delayed approval of the clinical guidelines by MOHSD delayed adaptation of pocket guide for PHC physicians and nurses.
 - **Tasks to be undertaken in the following quarter:** Despite delays, LHSS worked to finalize the pocket guide and it will be released in Russian and Kyrgyz next quarter.
- 2.1 Facilitate routine trainings in implementing new CP and SOPs (including IPC and use of PPE) for PHC level
 - **Progress:** From April 26 to May 15, 2021, all distance learning courses for PHC practitioners were completed. The training materials and curriculum for the distance learning course was revised and approved by the Kyrgyz State Medical Institute of Retraining and Continuous Education (KSMIR&CE) based on the latest clinical guidelines. There was a two-day distance training course (in total 10 training sessions) for PHC providers on KSMIR&CE's TrueConf online platform (equipment donated by LHSS). Additional data on the demographics of the attendees, including sex and regions, will be provided in the Y2Q3 AMELP. Trainees included 1,036 medical workers, nearly 50% of the number of family doctors in the country. Feedback was provided through post-course online testing by the trainees. Despite the significant number of those who registered and listened to the theoretical material, only 453 participants registered for and took the post-course test, which is 44% of those registered. Some participants register and do not complete the training or able to take the test (either because as doctors they have no time. To receive a certificate, training participant must complete the full course of training, and the post-test can pass only those who have completed the entire training. Of those who took the post-course tests, 427 were women and 26 were men. Pre- and post-course online testing results were used to analyze knowledge gains. The overall score of correct answers before training was 66.7%, and after training, it was 84.36%. Pre-course test results ranged from 54% to 74%. The post-course test results ranged from 80 to 87.9%. The Institute for Training and Continuing Education continues to use the remote equipment purchased by the project..
- 2.2 Monitor and evaluate the utilization of Multidisciplinary Team (MDT) hospital-based treatment of COVID-19 at 7 oblasts
 - **Progress:** Refresher trainings for the regional multidisciplinary team members and monitoring of their activities were completed in early April. A roundtable meeting to share progress was conducted on April 22, led by the MOH with LHSS support. There were 20 in-person and 160 online healthcare specialists from all regions and Bishkek and Osh cities. The national experts on the MDT approach presented the status of the national and regional MDT team trainings, discussed sustainability issues of the approach, and the current state of resuscitation and intensive care service in the country. The MDT manual was shared and discussed by participants. The outcome of the meeting ensured the MDT approach recommendations are fully accepted and transitioned to

MOHSD. A dissemination workshop is planned the end of September 2021 where national consultants will present the results of implementing the MDT approach in the regions.

- 2.3 Develop and approve the MDT Concept note and organize one national (TOT) and one regional training for MDT
 - **Progress:** The MDT manual (known as the concept note) is being finalized and translated into English. The Kyrgyz version will be shared with the MOHSD.
 - **Tasks to be undertaken in the following quarter:** LHSS will print and disseminate the MDT manual for end users.
- 2.4 Case management in ICU
 - **Progress:** In February 2021, LHSS received a request from the MOH to support practical trainings on case management and ICU for 145 intensive care doctors in partnership with the World Bank Emergency Response in COVID-19 (ERICCOVID) project. This training course went from April 21 through May 1, 2021, in Bishkek and from May 3 –9, 2021 in Osh. Positive feedback on the training was received from the participants. Consultants provided analytical reports on the work done, the reports were reviewed and approved and the process of payment for the service provided is being completed. In total 145 resuscitation doctors have been trained (75 in Bishkek and northern regions, 70 in Osh and southern regions). According to the results of the pre- and post-test, knowledge increased from 30 to 60%.
 - **Tasks to be undertaken in the following quarter:** To summarize key findings and feasible recommendations in further strengthening of intensive care services at hospitals with COVID-19 patients for the MOHSD, key decision makers and hospital managers.
- 2.5 Strengthen IPC and medical waste management systems at pilot PHC facilities in response to COVID-19
 - **Progress:** The M&E manual was approved by the MOHSD and disseminated to all PHC facilities for mandatory implementation. LHSS translated the manual into English.
- 2.6 Purchase of equipment for distance learning (KSMIR&CE—2 sets)
 - **Progress:** The official handover to KSMIR&CE management was conducted on May 12, 2021, in parallel with a training session for primary care providers. The equipment set included monitors, webcams, a TV, a multifunction printer, processors, cards, etc. According to the rector of KSMIR&CE, thanks to the development of distance learning, the educational process has become more flexible. Distance learning equipment was installed at KSMIR&CE and the southern branch in Osh, as well as at the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance (DDD and SSES). Remote trainings on prevention, epidemiological surveillance, diagnosis, and treatment of COVID-19 are conducted by these institutions and organizations.
- 2.7 Develop and introduce the “universal nurse” model in response to COVID-19 in three pilot healthcare organizations
 - **Progress:** During the COVID-19 pandemic, nursing professionals faced a significant increase in workload. For this reason, the “universal nurse” model was implemented to optimize the performance of nursing professionals, improve the quality of care, and address burnout. The main aim of the pilot was to establish a patient-oriented work model for nurses and task shift some physicians’ functions. After the training and implementation of the “universal nurse” model, nurses started to work in accordance with standard operating procedures. A roundtable meeting to share the results of the “universal nurse” pilot was held by the MOHSD with LHSS support on April 1, 2021. Following the meeting, the MOHSD adopted key recommendations on: 1) the further improvement and expansion of the universal nurse model pilot, 2) increasing the roles and

responsibilities of nurses, 3) developing regulatory and legal documents on the workload and schedule of nurses in the context of a public health emergency and, 4) creating a mechanism for supporting and encouraging nurses.

- **Intervention 3: Support laboratory capability**

- 3.1 Purchase of equipment for distance learning (SES Laboratory–I set)
- 3.2 Conduct monitoring and mentoring visits to the designated laboratory, ensuring that there is a quality management system in place
 - **Progress:** Complete.
 - **Problems Encountered:** High laboratory staff turnover and staff that lack of up-to-date knowledge in microbiology, bacteriology, and virology. The laboratory diagnosis strategy for COVID-19 has not yet been approved. Important to clearly define the hierarchy of communication and interaction in strategic plans.
 - **Tasks to be undertaken in the following quarter:** Conduct an assessment visit to the virological laboratory of the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance for the installation of the GeneXpert machine.
- 3.3 Organize national, sub-national, or regional meetings with the government and partners to discuss laboratory practice related to COVID-19
 - **Tasks to be undertaken in the following quarter:** A final national laboratory meeting with key partners to discuss the laboratory practices is planned after the assessment visit for the installation and use of GeneXpert.

- **Intervention 4: Surveillance and rapid response**

- 4.1 Provide computers, GIS licenses, and monitors for Emergency Operations and the COVID response
 - **Progress:** Since April 2021, LHSS has been supporting the analysis, revision, and development of new forms on epidemiological investigation. These updated forms will be digitalized by social service IT consultants and integrated with the information epidemiology platform of Public Health Emergency Operations Committee (PHEOC), established by WHO. Almost 90% of the cards depicting the map of epidemiological investigation of disease cases were revised, updated, and developed and are currently being tested. The MOHSD and State SES also requested that LHSS to procure basic equipment to link regional SES with the PHEOC which will be established under the WHO support.
 - **Tasks to be undertaken in the following quarter:** Complete revised epi card testing and digitalization.
- 4.2 Develop COVID-19 surveillance system (dashboard) for sanitary epidemiological service
 - **Progress:** LHSS continues to work with IT consultants on the finalization of three information systems. Almost 90% of the work planned for the development of information systems has been completed by the social service consultants hired by LHSS, including:
 - Remote access to PCR analyses through the state portal of electronic services.
 - Accounting for humanitarian aid in response to COVID-19.
 - Recording bed capacity and needs in hospitals receiving patients with COVID-19.

- LHSS will support the roundtable meeting (scheduled for June 24) with partners and briefly present the developed information systems, share results and key findings, and discuss the next steps for implementation.
- **Problems Encountered:** Due to time limits and limited funds for Intervention 4, it was agreed with the MOHSD to postpone the upgrade of existing PCR functionality in LDMIS and the trainings and M&E for key users. If additional funds for strengthening lab systems become available, LHSS will consider the possibility of updating/upgrading the LDMIS functionality in close partnership with USAID's Cure TB project.
- **Tasks to be undertaken in the following quarter:** Complete the development and introduction of the three information systems in response to COVID-19. Conduct the roundtable meeting with partners and briefly present the developed information systems, share results, and key findings and discuss the next steps for implementation. Agree with the MOH&SD and DDP&SSES on further functionality of information epidemiological platform under the PHEOC. To communicate with the WB project to explore possibilities for partnership in further development and utilization of information systems in response to COVID-19
- **Intervention 5: Risk Communications**
 - 5.1 Rapid needs assessment and formation of taskforces
 - **Progress:** Component completed in previous period.
 - **Tasks to be undertaken in the following quarter:** N/A; component is complete.
 - 5.2 Production and dissemination of public service announcements (PSAs) and information campaigns across different platforms and segments of population
 - **Progress:** 15 PSAs continued to run on 17 major TV channels in April and five in May, covering all regions of Kyrgyzstan and 97% of the population. The total reach of all online products from project launch is 2.5 million by May 31, 2021.
 - 5.3 Production of media content by/for Internews media partners
 - **Progress:** Content on social issues during the pandemic: Two final episodes of the analytical program Turushtuk (Resilience) aired on the state TV channel ELTR: the episodes covered [recovery and treatment protocol for COVID-19](#) and [human rights during the pandemic](#). The 10-part TV series, "Film Anthology 2020," inspired by true stories of life during the pandemic, completed production and post-production. Internews is currently negotiating with TV stations to determine where the series will be aired. An informal [media gathering](#) took place on June 17, 2021, with co-funding from the LHSS project and the USAID-funded Media-K project implemented by Internews. 92 people attended the event, including media professionals as well as representatives from USAID, Abt, and other international organizations. Fourteen distinguished organizations were recognized as "COVID Media Warriors" for significant input into the informational fight to prevent further spread of the pandemic, as motivation and encouragement to continue producing this type of vital content about the pandemic. The event also featured a screening of one of the episodes of the TV series to promote the project's content and gain interest from potential distributors.
 - **Tasks to be undertaken in the following quarter:** Airing of "Film Anthology 2020" TV series.
 - 5.4 Addressing rumors and combatting misinformation around COVID-19
 - **Progress:** Mediablockpost factchecked 29 potential instances of disinformation in April–May. In April, 50% were on the topic of the dangerous false rumor about a poisonous root that could cure the virus, and in May, 33% of the materials were related to vaccination.
 - **Tasks to be undertaken in the following quarter:** N/A; component is complete.

- 5.5 Improving communication capacity of the Ministry of Health
 - **Progress:** In April, Internews trained five employees of the government administration press service, including the deputy head of the press service, in data visualization and Adobe Photoshop. In May, the project held an individual coaching session on Public Speaking with the Head of Public Health of the Ministry of Healthcare and Social Protection.
 - **Tasks to be undertaken in the following quarter:** N/A; component is complete.

Work Plan B

Intervention 1: Support the MOH to strengthen the existing supply chain management ecosystem for high-quality approved COVID-19 vaccines

- 1.1 Facilitate discussion and agreement among MOHSD, Republican Centre of Immunization (RCI), and other partners (WHO, UNICEF, CDC) on the regulatory documentation and operational processes
 - **Progress:** Implementation of the COVID-19 national vaccination strategy will be accomplished through a cross-sectoral approach with relevant governmental and nongovernmental organizations, acknowledging fully that activities are being implemented in a mixed-vaccine landscape involving numerous international partners. LHSS will collaborate with government partners and international organizations such as WHO, UNICEF, and GAVI and with relevant projects implementing COVID-19 prevention, treatment, and vaccination activities. LHSS will continue to collaborate with the WHO and other key stakeholders to ensure effective coordination and communication during vaccination deployment. The LHSS team will continue to participate in the DRCU and DPCC platforms established in 2020 in response to the COVID-19 epidemic; participation includes regular coordination meetings, technical meetings with national partners, and regular updates. On April 8, a meeting was held with representatives of the RCI to discuss activities (cold chain, regulatory documentation, etc.) in the vaccine project plan. On April 28, the online call was organized by RCI to discuss issues of digitalization of immunization.
 - **Problems Encountered:** Not all involved Development Partners are able to announce the activities that can be funded at this time.
 - **Tasks to be undertaken in the following quarter:** To avoid duplication of activities, a separate meeting will be held with representatives of RCI, WHO, and UNICEF.
- 1.2 Conduct desk review/rapid assessment of ongoing regulatory and operational processes (i.e., the supply chain management system) related to deployment of approved vaccines.
 - **Progress:** In March 2021, an online vaccine management information system (VMIS) was developed. This new system consists of several modules, which support essential business-processes, including registration of vaccines and consumables, their distribution, and protected data of the vaccinated individuals. As part of the VMIS, a mobile application is available for vaccinated individuals to help track appointments and provide follow-up medical care information. GAVI through UNICEF, is purchasing 46 minus refrigerators to store vaccines, and the country is also purchasing minus refrigerators through COVAX purchase. However, this may not be sufficient to ensure cold chain in the country for Pfizer and Moderna vaccines.
 - **Problems Encountered:** Need for clarity around delegation of activities with UNICEF and identification of where there are gaps in support.
 - **Tasks to be undertaken in the following quarter:** Discuss measures to improve the supply cold chain management and distribute responsibilities based on planned commitments with UNICEF.
- 1.3 Map development partner contributions, identify key challenges and opportunities, and develop

feasible recommendations (i.e., action plan or road map) for the MOHSD to strengthen the existing supply chain management system so it can support deployment of approved COVID-19 vaccines.

- **Progress:** An event will be in summer to establish commitments and contributions from development partners such as UNICEF, WHO, and GAVI.
 - **Problems Encountered:** Development partners are still clarifying and adjusting their plans due to the country's changing epidemiological situation and availability of vaccines.
 - **Tasks to be undertaken in the following quarter:** A draft matrix of activities will be prepared jointly with the RCI and, if possible, have them send it out to maximize ownership by MOHSD. This will also increase the chances of receiving inputs from all relevant development partners and support better coordination, avoid overlap, and encourage synergy.
- 1.4 Provide technical expertise (by hiring local experts and facilitating the coordination process) to support revision and development of relevant supply chain management guidelines, instructions, and SOP for health care providers.
- **Progress:** Technical support (expert assistance) has been tentatively discussed with the RCI.
 - **Problems Encountered:** RCI has not yet provided an analysis of the documents required for development, adaptation, or revision.
 - **Tasks to be undertaken in the following quarter:** As vaccination activities begin, a short-term expert/consultant will be hired to provide technical assistance in developing and adapting documents.
- 1.5 Introduce the new/updated guidelines, instructions, and SOP by conducting online and in-person trainings for key users using the existing platform of continuing medical education at KSMIR&CE.
- **Progress:** This activity will be implemented after the development and adaptation of regulatory documents.
- 1.6 Hire a local expert to apply to the Global Fund COVID-19 Response Mechanism for additional funds to support vaccine and emergency response activities. This work complements LHSS current COVID-19 activities and will support strengthening supply chains for the vaccine. **Progress:** The LHSS project supported a consultant to prepare an application for additional Global Fund (GF) funds under the GF's COVID-19 Response Mechanism. The country's application to the GF under the COVID-19 Response Mechanism has been approved and the country will be allocated \$6.6 million for 2021-2023. The ministry of Health prepared and sent application to GAVI in the amount of \$ 978,461 and received first comments from the Independent Committee for the review of applications.
- **Tasks to be undertaken in the following quarter:** Hiring a consultant to prepare an application to GF for additional funds to support vaccine and emergency response activities.

Intervention 2: Strengthen vaccine supply chain system for cold chain storage by supporting development of a monitoring and evaluation system

- 2.1 Conduct rapid assessment of cold chain function during vaccine transportation at all levels; RCI will suggest some gaps/areas for support.
- **Progress:** LHSS will work with USAID Kyrgyz Republic and other MOHSD partners to address gaps in the country's vaccine supply chain, to improve operational information on approved vaccine availability, and to increase community demand for vaccines approved through the COVAX mechanism. LHSS will coordinate activities and interventions with other partners including WHO, MOHSD, RCI, E-health Centre, RHPC, Drug Supply Department, and State SES. Within the current project, the LHSS team is coordinating with the WHO; for example, by establishing the Central

Public Health Emergency Operation Centre and supporting members of the MOHSD technical working group on the collection, analysis, and revision of epidemiological investigation forms for an electronic platform.

- **Tasks to be undertaken in the following quarter:** Rapid assessment of the cold chain in vaccine transportation at all levels.
- 2.2 Develop comprehensive M&E system for identifying potential gaps in temperature monitoring if vaccination efficacy is relatively low.
 - **Progress:** The need to maintain this activity was raised during discussions with WHO representatives.
 - **Tasks to be undertaken in the following quarter:** Hold discussions with RCI and stakeholders. Prepare documents for hiring of experts/consultants.
- 2.3 Facilitate the development of a digital solution for M&E of cold chain system.
 - **Progress:** Activities to develop digital solutions were discussed with RCI and Social Service staff. Social Service is responsible for the development of similar products for RCI.
 - **Tasks to be undertaken in the following quarter:** Discuss the details of the development of e-immunization system with Social Service.

Intervention 3: Strengthen health workforce competencies in interpersonal communication for vaccine administration and adverse event following immunization (AEFI)

- 3.1 If there are no existing relevant assessments, conduct a rapid assessment on health care workers' knowledge and skills gaps on interpersonal communication, consent, and awareness on safety and vaccine hesitancy among clients.
 - **Tasks to be undertaken in the following quarter:** Will begin next quarter.
- 3.2 Adapt training materials from evidence-based resources
 - **Tasks to be undertaken in the following quarter:** Will begin next quarter.
- 3.3 Identify regions to pilot the TOTs with agreement of MOHSD, RHPC, and other implementing partners who may be planning trainings
 - **Tasks to be undertaken in the following quarter:** Will begin next quarter.
- 3.4 Provide advisory and consultancy services in development and introduction of training materials and tools for service providers in pilot regions: frequently asked questions (FAQs), use and side effects of vaccines, background investigations
 - **Tasks to be undertaken in the following quarter:** Will begin next quarter.

Intervention 4: Support the development of a demand strategy

- 4.1 Conduct focus group discussion with medical workers and medical associations to capture insights on their perceptions and possible concerns related to COVID-19 vaccination
 - **Progress:** LHSS will work with the MOHSD, RHPC, KSMIR&CE, and WHO to train health workers on interpersonal communication, consent, awareness on safety questions, and frequently asked questions from clients. The training program will also build health workers' capacity to report and manage AEFI preliminary investigations. LHSS will design a training program in close coordination with the WHO, drawing upon a recent local assessment of vaccine hesitancy and other resources from WHO and the Sabin Institute. LHSS will explore a training-of-trainers (TOT) approach to

cascade trainings broadly and possibly with support from other partners (i.e., WHO, CDC, UNICEF).

- **Tasks to be undertaken in the following quarter:** Technical meetings will be held with the MOH&SD, RCI, KSMIR&CE, healthcare executives and professional associations to discuss the current situation with vaccination, identify the key gaps and bottlenecks and agree on possible TA.
- 4.2 Complete a desk review of existing social data and behavioral insights research
 - **Progress:** The LHSS team is analyzing and collecting available research data.
 - **Problems Encountered:** Difficulties in obtaining data and the lack of MOH&SD coordination with involved partners.
 - **Tasks to be undertaken in the following quarter:** Continue to search for information and request research results. Any support from the US mission by way of access to relevant conducted reviews and/or surveys in the country will be highly appreciated.
- 4.3 Develop information and communication strategy with segmented target groups, based on the demand-generation assessments and activities and tools that LHSS partner Internews developed in Year 1
 - **Progress:** The Communication and Social Mobilization Working Group led by the MOHSD developed the Communication Plan on COVID-19 Vaccination for February–December 2021. LHSS will work with one of the core partners to GAVI (UNICEF, WHO, or other development partners) who are addressing social and behavior change and vaccine hesitancy. LHSS will also coordinate this activity with counterparts in MOHSD and RHP&MCC in accordance with the applicable WHO guidance for a mixed vaccine environment. As a start, LHSS will convene a coordination meeting among these partners to determine roles for a joint demand strategy. To implement these activities, LHSS will work with a local social media firm on the proposed activities below.
 - **Problems Encountered:** Many activities in the communication strategy cannot be supported due to financial constraints.
 - **Tasks to be undertaken in the following quarter:** Discuss with RCI, RHP&MC, to create a Task Force group to prepare a detailed action plan and feasible timeframe with already committed support from involving partners.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

LHSS developed a sustainability and transition plan for the Kyrgyz Republic activity. LHSS identified key factors and important capacity milestones to achieve throughout the life of the project. Similarly, LHSS identified the indicators in the AMELP that will be used to measure sustainability. LHSS developed a matrix of capacity development and transition to measure the organizational development, technical capacity, and financial management of activity-supported organizations. LHSS Central Asia activities embed a focus on strengthening local capacity and ownership through improving the countries' ability to respond to COVID-19 swiftly and efficiently. All LHSS COVID-19 activities are locally led and align with the Kyrgyz Republic's COVID-19 National Preparedness & Response Plan and the MOH's priorities. As the only implementing partner in the country working directly on COVID-19 emergency response, the LHSS project has integrated quickly into established coordination platforms (e.g., Disaster Risk Coordination Unit and Development Partner Coordination Counsel) and regularly participates in monthly coordination meetings. LHSS transition and sustainability objectives translate to project activities that are locally led and implemented and self-financed.

For the vaccine technical assistance activities, the LHSS team will continue to participate in the DRCU and DPCC platforms established in 2020 in response to the COVID-19 epidemic; participation includes regular coordination meetings, technical meetings with national partners, and regular updates and inputs. An

Integrated Remote Temperature Monitoring System for national and subnational vaccine warehouses was planned in 2017 through the GAVI Health System Strengthening-2 project, but since the national warehouse had not yet been built, reprogramming of funds needed to be done and it was decided to include the equipment in the Health System Strengthening-3 project request. LHSS will support the MOH to develop a reliable e-system for monitoring and evaluation (M&E) of cold chain management. In this regard, LHSS is planning to sign a Cooperation Agreement with the MOHSD, RCI, and with E-Health Centre (key implementing partner in development and introduction of information systems in vaccination against COVID-19) to support the digitalization the cold chain equipment monitoring system. LHSS will closely coordinate with WHO and UNICEF on this activity to avoid any duplication.

GESI PROGRESS

The approved LHSS Central Asia Region work plan and AMELP reflect and reinforce the LHSS project Gender Equality and Social Inclusion (GESI) Strategy (2019). As this activity adapts to meet the rapidly changing COVID-19 outbreak situation in CAR, a gendered approach will be applied, where possible, to address the specific exposure risk factors and health care access constraints facing women, men, and other vulnerable groups such as rural or disabled populations.

As LHSS supports vaccine preparedness through a demand strategy, the activity will incorporate key GESI considerations. Building on the local assessment of vaccine hesitancy and other resources found in the desk review of existing social data and behavioral insights research, LHSS will develop the demand strategy with segmented target groups in mind, such as age, gender, and geographic location.

PROGRESS ON PERFORMANCE INDICATORS

LHSS exceeded Y2Q3 targets for most indicators, while progress of a few others was affected by changing senior management at the MOH&SD (deputy ministers, head of departments), challenging epidemiological situation and its related consequences, overloading of health care workers (HCWs) by increased number of patients with COVID-19, and relative political instability due to conflict with Tajikistan at the border in the South. The target number of HCWs trained on COVID-19 case management, intensive care and resuscitation, newly approved Clinical Guidelines, and the main elements of the QMS were exceeded.

The team started revising the MEL Plan with the aim on integrating the COVID-19 Emergency and Vaccine roll out workplans to ensure consolidated activity monitoring, evaluation, and reporting. As part of this process, an integrated Results Framework and Theory of Change have been developed and these are scheduled to be shared with USAID mission, in Quarter 4 (end of July 2021), for review and approval. There has been steady progress on various indicators.

LESSONS LEARNED AND BEST PRACTICES

- **Design appropriate and safe in-person trainings.** LHSS launched in-person and offline monitoring visits and refresher trainings for MDT teams in each region and practical training rather than virtual for ICU care using the relevant equipment for HCWs across the country. The advantage of the offline practical trainings were the application and simulation of qualified and timely management of patients with COVID-19 with focus on severe complications. While virtual trainings can be efficient, given the context it was essential trainings take place in person in order to effectively identify and address case management problems which had the potential to lead to late diagnosis, wrong treatment, and worse health outcomes at the facility level.
- **Strengthening lab capacity using QMS.** The quality of laboratory results depends on many factors. LHSS partnered with the national lab coordinator to strengthen lab capacity and improve the quality of work in the laboratory using QMS elements. The activity also updated SOPs for:
 - Proper collection, storage, and transportation of specimens for COVID-19 criteria and rejection of specimens.

- Formulas for staff to register infectious and non-infectious diseases.
- Employees preparing of infectious disease case registration and registration approval.
- Training newly hired employees (e.g., PPE, workplace requirements, types of hazards).
- Purchasing test systems and consumables for 12 laboratories.

MANAGEMENT AND STAFFING

Under the leadership of the country director, LHSS will continue to support all COVID-19 response tasks and liaise closely with USAID Kyrgyz Republic and other partners. In July, LHSS hired a technical specialist focused on laboratory strengthening and surveillance and a deputy country director. The project also hired a finance and administrative assistant and several short-term technical consultants to lead technical tasks. All of these staff are based in Bishkek and will receive additional support from a regional laboratory specialist based in Dushanbe, Tajikistan.

An LHSS home office coordination team oversees and guides the activity. The home office team includes a regional manager, country manager, technical project officer, and technical subject matter experts. The home office team also provides support for MEL, operations, finance, and communications.

UPCOMING EVENTS

- Social media event on handover of donated medical equipment and supplies.
- National meeting to discuss main laboratory findings and deliverables.
- National meeting with government and partners to discuss laboratory practices related to COVID-19.

SUCCESS STORIES

Multidisciplinary Teams of Medical Specialists Formed and Trained in Kyrgyzstan for COVID-19 Response
 USAID Has Provided the Kyrgyz State Medical Institute for Retraining and Continuous Education with Equipment for Online Learning on COVID-19

4.2 LAOS COVID-19 PASTEUR INSTITUTE ACTIVITY

Status: LHSS continues to conduct RT-PCR testing and genomic sequencing

Problem Statement: Laos requires increased capacity for case detection of SARS-nCoV-2 and genomic sequencing to confirm positive results and understand the spread of different viral strains.

Purpose: Increase the quantity of SARS-nCoV-2 diagnostic case detection, conduct deeper identification of COVID-19 variants by genomic sequencing, and build capacity through training laboratory technicians.

Interventions:

- Undertake systematic diagnostic testing of SARS-nCoV-2 specimens.
- Conduct genomic sequencing of positive COVID-19 cases.
- Train local laboratory technicians on COVID-19 diagnostic techniques.

Planned Deliverables:

- Quarterly report of test results
- Final report on genomic variation and test results from all quarters
- Training report with results of pre- and post-knowledge tests

Consortium Partners:

- Abt Associates and subcontract with IPL- Institut Pasteur du Laos).

Contribution to Task Order Objectives

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions. SO X.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

In this quarter, LHSS, in agreement with USAID Laos, revised the target for training of local lab technicians from four down to two. Problems encountered with identifying trainees are outlined in the section below.

DELIVERABLES

- Quarterly report of COVID-19 test results, as shared with the Ministry of Health (MOH)/NCLE.
 - **Progress:** First and second quarterly reports were submitted and approved by USAID. The third report is being prepared and will be submitted in July. In this quarter, IPL performed a total of 11,850 RT-PCR tests, compared to an expected target of approximately 3,094 tests. At IPL, 110 of the 11,850 samples (0.9%) tested were positive, compared to no positive samples out of 4,252 tested in the previous quarter.
 - **Problems encountered:** Due to an outbreak of COVID-19 in Vientiane during this quarter, there were larger numbers of 'close contacts' for whom testing was required. This, together with an increase in the number of UN flights, resulted in IPL conducting more tests than originally planned; as a result, reagents and consumables for testing will run out before the end of this activity.
 - **Activities to be undertaken during the following quarter:** IPL has obtained supplementary funding from other sources and plans to continue to conduct COVID-19 testing for the final quarter of this activity.
- Final report on genomic variation and test results.
 - **Progress:** IPL sequenced and obtained partial S gene sequences for 63 samples some of which were obtained from NCLE, while others were samples tested at IPL. No amplification product was obtained for the 24 others for which sequencing was attempted, due to too low a viral load. Of those sequenced, 58 corresponded to the B.1.1.7 (alpha) variant of concern first identified in the UK, three corresponded to the B.1.617.2 (delta) variant first identified in India, while two corresponded to Wuhan-like strains that are not variants of concern nor variants of interest.
 - **Problems encountered:** Only 63 samples could be sequenced (out of an attempted 87) since 24 had too low a viral load.
 - **Activities to be undertaken during the following quarter:** IPL is in the process of purchasing MinION next generation sequencing technology that will allow for sequencing of samples with low viral loads.
- Final training report
 - **Progress:** Two laboratory technicians completed training on COVID-19 diagnostic techniques at IPL and continue to provide support in the lab. Two additional technicians were to be recruited for training in June; however, due to the current COVID-19 wave, the University from which they were to be recruited is not operating and students have not completed their courses this term – and therefore are not available for recruitment.
 - **Problems encountered:** Due to the current University semester being halted due to the lockdown, students have not been able to complete their courses. As a result, IPL has not been able to recruit any of these students to join the second round of training.
 - **Activities to be undertaken during the following quarter:** The current technicians who were trained at IPL will continue to provide COVID-19 diagnostic support. Their contributions have been invaluable given the current surge in cases and testing.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

In this quarter, LHSS continued to strengthen the Laos government's capacity to respond to COVID-19, as described above. Part of this capacity development includes strengthening collaboration between IPL and the MOH, with IPL in regular communication with the MOH on results of testing, sequencing, and variants of concern. IPL has completed training of two local laboratory technicians, thus building local capacity for conducting COVID-19 diagnostic tests. Through efforts to strengthen channels for communication and train local staff, LHSS is effectively building the country's capacity to respond to future emergencies. In order for these activities to continue beyond the LHSS activity, LHSS is supporting IPL efforts to advocate for additional funding from USAID.

GESI PROGRESS

While no specific GESI activities are planned for LHSS in Laos, LHSS aligned activities with the overall LHSS GESI Strategy (2019) to promote meaningful participation by women and other vulnerable groups.

PROGRESS ON PERFORMANCE INDICATORS

IPL conducted 11,850 RT-PCR tests this quarter, far exceeding the planned target of 3,094 samples.

LESSONS LEARNED AND BEST PRACTICES

LHSS has organized quarterly meetings between USAID Laos, the Washington-based COR team, LHSS home office staff, IPL staff, and key Laos government counterparts (Setththirat Hospital, NCLE, and the Department of Communicable Disease Control. These meetings have provided a useful forum for all participants to understand and discuss the epidemiological situation in Laos and are a best practice that can be used in other country contexts.

This quarter, LHSS also facilitated a cross-country exchange of technical expertise between Laos and the LHSS COVID-19 Activity in Tajikistan, where IPL was able to provide technical information on genomic sequencing capacity to staff in Tajikistan. This is an example of sharing technical knowledge between LHSS COVID-19 countries, a best practice that could be useful in other LHSS COVID-19 work.

4.3 TAJIKISTAN

Problem Statement: The WHO has declared COVID-19 a public health emergency of international concern. Given the epidemic in CAR, it is critical to intervene through effective containment methods and prepare the health systems to respond. The LHSS Project is tasked with providing surveillance technical assistance and support for lab activities including procurement of tests and equipment in all five countries.

Purpose: The LHSS COVID-19 Emergency Response Activity will address immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in five countries in the CAR: Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

Interventions: The main technical area of response for LHSS:

- Support implementation of the national laboratory response strategy.
- Support Government of Tajikistan (GOT) to deploy and administer WHO-approved COVID-19 vaccines under COVAX Facility and in support of National Vaccine Development Plan implementation.

Planned Deliverables:

- Assessment report for PCR procurement
- Most PCR equipment was delivered in Year 1; due to border closures, the team is awaiting the arrival of the last tranche of goods, including high efficiency particulate air (HEPA) filters for biological safety cabinets, and PCR filter tips
- Trainings conducted at the two national labs and two regional labs (one of them with involvement of international trainers and was conducted online)
- Mentoring visits and support provided to ensure sustainability and effectiveness

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.1.1: Increased government budget allocation for health

SO 1.1.2: Improved efficiency and reduced waste

SO 1.4.2: Increased effectiveness of the health sector budget

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

Work Plan A: Continuation of COVID-19 Activities

Through extensive discussions with CDC and USAID field offices throughout the region, key interventions for each organization across laboratory capacity, infection prevention and control, surveillance and rapid detection, and risk communications were identified. On April 23, 2020, a work plan was approved for Tajikistan, with a total budget of \$399,544. A time extension was approved to extend the Tajikistan activity to February 2020.

Work Plan B: Vaccine Technical assistance

LHSS will support GOT to deploy and administer WHO-approved COVID-19 vaccines under COVAX Facility and in support of NVDP implementation. LHSS will support MOHSPP to quickly resolve challenges associated with COVID-19 vaccine roll-out, especially for vaccine supply chain and logistics (surge and routine needs), increasing human resources, and addressing barriers to vaccine hesitancy.

DELIVERABLES

Work Plan A Deliverables

- **Intervention I: Support implementation of the National Laboratory Response Strategy**
 - Purchase of one PCR machine and necessary supporting system, lab supplies, test kits, reagents and equipment for LBS2+/3.
 - **Progress:** Done. The last tranche of PCR and Biosafety materials, HEPA filters, Eppendorf MiniSpin G tabletop centrifuge (24 tests), and Laboratory Freezer with temperature minus 20°C and minus 70°C, were tested and handed over to the End user.
 - **Problems Encountered:** According to GOST, the Exhaust HEPA filters R51251-99 - 14 overall dimensions WxDxH - 470x380x20 that were provided by supplier were not accepted as they do not comply with standards. It was immediately reported to the supplier. Due to the change, final testing and certification were delayed until the supplier provided the correct filters.
 - **Tasks to be undertaken in the following quarter:** The home office team and in-country lab specialist are now confirming that all HEPA installations are complete, and that the procurement is final. We expect to report on this in the coming weeks.
 - Support monitoring/mentoring visits to the designated laboratory, ensuring quality management system is in place.
 - **Progress:** 1 visit complete.
 - **Problems Encountered:** None.
 - **Tasks to be undertaken in the following quarter:** 3 visits
 - Conduct an assessment visit of six additional newly established virological laboratories in Sughd region (including RT-PCR labs in Istravshan, Isfara, Penjikent, Qonibadam), Tursunzade and Qubodiyon), for PCR machines, ELISA.
 - **Progress:** Done. Report will be finalized in Q4.
 - **Problems Encountered:** Due to the poor infrastructure, Tursunzade was not selected in this stage for COVID-19 diagnosis. There is an absence of genotyping specialists in the country and highly qualified engineers.

- **Tasks to be undertaken in the following quarter:** Finalization of an assessment report. To discuss the main findings with MOH and partners
- Assess virology lab capacity in Tajik Research Institute of Preventive Medicine for SARS-CoV-2 genotyping and existing US-donated sequenator.
 - **Progress:** Done. Report will be finalized in Q4.
 - **Problems Encountered:** The lab is not fully equipped for conducting genome sequencing and there is a lack of genotyping specialists and highly qualified engineers in the country.
 - **Tasks to be undertaken in the following quarter:** Finalization of an assessment report. Will discuss the main findings with MOH and partners.
- Organize national, sub-national, or regional meetings with the government and partners to discuss laboratory practices related to COVID-19.
 - **Progress:** in process.
 - **Tasks to be undertaken in the following quarter:** Meetings will be conducted at National level in Dushanbe and at regional level at Sughd to discuss an assessment results and way of collaboration
- Prepare assessment-based plan to procure necessary supporting system, lab supplies, test kits, reagents, and equipment for biosafety level 2 and 3 and accompanying plan for capacity building of laboratory staff.
 - **Progress:** In process.
 - **Tasks to be undertaken in the following quarter:** Will be finalized in next quarter.
- Support national refresher on COVID-19-specific trainings in lab safety and IPC.
 - Progress: Done.
 - Tasks to be undertaken in the following quarter: During mentoring and monitoring visits, an assessment of the knowledge gained during the training will be carried out.
- Support in-person international trainings using existing materials and resources (developed by global groups such as the Pasteur Institute) on genotyping for lab specialists in the Tajik Research Institute of Preventive Medicine.
 - **Progress:** The training will be conducted once the laboratory materials are delivered to the country, approximately at beginning of September 2021.
- Coordinate QMS implementation and support a five-day QMS training supporting pilot laboratories on preparation of SOP for oblast coordinators.
 - **Progress:** Currently working on preparing the training modules.
 - **Tasks to be undertaken in the following quarter:** Training will be conducted in Q4.
- Organize trainings in ELISA and other lab techniques relevant to biosafety for COVID-19.
 - **Progress:** The training module was prepared.
 - **Tasks to be undertaken in the following quarter:** Training will begin in Q4
- Support national laboratory system to develop a standardized list of supplies needed to conduct COVID-19 testing.
 - **Progress:** In June, a meeting conducted with international partners, the first Deputy Minister of Health, and the director of the Tajik Prophylactic Institute to understand the

main directions for support was held.

- **Tasks to be undertaken in the following quarter:** IT consultants will be recruited to work directly with a MOHSPP representative (director, deputy director head of lab), to begin preparing a standardized MOH-approved supply chain list of lab materials (RT, PCR, ELISA, Genome sequencing) for diagnosis of COVID-19.

Work Plan B Deliverables

- **Intervention 2: Provide technical assistance to MOHSPP to deploy NDVP**
 - Map development partners' contributions and LHSS pilot area.
 - **Progress:** Significant number of players (WB, ADB) do not have their funding for operations, slowing the process.
 - **Tasks to be undertaken in the following quarter:** Will continue mapping.
 - Identify regions to pilot with agreement of MOHSPP and RCIP.
 - **Progress:** LHSS is supporting vaccination roll out in 12 USAID FTF ZOI + 3 remaining districts to cover all of the Bokhtar zone of the Khatlon region.
 - Support TWGs within MOHSPP (as needed) to develop and/or revise guidelines, instructions, SOP, etc. for health care providers. This may include working with Republican Center for Family Medicine and RCIP to update immunization guidelines based on vaccines newly approved by WHO.
 - **Progress:** New vaccine delivered to Tajikistan.
 - **Tasks to be undertaken in the following quarter:** Upon MOHSPP request, provide TA to TWG's to develop or update existed guidelines based on newly delivered and approved vaccines by WHO.
- **Intervention 3: Strengthen healthcare provider capacity through trainings and supportive supervision**
 - Support capacity development for existing and new additional trainers on topics related to COVID-19 vaccination, as requested by RCIP (i.e., improve access of vulnerable populations and reduce hesitancy, mistrust, and weak demand with interpersonal communication skills training, promoting community engagement, and support for improvements in health care services).
 - **Progress:** 453 health care workers at PHC level from 12 districts of Bokhtar zone, Khatlon Region Healthy Mother, Healthy Baby (HMHB) zone of influence (ZOI) trained.
 - **Tasks to be undertaken in the following quarter:** Continue to conduct on-job training, which will cover three additional districts (Nurek, Pyanj, and Bokhtar City).
 - Develop specific trainings on injection safety and waste management to ensure safe waste management during immunization according to the existing procedures and standards.
 - **Progress:** On-the-job training was conducted.
 - **Tasks to be undertaken in the following quarter:** PHC workers from the rest districts will be trained (Nurek, Bokhtar city, and Pyanj).
 - Develop trainings for health care workers on injection safety and management of anaphylactic shock and other possible reactions, based on existing infection prevention skills as for routine immunizations. (Other tasks: adapted materials, emergency kits, PPE, and IPC and biosafety waste management.)
 - **Progress:** On-the-job training conducted.

- **Tasks to be undertaken in the following quarter:** Training HCWs from additional districts (Nurek, Pyandj, and Bokhtar City).
- Provide monitoring and mentoring support for HCW through existing supportive supervision visits.
 - **Progress:** On hold.
- Facilitate coordination with partners.
 - **Progress:** Regular meetings with RCIP, World Bank, UNICEF, and others.
 - **Tasks to be undertaken in the following quarter:** Continuous meetings.
- Provide support for COVID-19 information materials and dissemination.
 - **Progress:** Meetings with RCIP to discuss support for informational material dissemination.
 - **Tasks to be undertaken in the following quarter:** Dissemination of information materials on vaccine and vaccination.
- **Intervention 4: Provide technical assistance to help develop or adapt existing data tools and health information systems to collect and analyze information for tracking and decision-making**
 - Procure and install computer and internet equipment to support recording and reporting needs at national and regional levels.
 - **Progress:** To begin in Q4.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

For timely, accurate, and high-quality diagnostics, LHSS is helping the country strengthen the following elements of its health system: national testing capacity of existing laboratory specialists, involving national and international trainers and main partners in the country (WHO); National Lab Working Groups for COVID-19; strategic procurement of laboratory consumables and equipment for RT-PCR and microbiology analytics; and laboratory data management and the quality of results in pilot facilities. LHSS CAR activities focus on strengthening local capacity and ownership through improving the countries' ability to respond to COVID-19 swiftly and efficiently. For strengthening of capacity building and sustainability, the project provided technical assistance in preparation of mentors, who can then be involved in assessing and training staff.

GESI PROGRESS

The approved LHSS CAR work plan and AMELP reflect and reinforce the LHSS Gender Equality and Social Inclusion Strategy. As this activity adapts to meet the rapidly changing COVID-19 outbreak situation in the CAR, a gendered approach will be applied, where possible, to address the specific exposure risk factors and health care access constraints facing women, men, and other vulnerable groups such as rural or disabled populations. LHSS Tajikistan has ensured that both women and men laboratory technicians participate in trainings and receive mentoring and monitoring support.

WASTE, CLIMATE RISK MANAGEMENT

Interventions under the LHSS Tajikistan activity all qualify as categorical exclusion according to the LHSS IDIQ IEE (Initial Environmental Examination). This exclusion means an Environmental Mitigation and Monitoring Plan (EMMP) and accompanying reports (Climate Risk Management, Waste Management plans) are not required.

PROGRESS ON PERFORMANCE INDICATORS

LHSS submitted the draft AMELP to USAID, which approved it on April 23, 2020, along with the work plan.

The laboratory equipment and accompanying consumables were procured in Year 1 but not delivered until Year 2 due to shipping delays related to international border closures. The last monitoring and mentoring visit is planned for Year 2, Quarter 4 after training on the delivered equipment and consumables takes place.

LESSONS LEARNED AND BEST PRACTICES

To respond effectively to future outbreaks, all laboratories should have adequate equipment/supplies, trained specialists on staff, local and/or international certification and accreditation and meet all biosafety and biosecurity requirements. Additionally, continuous training and education can improve laboratory technicians' understanding of test performance, interpretation of results, and implementation of a quality management system. Based on the lessons learned from evaluating the laboratories to obtain a quality and reliable result, the regional laboratory specialist, together with local laboratory consultants, began work on the training modules for a 5-day training on Quality Management System (QMS) for the head laboratory and QMS managers. The training is scheduled for July 2021.

MANAGEMENT AND STAFFING

In April 2020, LHSS hired a technical specialist focused on laboratory strengthening, who also supports other country activities for LHSS. Several short-term technical consultants were hired to lead technical tasks. An LHSS home office coordination team oversees and guides the LHSS CAR COVID-19 Activity. The home office team includes a regional manager, country manager, technical project officer, and technical subject matter experts. The home office team also provides support for MEL, operations, finance, and communications.

UPCOMING EVENTS

It is expected that the remaining HEPA filters from the final supply of equipment will be delivered by the beginning of July 2021. At that time, LHSS will support a national engineer to travel to Khujand and support with final testing and certification.

Below are the main upcoming events supported by the LHSS.

- National meeting with the government and partners to discuss laboratory practices related to COVID-19.
- Complete the laboratory list for the procurement of necessary supporting system, lab supplies, test kits, reagents, and equipment for genome sequencing.
- Complete the SOW to hire an international consultant to support the country to conduct in person international training on genotyping for laboratory specialists at the Tajik Research Institute with specific trainings on COVID-19 testing and IPC principles.
- Conduct regular meetings with partners involved in vaccination roll-out.

SUCCESS STORIES

Biosafety management training conducted May 26-30, 2021, for laboratory managers from major testing sites across Tajikistan. This training upskilled knowledge and competencies to ensure biosafety for the testing laboratories that often deal with infectious agents, including COVID-19. It also mandated testing quality control to better equip staff at four new Ministry of Health laboratories to test for COVID-19.

4.4 TURKMENISTAN

Status: Activity Cancelled

Problem Statement: The WHO declared COVID a public health emergency of international concern. Given the epidemic in CAR, it is critical to intervene through effective containment methods and prepare the health systems to respond. The LHSS Project is tasked with providing surveillance technical assistance and support for lab activities including procurement of tests and equipment in all five countries.

As of June 30, Turkmenistan has had zero confirmed cases of SARS-nCoV-2 infection and zero deaths.

Purpose: The LHSS COVID Emergency Response Activity addresses immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in five countries in the CAR: Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

Interventions: The main technical area of response for LHSS:

- Procure priority specimen transport and testing commodities

Planned Deliverables:

- Calculation of procurement needs.
- MOH is equipped with proper specimen testing and transport commodities.
- Timely delivery of specimen testing and transport commodities.

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.1.1: Increased government budget allocation for health

SO 1.1.2: Improved efficiency and reduced waste

SO 1.4.2: Increased effectiveness of the health sector budget

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

LHSS prepared a six-month work plan for Turkmenistan by March 9, 2020, with each of USAID Central Asia's country offices and the CDC Regional Office in response to a request for surge support to the region's COVID-19 response. Through extensive discussions with CDC and USAID field offices throughout the region, key interventions for each organization across laboratory capacity, infection prevention and control, surveillance and rapid detection, and risk communications were identified. Discussions were held for several weeks throughout mid-March and early April 2020 to finalize country concept notes and develop joint activity Gantt charts. In April, USAID approved a work plan for Turkmenistan, with a total budget of \$399,822. Due to procurement approval delays, LHSS asked for a time extension to May 2021, which USAID approved in Q4 of fiscal year 2021. As detailed below, despite

initial dialogue regarding needed materials, the funds were not approved for use by the Government of Turkmenistan and the proposed procurements did not proceed.

DELIVERABLES

Intervention I: Procure priority specimen transport and testing commodities

- Develop standardized list of supplies required for testing COVID-19 and support for any stocks.
 - **Progress:** Discussions were continuous between the US Government and the Government of Turkmenistan regarding the equipment and consumable supplies desired for the COVID-19 response procurement. LHSS prepared a preliminary request for quotation (RFQ) for laboratory materials and consumables in April–May 2020. However, other partners procured the majority of those items. LHSS was standing by to amend existing equipment requests and/or issue new RFQs as needed once the project had received the list of desired materials. Items on this initial list, at the outset of the pandemic in early 2020, consisted of specimen transport materials and diagnostic supports, as was the case during early procurements in other CAR countries. Again, this procurement did not proceed.
 - **Problems encountered:** In April 2021, USAID informed LHSS that this activity would not move forward, and that the funding would not be reprogrammed for other activities. USAID Central Asia cancelled the Turkmenistan activity as of May 2021.
- Procure priority specimen transport and testing commodities.
 - **Progress:** Activity cancelled.
- Monitor delivery of commodity tranches (as needed per supply and lead times).
 - **Progress:** Activity cancelled.

STRENGTHENING GOVERNMENT STEWARDSHIP, LOCAL CAPACITY DEVELOPMENT, AND HEALTH SYSTEM STRENGTHENING

LHSS CAR activities focus on strengthening local capacity and ownership through improving the ability of each country to respond to COVID-19 swiftly and efficiently. Because this activity was cancelled, we were unable to begin this process in Turkmenistan.

Due to cancellation of the activity, there is no information to report under each of the following contractually required sections: GESI, Waste and Climate Risk Management, Lessons Learned and Best Practices, Completed Reports and Deliverables, and Recommendations.

4.5 UZBEKISTAN

Problem Statement: The WHO has declared COVID-19 a public health emergency of international concern. Given the epidemic in CAR, it is critical to intervene through effective containment methods and prepare the health systems to respond. The LHSS Project is tasked with providing surveillance technical assistance and support for lab activities including procurement of tests and equipment.

Purpose: The LHSS COVID-19 Emergency Response Activity addresses immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in the CAR.

Interventions:

- Develop laboratory diagnostic and personnel capacity.
- Support infection prevention and control (including biosafety).

- Strengthen rapid detection, reporting/surveillance, and response.
- Conduct facility level assessments.
- Provide TA to build the clinical human resources for health on case management of severe COVID-19 cases requiring ICU-level interventions.

Planned Deliverables:

- Procurement supply list
- Request for quote with vendors to establish test procurement lead times
- Procured priority lab strengthening and case detection materials
- Implemented distance learning training
- Created a network of approved laboratories
- Engaged consultants on supply chain management to lead work on SOPs, trainings development, and working group coordination
- Launched module for distance learning course on surveillance for COVID
- Hired ICU specialist to lead facility-level assessments (FLA) and FLA adapted
- Curriculum, clinical guidelines, or SOPs adapted and translated
- IPC and use of ventilators trainings held, and distance learning platform created
- Quality assurance (QA) system implemented
- Weekly, online, case-based discussion of challenging cases among facilities receiving ventilators organized
- Logistic barriers to ensuring consistent power, oxygen supply, and consumables identified, documented, and addressed
- Adapted SOPs and job aids for routine minor maintenance and cleaning of mechanical ventilators by clinical staff

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.1.1: Increased government budget allocation for health

SO 1.1.2: Improved efficiency and reduced waste

SO 1.4.2: Increased effectiveness of the health sector budget

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

WORK PLAN A: COVID-19 ACTIVITY

By March 9, 2020, LHSS had responded to a regional request for COVID-19 surge support and prepared a six-month work plan for Uzbekistan in collaboration with each of USAID Central Asia's country offices and the CDC Regional Office. Through extensive discussions with CDC and USAID field offices throughout the region, LHSS identified key interventions for each organization on laboratory capacity, IPC, surveillance and rapid detection, and risk communications. The team held discussions for several weeks throughout mid-March and early April to finalize country concept notes and develop joint activity Gantt charts. On April 20, 2020 USAID approved a work plan for Central Asia, with a total budget of approximately \$400,000 per country.

In May 2020, LHSS received an additional \$3 million to expand COVID-19 emergency activities. In YI Quarter 4, USAID approved the work plan for Activity 2, the Strengthen Capacity to Safely and Appropriately Use Ventilators Activity. USAID approved the full work plan package for both activities through March 31, 2021.

WORK PLAN B: VENTILATORS TECHNICAL ASSISTANCE ACTIVITY

In July 2020, LHSS received additional funding of \$225,000 to expand activities to include technical assistance for mechanical ventilators. The project tailored a scope of work (approved on August 5) to detail the activities LHSS will implement for ventilator placements in Uzbekistan. Technical support under this package is expected to improve treatment outcomes and survival among severely ill patients receiving mechanical ventilation and will also optimize the use of the USAID-procured ventilators. LHSS will ensure this work does not duplicate services and products provided by any local distributors operating under the service agreement.

WORK PLAN C: TECHNICAL ASSISTANCE TO STRENGTHEN CAPACITY AND KNOWLEDGE OF HEALTH CARE PROVIDERS ON CASE MANAGEMENT OF COVID-19 CASES AND SUPPLY CHAIN

In March 2021, LHSS received an additional \$600,000 to strengthen the capacity of healthcare workers on case management of COVID-19 cases. Activities will expand emergency training and capacity building support to strengthen health care providers' knowledge, skills, and capacity for case management of critically ill patients. These interventions are designed to enhance the distance learning activities currently being implemented in the COVID-19 work plan on strengthening epi-surveillance systems and supply chain management and ventilator assistance activities under the ventilator TA activity work plan. Specifically, physicians, nurses, and other intensive care specialties will receive training on how to safely provide both routine and intensive case management (including mechanical ventilation).

Work Plans A, B, and C were consolidated into one master document with updated status of activities, addition of a sustainability plan. This consolidated Work Plan was approved on May 20, 2021 and is set to be completed by September 2021.

DELIVERABLES

WORK PLAN A

- **Intervention 1: Procure priority testing commodities and supplies**
 - Confirm procurement priorities, locations, and quantities for testing supplies
 - **Progress:** All Round 1 and 2 procurements were finalized in 2020 and early 2021. Round 3.1 (non Zoll ventilator support) and Round 3.2 (Zoll brand ventilator support) are both

ongoing.

- **Problems Encountered:** Following the delivery of Round 3.1 to MOH central stores department several months ago there have been continuous delays in the delivery of Round 3.1 ventilator consumables to end users. This is due to import clearance and medical product legislative barriers complicating the mechanisms by which LHSS could potentially assist MOH in distributing to end-users. It was finally agreed in late June 2021 that MOH would permit a freight forwarder to help separate and distribute the goods to more than eight regional locations. Planning for this is underway. For Round 3.2 (Zoll brand ventilator support) the technical verification and quantification of goods was completed between LHSS and Reliance. However, the purchase of goods is pending a discussion between USAID and the vendor regarding VAT.
- **Tasks to be undertaken in the following quarter:** Final delivery of Round 3.1 to end users via a local freight forwarder in collaboration with MOH. (Pending) purchase and delivery of Round 3.2 goods from Reliance Group Uzbekistan.
- Develop RFQs with vendors to establish test procurement lead times
 - **Progress:** Done.
 - **Tasks to be undertaken in the following quarter:** The RFQ with Reliance Group was issued and commercial offer received. The PO is pending.
- Procure QIAGEN QIAamp Viral RNA Mini-kits (for PCR platform) including full preps of QIAamp mini spin columns, carrier RNA, collection tubes, and Rnase-free buffers
 - **Progress:** Done.
- Procurement of priority laboratory strengthening and COVID-19 case detection materials
 - **Progress:** Done.
- **Intervention 2: Provide logistics and supply chain management support**
 - Provide logistics and supply chain management technical assistance for laboratory supplies and IPC related equipment by developing a strategic plan or framework
 - **Progress:** LHSS supply chain management specialists are working closely with the MOH on a desk review describing the current state of the supply chain for USAID supplied ventilators and lab commodities. A final report was prepared, and the team is now preparing a list of recommendations for both short and long-term interventions the MOH can take to strengthen SCM for COVID-19 related materials.
 - **Problems Encountered:** Periodic COVID-19 outbreaks among ministerial staff caused minor delays in information collection.
 - **Tasks to be undertaken in the following quarter:** Country Director will continue working closely with USAID to gain buy-in for strategic framework and related activities with the MOH.
 - Facilitate collaboration between approved laboratories with RT-PCR testing capacity, based on the capacities and gaps identified in existing laboratory assessments conducted by the CDC, MOH, and WHO.
 - **Progress:** To be completed in the next quarter.
 - Recruit a laboratory and a supply chain management specialist in the MOH as champions to help build and maintain ownership of the strategic framework.

- **Progress:** Country Director developed a working group (WG) of experts within the MOH. Three supply chain consultants were hired to lead the work on standard operating procedures (SOPs), training development and coordination of the WG for this intervention.
 - **Problems Encountered:** Delay in recruiting qualified and available supply chain consultants.
- Lead development of a COVID-19 working group (COVID-19 WG) with representatives from the MOH and other partners to build ownership of the framework
 - **Progress:** Country Director has identified several key members of the MOH to form a WG. The working group is operational.
- Identify options for building electronic databases/platforms, similar to ones used in tuberculosis programs, to track laboratory supplies, PCR equipment, reagents, and essential IPC supplies, and present to the COVID-19 WG
 - **Progress:** LHSS has identified a local technology firm to lead implementation of this activity.
- Hire a consultant to support distance learning (DL) through interactive IPC and supply chain management trainings, in collaboration with the COVID-19 WG
 - **Progress:** The DL consultant was hired.
 - **Tasks to be undertaken in the following quarter:** Consultant will work on designing trainings with the Country Director. An IT firm was also hired to build the online platform for the remote trainings.
- **Intervention 3: Strengthen surveillance and rapid response system**
 - Support local MOH Epi staff to investigate clusters, assess capabilities, and provide expertise on protocols and standard operating procedures for surveillance and rapid response systems as needed.
 - **Progress:** Country Director and LHSS home office team interviewed several MOH epidemiological staff to assess capacity and gaps of current surveillance mechanisms.
 - **Problems Encountered:** Periodic COVID-19 outbreaks among ministerial staff and restrictions in movement due to lockdowns caused delays in information collection.
 - Participate in ministerial and WHO coordination taskforce.
 - **Progress:** In progress. Country Director joins weekly coordination calls with USAID, CDC, WHO, UN agencies, and other partners.
 - **Tasks to be undertaken in the following quarter:** LHSS will continue its participation in Quarter 4.
 - Develop a package and roadmap on epidemiological surveillance for COVID-19, influenza, and other acute respiratory virus infection outbreaks management.
 - **Progress:** A draft roadmap, identifying areas and recommendations to strengthen the surveillance system was developed and approved by the MOH. Details of the roadmap were shared during a MOH led roundtable on April 23.
 - **Tasks to be undertaken in the following quarter:** The roadmap (framework) will be reviewed and finalized by the MOH and USAID.
 - Develop a module for distance learning course for epidemiologists on surveillance for COVID-19 and influenza in cooperation with CDC and WHO.
 - **Progress:** The country director, distance learning consultant, and Veronica IT firm designed eight modules.

- **Problems Encountered:** Initial delays stemmed from hiring of local IT firm.
- **Tasks to be undertaken in the following quarter:** The DL consultant will finalize the remaining two modules. These materials will be fully transitioned to the MOH for their future use.

WORK PLAN B

- **Intervention 1: Conduct facility level assessments**
 - Hire Intensive Care Specialist to lead FLA.
 - **Progress:** Hired two ICU specialists.
 - Determine assessment focal areas, criteria, and select which facilities will be assessed (facilities will be selected with USAID and MOH).
 - **Progress:** The LHSS ICU consultant, Reliance Group, and the MOH are currently coordinating to clarify the next phase of ventilator roll-out and locations where FLAs will be of most benefit. The LHSS ICU consultant will be finalizing the list of target FLA facilities over the next one to two weeks as MOH prepares the plan.
 - **Problems Encountered:** This process was delayed by several factors within and external to LHSS's control.
 - **Tasks to be undertaken in the following quarter:** Conduct final selection of facilities.
 - Adapt and implement the FLA created by the STAR project across selected facilities.
 - **Progress:** 11 FLAs are completed.
 - **Problems Encountered:** Several Zoll ventilators have malfunctioned over the past year due to end-user challenges and lack of filters. LHSS is supporting Reliance Group to factor these issues into FLA visits.
 - **Tasks to be undertaken in the following quarter:** ICU Specialists will continue FLAs in the recommended MOH facility list.
- **Intervention 2: Technical assistance to build the clinical human resources for health on case management of severe COVID-19 cases requiring ICU-level interventions**
 - **Sub-Intervention 2.1: Strengthen capacity of healthcare providers on appropriate use of ventilators**
 - Provide practical training to healthcare providers on use of mechanical ventilators beyond that provided by the local distributor and supplemental remote support through STAR.
 - **Progress:** Completed as part of LHSS's technical assistance to ventilator stakeholders.
 - **Sub-Intervention 2.2: Provide additional support for Ventilator operations and logistics support (optional/if needed)**
 - Provide support to address logistic barriers specifically ensuring consistent power, oxygen supply and consumables.
 - **Progress:** To be completed in the next quarter.
 - **Problems Encountered:** The specific challenges and barriers have been discussed as part of the SCM working group and that team will be leveraged to inform any short-term solutions and longer-term recommendations to be taken up by MOH.

- Adapt and translate, where necessary, the ventilator operational manuals from the manufacturers for training and reference for ICU staff.
 - **Progress:** This activity was completed by the manufacturer.
- Provide training on newly placed, USAID-procured ventilators (if needed and not provided by the local distributor, brief orientation to new machines only, using manufacturer materials if available).
 - **Progress:** To be completed in the next quarter. This deliverable is attributable to Reliance Group and Zoll manufacturer. LHSS will provide support as part of discussions re: FLAs and next phase of ventilator roll-out.

Work Plan C

- **Intervention 1: Establish COVID-19 ICU mentors network to conduct QOC review and cascade knowledge to other health personnel**
 - Identify high-performing individuals who can serve as mentors (at least one mentor per region) and lead knowledge exchange and dissemination in support of improved health care worker capacity to provide intensive care case management related to COVID-19.
 - **Progress:** Mentors are being identified through discussions with the National Chamber of Innovative Health and National Centre for Professional Education for Medical Workers. The first group of mentors will be responsible for training at least five ICU specialists at each facility in the first six regions.
 - **Tasks to be undertaken in the following quarter:** LHSS will be coordinating closely on transition and handover with National Chamber of Innovative Health and National Centre for Professional Education for medical workers.
 - Establish network of “mentors” to support knowledge transfer to other in-service or pre-service clinicians in Uzbekistan across 12 regions.
 - **Progress:** See activity above for information.
 - **Tasks to be undertaken in the following quarter:** See activity above for information.
 - Support mentors to provide cascade trainings to an additional 100 health workers in their facility settings through coaching and logistics support.
 - **Progress:** LHSS will select mentors.
 - **Tasks to be undertaken in the following quarter:** A transition plan will be determined in late July.
- **Intervention 2: Establish cascade trainers for supply chain management skills building**
 - LHSS SCM WG and LHSS consultants will identify 12 cascade trainers, one for each region in the first selection of regions: Fergana, Andijan, Namangan, Djizzak and Syrdarya regions and Tashkent city and six in the remaining regions.
 - **Progress:** LHSS is selecting cascade trainers, in partnership with the National Chamber of Innovative Health.
 - **Tasks to be undertaken in the following quarter:** Finalize list of trainers for the ICU Mentor’s Network.
 - Adapt training materials on IPC and SCM gap analysis related to COVID-19 care for cascade trainings
 - **Progress:** LHSS SCM team is working closely with Veronica IT firm to adapt trainings for

- IPC and SCM.
 - **Tasks to be undertaken in the following quarter:** LHSS will hand over training materials to MOH/SSEW Procurement division after USAID's clearance of materials.
- Support one central training and at least one training in each of the regions, if possible
 - **Progress:** LHSS is coordinating with WHO and UNICEF on a joint central level training.
 - **Tasks to be undertaken in the following quarter:**
- Facilitate private message group for the cascade group.
 - **Progress:** LHSS SCM team will launch a private message group once cascade trainers are selected.
 - **Tasks to be undertaken in the following quarter:** LHSS will be coordinating with MOH/SES, National Chamber of Innovative Health, and other key stakeholders on a plan to handover the private message group.
- **Intervention 3: Support development of health care worker knowledge repository**
 - Facilitate the development of objectives and guidelines for the repository and posting of materials with MOH/SES, WHO, CDC, UNICEF, and other partners.
 - **Progress:** Will begin next quarter.
 - **Problems Encountered:** Delays due to time it takes to coordinate meetings with several partners including USAID, MOH, CDC, and UNICEF.
 - **Tasks to be undertaken in the following quarter:** Country Director will set up coordination meeting with USAID, MOH, CDC, and UNICEF to determine objectives and guidelines for the repository.
 - Support development and administration of the repository, including linkages to the LHSS-supported cascade training networks, health training institutions and health professional associations. LHSS will also explore the links with other MOH platforms including Uzinfocom.
 - **Progress:** This activity has not started.
 - **Problems Encountered:** See above.
 - **Tasks to be undertaken in the following quarter:** Determine how repository will be developed and administered with linkages to cascade trainers supported by LHSS.
- **Intervention 4: Support existing trainings for health care providers on improving clinical consultation and counseling for COVID-19**
 - Hold discussions with USAID Uzbekistan and partners such as WHO and UNICEF to determine specific needs for their trainings; (Country Director is reaching to colleagues at these organizations)
 - **Progress:** Country Director is reaching out to colleagues at these organizations to initiate this activity.
 - **Tasks to be undertaken in the following quarter:** Ongoing discussions for transition/handover plan. LHSS plans to host a meeting with partners to determine next steps.
 - Provide logistics support to WHO and UNICEF trainings to reach at least 100 additional health care providers.
 - **Progress:** Will begin next quarter.

- **Problems Encountered:** This activity is dependent on WHO and UNICEF training. LHSS Country Director is in close contact with counterparts at these organizations.
 - **Tasks to be undertaken in the following quarter:** To be determined.
- Help promote trainings through LHSS networks, i.e., COVID-19 or SCM WGs or LHSS supported existing IT platform.
 - **Progress:** Will begin next quarter.
 - **Problems Encountered:** See activity above.
 - **Tasks to be undertaken in the following quarter:** To be determined.
- **Intervention 5: Community contact tracing and community networks**
 - Explore opportunities to include and/or interface with Eliminating Tuberculosis in Central Asia's (ETICA's) community contact tracing platforms with existing COVID-19 contact tracing efforts
 - **Progress:** LHSS is working with the ETICA Project to determine how LHSS can support and/or integrate into community platforms. A concept note is in development with an emphasis on LHSS supporting activities through project close-out then transferring to.
 - **Tasks to be undertaken in the following quarter:** Develop concept note with activity and handover details.
- **Intervention 6: Finalize delivery of procurements and reinforce procurement investments through RT-PCR and/or other focused diagnostics trainings**
 - Confirm distribution locations and conduct final Round 3.1 delivery.
 - **Progress:** Awaiting final list from MOH. Reliance Group and LHSS ICU consultant are standing by to carry-out FLAs immediately at 9-14 targeted facilities depending on timeline and MOH preferences.
 - **Problems Encountered:** Delays due to MOH determining next phase of national O₂ therapy planning.
 - **Tasks to be undertaken in the following quarter:** Finalization of FLA, conduct, and handover 10-15 additional FLAs in coordination with Reliance Group.
 - Confirm procurement priorities, locations, and quantities for Round 3.2.
 - **Progress:** Purchase order prepared and ready for negotiation with Reliance Group. Purchase is pending due to VAT issue.
 - **Problems Encountered:** VAT eligibility needs to be discussed with USAID.
 - **Tasks to be undertaken in the following quarter:** Clarify VAT issue and if possible, make purchase with Reliance Group for deployment of 3 months commodity coverage.
 - Re-confirm installation training details and any warranties covered by MedBioLine.
 - **Progress:** Completed.
 - Assess needs for and deliver trainings on RT-PCR, IPC, and other COVID-19 or related topics.
 - **Progress:** Completed.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

COVID LHSS Central Asia Activities focus on strengthening local capacity and ownership to improve the countries' ability to efficiently respond to COVID-19. From the outset of the response in Uzbekistan,

LHSS sought to strike a balance between technical and financial investments for short term emergency response to COVID-19 that can be implemented to strategically build the preparedness and resiliency capacities required for Uzbekistan's health system over the long term.

GESI PROGRESS

As this activity adapts to meet the rapidly changing COVID-19 epidemic in Uzbekistan, LHSS will apply a gender lens, where applicable, to address the specific risk factors from exposure to COVID-19 and constraints on health care access faced by women, men, and other vulnerable groups such as rural or disabled populations. For example, more than 80% of PHC-based staff are women and/or from female-headed households. LHSS will ensure that specific concerns and barriers around vaccine access and hesitancy are addressed as we work closely with this cohort, especially in remote areas. GESI elements will be addressed in future trainings with healthcare workers, supply chain management, and other related activities.

PROGRESS ON PERFORMANCE INDICATORS

The LHSS Uzbekistan team will use the AMELP and performance indicators as continuous performance management tools to ensure excellence, quality, integrity, and efficiency throughout implementation. The indicators reflect USAID's guidance on COVID-19 performance monitoring, including recommended indicators for monitoring technical assistance on case management for critical care, IPC, ventilator use, and the continued use and operation of ventilators. The AMELP also includes supplemental custom indicators for monitoring TA on case management and ventilator support in order to reflect the specific scope of the LHSS Uzbekistan Activity. The AMELP will be used to provide and share lessons learned with stakeholders, including USAID/Uzbekistan, MOH and other implementing partners involved in the COVID-19 response activities. LHSS will review the indicators routinely and revise them to ensure alignment with activity work plan and USAID guidance.

Most indicators have been achieved, but a few indicators related to training are yet to be achieved as the Consultants are still designing Distance Learning Training Modules.

LESSONS LEARNED AND BEST PRACTICES

Several lessons have been learned by both the successes and challenges experienced by the project over the past several months. Positive lessons have been gained in the work done by the SCM working group. By pulling together several partners and consultants with various SCM roles and responsibilities, providing a forum for the MOH to chair the meetings and provide their preferences and guidance, and by providing a neutral consultant to be responsible for development of technical materials, the SCM working group was able to have transparent, open, and direct dialogue about the various SCM challenges that need to be addressed and the various options to address them.

In the area of commodity procurement, several lessons are being learned regarding the handling of humanitarian goods in Uzbekistan. Highly related to the SCM activity, the procurement of goods has faced numerous and lengthy challenges related to the import and distribution of consumables for mechanical ventilation. Customs and brokerage processes, importation, transfer of goods to government, restrictions on transfer of goods to private companies, and the fact many of these goods are not registered for use in the country have all posed serious challenges in ensuring rapid procurement and distribution of oxygen therapy goods. In addition, questions around the eligibility for VAT reimbursement or waiver have delayed procurements and complicated efforts to clearly understand the handling of humanitarian goods. These are all critical lessons that will contribute toward global lesson sharing regarding COVID-19 SCM.

MANAGEMENT AND STAFFING

Recruitment is underway to hire distance learning, IT, and supply chain management consultants. LHSS has also hired a Regional Laboratory Specialist (based in Dushanbe) to help with all the CAR countries.

Two Intensive Care Unit Specialists were hired to lead the ventilator technical assistance activities. An LHSS home office coordination team oversees and guides the LHSS CAR COVID-19 Activity. The home office team includes a Regional Manager, Country Manager, Technical Project Officer, and technical subject matter experts like the LHSS Clinical Advisor/Procurement Lead. The home office team also provides support for MEL, operations, finance, and communications.

UPCOMING EVENTS

Dissemination event to share lessons and materials from LHSS Uzbekistan is planned for mid- to late September 2021.

4.6 SUPPLY CHAIN PEA

Status: LHSS submitted the first deliverable based on Mozambique country selection, but Mission concurrence was denied from USAID Mozambique. LHSS prepared concept notes for three new countries, which CSL will use to reach out to these Missions to gauge their interest in a PEA.

Problem Statement: Political economy factors can pose a significant barrier to realizing the full potential of TA, thus undermining its impact. In order to increase the effectiveness of supply chain TA, a focus on understanding these political factors and developing actionable recommendations to address them is critical.

Purpose: Support CSL in the Office of PRH in its strategic effort to support countries in addressing the enabling environment for supply chains, particularly applying a political economy lens to identify root causes of supply chain challenges. The PEA aims to understand barriers and constraints to effective procurement and distribution of family planning commodities.

Interventions:

- Conduct an applied PEA in one PRH priority country.

Planned Deliverables:

- Landscape assessment report.
- Technical report of PEA findings.
- Short brief summarizing findings, recommendations, and lessons.

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Objective 2: Increased population coverage

SO 2.1.1 – Improved availability of services and commodities

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 - Strengthened capacity of public, private, and civil society organizations to effectively plan and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Landscape assessment report.
 - **Progress:** LHSS and CSL agreed that this report would be a documentation of the country selection process rather than a landscape. Given that USAID Mozambique expressed interest in conducting a PEA, LHSS and CSL agreed that LHSS would complete and submit the report with Mozambique as the final selected country. The report was submitted to CSL in May.
 - **Problems encountered:** Since submitting the report, concurrence in Mozambique was denied, the report will need to be updated once a new country is selected for the PEA.
 - **Tasks to be undertaken during the following quarter:** Once the final country is selected and Mission concurrence is obtained, LHSS will document and submit the selection process report to CSL.

- Technical report of PEA findings.
 - **Problems encountered:** Since the country and purpose of the PEA has not yet been defined, LHSS cannot prepare tools fully as these are dependent on its purpose (i.e., what supply chain challenge the PEA will help to understand).
 - **Tasks to be undertaken during the following quarter:** Once the PEA country and purpose is defined, LHSS will finalize tools, hire a local consultant, and begin the PEA fieldwork.

4.7 MALARIA PRIVATE SECTOR ENGAGEMENT

Status: Stakeholder consultations and key informant interviews completed in all four PMI priority countries. Draft PSE dashboard developed for all four countries. Market segmentation template finalized and draft country-specific market segmentation underway. Toolkit content brainstorming started, and preliminary ideas discussed with the client.

Problem Statement: Despite significant progress in recent years, malaria continues to remain a major health issue in more than 80 countries, with pregnant women and children under age 5 being the most at risk. Thus, the journey towards elimination is far from over, and countries and development partners are increasingly looking at market-based approaches and investments from the private sector to help bridge gaps in both resources and expertise in order to sustain results to date and accelerate progress.

Purpose: Identify promising, context-specific PSE opportunities in four priority PMI countries (Cote d'Ivoire, DRC, Liberia, and Uganda) to increase engagement with and investment from the private sector, as well as increase in-country capacity to identify key market players and implement appropriate PSE strategies.

Interventions:

- Conduct landscape analyses of private sector opportunities in selected PMI countries
- Use findings from landscape analyses to identify gaps and develop recommendations of priority PSE opportunities
- Develop comprehensive PSE toolkit

Planned Deliverables:

- Dashboard of private sector activities and learnings
- Market segmentation documents describing key persons/profiles in the private sector
- Recommendations Report
- PSE toolkit and co-created PSE models

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 - Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Market segmentation documents describing key persons/profiles in the private sector
- **Progress:** LHSS continued to conduct key informant interviews on current private sector activities in malaria programming and opportunities to further involve the private sector for malaria control and elimination in DRC, Liberia, and Uganda. Cote d'Ivoire interviews were concluded last quarter, this quarter LHSS finalized KII in Uganda and DRC. In Liberia, following a hold on activities while the Mission reviewed and approved identified private corporations, LHSS resumed interviewing stakeholders and also finalized KIIs this quarter. Because of the significant delay for Liberia KIIs, less

interviews were completed compared to the other countries. LHSS also collaborated with PMI to finalize the market segmentation template and started working on the first draft of the document for each country. The market segmentation documents outlines key profiles within each private sector segment, the impact of malaria to their businesses and customers, and potential incentives for investment in malaria programming.

- **Problems Encountered:** Similar to previous quarters, LHSS had challenges connecting and securing interviews with some private sector stakeholders in Liberia, Uganda and DRC. In response to these challenges, LHSS extended interview timelines and, when possible, went through Missions for introductions to certain key stakeholders.
- **Activities to be undertaken during the following quarter:** LHSS will share the final, country-specific market segmentation documents with the client for feedback and finalization.
- Dashboard of private sector activities and learnings
 - **Progress:** LHSS received and addressed comments from PMI on the PSE dashboard template that was developed in Q2. Using this final version template, LHSS completed a first draft for all four countries. The excel-based dashboards synthesize recent, current, and planned activities by private sector stakeholders in the malaria space and related outcomes and challenges that were identified through the landscape analyses in the four countries. The dashboards are designed to be adaptable living documents where users can easily update and maintain the information over time as the PSE landscape in these countries evolves.
 - **Activities to be undertaken during the following quarter:** LHSS will share the final, country-specific PSE dashboards with the client for feedback and finalization.
- Recommendations report:
 - **Progress:** LHSS worked with the local consultants in each country to start synthesizing country-specific key learnings and strategic opportunities for new private sector partnerships at country and global levels. LHSS will also include suggestions where existing relationships and partnerships can be strengthened. The report outline has been finalized and LHSS started to fill in country specific content.
 - **Activities to be undertaken during the following quarter:** LHSS will hold meetings with PMI and country missions to discuss and prioritize these PSE opportunities based on feasibility, strategic importance, potential impact, sustainability, and level of required resources. Based on these consultations, LHSS will produce a cross-country technical report that pulls from all country landscape analyses to identify gaps and share recommendations on priority PSE opportunities for PMI.
- PSE toolkit and co-created models:
 - **Progress:** LHSS developed a skeleton outline of the PSE toolkit and held a brainstorming session with PMI to ensure the design and utility of the tool will effectively meet the needs of PMI country offices and NMCPs and facilitate stronger ability to engage the private sector.
 - **Activities to be undertaken during the following quarter:** LHSS will continue to work with PMI to finalize the design of the toolkit. The toolkit will have practical templates, step-by-step guidance, and other resources to strengthen in-country capacity to successfully identify and pursue strategic PSE activities.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

[LHSS continued to work closely with country Missions and NMCP teams to increase their awareness of relevant private sector initiatives with business interest in malaria control as well as to facilitate PSE processes and connections across the four countries with the goal of contributing to sustainable partnerships. This information will also be captured in the PSE dashboards that are intended to be easy to access and utilize to facilitate ongoing use and updates by the respective Missions after the end of LHSS' support. As part of the toolkit development, LHSS will also work to strengthen PSE capacity at the country level through co-designing user-friendly PSE models and resources.]

OTHER UPDATES

The comprehensive landscape analyses and PSE toolkit will enable stronger engagement with private sector partners, facilitating more resources for improving access to malaria care and treatment, which could decrease the heavy burden of malaria among women, children, and vulnerable populations.

5. FIELD SUPPORT ACTIVITIES

5.1 BANGLADESH URBAN HEALTH AND FINANCING ACTIVITY

Status: Y1 workplan approved, hiring local staff and consultants underway.

Problem Statement: The Government of Bangladesh (GOB) has a goal to achieve UHC by 2030. In pursuit of UHC, Bangladesh has directed attention toward addressing urban health challenges and improving coverage, efficiency, and quality of essential health care services.

Purpose: USAID Bangladesh has bought into LHSS to enhance Bangladesh's journey to self-reliance through strengthening urban health, public financial management, health financing, and regulatory functions within the government.

Interventions:

Objective 1: Improved governance and financial management for health service delivery

- Assist GOB to strengthen regulatory functions to establish the National Health Security Office.
- Improved public financial management for health.
- Improved coordination among urban health stakeholders.
- Increased domestic resource mobilization.

Objective 2: Models for financial protection and service delivery tested and scaled

- Provide technical assistance to existing financial protection models.
- Develop and implement new service delivery models in urban areas.
- Provide technical assistance to strengthen existing urban health functions.
- Strengthen civil and community oversight and engagement with health service delivery in urban areas.

Objective 3: Increased private sector investment for health

- Identify and design potential models for blended finance instruments to advance health outcomes.

Planned Deliverables:

Objective 1: Improved governance and financial management for health service delivery

- Feasibility study to establish National Health Security Office (NHSO), including suggestions for revisions for Health Protection Act
- Initial report on PFM training follow-up including training modules used
- Finalized Action Plan for the National Urban Health Strategy with costs, including meeting minutes from Urban Health Coordination Committee (UHCC) and Urban Health Working Group (UHWG)
- Proposed organograms for Health Section / Division under MOLGRDC and for relevant City Corporations / Municipalities
- Combined assessment reports for targeted City Corporations and Municipalities
- Report / guidance developed on activities and amount of resources that should be included in local governments' health funds

- Draft revision of licensing and/or registration rules for NGO and private facilities to be required to report into the government health information system

Objective 2: Models for financial protection and service delivery tested and scaled

- Report outlining an action plan and timetable for actions to roll out Shasthyo Surokhsha Karmasuchi (SSK) and maternal health financing schemes in municipal areas
- Updated landscape analysis of existing health protection and quality assurance
- Proposal for primary health care models developed
- Draft technical assistance plan to expand the technical assistance support for overall urban health program
- Drafted model of local government engagement in monitoring of services delivery

Objective 3: Increased private sector investment for health

- Landscape of key health & financing needs and relevant private sector actors
- Prioritized set of use cases for blended finance
- Initial future instrument design options for blended finance

Consortium Partners:

- Abt Associates, McKinsey

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.3.1 – Strengthened government capacity for transparent, evidence-based priority setting and budgeting

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 - Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions

SO X.2 - Increased Client and community engagement and voice (especially among vulnerable and marginalized populations) in planning and oversight

SO X.3 - Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

USAID approved the Year 1 work plan and budget at the end of January 2021. The team has completed recruitment and onboarding of local staff and is in the final stages of office setup. In Q3, the LHSS team met with the MOHFW, MOLGRDC, and Ministry of Planning (MOP) during which the Planning Wing of the MOHFW agreed in principle with the LHSS activities and suggested some relevant supplementary activities. Based on the suggestions, the team submitted a formal letter to the senior secretary requesting a meeting on the work plan. The LHSS team also met with the MOHFW Financial Management and Audit Unit and Health Economics Unit (HEU). The team finalized the activity to support TA for public financial management (PFM) training and capacity building for health managers. In addition, the team met the senior secretary Local Government Division (LGD)/MOLGRDC and submitted formal proposals for the urban health activities in the work plan. LGD responded by calling a meeting on July 12, 2021 to endorse the LHSS activity.

DELIVERABLES

Objective 1: Improved governance and financial management for health service delivery

- Feasibility study to establish the NHSO, including suggestions for revisions to the National Health Protection Act (NHPA):
 - **Progress:** In Q3, the LHSS team drafted Terms of Reference (TORs) for a Request for Proposals (RFP) to conduct a feasibility study for establishing the NHSO. Abt's home office, USAID, and the HEU/MOHFW reviewed the draft RFP. The LHSS team is waiting for concurrence from the MOHFW Planning Wing before publishing the RFP externally. The team also drafted TORs to engage a consultant to revise the NHPA and is awaiting concurrence from the Planning Wing. Based on HEU feedback to a meeting held on June 16, 2021, the HEU will engage a group of national consultants for the NHSO feasibility study. The HEU asked LHSS to provide one international consultant with successful experience from other countries; LHSS drafted TORs for the international consultant. In support of establishing the NHSO, the LHSS team will also issue an RFP for a consultant to revise the draft NHPA, which is the legal framework for the NHSO.
 - **Problems encountered:** A scheduled advocacy workshop between the LHSS team and the MOHFW Planning Wing was postponed due to the ongoing COVID-19 lockdown. Revision to the NHPA and NHSO requires GOB concurrence, but government offices were closed, and no meetings could be held.
 - **Activities to be undertaken during the following quarter:** The LHSS team appealed for a meeting with the MOHFW senior secretary in early July 2021 to discuss the NHPA and NHSO. The draft NHPA will be disseminated to the GOB.
- Training modules for PFM, including PFM trainings for health managers:
 - **Progress:** The LHSS team updated the line director for improved financial management at the MOHFW about LHSS PFM activities during mid-May. The LHSS chief of party observed the PFM training session from June 5-10, 2021. The LHSS principal health advisor co-facilitated the PFM training with the MOHFW Financial Management Audit Unit (FMAU). LHSS met with the FMAU June 14, 2021. The meeting chair (the additional secretary of FMAU), asked LHSS to provide a formal proposal specifying the areas of support for PFM training for health managers. Accordingly, the LHSS team submitted a proposal to FMAU specifying refresher courses for health managers,

regional-level training for health managers, training-of-trainer courses, and courses for staff in the Department of Health Services Division, MOHFW.

- **Problems encountered:** The COVID-19 situation hindered administrative and logistical preparations for the in-person PFM training.
- **Activities to be undertaken during the following quarter:** The LHSS team will help to update the FMAU-sponsored PFM training activities for health managers from the MOHFW and the MOLGRDC. The LHSS team will train managers from the city corporation, municipalities, and health facilities, and those who are involved with budget preparations. In addition, the team will engage two national consultants in July 2021, one to develop the training module and the other to facilitate the training program. An outline of the five-day training has been finalized; based on the outline, the consultant will develop training modules/materials and a training-of-trainers module. LHSS will also support a five-day residential PFM training course under HEU/MOHFW. LHSS will submit a proposal in July detailing the support to be provided for the PFM training. During July, August, and September 2021, LHSS will support two PFM trainings for health managers organized by HEU/MOHFW.
- Costing the National Urban Health Strategy (NUHS) action plan:
 - **Progress:** The LHSS team in consultation with the GOB drafted an RFP to engage a consultant to cost the NUHS action plan and determine the resources required and sources of financing. GOB concurrence has been obtained for this activity.
 - **Problems encountered:** A scheduled advocacy workshop between LHSS and the Planning Wing was postponed due to the ongoing nationwide COVID-19 lockdown, during which government offices were closed.
 - **Activities to be undertaken during the following quarter:** The consultant will be onboard in mid-July 2021. The costed NUHS action plan will be completed in the next quarter.
- Meeting minutes from the Urban Health Coordination Committee (UHCC) and the Urban Health Working Group (UHWG):
 - **Progress:** The LHSS team met with the senior secretary of LGD/MOLGRDC and the additional secretary of the Urban Development Wing of LGD/MOLGRDC. The senior secretary agreed in principle with LHSS activities. LHSS submitted a formal proposal on his instruction to provide TA on urban health. The MOHFW Planning Wing endorsed LHSS support to the UHCC and UHWG meeting on June 21, 2021.
 - **Problems encountered:** A meeting with UHCC and UHWG could not be convened due to the COVID-19 situation.
 - **Activities to be undertaken during the following quarter:** The LHSS team will continue supporting the UHCC and UHWG meeting next quarter based on concurrence from MOLGRDC.
- Organograms for the Health Section/Division under the MOLGRDC:
 - **Progress:** A small section has been opened recently under the Urban Development Wing, LGD/MOLGRDC after submitting a formal proposal by LHSS to the senior secretary and additional secretary (Urban Development Wing). Opening a health section in the LGD was included in this proposal. The section is intended to improve coordination between MOHFW and MOLGRDC for health service delivery in urban areas.
 - **Problems encountered:** Activities have been delayed due to the COVID-19 situation.

- **Activities to be undertaken during the following quarter:** The team will provide technical and other support to the health section, which will be determined during the next meeting with the LGD senior secretary on July 12, 2021. LHSS prepared a working paper on TA issues to discuss in the meeting, including updating the health organogram for city corporations and municipalities; identifying necessary health human resource requirements; and developing TORs and job descriptions for LGD/MOLGRDC next quarter. LHSS support will include the feasibility of opening an urban health section in Health Service Division/MOHFW as suggested by the MOHFW Planning Wing.
- Assessment reports for targeted city corporations and municipalities on urban health governance:
 - **Progress:** LHSS onboarded regional urban health coordinators for Rajshahi and Sylhet divisions and shared with them the work plan for targeted city corporations and municipalities. Four health standing committee meetings were held in Rajshahi city corporation, Sylhet city corporation, Sirajganj municipality, and Moulovibazar municipality. Participants included: city corporation and municipality level staff from the health department; members of existing health standing committees; and representatives from health services and other local and international non-governmental organizations (NGOs). The USAID activity manager, the chief of party, and other LHSS technical leads participated remotely. The meetings resulted in decisions about the requirements for forming or reforming the health standing committee and revising the TORs. The meetings also recommended partial mapping of urban primary health care activities in key areas, identifying gaps, and standing committee interventions. The regional coordinators will provide TA to committee members to improve primary health care through physical mapping. In addition, inception meetings were held with both Dhaka North and Dhaka South City Corporation authorities. Both authorities agreed in principle with LHSS activities, including holding monthly standing committee meetings.
 - **Problems encountered:** Standing committee meetings in other municipalities could not be organized and supported due to the COVID-19 lockdown and movement restrictions. Dhaka North and Dhaka South City Corporation meetings were also delayed due to the lockdown.
 - **Activities to be undertaken during the following quarter:** The LHSS team will support standing committee meetings, including holding regular meetings regarding NUHS 2020. Health program management, leadership, and PFM training will be conducted for health personnel from city corporations and municipalities. A mixed in-person and virtual Dhaka North City Corporation standing committee meeting will be held; Dhaka South City Corporation authority plans to have meeting with LHSS when lockdown is over.
- Report/guidance developed on the creation of a budget line for health activities and the amount of resources that should be included in local government health funds:
 - **Progress:** The LHSS team submitted a proposal letter to LGD/MOLGRDC to advance this activity.
 - **Problems encountered:** Delays in critical meetings due to COVID-19.
 - **Activities to be undertaken during the following quarter:** Discussion will be held between the senior secretary of LGD and LHSS on July 12, 2021, to agree TA for overall urban health activities.
- Draft revision of licensing and/or registration rules for NGO and private facilities to report into the government health information system:

- **Progress:** The LHSS team finalized an RFP for a consultant to facilitate the transfer of private health data to the GOB portal. The RFP awaits MOHFW (lead ministry) and MOLGRDC concurrence to publish. The LHSS team also prepared a TOR to provide TA on this issue.
- **Problems encountered:** MOLGRDC and MOHFW concurrence was delayed due to the ongoing COVID-19 lockdown in which government offices were closed.
- **Activities to be undertaken during the following quarter:** The LHSS team will organize meetings with the hospital and clinic sections and management information system department of the Directorate General of Health Services (DGHS), MOHFW.

Objective 2: Models for financial protection and service delivery tested and scaled.

- Report outlining an action plan and timetable for actions to scale up Shasthyo Surokhsha Karmasuchi (SSK) and maternal health financing schemes in municipal areas:
 - **Progress:** The team met with HEU/MOHFW (lead ministry) and the director (research) on June 16, 2021, to discuss potential areas where LHSS can provide TA to SSK. A number of online discussions were held with the program manager for maternal health, DGHS on the Maternal Health Voucher Scheme (MHVS) program. A formal proposal was sent to the line director for maternal, neonatal, child, and adolescent health, DGHS to ascertain TA to be provided by LHSS. LHSS communicated with the additional secretary of Ministry of Women and Children Affairs (MOWCA), and a formal proposal was sent to the director general of the Department of Women Affairs to determine the necessary TA for the mother and child benefit program.
 - **Problems encountered:** Physical meetings could not be held due to COVID-19.
 - **Activities to be undertaken during the following quarter:** TA will be provided for scaling up SSK in urban areas (Tangail and Dhaka). A formal meeting with the line director of maternal, neonatal, child, and adolescent health, DGHS/MOHFW will be held in mid-July 2021 to ascertain the TA required for the MHVS program. Another meeting will be held with the Department of Women Affairs in July to determine the TA for the child and mother benefit program.
- Updated landscape analysis of existing health protection and quality assurance:
 - **Progress:** The LHSS team prepared the TOR for this work, which needs concurrence from the HEU/MOHFW.
 - **Problems encountered:** The activity is stalled because several other landscape analyses of health protection schemes have been undertaken by other development partners, including the World Bank.
 - **Activities to be undertaken during the following quarter:** Discussion on this issue will be held with HEU/MOHFW to identify a way forward.
- Proposal for primary health care models developed:
 - **Progress:** The LHSS team participated in a USAID-organized meeting with the World Bank and other development partners and discussed LHSS activities including urban health. Another meeting was held with the urban health task group about ongoing urban health activities supported by development partners. These meetings demonstrated alignment with the LHSS activities, indicating the need for coordination to avoid overlap. The meeting covered gaps in coordination and service quality among the Surjer Hashi Clinics, Urban Primary Health Care Service Delivery Project, and other NGO-led

primary health care services. The LHSS team prepared a TOR to provide TA on developing/testing an innovative and sustainable model of primary health care.

- **Problems encountered:** Meeting with LGD on the LHSS proposal for urban health activities was delayed due to the ongoing COVID-19 lockdown.
- **Activities to be undertaken during the following quarter:** RFP for TA will be published in July 2021. The LHSS team will invite UNICEF to discuss areas of overlap in urban health activities.
- Micro health insurance TA plan to be determined:
 - **Progress:** The LHSS team met virtually on June 22, 2021, with Digital Health Care Solution, which is subcontracted under MaMoni Maternal and Newborn Care Strengthening Project (Save the Children). The team planned to communicate with Bangladesh Garment Manufacturers and Exporters Association (BGMEA) to determine TA needs.
 - **Problems encountered:** In-person coordination meeting with BGMEA could not be held due to the COVID-19 situation and extended lockdown.
 - **Activities to be undertaken during the following quarter:** The team will give a proposal for TA to BGMEA to make the project sustainable after the project ends in September 2021.
- Draft model to engage city mayors and council members to monitor services delivered by the MOFHW in urban areas in selected city corporations/municipalities:
 - **Progress:** LHSS onboarded two regional coordinators on June 1, 2021. The team communicated with the chief health officer of Dhaka, Rajshahi, and Sylhet. Preparation is underway for a tool to assess the current status of engaging mayors/councilor and communities to oversee service delivery activities. The regional coordinators moved to their respective regions and started working on the activity.
 - **Problems encountered:** Due to the worsening COVID-19 situation in Rajshahi, the mayor and chief health officer are yet to respond to LHSS. The in-person advocacy meeting with MOLGRDC could be hindered due to the GOB lockdown.
 - **Activities to be undertaken during the following quarter:** The regional urban health coordinator will undertake the necessary advocacy meeting with the respective mayors and councilors after lockdown to ensure their engagement and civil society participation.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

The LHSS team in Bangladesh were oriented on the LHSS approach to capacity development, sustainability, and transition. Based on the needs of government, the LHSS activity in Bangladesh has adopted different approaches to sustainability, including supporting the establishment of a national institution, capacity development of local organizations, and domestic resource mobilization. In the current work plan, the team identified activities for analyzing the feasibility establishing the NHSO. This platform will help to sustain project efforts by ensuring overall regulatory activities for the health financing program. The team will develop the capacity of local health managers in PFM, which will ensure the proper use of resources. Based on feedback and results of the PFM training, a government-owned platform for continued education on PFM will be developed for sustainability. Finally, LHSS has the mandate to improve coordination between MOHFW, MOLGRDC, and other stakeholders, including the private sector. This will strengthen the system and increase resource mobilization. The Activity Monitoring, Evaluation, and Learning Plan

(AMELP) incorporates relevant performance indicators and learning questions to monitor and analyze overall progress towards sustainability and local capacity development.

GESI PROGRESS

The approved LHSS Bangladesh work plan and AMELP reflect and reinforce the LHSS gender equality and social inclusion (GESI) strategy (2019). In line with this strategy, the USAID gender equality and women's empowerment policy (2020), and USAID GESI analyses in Bangladesh, the LHSS activity in Bangladesh will:

- Ensure that social protection expansion goals aim to meet the needs of all population groups, especially the most vulnerable and marginalized, and will not be discriminated by gender, age, or nationality.
- Ensure health systems strengthening activities are gender-responsive and socially inclusive in alignment with these policies and strategies.
- Integrate GESI considerations into the analysis, design, implementation, monitoring, evaluation, and learning of interventions.

In Q3, the team attended an orientation on GESI, which included a rapid analysis of key GESI issues per objective. Bangladesh was also selected as a member of the LHSS GESI focal point network. The network seeks to increase GESI integration into activities, promote peer-to-peer collaboration and insights across LHSS countries, and contribute to learning on prioritized GESI topics. During the inaugural meeting in June 2021, the urban health technical advisor represented Bangladesh in the GESI focal point network and contributed to the development of program-wide guidance for incorporating GESI into work plans.

The LHSS AMELP incorporates GESI in the performance indicators and learning questions. The includes the following indicator: *Percentage of ward committee meetings where representatives from CSOs, including women's groups and marginalized communities, participated in planning, and monitoring the urban health program.* All analyses of performance indicators will ensure disaggregation by sex and wealth quintile for monitoring and evaluating progress on the GESI strategy.

WASTE, CLIMATE RISK MANAGEMENT

This Activity qualifies as categorical exclusion according to LHSS IDIQ IEE. Thus, accompanying reports are not required

PROGRESS ON PERFORMANCE INDICATORS

LHSS submitted a draft AMELP to USAID on December 23, 2020, and USAID provided comments on February 20, 2021. LHSS submitted a revised AMELP on March 5, 2021, which USAID approved on March 28, 2021. In Q3, the LHSS team revised the AMELP, including the results framework, learning agenda, indicators, and performance indicator reference sheets. The team shared an updated version of the AMELP with USAID for their final approval; USAID provided feedback and the team incorporated the suggestions. The LHSS home office team also organized an all-staff orientation on the AMELP and MandE 2.0 system to improve the knowledge of Bangladesh staff about MEL activities and their implementation. After the training, the LHSS team in Bangladesh worked together to update the activity status in the MandE 2.0 system. The team is developing data collection tools for priority interventions. In the next quarter, the MEL advisor will provide a detailed all-staff orientation on MEL activities in Bangladesh.

LESSONS LEARNED AND BEST PRACTICES

Despite the challenges posed by the COVID-19 lockdown, the LHSS team in Bangladesh adapted and conducted a number of online meetings with development partners and GOB counterparts. Upon permission from Abt's home office and following strict COVID-19 health protocols, the team started conducting small in-person meetings in June 2021. The team is planning a series of meetings, workshops, and seminars with the MOHFW, MOLGRDC, Local Government Institutions, and development partners to speed up the pace of implementing work plan activities.

MANAGEMENT AND STAFFING

A dedicated team of 10 staff is working in Bangladesh to implement the LHSS activity. In Q3, the following staff joined the team: principal health finance technical advisor; urban health technical advisor; monitoring, evaluation and learning advisor; regional urban health coordinators; finance officer; administrative officer; and technical program officer. One senior consultant was hired to liaise and communicate with GOB and other related offices. Several other consultant positions are currently in the recruitment process. The office setup and purchase of office equipment is in progress and will be completed in July 2021.

An LHSS home office coordination team oversees and guides the LHSS Bangladesh Activity. The home office team includes a regional manager, country manager, technical project officer, and technical subject matter experts. The home office team also provides support for monitoring, evaluation, and learning, as well as operations, finance, and communications.

UPCOMING EVENTS

The table below lists major upcoming events.

Table 3: Major Upcoming Events

SL	Name of the events	Dates (Month/Year)	Locations	Remarks
1	LHSS launch ceremony	August 2021	Dhaka, Bangladesh	Subject to improved COVID-19 situation
2	Feasibility study on NHSO	Dissemination— September 2021	Dhaka, Bangladesh	
3	Advocacy for opening health sections in MOLGRDC to foster synergy and coordination	July-September 2021	Dhaka, Bangladesh	
4	Support for PFM training at national and subnational level	July-September 2021	Dhaka, Sylhet, and Rajshahi, Bangladesh	
5	Support for urban health committee activities at regional level—Rajshahi and Sylhet	July-September 2021	Sylhet and Rajshahi, Bangladesh	
6	RFP for innovative health service delivery model	July 2021	Dhaka, Bangladesh	

5.2 CAMBODIA

Status: On target despite slow down due to COVID-19 community outbreak.

Problem Statement: The GS-NSPC has made impressive strides in expanding social health protection (SHP) since its inception in 2018. However, the secretariat does not yet have the capacity to effectively oversee social protection schemes on its own. Decentralization and de-concentration provide the opportunity and responsibility for planning and budgeting for health. In order for Cambodia to reach its goal of funding half of HIV programs by 2023 through domestic sources, sub-national budget units must be able to access funds and work together with stakeholders to identify and fill funding gaps.

Purpose: Expand social protection systems through global standards and best practices and strengthen the decentralization of health financing functions to ensure effective use of resources for health.

Interventions: Provide technical support for development of the GS-NSPC SHP policy related milestones and metrics.

- Support the Royal Government of Cambodia (RGC) to develop and implement robust SHP institutional arrangements and schemes to advance UHC.
- In coordination with the Ministry of Economy and Finance (MEF) and the Supreme National Economic Council, conduct financial analyses to determine opportunities to advance the financing transition of donor funded services (e.g., maternal and child health, HIV, TB, and vaccines) under social health insurance schemes.
- Support the RGC in its efforts to strengthen resource allocation and budget execution for health and HIV/AIDS.

Planned Deliverables:

- Capacity-building plan for M&E and research teams.
- List of agreed-upon key performance indicators for internal and external audiences
- Two GS-NSPC progress reports with data from all reporting agencies
- Research group vision statement
- Prioritized action plan for research based on previous health study's recommendations
- One research study undertaken to support health policy decision-making
- List of potential partners for research
- Scope of work for a TWG for UHC developed; work on UHC roadmap started
- At least one financial analysis undertaken
- Report on informal assessments in up to six provinces
- Selection of up to three provinces for further work agreed upon with USAID
- Plan of action/agreement for work developed for up to three provinces
- The NAA has developed terms of reference for up to five SCN #213 measures

Consortium Partners:

- Abt Associates, TRG

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 2.1: Support the RGC in its efforts to strengthen resource allocation and budget execution for health and HIV/AIDS

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO 1.3: In coordination with MEF and the Supreme National Economic Council, conduct financial analyses to determine opportunities to advance the financing transition of donor-funded services (e.g., maternal and child health, HIV, TB, vaccines) under social health insurance schemes

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

USAID approved the LHSS Cambodia Activity work plan on August 30, 2020. The work plan process included consultations with the GS-NSPC, the NAA, and local implementing partners, including, Health Policy Plus (HP+), Enhancing Quality of Health Activity (EQHA), and GIZ. USAID and government counterparts expressed the desire for a smooth transition from and continuity with HP+, along with a new focus on provincial health budgeting, especially for HIV.

DELIVERABLES

Below is a summary of progress made, problems encountered, and next steps to be taken to achieve committed deliverables under each objective.

Objective 1: Provide technical support for the development of GS-NSPC SHP policy related milestones and metrics.

Support the Secretariat in enhancing its M&E system to have accurate, meaningful, and transparent reports.

- **Progress:** In Q3, LHSS provided technical support to the M&E team to guide the UNICEF contractor to enhance the M&E web-based data collection system user interface and functionality. To support user interpretation, a definition button has been added to each indicator visual for each of the five dashboards. Dashboards for monitoring the overall reporting progress from the reporting units and data query (with export functionality) have been developed and are now in the testing phase. In addition, LHSS developed a methodology and rationale to calculate the mean value of illness and injury related productivity loss/gain for outcome indicator 13 (OC-13). LHSS also provided technical support for the design of the M&E plan for the new COVID-19 Cash Transfer program, led by the Ministry of Economy and Finance's General Department of Policy, for residents of the red zones.
- **Problems encountered:** The high-level M&E launch event continues to be on hold due to COVID-19 restrictions. The M&E focal point in the GS-NSCP resigned; however, a new person was quickly appointed to the position which enabled a relatively smooth handover of focal point responsibilities. More broadly, COVID-19 restrictions over the period have severely limited or prohibited office work and as a result all GS-NSPC counterparts are working online. This has limited the opportunities for informal coaching when staff can physically be together in a small/open office space. LHSS has adapted by providing applied skill-building online training sessions relating to quantitative data analysis. In addition, several small group and one-on-one sessions were requested by counterparts or initiated by the embedded advisor to discuss specific thematic areas and challenges. For example, a one-on-one meeting in the office was coordinated with the GS-NSPC team member coordinating data requests to the Ministries of Health and Labor. This session was used to review progress and support understanding of the rationale and planned analytical application for each requested indicator.

- **Next steps:** LHSS will facilitate a multi-day training session in early August to review and clarify how to calculate indicators that are reportable by the GS-NSPC including illness and injury related productivity loss/gain.

Support the M&E team in helping RGC agencies understand, report, and make publicly available key indicators.

- **Progress:** In Q3, LHSS catalyzed and supported the GS-NSPC with a virtual M&E system technical kick-off and orientation session with all NSPC reporting units. This event was followed by seven customized trainings (one for each reporting unit). Reporting units are presently entering data into the system and LHSS is supporting the M&E team to troubleshoot solutions to data entry. The M&E operational manual (in both English and Khmer) has been finalized and printing is nearly completed; operationalizing the manual will be key to institutionalizing each units' ability to understand and report on key indicators. LHSS supported the M&E team with revising the new Cambodia Socio Economic Survey (CSES) questions and surveyor training guide relating to healthcare quality perceptions and social protection coverage surveyor. The questions have now been integrated into the CSES questionnaire. Following multiple troubleshooting meetings, the National Institute of Statistics recorded an instruction video to train the surveyors. Data collection relating to the new questions is set to begin July 2021.
- **Problems Encountered:** Some reporting units have suggested that they may face reporting delays in the future. For example, the Ministry of Health is currently very busy with COVID-19 vaccination, testing, and contact tracing.
- **Next Steps:** Active, ongoing monitoring and follow-up of reporting unit data entry progress is necessary. Once data is entered, LHSS will support the drafting of summary report.

Foster growth within the Research Team to identify a vision and build the roadmap.

- **Progress:** In Q3, with training, technical support, and mentoring from LHSS, the research team advanced work on several studies. First, LHSS facilitated an applied Stata training session with the GS-NSPC Research Team to analyze survey data for the Hardship Financing, Productivity Loss, and the Economic Cost of Illness and Injury Study. Results were documented in a manuscript and summary presentation that was submitted as a draft deliverable to USAID/Cambodia and is now under peer review with the journal Health Economics. The study estimates the annual household economic cost related to hardship financing to be US\$250.8 million. Such losses can be mitigated with policy measures such as linking a catastrophic health coverage mechanism to the Health Equity Funds, capping interest rates on health-related loans, and using loan guarantees to incentivize microfinance institutions and banks to refinance health-related, high-interest loans from money lenders.

Second, LHSS facilitated an applied Stata training session with the GS-NSPC Research Team and General Department of Budget on Data Envelopment Analysis for the Public Health Service Technical Efficiency Assessment and Cost Allocation (also presented to USAID/Cambodia and GS-NSPC management). LHSS led the preparation for virtual presentation at the upcoming International Health Economics Association (iHEA) World Congress on July 13, 2021. The study found that Cambodia's public health service efficiency can be improved by increasing utilization through enrollment of more beneficiaries into the social health insurance schemes, potentially up to 3.15 million new beneficiaries with existing supply-side financing. Moreover, shifting financial resources to the demand-side by increasing and realigning the payment-reimbursement rates would likely incentivize increased service provision.

Third, in relation to the National Social Security Fund (NSSF) Private Sector Contracting Assessment, LHSS coached the GS-NSPC to develop a qualitative methods training; LHSS also initiated the review and revision of the action plan and interview tools.

Finally, LHSS has been providing technical support within the Research Team related to the design of: (1) an evaluation of the ID Poor system; and (2) the nationwide COVID-19 Cash Transfer program

impact evaluation. These studies will be implemented with financing from the Asian Development Bank and the United Nations Development Program, respectively.

- **Problems encountered:** Data for several MOH HMIS indicators does not seem to be available such as percentage of drug stock-outs nor health facility income from co-payments.
- **Next steps:** LHSS will coordinate with co-contributors to draft and finalize the Health Sector Technical Efficiency and Applied Cost Allocation manuscript, as well as advance work on the other approved studies.

Support for ICT implementation for social health insurance.

- **Progress:** In Q3, LHSS supported the GS-NSPC team to conduct a digital landscape mapping of the individual social health protection stakeholders to enable the Ernst & Young (E&Y) team from India to advance planning for the system architecture. As this could not be done in live workshops due to COVID, virtual meetings were conducted with 15 relevant stakeholders. This involved identifying the digital tools used by each organization, target group coverage, connectivity among government stakeholders, and future plans.
- **Problems encountered:** First, the respective health insurance operators and other social protection operators use their own mechanisms to identify and authenticate beneficiaries. MOI confirmed that the life-long national ID number (start from birth) has not yet been issued nationwide and is therefore not yet suitable as a uniform identification number for the health sector. Second, E&Y has a clear mandate to develop a concept that digitally connects health insurers. However, the IT landscape is complicated by factors that include ID Poor serving as the data basis for the Health Equity Fund, which is managed by Payment Certification Agency (PCA), while NSSF is also involved in the registration process. E&Y now has to manage the balancing act of presenting an excellent technical concept that links the health insurers on the one hand, and on the other hand fulfilling the wish of GS-NSPC that other social protection operators can later use the system. Third, the linking of health insurers requires active participation with MOP, PCA, and NSSF. It should be noted that further follow-up calls are necessary to provide E&Y with all the necessary information for an excellent technical concept.
- **Next steps:** GS-NSPC will have to clarify further questions for E&Y so that a solid technical concept can be drawn up. An essential next step after is to clarify the "identifier question". GS-NSPC or the TWG will soon have to make a clear decision whether to create a National Social Protection ID to be used as a central identifier for all social protection services. LHSS will actively support the concept once clarified.

Support the RGC to develop and implement robust SHP institutional arrangements and schemes to advance Universal Health Coverage.

Catalyze the formation of a technical working group for the advancement of Universal Health Coverage.

- **Progress:** In Q1, a high-level, Ministry of Economy and Finance TWG was established to promote UHC and was endorsed by the Deputy Prime Minister. In Q3, LHSS continued to work with the GS-NSPC Health Team and GIZ to revise the new UHC concept note and to prepare technical staff to present it for Ministry of Health and NSSF inputs. Subsequently, LHSS supported the GS-NSPC Health Team to revise and present the concept note to the high-level TWG. LHSS supported a three-day off-site workshop to (1) finalize concept note revisions following comments from the high-level TWG, and (2) initiate strategic planning for the UHC Roadmap. The primary thematic action areas for the UHC Roadmap are: (1) expanding population coverage; (2) ensuring optimum quantity and quality service coverage; and (3) maximizing financial risk protection. In addition, several enabling factors and cross-cutting themes were identified including UHC governance, digitalizing the social health protection system, strategic purchasing, demand-side financing, capacity, public awareness, and an operational UHC M&E framework.

- **Problems encountered:** The Social Security Department director was unable to join the off-site meeting and resigned her position.
- **Next steps:** Strategic planning for the UHC Roadmap requires an additional two-day workshop which is expected to take place in July 2021. Once strategic planning is completed the concept note will be revised and the UHC Roadmap will be drafted.

Conduct financial analyses to determine best places to advance the financing transition of donor-funded programs.

- **Progress:** LHSS conducted financial analysis for HIV funding at the sub-national level in Battambang that is described below in Task 2.1.2.
- **Problems encountered:** This task was originally planned as a Social Protection activity for the transition of health financing from donors to the RGC. However, the analysis must be done at the national program level that is beyond the scope or mandate of GS-NSPC. Instead, LHSS is working with NCHADS/NAA for HIV and with CENAT for TB to conduct this analysis.
- **Next steps:** A complete report will be provided in Q4, and additional financial analysis may be replicated for TB.

Objective 2: Strengthen the decentralization of health financing functions to ensure effective use of resources for health to improve transparency and accountability and improve monitoring of HIV/AIDS financing.

Support the RGC in its efforts to strengthen resource allocation and budget execution for health and HIV/AIDS.

Assess ability of provinces to budget, track, and report health finances, including HIV/AIDS.

- **Progress:** In Q3, LHSS completed version 2.0 of the Battambang (BTB) Assessment Report following significant feedback from internal reviews of version 1.0 and from regular meetings with USAID. Below are highlights of few key findings:
 - Provincial leadership including Provincial Health Directorates (PHD) were aware of the D&D-related policy documents.
 - The health/HIV work planning and budgeting of PHDs remain under the direction of the MOH because they are accountable to RGC for the health quality and outcomes. Program-based budgeting (PBB) is still centrally implemented at the national level and the MOH is responsible for achieving the health targets and indicators set forth in annual operational plan and the three-year rolling plan that ensures the linkage of budget and ministry policy required by the Public Financial Management PBB guidance.
 - BTB is committed to their response to HIV. The Provincial AIDS Committee (PAC) has been established and is actively engaged in the NAA's Policy Advisory Board meetings. The first ever provincial level HIV strategic plan was developed with M&E targets, and a detailed operational plan was also drafted. The BTB Governor expressed his agreement for PHD and the Communes/Sangkats to use 5% of social service budget for HIV that will strengthen mobilization of resources at the community level.
 - The Governor and PHD leadership expressed willingness for technical assistance with LHSS to help the PHD on the work planning, budgeting, and PFM, ensuring that the province has increased knowledge on the D&D, and the PHD has the capacity to develop workplans and budgets that align with the requirements of D&D and PFM.

LHSS continued discussions with other provinces to conduct similar assessments on their willingness to build ownership of the HIV response.

- **Problems encountered:** The community outbreak of COVID-19, known as the “20 February event,” both limited face-to-face meetings and increased demands on provincial governments, leading to a delay in implementation. Over this quarter, the number of new COVID-19 cases has increased dramatically in several provinces and that keeps PHDs busy with COVID-19 patient tracing, quarantine, care, and treatment. PHDs have been active in the roll out of the COVID-19 vaccine which is an immediate top priority of the MOH and the RGC.

Next steps:

- Conduct consultation and field visit as part of assessment to SRP and BMC.
- Conduct consultation and field visit as part of assessment to KCN.
- Conduct consultation and field visit as part of assessment to TKM.

Co-develop tailored public financial management work plans for up to three provinces.

- **Progress:** The BTB Provincial Government and PHD has agreed with the NAA/LHSS HIV concept note and work plan and budget which aims to build the ownership and improve the accountability of the PAC through i) strengthening HIV related coordination, ii) building capacity for relevant stakeholders, and iii) improving supervision. As part of this, the BTB leadership, including the Chair of BTB PAC, Representative of BTB Department of Economy and Finance, and his finance team to discuss the concept notes including a KHR 80 million (\$20,000) budget as a top-up to the current HIV funding (donors) to strengthen PAC to implement activities to build ownership of the province’s HIV response (see below.). This would help develop an initial channel through which increased funding can flow in the future as domestic funding replaces donor funding. LHSS will follow-up with PHD to assist them ensuring that the 2022 work plan and budget of PHD will incorporate these HIV activities and budget.
- LHSS and NAA conducted a virtual consultation process with BMC on 22 June 2021. One outcome of this consultation was a commitment of only about 50% to 80% of the USD 20,000 recommended for HIV response ownership building due to the COVID-19 situation. Final approval of the Provincial Governor is still needed. In Q3, the fund mapping exercise for BTB has progressed smoothly. LHSS is compiling the data and performing an analysis of the cost of services, and the funding gap, and analyzing coverage gaps for Key Populations. The funding mapping exercise results will also be used as baseline data/indicators of the M&E for BTB’s HIV strategic plan.
- **Problems encountered:** The work plan and budgeting workshop planned for BTB could not be held in person due to the COVID-19 community spread. The workshop would also have served as a learning opportunity for other provinces/PHDs who are interested to learn, for example, Kampong Cham (KCM) and Tbong Khmum (TKM) who have expressed interest in learning what BTB is doing so that they can adapt it in their respective provinces/PHDs.
- A more systemic challenge is the implementation of PBB of PFM in Cambodia, meaning that for the health sector (and most of social sectors), the PBB approach remains implemented at the national level leaving limited room for the provincial government and PHD to decide their own health targets, work plan and budget but rather submitting drafts to MOH for approval after the drafts were endorsed by the provincial council. Under the PBB approach, the MOH is held responsible and accountable for achieving the health targets and outcomes required by the PBB. Only when the PBB approach is decentralized to the sub-national level will the provinces/PHDs be able to exercise full authority provided to them in the D&D policy.
- **Next Steps:** LHSS will modify the plan for the joint Work Plan and Budgeting workshop to be conducted in BTB or another location which will allow other interested provinces/PHDs to participate, learn about, and adapt to their respective provinces/PHDs. This depends on an improved COVID-19 situation, as this event would not be as effective if it were held virtually.

- LHSS will complete the analysis of funding and coverage gaps and projected resource needed for HIV prevention for key populations in BTB and conduct findings through a dissemination workshop with relevant stakeholders.

NAA has improved capacity for data collection, data analysis and policy advocacy on sustainability and SCN #213.

- **Progress:** In Q3, LHSS met with NAA on defined roles and responsibilities of stakeholders in SCN#213 monitoring that will be incorporated into the SCN#213 monitoring system manual "Terms of Reference." LHSS also assessed the data collection, data analysis and policy advocacy capacity of the NAA Secretariat General. The assessment methodology consisted of i) adapting the LHSS Maturity Indices Framework approach into an NAA Capacity Development Roadmap for SCN#213 monitoring, through which NAA will see where they want to be and where they are now in terms of capacity to implement SCN#213 monitoring system, and ii) developing a capacity assessment tool and questionnaire on capacity areas of focus. LHSS then conducted the joint assessment using the developed tool. The findings of the SCN#213 monitoring capacity assessment will be shared soon. Also, with the technical support from LHSS's consultant, a simple Excel database and data collection tool was developed for NAA to collect and store data. This tool will help NAA and stakeholders at all levels to collect, analyze and access all SCN#213 data. Together with other components, this database structure will be incorporated in the SCN#213 Monitoring System Manual.
- **Next Steps:** Finalize the SCN#213 Monitoring System Manual which will combine all components including Performance Framework targets and roles and responsibilities of key stakeholders; the capacity development plan, Excel database and data quality assurance. LHSS will incorporate the OCB assessment methodology and results in our Sustainability and Transition plan.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

The sustainability of HIV response and provincial ownership building have been pushed from the top leadership and political level through the SCN#213 which was released two years ago. The effort of LHSS project in providing TA to the provincial governments and to NAA will contribute to this vision. As noted above, the semi-annual NAA Policy Advisory Board (PAB) outlines roles of provinces and issued a resolution calling for central government to ensure funds for HIV at decentralized level meeting conducted virtually on June 30, 2021, with over 100 participants. The resolution adopted requires its members (RGC line ministries/institutions and PAC) to take it forward. LHSS was an active participant in both the Technical Advisory Board meetings and the Policy Advisory Board session this quarter. LHSS has been actively engaged in developing the PAB agenda, providing inputs on the presentation of Secretary General (SG) on HIV progress, providing critical inputs to the draft PAB Resolution. Post-PAB meeting, LHSS also provided inputs to NAA on next steps to implement the PAB Resolution, particularly on helping the provinces to develop HIV activity plans and budget allocations for the recommended budget \$20,000 to be included into their annual operational plan 2022 (or 2023). Along with the process of the development of SCN#213 monitoring system, LHSS has worked with NAA-SG to conduct self-assessments to develop a Capacity Development Roadmap a tool which was adapted from LHSS Maturity Indices Framework and the Organizational Capacity Building (OCB) tool (as discussed above), conduct an OCB assessment to identify capacity gaps and develop a capacity-building plan.

GESI PROGRESS

The Social Protection M&E system is now collecting data disaggregated by sex for all indicators for which that data is available. Some examples include new beneficiary enrollment, drop out, and service utilization for all social protection schemes and programs. These are disaggregated by sex and province. As noted above, reporting units were all trained in Q3, and data entry is underway. In addition, LHSS provided technical assistance to the M&E team and the General Department of Policy with the design for the new COVID-19 Cash Transfer program monitoring plan. This led to the alignment of the monitoring tool with the Social Protection M&E system to enable sex disaggregation. Likewise, LHSS supported the Research team to

successfully insert new questions into the national Cambodia Socio-economic Survey questionnaire. This will enable future data analysis of healthcare quality perceptions (both public and private sector) and access to social protection benefits by sex and female-headed households.

In the SCN#213 monitoring system, key data and indicators will provide the sex disaggregation of PLHIV and Commune/Sangkat staff who are engaged in HIV activities in their own respective geographical locations. The SCN#213 monitoring database will record all this sex disaggregation data and will be accessible to the public. In this monitoring system, there is a focus on the support of PLHIV as a vulnerable group ensuring that they will be included in the ID Poor system so they can access the ID Poor registration and use the Equity Card (formerly ID Poor card) to access to all existing social protection schemes including Health Equity Funds (HEF), COVID-19 cash support, nutrition and maternal cash transfer program, and others.

In LHSS fund mapping and gaps analysis exercise in BTB province, there is a focus on much needed funding from the government budget for the HIV prevention program for key populations, which include men who have sex with men, entertainment workers, the transgender population, and people who inject drugs. Later on, there will be an advocacy effort with the BTB province leadership to consider using the RGC funds to co-finance the HIV prevention program for KP which has been 100% funded by external donors since the beginning of HIV epidemic in the country until now.

In the concept notes for building the ownership of PAC of the three provinces: BTB, Siem Reap Province, and Banteay Meanchey (BMC), the PAC will strengthen all HIV activities which include the prevention of Gender-Based Violence (GBV) even though it is funded by donors (GFATM) to achieve the outcome of increased knowledge of gender balance and reduced GBV incidence.

PROGRESS ON PERFORMANCE INDICATORS

Notable changes on performance indicators were reported in indicators 10 and 12, relating to start of the development of the Roadmap to UHC and provinces assessed in budgeting for health and financial management, respectively. To date, one province has been assessed on budgeting for health and Public Financial Management. Please see Annex for full PITT table.

LESSONS LEARNED AND BEST PRACTICES

The LHSS team documented lessons learning in an activity Learning Diary at the end of March 2021 and summarized them last quarter. The lessons were incorporated into Q3 activities. Mitigation activities related to COVID-19 are noted above. Lessons learned and action to promote sustainability are noted here.

Social Protection

1. Given the increasing interest in the three active research activities, continue to advance these workstreams to the degree possible while balancing maximum feasible participation, technical quality, and timeliness. For the future, bring enough researchers along throughout the process so there is sufficient institutional knowledge to withstand turnover inevitable in the Ministry (and after the life of the project) while keeping participation manageable enough to produce quality research on time.
2. Each research activity will lead to recommendations which should be as practical and actionable as possible. The GS-NSPC has demonstrated willingness to take management action on recommendations, especially when they are well defined, demonstrably within their scope of work/purview, and do not represent any new or direct costs to the RGC. In the future, continue to keep research practical and actionable to remain relevant so GS-NSPC will keep resourcing it.
3. Research-related recommendations can also inform the development of the UHC roadmap thus they serve to advance multiple work streams in a concrete fashion. UHC road map is overseen through a Technical Working Group that will outlive LHSS.
4. Continue to be vigilant as to the emerging M&E situation. Explore online M&E training for reporting units as a possible COVID-19 workaround solution. Online training will remain viable, even after

COVID-19 passes, in the hands of GS-NSPC M&E staff, mostly via Telegram groups (an application similar to WhatsApp).

5. Where internal management and supervision arise, explore options for external coaching. LHSS is not able to make staffing decisions within government but can encourage responsible management. Effects of external coaching of middle management will remain with staff throughout their career in the Ministry beyond the LHSS project.
6. There is a need to clarify USAID's vision for LHSS relating to FY2022 support to the GS-NSPC prior to more formal work planning engagement with counterparts. It is not recommended to attempt to accommodate disease-specific work within the GS-NSPC as it is not in their scope or authority. This is better done through national programs. MEF will continue to value the use of evidence through M&E and research products to inform choices beyond strengthening efforts of the LHSS project.
7. In Q3, LHSS redesigned financial analysis interventions to support the advancement of the financial transition of donor-supported programs by looking at HIV financing at the provincial level to advocate for sub-national domestic financing, rather than at the national level with MEF and WHO.
8. Health financing- Having support at a high level for related activities help ensure commitment for activities. In Q3 and Q4, LHSS continues to work with other provinces that show strong commitment, including Kampong Chhnang, Banteay Meanchey, and T'bong Kkum, which will be also ready to include HIV in their 2023 provincial budgets. Using an evidence- based approach, NAA/LHSS is developing an effective channel for planning and budgeting at the sub-national level. However other funding partners, such as World Bank, WHO, and Global Fund, need to be involved with the RGC in developing policy and messages about the transition from donor to domestic resources, from national level down to the provincial level to be prepared for the transition. LHSS can generate evidence for the resources needed. A common approach that provides a consistent message and policy is needed. LHSS is engaging with USAID to help with this process. The COP and Principal Advisor will continue to seek out opportunities to work with other Development Partners, who may be more willing to collaborate after seeing LHSS's initial success in Battambang.
9. Rather than go straight into an assessment of their capacity, LHSS needs to strengthen the provincial government's commitment to work with SCN#13, including domestic funding for HIV that takes time. Provincial governments should not be expected to sign up for something before they have a good idea what it involves – especially when they are expected to use their own (not donor) money. LHSS combined Task 1 and Task 2 together, rather complete all assessments first, to keep momentum when the Provincial Government/PHD agreed to collaborate/allocate resource for HIV for the upcoming budget cycle.
10. With NAA, LHSS is building a funding channel to start a work process that allows provinces to budget for diseases that were traditionally funded externally. Provincial governments can be convinced to use their own funds when they see gaps in current coverage, which is why financial analysis of HIV funding at the provincial level was added.
11. While the first three provinces selected are part of the UNAIDS Fast Track Cities Initiative, other provinces learning about FTCI and LHSS activities are willing to move ahead with the work planning and budgeting without a UNAIDS-supported strategic plan. In those areas, UNAIDS can help with strategic plan later as they mobilize resources for TA to fund these continuing planning exercises.

COVID-19

In Q3 LHSS continued to address the main external threat of COVID-19. Accelerated transmission of COVID-19 this quarter led to continued restrictions in face-to-face contact and more work from home. LHSS was unable to conduct the Workplan and Budget Development workshop in Battambang as scheduled or conduct assessment workshops in other provinces; the Phnom Penh municipality asked not to proceed further with LHSS this quarter because fighting COVID-19 was the top priority. At the end of Q3, new cases and deaths of

COVID-19 continue to rise despite high vaccination rates in Phnom Penh. The hope that widespread vaccination coverage would stabilize or reduce transmission has not yet been realized. Most meetings continue to be held virtually which allows work to continue, but this modality limits opportunity for one-on-one mentoring that comes more naturally from working closely together. Collaboration among development partners continued to be affected this quarter, but LHSS continues efforts by meeting virtually, for example with EPIC. The country team continued to meet regularly – at least once a month – with the USAID team. The World Bank in mid-June concluded that Cambodia’s economy is gradually recovering and is projected to grow 4% in 2021 after contracting 3.1% in 2020. This is consistent with budget assumptions for RGC revenue in 2022 budget cycle. Although provincial governments have yet to be given budget envelopes/ceilings for 2022, they have expressed strong belief that levels of funding will be reduced.

LHSS adapted its approach to team capacity building so it could move forward this quarter despite lack of face-to-face contact. LHSS and NAA worked together to develop an OCD plan - Capacity Development Roadmap for NAA to Operationalize SCN#213 Monitoring System that focuses on strengthening team capacity rather than individual skills. Having a clear vision of the pathway NAA needs to follow is expected to strengthen willingness in this area. The GS-NSPC UHC team was able to meet together off-site to continue development of the road map face-to-face this quarter as well. The LHSS advisors and COP continued to hone their virtual meeting and coaching skills.

5.3 COLOMBIA - VRIO

Status: Continued support of the MOH's migrant health and COVID-19 response

Problem Statement: The Colombian government faces the dual challenge of providing social services to migrants from Venezuela fleeing their country due to social, political, and economic instability, while also responding to the COVID-19 pandemic.

Purpose: Support the strengthening of the Colombian health system to absorb Venezuelan migrants and Colombian returnees and increase its resiliency to respond to current and future shocks, including, but not limited to, the COVID-19 pandemic.

Interventions:

- Strengthen governance and management of the migrant health response.
- Promote sustainable financing of health services for migrants and receptor communities.
- Strengthen mechanisms to increase access to high quality, appropriate health care services for migrants and receptor communities.
- Strengthen the health system's resiliency to respond to current and future shocks, including the COVID-19 pandemic.

Planned Deliverables:

- Capacity assessments
- Donation mobilization and private sector resource mobilization strategies
- Media projects on health access for migrants
- Participatory assessment of migrant health needs and characteristics
- Workshops and report to expand primary health care
- Report on factors contributing to burnout among health care providers
- Manual and performance evaluation for health care provider deployment

Consortium Partners:

- Abt Associates, IHI, McKinsey, Save the Children, Internews, TRG, Harvard School of Public Health, and Banyan Global

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.1.2: Improved efficiency and reduced waste.

SO 1.2.1: Increased enrollment (direct and/or subsidized).

SO 1.3: Improved resource allocation.

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage, and oversee health system functions.

SO X.2: Increased client and community engagement and voice (especially among vulnerable and marginalized populations) in planning and oversight.

SO X.3: Strengthened collaboration between public sector, private sector, and civil society.

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

USAID approved an updated work plan on April 20, 2021, which added interventions under Objective 4 to support implementation of the National COVID-19 Vaccination Plan. LHSS replaced one deliverable, the development of migrant healthcare policy guidelines, with a roadmap for the transition process for implementing the temporary protective status for Venezuelan migrants in the health sector. LHSS also modified and extended due dates on some deliverables and removed a draft technical assistance plan as a contract deliverable.

DELIVERABLES

Migrant integration lessons policy document:

- **Progress:** LHSS finalized the policy document of lessons learned from international experiences integrating migrants into health care systems and a review of the progress the MOH has made in their migrant health response. This document will serve as a tool for the MOH, territorial entities, and other international actors on inclusive migrant health policies and strategies that promote the sustainable integration of migrants to health systems.
- **Activities to be undertaken during the following quarter:** LHSS will submit the policy document to USAID.

Capacity-building strategy and assessment framework and tool:

- LHSS completed capacity assessments in three departments and eight municipalities, finding a general lack of planning and knowledge around health care for the migrant population.
- **Activities to be undertaken during the following quarter:** LHSS will share results with each entity and work with them to co-develop capacity development plans.

Assessment report of MOH's donation review process and proposed modifications:

- **Progress:** Based on the results of this assessment, LHSS has been collaborating with the MOH to develop an implementation plan on the proposed modifications to the donation review process.
- **Activities to be undertaken during the following quarter:** LHSS will continue developing the implementation plan with input from the MOH.

Donation mobilization strategy:

- **Progress:** LHSS finalized and submitted the donation mobilization strategy to USAID for approval. The strategy recommended potential mechanisms to strengthen the MOH's and territorial entities' management of in-kind donations from the private sector and international partners.
- **Activities to be undertaken next quarter:** N/A

Information needs assessment and media projects:

- **Progress:** LHSS completed data collection for the information needs assessment. Local partners have begun carrying out media projects with technical assistance from LHSS to disseminate information on access to health services for migrants.
- **Activities to be undertaken during the following quarter:** LHSS will analyze the results of the information needs assessment and submit and report in Quarter 4. The local partners will disseminate the information from their media project.

Financial needs analysis for migrant health in territorial entities:

- **Progress:** LHSS developed the approach and finalized the methodology that will be used to carry out the financial needs analysis.

- **Activities to be undertaken during the following quarter:** LHSS will conduct the analysis in Quarter 4 in five territorial entities and develop an executive summary with results.

Strategy for the MOH to mobilize private sector resources for migrant health care and the COVID-19 response:

- **Progress:** LHSS finalized and submitted the private sector resource mobilization strategy to USAID for approval. This strategy was combined with the donation mobilization strategy.
- **Activities to be undertaken during the following quarter:** Along with the donation mobilization strategy, LHSS will continue to consult with the MOH to help inform its first private sector engagement strategy.

Implementation strategy for a list of essential health services for migrants:

- **Progress:** LHSS completed a draft strategy that identified the barriers and opportunities and approaches to overcome barriers to implement essential health services for migrants, which is currently being reviewed by the MOH.
- **Activities to be undertaken during the following quarter:** LHSS will submit the strategy to USAID in Quarter 4.

Enrollment strategies and workshops:

- **Progress:** LHSS has continued to support 10 departments to increase the enrollment of migrants to the health system; the project implemented five workshops with 612 local actors participating. Additionally, LHSS supported six enrollment days where more than 2,500 migrants enrolled in the health insurance scheme.
- **Problems encountered:** Due to the current COVID-19 situation in the country, LHSS held in-person events in municipalities where there are no mobility restrictions but has had to conduct virtual campaigns in other areas through social media and emails.
- **Activities to be undertaken during the following quarter:** LHSS will continue to support enrollment campaigns and workshops in the prioritized territories, and will submit the final monthly enrollment reports, as well as a landscaping report on Venezuelan organization with capacity to enroll migrants.

Report on barriers to enrollment for migrants and Colombian returnees:

- **Progress:** LHSS completed the analysis of the key barriers to migrants enrolling in the national health insurance scheme and proposed an implementation plan to the MOH. LHSS has also continued to work on defining and implementing a strategy to monitor ongoing migrant enrollment.
- **Activities to be undertaken during the following quarter:** LHSS will finalize and submit the report on key barriers to migrant enrollment and a retention strategy report in Quarter 4.

Document partners' PHC efforts and conduct formative research to inform a community health strategy

- **Progress:** USAID approved LHSS's report on existing efforts to deliver PHC services. The activity also completed data collection for the participatory assessment of community needs and a literature review, and a report with key findings was submitted to USAID.
- **Activities to be undertaken during the following quarter:** LHSS will use these reports to inform the development of a primary health care model focused on migrants.

Workshops to define primary health care priorities for technical assistance

- LHSS carried out three workshops to develop plans to support health services in three regions. A report detailing the technical assistance priorities to expand primary health care was submitted to USAID.
- **Problems encountered:** The workshop in Valle del Cauca needed to be virtual due to social unrest and the current wave of the COVID-19 pandemic affecting Colombia.

- **Activities to be undertaken during the following quarter:** LHSS will use the findings from these workshops to guide the implementation of the community health strategy with hospitals and health secretariats.

Virtual quality improvement courses:

- **Progress:** The first group of 22 health providers completed IHI's Open School and the second group of 60 began their courses. Forty-four additional primary health care personnel and mid-level managers finished the first cycle of the Quality Improvement Practicum (QIP), and LHSS launched the second cycle with 40 participants. LHSS also launched the intermediate quality improvement course, *Ciencia de Mejoría de Práctica*.
- **Problems encountered:** One institution in Norte de Santander could not continue and had to be replaced. Furthermore, some providers for the Open School courses quit and needed to be replaced. The political situation in Colombia decreased attendance and disrupted workflow but the activity has been able to follow the schedule as planned.
- **Activities to be undertaken during the following quarter:** Courses will continue for the next eight months.

Capacity development for integrated care models based on evidence-based practices and the coordination of health service networks:

- **Progress:** LHSS completed a literature review and conducted interviews and focus groups with key informants to identify the structure of current primary health care models and to explore how to strengthen PHC.
- **Activities to be undertaken during the following quarter:** These two reports will be completed in Quarter 4 and will serve as resources to MOH to support operationalizing the Integrated Territorial Action Model (MAITE).

Evaluation of the response and adaptation capacity of the Colombian health system and the primary care model in emergency situations:

- **Progress:** LHSS completed two deliverables related to strengthening Colombia's PHC model in emergency situations, informed by stakeholder interviews with health system actors.
- **Activities to be undertaken during the following quarter:** LHSS will submit these reports to USAID in Quarter 4.

Report on factors contributing to stress and burnout among health care providers:

- **Progress:** LHSS submitted a report on the findings of the mixed-methods study on stress and burnout among health care providers to USAID for approval.
- **Activities to be undertaken during the following quarter:** LHSS will provide the results to hospitals and government officials and work with them to co-create a strategy for building resiliency and promoting joy in work by the end of Quarter 4.

Performance management of COVID-19 human resources:

- **Progress:** LHSS submitted and received approval from USAID on the manual for continuous personnel evaluation, which can be used by the health secretariats to inform the deployment of HRH in the future. LHSS also submitted and received USAID approval on the report detailing the results of the health secretariat's performance evaluation of RRT personnel.

Flexible response fund for the COVID-19 response:

- **Progress:** LHSS supported MOH to reconfigure its COVID-19 website, and the MOH will use the updated platform to disseminate COVID-19-related information. LHSS also used the flexible response fund to donate 2,200 personal protective gowns to the Bogotá health secretariat for health workers.
- **Activities to be undertaken during the following quarter:** The activity-hired web developer

and designer will continue helping with the reconfiguration of the COVID-19 website. LHSS will continue coordinating with the MOH and territorial health secretariats in using the flexible response fund.

COVID-19 innovation support:

- **Progress:** LHSS continued to support Netux in the development of a mobile application to monitor vital health data of patients with COVID-19. LHSS also purchased 230 kits composed of oximeters and guides on using the case management platform for follow-up of symptomatic COVID-19 patients.
- **Activities to be undertaken during the following quarter:** LHSS will continue to provide oversight of and support to Netux in the development and dissemination of the mobile application.

Support for the development and implementation of the PRASS program:

- **Progress:** LHSS hired the second round of rapid response teams (RRT 2.0), who have continued to support the territorial health secretariats in the implementation of the Sustainable Selective Testing, Tracking, and Isolation Program (PRASS, per its Spanish acronyms). The teams supported the monitoring of 131,703 suspected cases and contacts of COVID-19 in host and migrant communities, and trained 4,717 people on COVID-19 surveillance and communication.
- **Activities to be undertaken during the following quarter:** The RRT 2.0 will continue to support the PRASS program, including in six new territorial entities with existing program funding.

Support for the micro-planning process for vaccine coverage

- **Progress:** LHSS hired 15 territorial teams to assist with the health secretariats' Enhanced Immunization Programs (PAI, per its Spanish acronym).
- **Activities to be undertaken during the following quarter:** The territorial teams will support PAI through stakeholder coordination, vaccine distribution, training, and vaccine reporting.

Communication strategies for the implementation of the vaccination plan

- **Progress:** LHSS is supporting the MOH, territorial entities, health providers, and local media to strengthen communication strategies that promote vaccination and mitigate disinformation as part of the implementation of the national vaccination plan. The activity is finalizing the scope of activities.
- **Activities to be undertaken during the following quarter:** LHSS will begin implementing this intervention, starting with developing a training curriculum on vaccine myths and hesitancy.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

LHSS worked internally with the technical leads of the objectives, the capacity building specialist, GESI specialist, and MEL team to revise the program's Sustainability and Transition Plan based on updated capacity goals for local partners, including the MOH, territorial entities, and community-based organizations. The program also made further progress in defining its communication strategy and engaged the MOH in validating the Sustainability and Transition Plan, which will be finalized in a follow-up meeting in August 2021. LHSS has also worked on incorporating the "Outcome Challenge" methodology in the plan, which considers the questions of "who," "what," "when," "how," and "why" to better improve monitoring and evaluation of sustainability and transition indicators.

GESI PROGRESS

The approved activity work plan and AMELP reflect and reinforce the LHSS Project Gender Equality and Social Inclusion (GESI) Strategy (2019). In line with the LHSS GESI Strategy and the USAID Colombia Country Development and Cooperation Strategy Gender Assessment (2019), the LHSS Colombia VRIO Activity will continue to:

- Integrate GESI into the analysis, design, implementation, monitoring, evaluation, and learning (MEL) of interventions.

- Promote meaningful participation by women and other socially excluded groups in health systems management, leadership, and governance.
- Not exacerbate the problems and barriers faced by women, underserved, and socially excluded groups in accessing and using quality health services.

LHSS finalized and submitted the Colombia program's GESI Analysis and received USAID approval. The recommendations form the basis of the GESI action plan.

This quarter, the activity met with health secretariats and the secretariats of gender/women from four territorial entities to present the GESI strategy and identify GESI activities to collaborate on. As result of this meeting, LHSS coordinated with the Department of La Guajira to conduct virtual training. In Quarter 4, LHSS will carry out an initial technical assistance exercise with four prioritized municipalities.

LHSS supported a number of activities related to xenophobia prevention, including communication campaigns and the ACIDI-VOCA and USAID's *Conectando Caminos* project.

LHSS presented information about the GESI strategy to the activity's consultants who are supporting the MOH and Border Management to better integrate GESI into their work. Finally, LHSS worked to include the GESI strategy in its own internal operations, such as by adding GESI-lens human resource policies related to staff recruitment.

PROGRESS ON PERFORMANCE INDICATORS

LHSS held two GESI trainings with 27 health institutions. LHSS also established a working table with Border Management and the MOH to promote joint efforts on developing a roadmap to implement the Temporary Protection Statute for Venezuelan migrants. LHSS trained 26 health care professionals on quality improvement. The RRT 2.0 teams supported 292 inpatient and 161 outpatient health facilities and trained 4,717 people on COVID-19 surveillance and communication.

LESSONS LEARNED AND BEST PRACTICES

LHSS has continued to be flexible in implementing interventions and completing deliverables given the current political, social, and health context in the country. This has included switching some of the quality improvement courses and practicums, as well as data collection efforts, to a virtual setting.

Coordination with stakeholders, partners, and beneficiaries, as well as involving actors outside of the MOH has proven to be a good practice in ensuring that interventions are useful, applied, and sustainable.

MANAGEMENT AND STAFFING

In Q3, LHSS hired a communications assistant, a COVID vaccination plan specialist, and an administrative assistant. The Director of Finance and Operations left their position and LHSS is in the process for hiring their replacement.

UPCOMING EVENTS

The activity will continue to conduct workshops and trainings on enrollment of migrants in the health system with local actors throughout the prioritized territories. LHSS will also be conducting three webinars to discuss the results of the study on stress and burnout among health care workers.

SUCCESS STORIES

LHSS mobilized to assist with the implementation of Colombia's National COVID-19 Vaccination Plan, deploying 15 management teams to assist with vaccine provision in territorial entities.

LHSS supported enrollment days in territorial entities, with an estimated 2,500 migrants enrolling.

The LHSS study on health worker burnout has quantified the impact of the migrant phenomenon and the COVID-19 pandemic on health workers, finding very high levels of burnout (99.8%). Results are being used to support the MOH in implementing strategies to promote well-being of health workers.

5.4 COLOMBIA - BHA

Status: The BHA activity ended, with LHSS submitting all deliverables

Problem Statement: COVID-19 presents an urgent and significant challenge to the health system to rapidly increase testing, improve surveillance, and expand access to care. The current capacity of local health authorities to contract and deploy HRH for surveillance, rapid response, and case detection is insufficient to meet the needs of the population and to slow the spread of COVID-19.

Purpose: The LHSS Colombia BHA Activity supports the Colombian Government to respond to the COVID-19 pandemic and to strengthen the health system's resilience by increasing the availability and supervision of RRTs for improved surveillance, rapid response, and case investigation in prioritized territories.

Interventions:

- Conduct a rapid needs assessment.
- Increase HRH capacity to respond to public health emergencies.
- Strengthen HRH development for the COVID-19 response.
- Institutionalize capacity improvements for prevention, detection, and response of future outbreaks.

Planned Deliverables:

- Evaluation process manual and performance evaluation of RRT personnel
- Report on rapid assessment of MOH's capacity for HRH rapid deployment
- Rapid HRH deployment roadmap

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Objective 2: Increased population coverage

SO 2.1: Health services accessible and provided equitably to all

SO 2.1.1: Improved availability of services and commodities

SO 2.1.2: Improved availability and distribution of skilled/motivated HRH, especially in hard-to-reach areas

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

The BHA Activity ended this quarter, with LHSS submitting all deliverables and the activity's support of the territorial RRTs ending in April.

DELIVERABLES

Performance management of COVID-19 human resources

- **Progress:** LHSS received approval from USAID on the manual for continuous personnel evaluation and on the report detailing the health secretariat's performance evaluation of RRT personnel. These tools will serve as references for future HRH deployment.
- **Activities to be undertaken during the following quarter:** N/A

Report on rapid assessment of MOH capacity for HRH rapid deployment and rapid HRH deployment roadmap for future emergencies

- **Progress:** LHSS submitted to USAID the report on the rapid assessment of the MOH's capacity for HRH rapid deployment and a corresponding roadmap. These deliverables will be handed over to the MOH as tools for future deployments of surge HRH.
- **Activities to be undertaken during the following quarter:** N/A

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

This quarter the BHA Activity completed its support of the RRTs deployed to 18 different territorial entities throughout Colombia. At the conclusion of LHSS's support, 19 of 83 professionals (23%) have joined their territorial entities' local COVID-19 pandemic response team and will continue supporting the health secretariats.

Through these teams, LHSS supported the MOH in strengthening the capacities of the health secretariats to respond to the COVID-19 pandemic. The teams conducted contact tracing, follow-up of people with positive cases, analyses on causes of mortality, and the development of epidemiological reports. The RRTs also conducted trainings for health professionals and host community members, helping to strengthen the local capacities of the communities. LHSS handed over the roadmap on HRH deployment and the manual for continuous personnel evaluation to the MOH and health secretariats as tools to improve the planning, management, and response to any future public health emergency. The RRTs also provided the health secretariats with tools and strategies that will continue to be used.

GESI PROGRESS

LHSS's GESI Strategy and the LHSS Colombia's customized GESI strategy provide the guiding principles for the activity to incorporate GESI considerations into implementation. The activity continued implementing the GESI action plan together with activities under Colombia VRIO, focusing on disaggregation of data to enable a GESI focus. The rapid response teams also developed activities with a GESI lens, primarily by focusing on indigenous communities.

PROGRESS ON PERFORMANCE INDICATORS

The RRT activities supported by BHA were completed in April 2021. During the teams' deployment, they trained 8,512 health professionals and 8,315 community members on COVID-19 and general respiratory infection prevention, PRASS, and care guidelines.

LESSONS LEARNED AND BEST PRACTICES

LHSS held three "Pause and Reflect" events with activity staff and external stakeholders to discuss the learnings from the RRT deployment. A close working relationship with the MOH and the health secretariats played an important role in planning for deployment and building trust. Ongoing communication during the selection, hiring, and training of the professionals was crucial to ensure the recruitment process could be adapted to local circumstances. External participants noted the utility of the technical toolkit LHSS provided to the RRTs.

LHSS provided best practices and recommendations in its report on HRH deployment for the health secretariats and the MOH. LHSS recommends working through the leadership of the territorial entities and establishing collaborative relationships between national and sub-national entities to improve emergency responses.

SUCCESS STORIES

The initial RRTs completed their deployment in support of the local health secretariats' COVID-19 response. During their deployment, RRTs trained 8,512 health professionals and 8,315 community

members on COVID-19 and general respiratory infection prevention, PRASS, and care guidelines; supported 122 inpatient and 103 total outpatient facilities; monitored and tracked 11,218 suspected cases of COVID-19 in host communities and 161 cases in migrant communities; conducted 22 analyses on causes of death and mortality; and prepared 27 technical documents and analyses.

5.5 COLOMBIA - COVID-19 CRITICAL CARE ACTIVITY

Status: Developing implementation approach and protocols for technical assistance

Problem Statement: Earlier testing, better prepared health systems, and improvements in treatment have contributed to a reduction in case fatality rates. However, challenges persist at the regional (department) level where there is variation in available resources and capacity. Although Colombia was able to purchase ventilators to improve its critical care capacity, global supply chain issues increased costs and delayed deliveries. USAID donated 200 ventilators to Colombia in July 2020.

Purpose: LHSS is providing technical assistance to the Colombian government to ensure the safe and effective use of the ventilators, while also improving the capacity of health personnel to use ventilators and manage critical cases.

Interventions:

- Exchange national lessons learned on COVID-19 case management.
- Strengthen the capacity of HRH in intensive, intermediate, and high-complexity hospitalization COVID-19 case management.

Planned Deliverables:

- COVID-19 clinical outcomes analysis and lessons learned
- COVID-19 intensive care unit (ICU) discharge outcomes analysis
- Recommendations for MOH to improve intensive care services
- Recommendations to improve COVID-19 patients' access to services
- Recordings of at least five exchange seminars

Consortium Partners:

- Abt Associates

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

USAID approved LHSS's request to change the due dates of several deliverables from Quarter 2 to Quarter 4 because of delays in finalizing the agreement with subcontractors. These included a report on the COVID-19 clinical outcomes analysis and lessons learned, two reports with recommendations on improving intensive care services and access to services after discharge, a report on the COVID-19 ICU discharge outcomes analysis, and the documentation of the virtual consultation process for real-time technical assistance, along with the list of questions and answers from the consultancies.

DELIVERABLES

National lessons learned on COVID-19 case management:

- **Progress:** LHSS completed the analysis on COVID-19 clinical outcomes and began developing the report with the findings and lessons learned. This deliverable provides recommendations to the MOH to improve the technical efficiency of intensive care services.
- **Activities to be undertaken during the following quarter:** LHSS will submit the report of the analysis and lessons learned.

Virtual seminars for the exchange of experiences on ICU COVID-19 case management:

- **Progress:** LHSS held an inaugural seminar on improving critical care for COVID-19 patients. LHSS then held five regional seminars, with 269 critical care health professionals attending in total. LHSS also hosted a national seminar in May with 202 health professionals attending. LHSS submitted the recordings of the seminars for the MOH to disseminate.
- **Activities to be undertaken during the following quarter:** LHSS will hold one more national and regional seminar.

Real-time technical assistance for clinical management of COVID-19 patients:

- **Progress:** LHSS initiated real-time technical assistance to provide higher quality of care to COVID-19 patients, supporting 51 hospitals that have an ICU for COVID-19 patients and providing assistance to health workers caring for nearly 2,000 patients as of June 1, 2021. LHSS also hosted 43 workshops with 105 participating health care workers to help resolve clinical case issues.
- **Problems encountered:** The current wave of COVID-19 cases in Colombia made coordinating logistics more challenging and delayed the preparation of deliverables.
- **Activities to be undertaken during the following quarter:** LHSS will finalize and submit the documentation of the virtual consultation process, the list of questions and answers from the virtual consultancies, and the report on assistance provided to strengthen telemedicine, critical case management, and implementation of a software module to monitor COVID-19 patients after ICU discharge.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

The seminars on ICU COVID-19 case management have strengthened the knowledge and skills of health care professionals providing clinical care to critical COVID-19 patients. Seminars will be available online for professionals to review in the future. The experts who provided real-time technical assistance helped create a clinical practice guide with procedures for providing health care to critical COVID-19 patients, and this was shared with the MOH to be disseminated.

GESI PROGRESS

The LHSS GESI Strategy and LHSS Colombia's customized GESI strategy provide the guiding principles under which this activity incorporates GESI considerations into its implementation.

COVID-19 has exacerbated gender-related vulnerabilities in health seeking behavior and health system functionality. LHSS has examined a number of gender and social norms that have negatively impacted health system responsiveness to COVID-19 and continued implementing the GESI action plan including providing GESI guidelines to Colombia's National University Hospital, the subcontractor that is leading the implementation of this activity.

PROGRESS ON PERFORMANCE INDICATORS

Under Objective 2,357 health workers received training in COVID-19 case management (Indicator #2) and 61 health care facilities received technical assistance on COVID-19 case management (Indicator #3).

LESSONS LEARNED AND BEST PRACTICES

LHSS recognized that the seminars and workshops on clinical management of COVID-19 needed to be adapted to the context of each region. Technical experts focused on generating trust with health care workers so they would feel that the experts were there to accompany them rather than evaluate their performance, leading to more productive work.

Due to the high workload and the ongoing wave of COVID-19 cases in Colombia, the technical experts implemented flexible schedules and repeated some the seminars to ensure maximum participation.

UPCOMING EVENTS

LHSS is planning for one national and one regional webinar on critical care as part of the activity's interventions to strengthen the capacity of human resources for health to care for critical COVID-19 patients. The webinars will all take place in Quarter 4, although dates are still to be determined.

SUCCESS STORIES

As Colombia's COVID-19 case and death rates grew to among the highest in the world during a third wave of infections, LHSS conducted seven seminars for 521 total health workers and is providing real-time assistance to health workers to improve quality of care for 1,800 patients. USAID Colombia and the health secretariats of 16 departments that have participated in the seminars have shared their appreciation for this support.

5.6 DOMINICAN REPUBLIC

Status: LHSS DR initiated the development of SOPs to operationalize GODR's new policy on HIV service delivery, conducted a health facilities assessment to evaluate the performance of PEPFAR-supported sites on supply chain operations, and developed a quantification report for essential HIV commodities for 2022.

Problem Statement: Systemic challenges persist around the need to standardize HIV services across providers and to ensure clinical care and outreach is culturally and linguistically responsive to FCs.² Major constraints include the absence of a systematic quality assurance mechanism that clearly defines roles and relationships, and inadequate management capacity at both the central Ministry of Health (MOH) and the sub-national level for assessing and strengthening the quality of service delivery in HIV comprehensive care service sites (SAI) and the community.³

Purpose: LHSS will provide technical assistance to the MOH to strengthen the government's supply chain management system for HIV commodities to support the expansion of optimized antiretroviral regimens and community ARV distribution. LHSS will help revise or develop national policies, guidelines, and SOPs, supporting the MOH and the DIGECITSS to implement newly adopted national policy changes for the provision of community-level HIV services for FCs (e.g., the Ministerial decree that supports mobile clinical services).

Interventions:

- Update national guidelines and SOPs for service delivery via mobile modality.
- Standardize in-service training for the HIV workforce.
- Strengthen GODR's supply chain management system.
- Strengthen and improve data quality and use of the logistic management information system.
- Procure laboratory equipment to improve identification and monitoring of vector borne diseases.

Planned Deliverables:

- Facilities assessment report
- Quantification report for HIV commodities for 2022
- List of consumables to be acquired for Zika entomological monitoring

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Objective 2: Increased population coverage

SO 2.1.2: Improved availability and distribution of skilled/motivated HRH, especially in hard-to-reach areas.

SO 2.2: Public and private services responsive to population needs.

² PEPFAR COP 2020

³ M. Rathe. 2018. *Dominican Republic: Implementing a Health Protection System That Leaves No One Behind*. Universal Health Coverage Study Series, No. 30. Washington, DC: World Bank Group.

- Objective 3: Increased service coverage of quality essential services

SO 3.1: Health services meet evidence-based standards of quality care.

SO 3.2: Improved organization and delivery of cost-effective services.

SO 3.2.2: Strengthened community health services.

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions.

ACTIVITY CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

After starting implementation of Q3 activities, LHSS recognized that some activities required additional time for implementation and finalization, following coordination with national counterparts. With USAID DR's agreement, LHSS submitted a work plan modification request to the COR to modify the submission date of the deliverables listed below from Q3 to Q4, which USAID approved on June 23rd.

- New SOPs on HIV service delivery for community services (Task 1.1.2).
- Incorporate new policy changes to and develop revised client focused in-service training curricula for SNS/MSP (Task 2.1.1).
- Conduct training for clinical staff on new training curricula (Task 2.1.3).
- Information dashboard for COVID-19 indicators at the site level (Task 3.1.1).

DELIVERABLES

Develop SOPs to operationalize GODR's new policy on HIV service delivery modalities

LHSS included a new intervention to develop SOPs to standardize HIV service provision across SAIs (comprehensive care services), operationalize new HIV policies on service delivery modalities, and improve quality of care. During Q2, LHSS and USAID agreed on the technical areas that would be covered through the SOPs. In Q3, LHSS held a competitive open procurement to select consultants to develop the SOPs.

LHSS is developing the following SOPs:

- Community testing, including index case testing.
- Community ARV distribution includes pharmacies or community points, home delivery and community-based organizations.
- Care retention and ART adherence for professional and lay healthcare workers.

To develop these SOPs, LHSS performed desk reviews of national and international guidelines and recommendations under each topic, consulted with national counterparts and other implementing partners to identify existing materials that can support and align local strategies at the site level for each SOP, identified areas of improvement and best practices that can enhance the design and implementation of the procedures.

Prior to initiating the activities, LHSS held a meeting with national authorities to discuss added scope of work, validate interventions and identify key staff for technical support. As a result, a point of contact was assigned to support LHSS in the implementation of activities and validation of materials to be developed.

On May 26th, LHSS conducted a technical workshop with the SNS and DIGECITSS to review the first draft of the SOP for *Community ARV distribution*. Changes and recommendations resulting from that review are being incorporated into the SOP before piloting its roll-out.

SOPs for health facilities

SOPs for community testing, including index case testing and care retention, and ART adherence for professional and lay healthcare workers are in the design stage. During Q4 and prior to the final consultative technical workshop, LHSS will coordinate field pilots for the 3 SOPs under development with health promoters from sites selected in coordination with the SNS. Based on the results and recommendations from the field testing, adjustments will be incorporated before final submission to the Quality and Protocols division of the SNS for final validation in Q4. After final validation, LHSS will compile developed SOPs to create a standardized health promoter manual for HIV community services that will improve service delivery across health facilities.

Analysis of HIV service delivery modalities

This task was the first step of a larger assessment of service delivery modalities, and subsequently the development of a supportive supervision framework, activities which were suspended at the request of USAID. Prior to the activity cancellation, LHSS conducted 12 interviews with local stakeholders to complement findings from the initial desk review and assess the needs, gaps, and improvement areas for the existing supportive supervision framework.

Incorporate new policy changes to and develop revised client focused in-service training curricula

To support this activity, LHSS hired a local consultant who specializes in institutional development, capacity building and human resources management. The consultant will develop a training curriculum based on the new and updated regulatory policies and guidelines developed by the MOH. In addition, SOPs under task 1.1.2 are going to be added to this training curricula to strengthen the provision of comprehensive care for HIV and other STIs. During Q3, LHSS worked with the SNS and DIGECITSS to review and confirm topics and materials to be included in the design of the training curricula and identify points of contacts to provide technical support ensuring the curricula aligns with needs and protocols established by the SNS.

Revised in-service training curricula

The revised training curricula will be completed in Q4, upon the completion of Task 1.1.2.

Conduct training for clinical staff on new training curricula

In Q3, LHSS initiated the coordination with the SNS and MOH to organize the training for HIV staff at PEPFAR supported and non-supported sites, that will be based on the training curricula developed under task 2.1.1. On May 16th, LHSS conducted a meeting with the SNS to discuss the scope of the activity, topics to be covered on the trainings, profile of participants and to identify key personnel that will serve as trainers. As a result, the SNS shared a preliminary list of health workers per clinical site nationwide and provided information on previous trainings the MOH has conducted based on existing updated guidelines. Based on the preliminary list shared by the SNS, a projection of participants has been carried out, both from prioritized and non-prioritized sites, to start the logistics for the workshops, such as location, costs, necessary sessions, and protocols to abide with COVID-19 prevention measures.

Training for providers on new guidelines and SOPs

Trainings on new guidelines and SOPs will be conducted between August and September 2021.

Assessment, training, and monitoring of supply chain performance in PEPFAR-supported facilities

LHSS held a kick-off meeting on May 10th with the Directorate of Medicines and Supplies at the National Health Services to coordinate the following:

- Interventions linked to supply chain management (SCM) to be supported by LHSS.
- Identify key staff to provide technical support and oversee activities.
- Coordinate visits to the new PEPFAR supported facilities to assess supply chain performance and build an

assessment report to highlight areas of improvement and needs to strengthen facility staff performance.

From May 24th to mid-June, data collection and assessment of supply chain performance visits were conducted in 15 facilities. Findings were compiled under a facilities assessment report that includes assessment of the situation of the regional warehouses, inventory management and supply chain operations. In addition, LHSS is supporting national authorities with monitoring and evaluating the global supply chain performance of the 37 PEPFAR supported facilities on a quarterly basis; monitoring reports to be delivered in the following quarter.

In coordination with the SNS and based on the findings from the reports described above, LHSS has started the design of a digital self-learning course to train management and pharmaceutical staff to strengthen supply chain performance and the implementation of the Unified Pharmaceutical and Commodity Management System (SUGEMI) including quantification, warehousing, distribution, dispensing and use of the Logistic management information system (LMIS). This course will be available for all management staff of HIV care facilities. Final design, piloting and implementation will be rolled out in Q4.

Facilities assessment report

In Q3, data collection was completed, findings were compiled and analyzed. The report was submitted to USAID DR for concurrence on June 30th.

Quarterly monitoring reports

Performance for the 37 PEPFAR-supported sites is being monitored and registered for analysis and compilation of findings. The first quarterly report will cover sites performance from April to June 2021. The deliverable will be submitted to USAID within the first two weeks of July.

Support quantification and programming for procurement of HIV products

LHSS provided technical assistance to the MOH with the analysis of required information to develop the quantification and procurement programming of HIV products for 2022, this includes estimating a national budget for medicines and supplies, quantification of products based on revised ARV regimens for adult and pediatric patients, coverage of monitoring tests (count of CD4 and viral load testing) and prevention supplies such as condoms and HIV tests.

On June 10th, LHSS conducted a workshop with the HIV Medicines and Supplies Technical Group to conduct a quantification and programming exercise based on gathered data and previous reports with information going back three years. As a result, the 2022 quantification and programming report was drafted and has already been shared with the Deputy Minister of Planning from the MOH for review, final approval, and inclusion in the national budget of 2022.

Quantification report for 2022

The preliminary report was submitted to national authorities and to USAID DR for concurrence on June 30th.

Development of prescription/dispensing module in FAAPS

In Q3, LHSS conducted consultation meetings with the SNS to initiate support under this activity including the assessment to determine needs and capacity of existing tools and/or system to collect, process and use information linked to dispensation of ART at the clinical site.

In these meetings, LHSS learned that similar support is being provided to the SNS by other PEPFAR implementing partners. Information has been shared with USAID DR to avoid duplication of efforts; this task is currently on hold until LHSS receives further instructions from USAID.

Identify laboratory equipment needs to strengthen entomological surveillance nationwide.

Based on a preliminary list of equipment and consumables to improve identification and monitoring of vector borne diseases shared by USAID DR, LHSS held consultative meetings with the Directorate of the National Laboratory to validate current needs and identify equipment and consumables to be prioritized for procurement.

By mid-May, LHSS agreed with the National Laboratory on a final list of equipment and consumables to be procured, maintaining coverage of prioritized needs and scope of budget for the activity. Based on this list, LHSS requested quotes from different vendors to accommodate technical requirements and prices per item.

The final list was shared with USAID DR and submitted for procurement. Delivery of a total of 20 items to be procured is expected in Q4.

Final list of consumables to be acquired

The deliverable detailing findings from validation meetings, agreed equipment and consumables to be procured, technical requirements and budget, was submitted to USAID DR for concurrence on June 30th.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

LHSS strengthened the MOH's capacity to standardize HIV service delivery, especially community services, by leading the modification of the HIV Policy Norm. To institutionalize the inclusion of community services within HIV service modalities, LHSS will continue to support the adoption of these new regulations, and in coordination with the local stakeholders, it will develop standard operating procedures to facilitate the operationalization of the new policy framework within the HIV workforce.

LHSS DR developed an initial Local Partner Sustainability and Transition plan to develop milestones to sustainably enhance local stakeholder capacity, including SNS, DIGECITSS, and the MOH. Some LHSS local capacity development strategies aim to strengthen the quality of care for HIV by developing and conducting trainings for health directorates and the SNS on supply chain management. As an example of our sustainable approach to capacity development, LHSS will coordinate with the MOH to develop an updated training curriculum and conduct trainings for supervisors and front-line health staff on implementing the new SOPs. The training curriculum will be delivered to and institutionalized by the SNS for its further implementation after LHSS support.

GESI PROGRESS

The approved activity work plan and AMELP reflect and reinforce the LHSS Project's Gender Equality and Social Inclusion (GESI) Strategy (2019). In line with the LHSS GESI Strategy and the USAID DR Country Development and Cooperation Strategy (2019), LHSS DR Activities will:

- Integrate GESI into the analysis, design, implementation, and monitoring, evaluation, and learning (MEL) of interventions.
- Promote meaningful participation by women and other socially excluded groups in health systems management, leadership, and governance.
- Not exacerbate the problems and barriers faced by women, underserved, and socially excluded groups in accessing and using quality health services.

In line with the LHSS GESI Strategy, the activity focuses on defined populations such as FCs—Haitian migrants and individuals of Haitian descent residing in the DR, women, the LGBTQ community, and people with disabilities. During Q3 and 4, LHSS will be developing a set of three SOPs to improve the access to services at the community level, by doing so it is expected to broaden HIV quality services for diverse populations who face barriers to access HIV services conventionally.

WASTE, CLIMATE RISK MANAGEMENT

In Quarter 3, LHSS DR continued abiding by its Waste Management Plan for medical commodities and its Environmental Mitigation and Monitoring Plan to ensure compliance with the Integrated Health Systems Improvement Project's initial environmental examination (GH-17-064).

PROGRESS ON PERFORMANCE INDICATORS

Currently, LHSS is revising the MEL plan and will be submitting it to USAID DR for concurrence before final submission to the COR. Progress made under new incorporated activities has been detailed in section 2.2. The PITT table annexed reflects indicators from the previously approved workplan.

MANAGEMENT AND STAFFING

In Quarter 3, LHSS completed the hiring process for local consultants to support new incorporated activities, including interventions 1.1.2, 2.1, 3.1 and 3.2.

UPCOMING EVENTS

In Quarter 4, LHSS DR will conduct training sessions under Task 2.1.3 for professional and lay healthcare staff of facilities on the new in-service training curricula. In addition, a self-directed digital course to strengthen supply chain performance will be implemented. Training is aimed at pharmaceutical and management staff at the site level.

5.7 DR COVID-19 RESPONSE

Status: In Quarter 3, LHSS developed a COVID-19 critical care training curriculum and trainer guidelines for the SNS to continue improving case management for critical COVID-19 cases in hospitals that are not directly supported by LHSS. In coordination with the SNS, LHSS selected a total of five hospitals to support the design, pilot, and implementation of the information dashboard for COVID-19 indicators at the site level.

Problem Statement: On February 29, 2020, the DR confirmed its first case of COVID-19. By July 24th, the DR had 59,077 confirmed cases and 1,036 confirmed deaths. Medical care across the country has been severely strained, with hospitals close to full capacity and struggling to manage case numbers. On July 6th, the Dominican Society of Critical Medicine and Intensive Care issued a formal alert requesting the MOH and relevant committees respond to the significant increase of affected patients, noting the need to secure more ICU beds, ventilators, and health personnel able to provide surge support. There was also a lack of protocols and guidelines for hospital and ICU-based management of the influx of infected patients.

Purpose: The US government donated 50 ventilators to the GODR, which arrived in August 2020 to be distributed to 13 hospitals. Due to the mounting public health crisis, the need to ensure the rapid and effective use of donated equipment was paramount. This included improving and enhancing health staff performance and skills in the use of ventilators and critical case management.

Interventions:

- Establish clinical guidelines and triage protocols for COVID-19 cases requiring intensive care case management.
- Develop clinical case management protocol on using mechanical ventilation for COVID-19 patients.
- Develop a hospital training plan and compile relevant curricula and training materials.
- Train health personnel on guidelines for care of COVID-19 patients requiring intensive care case management.
- Train hospital engineering/maintenance personnel in the technical, standard operational processes, and maintenance of mechanical ventilators for COVID-19 patients.
- Increase health systems capacity to collect and share relevant COVID-19 data among priority hospitals.

Planned Deliverables:

- Draft of clinical guidelines and recommendations for critical care protocols
- Training plan
- COVID-19 critical care training curriculum and trainer guidelines
- Training report detailing the number of health personnel trained, their cadres, and pre/post-training test scores
- Training report detailing number of engineers trained, their cadres, etc.
- Information dashboard for COVID-19 indicators at the site level
- Learning exchanges report-out on discussion points and recommendations for improvement

Consortium Partners:

- Abt Associates Inc.

Contribution to Task Order Objectives

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions.

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Develop a COVID-19 critical care training curriculum and training guidelines to standardize service delivery and improve quality of care

Based on previous tasks and educational materials developed during Quarters 1 and 2, LHSS compiled training materials used in former health staff trainings to develop a training curricula and technical trainer guidelines to be of use to other implementing partners and the SNS to improve case management for critical care cases, standardize service delivery for COVID-19 and extend training for health personnel that have not been directly supported by the LHSS activity. These materials have been reviewed by the SNS and they align with national guidelines.

COVID-19 critical care training curriculum and trainer guidelines

The trainer guide was developed based on previous training plans and final recommendations and the curriculum has been drafted. The deliverable was submitted to USAID DR for concurrence on June 30th.

Design an information dashboard based on the existing information systems at the site level to support the decision-making process of the hospital's management team

Initiating this activity presented a challenge for LHSS, as the SNS Directorate of Hospitals was slow to respond to LHSS's requests to discuss the scope of activities and confirm point of contacts to support activities, in part due to their increased focus on the COVID-19 response. To overcome this challenge, LHSS moved forward with the identification of national reports and indicators of public knowledge that are being collected at a central level to monitor the national status on COVID-19 cases. In addition, based on facility assessments performed in previous quarters, a preliminary set of indicators were designed to collect data that can be of used for the making-making process and management of COVID-19 cases at the site level.

On June 1st, the SNS responded to the collaboration request and assigned two new points of contact to meet with the LHSS team, review activities and move forward with the engagement of the Information Management Department, Technology Manager, and Sub-Director of Hospitals. On the second week of June, meetings were held with the teams mentioned above to present progress to date, request access to SNS databases that could provide insight to data being collected, identify data use at the site level, evaluate feasibility of indicators designed and software suggested to develop information dashboard in order to sustain it after LHSS support ends.

In coordination with the SNS, a total of five hospitals were selected to support the design, piloting, and implementation of the information dashboard. Notification to the hospitals and coordination of visits are in progress.

Information dashboard for COVID-19 indicators at the site level

The dashboard will be submitted in Q4.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

Despite being oriented as an emergency response, all interventions under this activity have been designed and are being implemented to ensure that the TA produces sustainable outputs and, eventually, outcomes.

GESI PROGRESS

The approved activity work plan and AMELP reflect and reinforce the LHSS Project's Gender Equality and Social Inclusion (GESI) Strategy (2019). In line with the LHSS GESI Strategy and the USAID DR Country Development and Cooperation Strategy (2019), LHSS DR Activities will:

- Integrate GESI into the analysis, design, implementation, and monitoring, evaluation, and learning (MEL) of interventions.
- Promote meaningful participation by women and other socially excluded groups in health systems management, leadership, and governance.
- Not exacerbate the problems and barriers faced by women, underserved, and socially excluded groups in accessing and using quality health services.

In line with the LHSS GESI Strategy, the activity focuses on defined populations such as FCs—Haitian migrants and individuals of Haitian descent residing in the DR, women, the LGBTQ community, and people with disabilities. During Q3 and 4, LHSS will be developing a set of three SOPs to improve the access to services at the community level, by doing so it is expected to broaden HIV quality services for diverse populations who face barriers to access HIV services conventionally.

WASTE, CLIMATE RISK MANAGEMENT

In Q3, LHSS DR continued abiding by its Waste Management Plan for medical commodities and its Environmental Mitigation and Monitoring Plan to ensure compliance with the Integrated Health Systems Improvement Project's initial environmental examination (GH-17-064).

PROGRESS ON PERFORMANCE INDICATORS

A revised MEL plan was submitted to USAID DR for concurrence at the end of Q3. Once concurrence is received, LHSS will submit to the COR for approval. Revised indicators will be added for the next quarter, including updated PITT table.

An overview of Q3 performance indicators is included below.

Indicator #6: Number of health workers who have increased knowledge in COVID-19 case management

LHSS DR performed 373 pre- and post-training tests to assess health workers knowledge. Of those, 240 health workers completed both tests. One hundred and thirty-three tests were excluded from the analysis due to either missing the pre- or the post-training test. The activity provided pre- and post-training tests in two formats—digital and paper—to make the tests more accessible. In Q 3, LHSS DR conducted analysis on health workers' pre- and post-training knowledge. Knowledge is said to be increased where there is at least a 15% improvement of pre- vs. post- training test scores. Following these criteria, our analysis indicated that out of the 240 health workers that completed pre/post-training tests, 158 participants (65.8%) reached or exceeded an improvement of 15% percentage.

In Tables 1-3 we provide results disaggregated by hospital, sex, health region, and cadre. There were 220 females, 20 males, and 20 participants who did not provide sex (coded as 'unknown'). Notably, 127 females (57.7%) and 13 males (65%) showed an increase in knowledge from pre- to post-training test scores. In terms of cadre, there were 186 nurses and 51 doctors that completed pre/posttests. Further, 117 nurses (63%), and 38 doctors (74.5%) showed an increase in knowledge between test scores. For three participants the profession information was either illegible or incomplete. Most of pre/posttests that were completed were from the nursing staff, which is predominantly made-up of females.

A revised MEL plan was submitted to USAID DR for concurrence at the end of Q3. Once concurrence is received, LHSS will submit to the COR for approval. Revised indicators will be added for the next quarter, including updated PITT table.

UPCOMING EVENTS

During the next quarter, the following events will be carried out:

- Cross-learning exchanges between ICU staff members from priority hospitals to share lessons learned and improve coordination.
- Workshop for the management staff of prioritized hospitals on the use of data to strengthen the facilities capacity to response to COVID-19 cases.

5.8 JORDAN COVID-19

Status: Staffing and technical support provided to the MOH call center, laboratory assessments with capacity building areas identified, HCP trainings in rapid antigen testing (RAT), among others.

Problem Statement: The COVID-19 emergency is burdening health systems around the globe, and health care providers are faced with the challenges of managing COVID-19 patients along with their normal case load.

Purpose: The LHSS Jordan COVID-19 Response Activity Year 2 work plan supports Jordan in building capacity of rapid response teams to investigate COVID-19 cases, equipping laboratories for COVID-19 surge response, improving case management capabilities in health facilities, and ensuring effective access to health care services during the pandemic.

Interventions:

- Support MOH call center services.
- Rapidly assess national level diagnostic capacity to detect SARS-nCov-2.
- Increase RT-PCR testing capacity.
- Provide COVID-19 antigen rapid testing training and COVID-19 emergency response trainings.
- Provide communications support to public/private sector partners in developing a COVID-19 response plan.
- Develop a unified database of COVID-19 trained HCPs.
- Develop and implement hospital preparedness plans in public/private sector.
- Strengthen quality of services in COVID-19 ICUs.
- Develop KPIs for hospital-focused decision-making.
- Develop a legal framework for private sector coverage of telemedicine.

Planned Deliverables:

- Functional MOH call center established and capacity increased
- Rapid assessment report and recommendations
- 60 senior lab technicians and 24 MOH lab inspectors and quality control officers trained in QMS
- 100 laboratory technicians trained on RT-PCR / 5 MOH senior lab technicians TOT trained on PCR and RAT
- 350 HCPs trained in RAT
- Trainings conducted and published in key competencies
- Virtual training platform updated and delivered to MOH
- Grantee and HCAD communications plans developed and implemented
- COVID-19 response database developed
- 8 hospitals in the public and private sectors supported to attain COVID-19 readiness / 20 hospitals supporting with self-assessment training
- TA for ICUs

- Telemedicine legislation drafted and submitted to MOH

Consortium Partners:

- Abt Associates, Avenir

Contribution to Task Order Objectives

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.3: Strengthened collaboration between public sector, private sector, and civil society.

SO 2.1.3: Strengthened engagement with private providers.

SO 2.2: Public and private services responsive to population needs.

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

Updates to the COVID-19 work plan were submitted at the end of Q2 and approved in April 2021.

DELIVERABLES

- Functional MOH call center and capacity increased
 - **Progress:** By the end of Q3, Jordan Nurses and Midwives Council call center nurses contacted over 350,000 unique confirmed cases for initial contact tracing efforts, making between 2,000-5,000 calls on average per day. JNMC call supervisors conducted 20 quality assurance calls per week. Given the decline in COVID-19 cases, USAID provided guidance to allow flexibility in call center staff responsibilities that will support the GOJ's vaccination efforts beginning in Q4.
 - **Problems encountered:** Falling COVID-19 rates meant that call center nurses were at risk of not meeting their normal monthly targets in June, resulting in a shift in the call center mandate allowing for additional activities. Nurses continued to face IT challenges, so LHSS is procuring an additional server for the MOH.
 - **Tasks to be undertaken during the following quarter:** In Q4, LHSS will support the call center with tracking COVID-19 confirmed cases and supporting vaccine pharmacovigilance.
- Rapid assessment report and recommendations
 - **Progress:** LHSS analyzed data collected through a PCR capacity questionnaire and developed a suggested action plan for the MOH to address identified gaps.
 - **Problems encountered:** Findings from the PCR capacity questionnaire included data from all labs except the Royal Medical Services (RMS) labs due to delayed approval.
 - **Tasks to be undertaken during the following quarter:** None.
- 60 senior lab technicians trained in QMS / 24 MOH lab inspectors and quality control officers trained in QMS
 - **Progress:** This quarter, LHSS issued an RFA and contracted the selected applicant for Quality Management Systems (QMS) training courses targeting senior lab technicians, MOH lab inspectors, and quality control officers.
 - **Problems Encountered:** The Central Public Health Laboratory (CPHL) delayed in providing feedback on the SOW, causing a delay issuing the RFA.
 - **Activities to be undertaken during the following quarter:** Next quarter, LHSS will provide introductory QMS courses for 60 senior lab technicians and two five-day intensive training courses

in QMS with 24 MOH lab inspectors and quality control officers. LHSS will also provide TA to strengthen the MOH's supply chain management.

- 100 laboratory technicians trained on RT-PCR / 5 MOH senior lab technicians training of trainers (TOT) trained on PCR and RAT
 - **Progress:** LHSS expanded RT-PCR training programs to add sessions for 10 lab technicians from the Jordan Armed Forces (JAF) and MOH newly hired staff. LHSS offered a five-day bio-risk management course for 10 JAF participants and several three-day practical PCR courses for public sector lab technicians. By the end of Q3, LHSS trained 74 lab technicians in the public sector on RT-PCR testing.
 - **Problems encountered:** LHSS was not able to initiate the TOT in PCR and RAT with the five MOH senior lab technicians in Q3 as originally planned.
 - **Tasks to be undertaken during the following quarter:** In Q4, LHSS will conduct a TOT course in PCR and RAT for the five MOH senior lab technicians.
- 350 HCPs trained in RAT
 - **Progress:** LHSS and grantee, the Private Hospitals Association (PHA), trained 131 HCPs working in 29 private hospital emergency departments on RAT.
 - **Problems encountered:** No problems encountered.
 - **Tasks to be undertaken during the following quarter:** LHSS will follow up with the MOH regarding linking RAT results with the MOH surveillance system. PHA will complete their private hospital HCP training on RAT.
- Trainings conducted and published in key competencies
 - **Progress:** By the end of Quarter 3, JNMC conducted 20 sessions with nurses, pharmacists, and physicians on case management and critical case management for COVID-19. HCAC launched their general practitioner (GP) training, reaching 156 GPs and specialized doctors, and launched their TOT program to create trainers in four MOH field hospitals and 18 private hospitals. PHA began their training on RAT for emergency departments and conducted 13 training sessions for 131 participants by July 4th. Also by the end of Q3, 2,131 HCPs had taken courses on topics related to managing COVID-19 for different patient populations. Field hospital trainings continued this quarter, reaching a total of 264 participants. In collaboration with the MOH, LHSS tailored a three-day leadership and communication course for field hospital leadership staff, which was delivered to 74 participants. Finally, LHSS conducted a practical mechanical ventilation training course at each of the field hospitals.
 - **Problems encountered:** Foreign Funding Approval (FFA) created training start delays. All grantees worked to prepare for rapid start up once approval was received.
 - **Tasks to be undertaken during the following quarter:** In Q4, LHSS will continue the TOT program and finish the final reporting on the GP and specialist doctors training activity. PHA will complete RTA training for ER doctors. All grantees will close activities and produce final reports. LHSS will also complete the leadership and communication mentoring and advanced RT and mechanical ventilation courses. LHSS will conduct online mentoring sessions on critical care and will also support the MOH in conducting American Heart Association's (AHA) Basic Life Support (BLS) training.
- Grantee and HCAD communications plans developed and implemented
 - **Progress:** Building upon work done in Q2 in collaboration with the MOH Health Communication and Awareness Directorate (HCAD), in Q3, LHSS developed messages for television and radio ads

addressing COVID-19-related topics. LHSS published RFPs for ads production and broadcasting and for producing an IPC toolkit.

- **Problems encountered:** With the decline in COVID-19 cases and the roll-out of vaccines in Jordan, HCAD suggested developing messages tailored towards on-site learning, if schools re-open.
- **Tasks to be undertaken during the following quarter:** In Q4, LHSS will finalize ad and IPC toolkit production and distribution.
- Eight hospitals in the public and private sectors supported to attain COVID-19 readiness / 20 hospitals supporting with self-assessment training
- **Progress:** LHSS finalized action plans and provided technical support for four private hospitals requiring TA to improve COVID-19 readiness and conducted follow-up with 16 hospitals “ready” to receive COVID-19 patients. LHSS received technical documents related to four public hospital action plans and will provide TA for implementation.
- **Problems encountered:** The four private hospitals that received low readiness scores in the assessment needed extensive technical support from LHSS, resulting in a delay in finalizing action plans.
- **Tasks to be undertaken during the following quarter:** LHSS will continue to work with hospitals and the MOH to improve and maintain readiness for COVID-19.
- TA for ICUs, including assessments training, and mentorship, improvement plans development and follow-up on their implementation, and procurement if needed
- **Progress:** LHSS finalized a preliminary ICU assessment report and a general improvement plan for four MOH field hospitals and developed a training and mentoring plan based on the results.
- **Problems encountered:** No problems encountered.
- **Tasks to be undertaken during the following quarter:** LHSS will follow up with the MOH and field hospitals regarding mentoring activities and improvement plans.
- Telemedicine legislation drafted and submitted to MOH
- **Progress:** Building on work started in Q2, this quarter, LHSS coordinated with the MOH Legal Department and Family Medicine Department to form a multi-sectoral committee to review and revise the draft legislative framework.
- **Problems encountered:** Communications with the MOH Legal Department have been slow, delaying this activity.
- **Tasks to be undertaken during the following quarter:** In Q4, LHSS will work closely with the MOH to arrange committee meetings and will submit the first draft of the telemedicine legal framework.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

In Quarter 1 of FY21, LHSS Jordan completed a Local Partner Sustainability and Transition Plan for the COVID-19 activities based on both COVID-19 work plans. Proposed work plan activities for Year 2 align with the following three elements needed for sustainable transitioning of capacity: local leadership, self-financing, and local implementation. The team shared the initial plan with USAID Jordan and updated the plan again in Quarter 3. LHSS sought input from the MOH and other relevant stakeholders, especially related to the ICU assessment and the lab assessment to identify gaps. LHSS Jordan will implement COVID-19 activities while tracking local capacity development against the mutually agreed milestones in the health system. In Quarter 4, LHSS will continue to track progress against milestones in the following

table. In addition, LHSS will share the updated plan with USAID for their feedback and use the updated plan as a reflection tool to assist in work planning for the next fiscal year.

GESI PROGRESS

LHSS Jordan is using a Gender Equality and Social Inclusion Strategy (GESI) approach to promote social inclusion and gender sensitive approaches for COVID-19. LHSS conducted a rapid assessment to identify gender-related issues faced by front-line HCPs because women are more susceptible to increased professional and social pressure in combatting the spread of COVID-19. LHSS completed the first draft of the assessment and will share findings with MOH in Q4 to determine further actions. Additionally, the activity developed and is expanding access to recorded webinars on gender and COVID-19 and disability-inclusive COVID-19 services. By the end of Q3, 556 HCPs attended the disability training and 354 attended the regular gender equality training. Finally, the activity ensures equitable gender representation of HCP trainees by hosting virtual training activities at convenient times and days for women. In Q3, a total of 1,445 women with a percentage of 67.8% received training and 686 men with a percentage of 32.2%, demonstrating a successful engagement of women in the training program.

WASTE, CLIMATE RISK MANAGEMENT

The initial assessment of activities indicates low risk and no mitigation factors required.

PROGRESS ON PERFORMANCE INDICATORS

During this quarter and following the USAID April 2021 approval of the LHSS Jordan COVID-19 activity workplan, LHSS revised and submitted the COVID-19 AMELP to align it with the current workplan. LHSS made progress on several indicators including number of health care workers and non-health care workers trained on risk communications and community engagement, number of health workers trained in COVID-19 testing or transport with USAID support, number of designated laboratories or facilities capable of testing for COVID-19 with USAID support, number of facilities receiving technical assistance for case management such as facility level assessments, guidance and/or training, and number of health workers trained in COVID-19 case management. Additionally, three new indicators were added to the revised AMELP: number of people reached through USAID-supported mass media with COVID-19-related risk communication messaging, including social media, number of health facilities where USAID provided support for IPC and/or WASH for COVID-19, and number of health care workers who received Infection Prevention & Control (IPC) training kits.

LESSONS LEARNED AND BEST PRACTICES

- The national PCR capacity questionnaire revealed that the total COVID-19 PCR testing capacity was 82,063 per day. The findings helped LHSS identify the TA required to make improvements in the public lab sector (e.g., the need to develop an inventory management system at MOH labs).
- COVID-19 waves created unpredictability in the call center nurses' scope of work, therefore, it was necessary to identify alternative activities for nurses to respond to changes in the pandemic.
- Close collaboration between LHSS and USAID Health Service Delivery was essential to facilitate successful handover of activities and ensure alignment with materials.

MANAGEMENT AND STAFFING

In FY21 Q3, LHSS had one clinical specialist and one lab specialist join the project.

UPCOMING EVENTS

- Health Care Accreditation Council (HCAC) TOT program in field hospitals and private hospitals

- Ongoing laboratory training activities on PCR and RAT
- Mentoring program for field hospital staff
- Initiation of meetings in the newly formed Telemedicine Committee within the MOH

SUCCESS STORIES

LHSS is expected to develop the following success stories in Q4: (1) strengthening the collaboration between the public and private sector during the COVID-19 pandemic and (2) on-site training for MOH field hospital staff to prepare for COVID-19 cases.

5.9 JORDAN CPD

Status: CPD activities began in FY20 Q1 – Q2, then stopped and restarted in FY21 Q2 and continued into Q3.

Problem Statement: In April 2018, the GOJ enacted a conditions precedent to mandate relicensing of HCPs across all health professions. This bylaw requires all licensed HCPs to complete a minimum number of CPD hours every five years to renew licenses. By 2023, an estimated 169,000 HCPs representing 53 professions will have to complete CPD for license renewal.

Purpose: The CPD activity supports the GOJ's efforts to improve HCP competencies to deliver quality health services through the institutionalization of a mandatory CPD system for professional license renewal.

Interventions:

- Objective 1: Strengthen the MOH institutional and operational structures for a sustainable CPD system.
- Objective 2: Increase private sector engagement for CPD.

Planned Deliverables:

- LPHID database updated
- “As is” and “To be” documents developed
- Private sector engagement strategy

Consortium Partners:

- Abt Associates, Inc.

Contribution to Task Order Objectives

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration
- SO X.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

After receiving a request from USAID to resume CPD activities in tandem with the COVID-19 work plan, LHSS developed a work plan addendum and submitted it in December 2020. In January 2021, USAID provided approval of activities, and the LHSS team quickly began working with the MOH to resume CPD work while simultaneously addressing the ongoing pandemic.

DELIVERABLES

- LPHID database updated
 - **Progress:** LHSS selected the firm Realsoft to perform the Licensing Professions and Health Institutions Directorate (LPHID) database cleaning project and contracted with the International Training and Consultancy Center (ITCC) to assist them. The first phase includes data profiling to remove duplicates, death records, and non-active HCPs from the system.
 - **Problems encountered:** The LPHID database currently does not have “error” messages that occur when data is entered inaccurately, and data entry staff are not trained on how to fill the

registration forms correctly. Thus, many inaccurate records were identified in Q3 and the future IT system will need to have data constraints.

- **Tasks to be undertaken during the following quarter:** LHSS will work with Realsoft and ITCC to create constraints with the database to address the problems within the data entry system. LHSS will work with Realsoft to conduct a baseline assessment for health councils and health syndicates to ensure their readiness to connect to the LPHID database.
- “As is” and “To be” documents developed
 - **Progress:** This quarter, LHSS met with two members of the national CPD committee, resulting in an agreement to implement the CPD laws within phases aligned with the national committee’s plan. LHSS finalized the As-Is report, submitted to USAID, and presented main findings to the MOH CPD taskforce. LHSS also drafted the To-Be process report, which was sent to CPD stakeholders for their feedback.
 - **Problems encountered:** Lack of understanding of the CPD law including the instructions was obvious during the discussion with stakeholders.
 - **Tasks to be undertaken during the following quarter:** LHSS will present To-Be process maps at the upcoming National CPD Committee meeting and incorporate feedback. USAID will sign the CPD agreement with MOH in Q4.
- Private sector engagement strategy
 - **Progress:** This quarter LHSS started developing a draft Private Sector Engagement Strategy for CPD by engaging a senior CPD consultant to review existing documentation and conduct key stakeholder meetings.
 - **Problems encountered:** The drafted national instructions for CPD do not have a process for accrediting private sector CPD providers. The national CPD instructions are currently being revised and the final MOH approved draft is not issued yet.
 - **Tasks to be undertaken during the following quarter:** LHSS will continue to carry out stakeholder interviews to finalize the private sector engagement strategy next quarter.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

LHSS has begun to strengthen the capacity of the MOH to institutionalize CPD by working with USAID and the MOH directorates to expand on their work plans to activate the CPD bylaw in Jordan. LHSS’s consultations in Q2 and Q3 with ETITD, LPHID, HCs, and syndicates have ensured their inputs are included in the As-Is and To-Be documentation. In Q3, LHSS’s private sector mapping and interviews with multiple organizations fed into the design of a private sector engagement strategy to ensure that the private sector becomes a viable CPD provider in Jordan. By the end of FY21 Q3, the MOH had signed the PGS agreement with USAID, a major step toward sustainably implementing the bylaw. Finally, in Q3, LHSS updated the Local Capacity and Sustainability Plan for CPD capacity objectives and milestones for the narrow scope of work continuing from Q2 through the end of the fiscal year.

GESI PROGRESS

The activity is using GESI analyses to address norms, policies, and practices related to gender and other social markers that present barriers to implementing the CPD system. LHSS is identifying champions in the MOH and councils to ensure the equitable implementation of CPD with a focus on women and HCPs working for smaller providers and those based in rural areas. GESI strategies were used in the As-Is and To-Be documentation to improve equitable and high-quality CPD. LHSS is also incorporating GESI considerations in the private sector engagement research for the development of the strategy in Q4.

WASTE, CLIMATE RISK MANAGEMENT

The initial assessment of activities indicates low risk and no mitigation factors required.

PROGRESS ON PERFORMANCE INDICATORS

LHSS continued to track and monitor CPD implemented activities to reflect the revised FY21 work plan.

LESSONS LEARNED AND BEST PRACTICES

Coordination between the MOH directorates is critical before beginning any information technology project to ensure all departments understand the scope of work. As a first step towards launching the data cleaning effort, LHSS presented the data cleaning scope to the MOH CPD committee to ensure the committee's full understanding of the LPHID data cleaning project.

UPCOMING EVENTS

- Consultative workshops on As Is and To Be documents
- Consultative meetings for health associations and syndicates to review options for solving the problem of unpaid dues and revoked licenses

SUCCESS STORIES

LHSS is expected to develop the following success stories within FY21 Q4: Data cleaning story working with the MOH LPHID.

5.10 LATIN AMERICA AND THE CARIBBEAN BUREAU (LAC)

Status: LHSS revised the landscape analysis on social health protection and migration, developed a country assessment report and roadmap to strengthen social health protection in the Dominican Republic, and conducted a panel discussion to share relevant findings from the landscape analysis with USAID missions from the LAC region.

Problem Statement: The LAC region is facing an “unprecedented migration crisis” characterized by both intra-regional and extra-regional migration. As increasing numbers of women are represented in migration flows, extending social health protection to ensure coverage of women in high-migration contexts—where there are high levels of movement of persons away from their place of usual residence whether through immigration or emigration—is essential for mitigating the health drivers and impacts of migration on women.

Purpose: Support LAC countries to adapt and sustainably implement social health protection for women in high-migration settings.

Interventions:

- Conduct landscape analysis of social health protection and migration.
- Strengthen the capacity of a destination country to adapt, implement, and sustainably finance social health protection for women migrants.
- Strengthen the capacity of an origin country to adapt, implement, and sustainably finance social health protection for women at risk of migration.

Planned Deliverables:

- Landscape analysis report
- Mapping and action plan for engaging key regional partners
- Knowledge-sharing products
- Country assessment report
- Roadmap for strengthening a social health protection platform
- Report on an improved social protection platform
- Report on financing recommendations
- Desk review and regional stakeholder engagement report

Consortium Partners:

- Abt Associates, Banyan Global, Two Oceans

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.2: Increased risk pooling.

- Objective 2: Increased population coverage

SO 2.1: Health services accessible and provided equitably to all.

- Objective 3: Increased service coverage of quality essential services

SO 3.2: Essential service package well-defined and responsive to needs of all.

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions.

SO X2: Increased client and community engagement and voice (especially among vulnerable and marginalized populations) in planning and oversight.

CURRENT AND CUMULATIVE PROGRESS

No changes in the workplan this Quarter

DELIVERABLES

- Landscape analysis report
 - **Progress:** LHSS received feedback from USAID on the landscape analysis report and revised the report to respond to feedback and to incorporate recent findings from other LHSS countries related to migration and social health protection (SHP) issues.
 - **Tasks to be undertaken during the following quarter:** LHSS is awaiting final USAID approval. Findings will be disseminated per the activity’s Knowledge Management (KM) plan.
- Mapping and action plan for engaging key regional partners
 - **Progress:** LHSS revised the mapping of multilateral agencies working on migration and SHP in the LAC region to address feedback from USAID. LHSS submitted a revised KM and Partner Engagement Plan to USAID on June 15, 2021.
 - **Tasks to be undertaken during the following quarter:** Once the KM and Partner Engagement Plan is approved, LHSS will conduct outreach to key stakeholders to discuss options to join regional platforms working on SHP and women’s migration issues in LAC.
- Knowledge-sharing products
 - **Progress:** LHSS developed a knowledge-sharing products concept note detailing several methods to disseminate findings, lessons learned, and recommendations from the activity. The first knowledge product was a panel discussion on SHP for migrant women which featured speakers from the USAID Bureau for LAC and LHSS activities in Colombia, Peru, and the Dominican Republic.
 - **Problems encountered:** The first panel discussion did not have participation from USAID/Colombia and USAID/Peru. To enhance participation of USAID in upcoming knowledge-sharing events, LHSS will coordinate dates with USAID Missions ahead of time.
 - **Tasks to be undertaken during the following quarter:** LHSS will conduct a webinar on the path to improving SHP for vulnerable women in the DR.
- Country assessment report
 - **Progress:** LHSS completed a rapid country assessment report to understand the context for expanding SHP to migrant women in the Dominican Republic.
 - **Problems Encountered:** Due to the increase of COVID-19 cases in the Dominican Republic, scheduling interviews with key government partners from the Ministry of Health and government agencies has been difficult, creating internal delays but not affecting the overall timeline for submission to USAID.
 - **Tasks to be undertaken during the following quarter:** Organization and execution of national consultation workshop with relevant partners to share findings collected from the rapid country assessment report, gather consensus on required adaptations to an existing social health protection platform, and establish a steering committee.
- Roadmap for strengthening social protection

- **Progress:** LHSS completed the roadmap for strengthening social protection in the Dominican Republic and submitted it to USAID. The roadmap provides a set of initiatives to be implemented over a 5-year time horizon.
- **Tasks to be undertaken during the following quarter:** Upon approval from USAID, LHSS will provide technical assistance for adapting an existing social health protection platform to expand coverage to meet the needs of women migrants in the Dominican Republic.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

LHSS completed a detailed roadmap to strengthen social health protection in the Dominican Republic and established an inter-sectorial working group of government, civil society, and private sector stakeholders to contribute to the five-year plan. This public and private working group will be key to strengthen SHP for women migrants beyond the project. Additionally, findings from the landscape analysis on SHP and migration and country assessments will lay the groundwork to build local capacity in the Dominican Republic and Honduras. LHSS also proposed a series of knowledge-sharing products to share findings with governments and key partners to close the knowledge gaps around financing and expanding SHP platforms in high-migration contexts. In Q4 the LHSS LAC Bureau Activity Local Partner Sustainability & Transition plan will be updated to include identified public sector counterparts in the DR and likely counterparts in Honduras.

GESI PROGRESS

A key finding from the landscape analysis was that women make up half of all migrants in LAC. Some of the gender-related drivers of migration include demand for care, work, and violence. Female migrants' access to SHP and health services are connected with experiences of informal employment and higher rates of gender-based violence. Through a GESI lens, the landscape analysis revealed intersectional considerations for other forms of identity such as ethnicity. The GESI findings resulted in recommendations to inclusively improve health service access and financial protection for women migrants.

WASTE, CLIMATE RISK MANAGEMENT

The LHSS LAC Activity abided by its Waste Management Plan and by its Environmental Mitigation and Monitoring Plan (approved with the Year I Work Plan) to ensure compliance with the Integrated Health Systems Improvement Project's initial environmental examination (GH-17-064).

PROGRESS ON PERFORMANCE INDICATORS

LHSS revised the Activity Monitoring, Evaluation, and Learning Plan (AMELP) to incorporate results from the desk review, and this was submitted to and approved by USAID.

The activity fully achieved performance indicator #4: Landscape analysis documenting country experiences with social health protection for migrant women and women at risk for migration. Additionally, the activity achieved the first of four dissemination products with findings of landscape analysis (Indicator #5) by developing the first panel discussion.

MANAGEMENT AND STAFFING

The Abt home office team was modified to include a Country Manager to manage the implementation of the activity.

UPCOMING EVENTS

- Blog post on findings from the landscape analysis report
- Webinar on the Path to Improving SHP for Vulnerable Women in the Dominican Republic

5.11 MADAGASCAR

Problem Statement: Madagascar has at least five separate financial protection mechanisms that cover less than 4% of men, 3% of women, and 2% of children.⁴ The proposed Universal Health Coverage (UHC) strategy includes a plan to establish a national health insurance agency that would integrate the existing financial protection mechanisms into a single purchaser mechanism. The Government of Madagascar (GOM) outlined its strategy for attaining UHC in 2015, but a UHC roadmap that has not been finalized, and lack of a legal framework and frequent changes in the ministry of health leadership have caused delays in implementing the UHC strategy.

Purpose: LHSS will support the ministry of health's UHC Implementation Support Unit (CA-CSU) to develop a comprehensive understanding of the current and potential capacity to extend existing health service coverage and financial protection mechanisms. The project will also identify ways to integrate these mechanisms into the laws, policies, and implementation plans that are currently under development. LHSS will build CA-CSU's capacity to coordinate and manage collaboration with other stakeholders to better understand the scope, reach and capacity of coverage and financial protection mechanisms to increase coverage

Interventions:

- Conduct an assessment of coverage and financial protection and purchasing mechanisms within public and private sector institutions.
- Develop recommendations and facilitate public-private collaboration for UHC.

Planned Deliverables:

- Terms of reference for assessment on Madagascar's existing financial protection and purchasing mechanisms
- Assessment report detailing current and potential capacity, effectiveness, and capacity gaps of civil service, military, mutuelles, and private insurance for health financing functions
- Set of recommendations for strengthening financial protection and a capacity building plan to facilitate required public-private partnerships

Consortium Partners:

- Abt Associates, Inc.

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.2 – Increased risk pooling

- Objective 2: Increased population coverage

SO 2.2 – Public and private services are responsive to population needs

- Objective 3: Increased service coverage of quality essential services

SO 3.2 – Essential services packages well-defined and responsive to needs of all

⁴ MICS 2018

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 - Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

The LHSS Madagascar Activity team developed the work plan based on guidance received from USAID Washington and the mission in Madagascar, a review of HP+ project documents, and other relevant government documents and evaluations. It is a nine-month workplan covering June 2021 – March 2022. The workplan was officially approved on June 14th, 2021.

DELIVERABLES

In this quarter, LHSS received approval and funding for the work plan. Implementation is anticipated to begin in Q4.

MANAGEMENT AND STAFFING

This quarter, the LHSS team recruited three consultants to implement the work plan and identified an existing Abt staff member who will serve as Chief of Party.

UPCOMING EVENTS

Implementation is anticipated to begin in Q4.

5.12 TUNISIA HSA

Status: Phase one desk review underway. Local consultant recruited to support phase two.

Problem Statement: USAID’s investments in Tunisia since the 2011 revolution have primarily focused on economic growth and democracy and governance. With the emergence of the global pandemic, USAID has supported Tunisia’s COVID-19 response. In the development of the new Country Development Cooperation Strategy (CDCS), USAID is exploring the possibility of further support to Tunisia’s health sector. There are several potential areas of investment, and USAID needs an assessment of the overall health sector in Tunisia to better understand the health sector and identify specific areas where USAID’s contributions could achieve maximum and sustained impact

Purpose: Inform USAID Tunisia’s decisions about possible future health programming through support to CDCS 2021.

Interventions:

- Conduct a rapid desk review of existing policies and secondary data sources to describe the status of Tunisia’s health sector.
- Gather more information on selected priority topics for additional analyses and identification of potential areas for action.

Planned Deliverables:

- Health sector overview, with high-level gaps and needs identified
- PowerPoint presentation of “deep dive” findings

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.3 - Improved resource allocation.

- Objective 2: Increased population coverage

SO 2.1- Health services accessible and provided equitably to all.

SO 2.1.1 – Improved availability of services and commodities.

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.3 – Strengthened collaboration between public sector, private sector, and civil society.

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

LHSS developed the Tunisia workplan from January to April 2021, in close collaboration with USAID Tunisia. The LHSS workplan was approved on May 7, 2021, for five months (May – September 2021). During the work planning process, LHSS held consultation meetings with USAID Tunisia to identify the mission’s objectives and priorities as well as reach agreement on proposed strategies to conduct a comprehensive yet rapid health sector assessment using elements of the Health System Assessment (HSA) Approach 3.0. LHSS also reviewed key documents to better understand Tunisia’s health sector context and its challenges.

DELIVERABLES

- Health sector overview, with high-level gaps and needs identified
 - **Progress:** Following the workplan approval, LHSS held a series of calls with USAID Tunisia to tease out the assessment’s scope and objectives, ground truth priorities that emerged during work planning, identify key points of contact (POCs), and establish a communication channel. LHSS also started compiling key policy documents and other secondary resources for the health sector overview with the support of USAID/Tunisia. Furthermore, LHSS drafted a skeleton outline based on the first module of the HSA approach to provide the mission with a snapshot of what the assessment will encompass. LHSS presented this working draft outline to USAID/Tunisia and solicited comments.
 - **Tasks to be undertaken during the following quarter:** LHSS will continue the desk review of existing sources and flesh out the outline developed in Q3 with the goal of describing the broader health sector and issues affecting health outcomes. It will include indicators on disease burden, service utilization, etc., and will inform the selection of priority topics for analyses.
- PowerPoint presentation of “deep dive” findings
 - **Progress:** LHSS identified a few potential topics for the “deep dive” assessments through the initial conversations with USAID Tunisia, as well as the review of key documents to date. These topics include immunization, WASH, infectious disease control, and health financing/financial protection. LHSS and USAID discussed getting started with certain “deep dive” topics such as immunization, where falling immunization rates have been alarming and identified as key priority for USAID Tunisia, in tandem with the broader overview to be more efficient with the activity’s timeline and resources. LHSS also developed the scope of work and started the recruitment process for a local consultant that will be supporting the additional analyses. The consultant will serve as in-country focal point for the assessment and will directly liaise with stakeholders to set up key informant interviews and facilitate other data collection and validation efforts.
 - **Tasks to be undertaken during the following quarter:** LHSS will work with USAID to finalize the selection of 2-4 “deep dive” topics based on the findings of the desk review and other considerations such as alignment with USAID Tunisia objectives. LHSS will then work with the in-country consultant to hold semi-structured interviews with key stakeholders, analyze emerging themes and trends, and develop recommendations for actions based on opportunities for USAID investment.

GESI PROGRESS

The LHSS Tunisia Activity will integrate gender, female empowerment, and social inclusion dimensions into the broader overview and “deep dives” where possible. LHSS will disaggregate data by sex, age urban/rural location, wealth quantile, and other vulnerabilities as available data allow. USAID Tunisia has emphasized the importance of disaggregating data to the extent possible given growing inequity and unequal access to services.

MANAGEMENT AND STAFFING

The core assessment team will consist of LHSS staff from Abt Associates and one local consultant. Depending on topics for the “deep dives”, the team will engage additional technical experts from the LHSS consortium. At this time, LHSS does not anticipate having a country office or any full-time staff.

5.13 TIMOR-LESTE ACTIVITY

Status: LHSS continued to hire team members in Q3, with nearly all personnel positions filled by July 2021. The team established relationships with key stakeholders in the government and CSO communities and secured their concurrence on the workplan. The team conducted a GESI desk review which will inform the development of a GESI strategy, analysis, and action plan. The team organized and held a successful launch event on July 2nd, signaling the official start of the activity and convening key government and donor stakeholders.

Problem Statement: The Government of Timor-Leste (GOTL) faces multiple challenges that restrict its ability to govern, finance, and deliver quality, affordable, and essential health services effectively, transparently, and sustainably. LHSS's interventions will support Timor Leste to build a more resilient and self-reliant health system that is well-governed; operates accountably, efficiently, and effectively; and is responsive to public needs and can adapt when necessary (e.g., during crisis and non-crisis contexts).

Purpose: Support the GOTL to finance and deliver quality, affordable, and essential services effectively, transparently, and sustainably. The activity will help Timor Leste build a more resilient and self-reliant health system that is well-governed, accountable, efficient, effective, and responsive and adaptable to public needs and crises.

Interventions:

- Objective 1 interventions will strengthen health sector governance.
- Objective 2 interventions will strengthen health sector workforce management.
- Objective 3 interventions will improve healthy behaviors.
- Objective 4 interventions will improve civic engagement and advocacy for health system strengthening.

Planned Deliverables:

Objective 1

- Capacity development action plan
- PEA report
- Data analysis capacity assessment
- Landscape analysis of health financing in Timor Leste

Objective 2

- Evaluation of rural incentive schemes and other options to bolster the rural health workforce
- Improvements to the training management information system (TMIS) and human resource information system (HRIS), and to strengthen the ability of managers to use the data for decision-making
- Health workforce training strategy and implementation plan

Objective 3

- Strategies developed around increasing user awareness and uptake of priority health products and services at the district level
- Summary review of Timor-Leste qualitative and quantitative research on priority behaviors

- Selection of local partners for grants component

Objective 4

- Report on recommendations for mechanisms that increase civil society organization (CSO) and community health worker awareness of services
- Completed policy review shared with the Ministry of Health (MOH) with recommendations on how to implement mechanisms for more inclusive health policy

Consortium Partners:

- Abt Associates, TRG, HiSP, Save the Children, and Banyan Global

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.1.1 - Increased government budget allocation for health

SO 1.3: Improved resource allocation

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 – Strengthened capacity of public, private, and civil society institutions to effectively plan, manage, and oversee health system functions

SO X.2: Increased client and community engagement and voice (especially among vulnerable and marginalized populations) in planning and oversight

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

USAID approved the work plan on December 22, 2020. In April 2021, LHSS received USAID approval for the current name being used in Timor-Leste: The Health System Sustainability Activity. There have been no changes to the workplan in subsequent months.

DELIVERABLES

Objective 1: Interventions will strengthen health sector governance

- Capacity development action plan
 - **Progress:** In April, May, and June of 2021 (Q3), the team secured support from several government stakeholders on the baseline assessments that will inform the capacity development action plan. In a meeting with the Minister of Health and the incoming USAID Mission Director, the Minister expressed appreciation for the activity and highlighted the importance of health in the Government's priorities. The Director General for Policy Planning and Coordination provided concurrence for the assessment and action plan and agreed to coordinate. The team finalized the terms of reference for the three baseline assessments, developed an implementation plan, and identified and started recruitment for a team of key experts.
 - **Problems encountered:** Restrictions related to the April 2021 surge in COVID-19 cases have limited the team's ability to conduct the necessary consultations and data collection, as the activity's key GOTL counterparts were spread thin responding to the pandemic. A temporary home confinement was issued at the end of April through mid-June, and the nation remains in a national

state of emergency as of June 30. While the team has carried out a portion of the necessary data collection virtually, holding virtual meetings and requesting data virtually have been much less efficient and effective than doing so in-person. The team was increasingly able to hold consultations in-person (using the appropriate COVID-19 precautions) towards the end of the quarter (June 2021), but stakeholders remained extremely busy with COVID-19 related programming (such as distributing vaccines) and had limited time to meet. Staffing changes also temporarily slowed down Objective 1 progress as the Objective 1 lead transitioned to the COP position. See Section 2.8 for details.

- **Activities to be undertaken during the following quarter:** The team will hire a new Health Governance and Finance Lead to oversee this and other Objective 1 work. The team will collect data for baseline assessments via a combination of in-person and remote methods.
- PEA and data analysis capacity assessment
 - **Progress:** See update for capacity development action plan, as PEA is one of the baseline assessments referred to in progress update.
 - **Problems encountered:** The PEA and data analysis capacity assessment have experienced similar challenges and delays due to COVID-19 restrictions as the capacity development action plan, described above.
 - **Activities to be undertaken during the following quarter:** The team will collect data via a combination of in-person and remote methods.
- Landscape analysis of health financing in Timor-Leste.
 - **Progress:** The team drafted the TOR for the health financing landscape analysis, which details the approach, scope, and timeline for the analysis after attending the two workshops described above.
 - **Problems encountered:** The health financing landscape analysis has experienced similar challenges and delays due to COVID-19 restrictions as the previously discussed deliverables. See the capacity development action plan section for additional details.
 - **Activities to be undertaken during the following quarter:** The team will collect data via a combination of in-person and remote methods.

Objective 2: Interventions will strengthen health sector workforce management

- Evaluation of rural incentive schemes and other options to bolster the rural health workforce.
 - **Progress:** Initial findings show that the government has already established various policies to incentivize health workers, including providing subsidies for working outside of one's own municipality or for living in remote areas, as well as a housing allowance for those who live far away from their family. The government has expressed a need for support from the activity to help strengthen a wide array of workforce management functions. Therefore, the team is exploring the possibility of shifting the desktop review to include a broader situational analysis of human resources management functions in the National Directorate of Human Resources.
 - **Problems encountered:** No problems outside of those previously discussed in the capacity development action plan section.
 - **Activities to be undertaken during the following quarter:** The team will have technical sessions with the staff from National Director of Human Resources to finalize the desk review.
- Improve the TMIS and HRIS and strengthen the ability of managers to use the data for decision-making.

- **Progress:** National Institute of Health (INS) has not fully rolled out the newly completed HRIS and TMIS, and the trainings have been put on hold due to budget constraint and COVID-19 restrictions. Since these two systems are not yet in full operation, the analysis of managers' abilities to use them for decision-making has been moved to the next quarter.
- **Problems encountered:** The government has not rolled out these systems yet, so LHSS has not been able to analyze managers' abilities to use them.
- **Activities to be undertaken during the following quarter:** Technical sessions with INS Training Directorate and MOH's HMIS department to perform analysis on data use.
- Health workforce training strategy and implementation plan.
 - **Progress:** INS has confirmed that a training strategy is already in place. The team has been reaching out to the INS Director to obtain a copy of the strategy to examine whether a further revision is required or whether support for implementation is required from the activity. It is unclear whether the strategy exists on paper, or if implementation of the strategy is planned in the near-term.
 - **Problems encountered:** INS is currently focusing all its resources on supporting COVID-19 related training, including socialization and vaccine mobilization. As a result, despite several requests, the activity team has been unable to obtain a copy of INS's training strategy, which is necessary for this deliverable. The team plans to overcome this challenge by including this as a priority during upcoming scheduled in-person technical sessions with the Directorate.
 - **Activities to be undertaken during the following quarter:** The team will host a technical working session with the Directorate as described above and will include the training strategy and implementation plan on the agenda. The team will confirm how it can add value to the INS either by expanding the training strategy, supporting implementation of the strategy, or something else agreed to by team and in consultation with USAID.

Objective 3: Interventions will improve healthy behaviors

- Summary review of Timor-Leste qualitative and quantitative research on priority behaviors.
 - **Progress:** The team is conducting its desk review of publicly available sources. Through several meetings with and data collection from CSOs, the team identified key challenges around uptake of priority health products and services, including:
 - Lack of capacity of MOH's staff due to a lack of formal training on health promotion
 - Lack of feedback mechanism and use of data for decision making
 - SISCA activity and Health Volunteers do not always show up as scheduled, limiting services
 - Ownership and involvement of communities in health programs is not sufficient
 - Community mind-set believing health is "a woman's job"
 - Political instability at district, municipal, and national level affects program implementation as programs are started/stopped along with political changes
 - **Problems encountered:** No problems outside of those discussed in the capacity development action plan section.
 - **Activities to be undertaken during the following quarter:** The team will complete the desk review and supplement this with additional information from the MOH, especially from the Health Promotion Working Group.
- Strategies developed around increasing user awareness and uptake of priority health products and

services at the municipality level.

- **Progress:** The team continued engaging with CSOs and the MOH. In all meetings, LHSS found there is openness to collaborate for technical support to improve healthy behavior in areas of maternal and child health, family planning, nutrition, and hygiene and sanitation.
- **Problems encountered:** No problems outside of those discussed in the capacity development action plan section.
- **Activities to be undertaken during the following quarter:** The team will work closely with the MOH Health Promotion Unit to share initial findings and support the restarting of the Health Promotion Working Group that the team aims to have validate the strategies to increase user awareness. The team will also co-identify priorities for LHSS to increase user awareness/uptake that will be implemented in the activity's second year.
- Selection of local partners for grants component.
- **Progress:** The team met with potential CSOs and solicited written input on their current SBC interventions on maternal and child health, family planning, nutrition, water and sanitation, and others. From these meetings, LHSS identified possible local partners with strong leadership and systems in place for grants components. The list may change based on discussion with the MOH Health Promotion Unit, and/or with USAID. The team plans to issue grants to CSOs whose work aligns with and further supports the MOH's existing grants process.
- **Problems encountered:** The team has been unable to conduct site visits to some CSOs mentioned above because they have been busy supporting the government in its COVID-19 response.
- **Activities to be undertaken during the following quarter:** The team will co-select partners along with the MOH Health Promotion Unit.

Objective 4: Interventions will improve civic engagement and advocacy for health system strengthening

- Report on recommendations for mechanisms that increase CSO and community health worker awareness of services.
- **Progress:** Through discussions with Forum ONG Timor-Leste (FONGTIL), the Ministry of State Administration, the MOH Head of Health Promotion Unit, and the Office of the Prime Minister, the team has identified multiple potential mechanisms to increase CSO and community health worker awareness of services. The team has learned there is much room for growth of the network considering that just eight out of 230 FONGTIL member organizations operate in the health sector. Utilization of health services has also dramatically decreased during COVID-19, even in areas that already had poor utilization, underscoring the relevance and need for increased civic engagement to generate demand of key health services. The team has developed a plan to conduct a mapping of the current types of engagement between CSOs and the Government across the country.
- **Problems encountered:** In addition to the problems discussed in the capacity development action plan section, the sanitary fence in Dili and three other municipalities (Baucau, Bobonaro, and Covalima) prevents the necessary travel and meetings with stakeholders outside of Dili for this deliverable.
- **Activities to be undertaken during the following quarter:** The team will engage further with several GOTL and civil society stakeholders to complete the mapping to identify current mechanism of engagement between CSOs and the Government, and finalize the subsequent report recommending ways to increase CSO and community health worker awareness of services.

- Completed policy review shared with MOH with recommendations on how to implement mechanisms for more inclusive health policy.
- **Progress:** The team began data collection for the policy review and hired a national consultant to provide GESI expertise on the policy review process.
- **Problems encountered:** No problems outside of those discussed in the section about the report on recommendations for increasing CSO and community health worker awareness of services.
- **Activities to be undertaken during the following quarter:** Finalize list of policies to be included in the review, in consultation with the MOH Directorate of Policy and Planning and MSSI. Identify core stakeholders who should validate the review and finalize validation/dissemination plan.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

To ensure local buy-in, participation, and ownership, in Q3 the team explained its plan to create a capacity development action plan (under Objective 1), starting with a baseline assessment, with key government stakeholders. The stakeholder provided their support for the assessments and agreed to designate daily focal points who will co-implement the assessment, validate results, and co-draft the capacity development action plan with the activity team. See Objective 1 for more details on baseline assessment that will inform action plan.

GESI PROGRESS

This quarter, LHSS developed the GESI strategy, analysis, and action plan, beginning with a preliminary desk-based review by the LHSS GESI Senior Technical Advisor with partner Banyan Global. The initial desk review revealed several key findings: a male-dominated health workforce, in contrast with global trends, where 70% of the health workforce is female; lessons learned from gender-responsive budgeting efforts in Timor-Leste; strong policy and legal frameworks for gender-based violence, but lack of competencies among health workers to respond to community need; a basis for gender-sensitive strategies in the National Health Sector Strategic Plan 2011-2030 such as the need to respond to “different situations and requirements of men and women”; and key stakeholders to include for comprehensive design and implementation of activities such as women’s groups, civil society organizations for gender-based violence, and youth-led organizations.

However, the desk-based review also revealed many gaps because key information related to GESI and the four objectives of the LHSS Timor-Leste Activity are not well documented in existing source material. To fill in these gaps, a GESI Specialist based in Dili started on June 14. The GESI Specialist designed interview questions, began establishing priorities with the Dili-based team, and launched initial steps to organize consultations to inform the GESI analysis. As next steps in the next quarter, the GESI Specialist will conduct consultations with key stakeholders, fill in gaps in the preliminary desk-based review, and prepare a draft of the GESI analysis and action plan for validation with the rest of the LHSS team. While the GESI analysis is a separate assessment, it will be coordinated with the other LHSS Timor-Leste assessments, particularly the Governance Capacity Assessment. The analysis is anticipated to be completed by Q4.

The Timor-Leste Activity is participating in the LHSS GESI Focal Point Network, which seeks to increase GESI integration into activities, promote peer-to-peer collaboration, and insights across LHSS countries, and contribute to learning on prioritized GESI topics.

PROGRESS ON PERFORMANCE INDICATORS

In Q2 and Q3 (March-May 2021), LHSS refined the draft AMELP, and submitted an updated version to USAID Timor-Leste on June 9, 2021. Updates included:

- Presented, discussed, and worked with the LHSS Technical Teams to ensure that the AMELP reflects LHSS goals and objectives.
- Revised the AMELP by updating key sections including the theory of change, learning questions, results framework, indicators, targets, Performance Indicator Tracking Table (PITT), and Performance Indicators Reference Sheets (PIRS).
- Discussed with National Directors of the Ministry of Health the Activity and Ministry of Health indicators and the existing data (including Health Management Information System, HMIS) relevant to the AMELP.
- Met with Technical Leads to plan baseline and capacity assessments with relevant institutions and stakeholders to gather information related to project indicators and work plan.
- Conducted desk research to identify baseline data for indicators.
- Uploaded performance and context indicators into MandE 2.0, the LHSS Activity’s web-based system for activity monitoring, data management and reporting.

While the project made progress toward deliverables (as outlined elsewhere in this report), this progress has not yet resulted in improvements to indicators, as outlined in Annex 1.

LESSONS LEARNED AND BEST PRACTICES

The activity successfully convened a “hybrid” Launch event on July 2, 2021 (see the “Success Stories” section below). This in-person and virtual event provided important lessons learned around organizing large meetings in the age of COVID-19:

- The meeting was livestreamed via Facebook and YouTube, which worked well in terms of accessibility to a wide audience. There was also the added benefit of bypassing any meeting platforms that require significant bandwidth such as WebEx.
- It was important to engage an Audio Video (AV) vendor to manage the virtual logistics of the meeting. Setting up the livestream, ensuring high-quality audio, and recording the meeting were skills outside of the scope of the activity team, so securing AV vendor support was critical.
- Securing a date that worked for the government counterparts was challenging. Originally, the Launch was scheduled for an earlier date, which the Minister of Health was not going to be able to attend. However, the Launch was rescheduled due to a COVID-19-related meeting that required the MOH’s attention. The Minister was ultimately able to attend the rescheduled Launch. This challenge highlighted the importance of advanced planning, securing concurrence from key government stakeholders as early as possible, and following up with those stakeholders regularly leading up to the event. However, this experience also highlighted the need for flexibility in planning because unforeseen conflicts may arise (e.g., an MOH meeting outside of the activity’s control). The fact that the activity was able to move its contracts after the date change helped to minimize the confusion and lost resources. Maintaining this flexibility in future procurements for events with the government will be important.

MANAGEMENT AND STAFFING

In Q3, the team hired staff for critical positions in Timor-Leste, including several technical leads and the MEL Director. Midway through the quarter, the activity’s COP resigned for personal reasons. The team recruited and onboarded a new COP who arrived in country June 16—Bhavesh Jain, who was previously the Health Governance and Finance Lead—and recruitment is underway for a replacement Health Governance and Finance Lead. A candidate has been identified and recruitment should be finalized early in Q4.

In June, the activity's Country Manager and the LHSS Global Project Director flew to Timor-Leste for three weeks to accelerate the new COP's onboarding, support the activity's official launch, support recruitment, and take implementation to scale. The Project Director submitted a separate report detailing outcomes of the successful trip.

UPCOMING EVENTS

Upcoming events are described in each relevant narrative above.

SUCCESS STORIES

USAID in partnership with the government of Timor-Leste proudly launched the USAID Health System Sustainability activity on July 2nd. The partnership includes the Ministry of Health, National Institute of Health (INS), Ministry of Social Solidarity and Inclusion and civil society. The launch was held in person at the Novo Turismo Hotel and live streamed across multiple platforms to ensure accessibility. The event began with opening remarks from HE United States Ambassador and HE Minister of Health, followed by an overview of the USAID Health System Sustainability Activity. The event closed with a presentation on Health Systems Resilience and the official activity launch.

Several key GOTL stakeholders attended the event, including the MOH Director General for Services Delivery, MOH National Director for Policy and Cooperation, the Executive Director of INS, and the Commissioner for Recruitment and Career Development. Over 30 participants watched the event live, and over 1,600 people watched a recording of the event on TVE. 52 people shared the Launch video on Facebook.

5.14 LHSS VIETNAM

Status: Discussed with USAID and the Government of Vietnam (GVN) to make a series of modifications to the work plan activities to align with evolving priorities. A revised work plan was resubmitted on April 16, 2021, and approved on May 18, 2021, which is used to report against in this quarterly report; and continued implementing technical interventions under all objectives.

Problem Statement: Vietnam's ability to meet current and future health demands is at risk, particularly as development partners seek to reduce support for programs that traditionally have relied on external funding. The GVN has made significant achievements in increasing its funding and management responsibility for HIV and TB responses. However, in 2020, 47 percent of HIV funding and 86 percent of TB funding were still be donor-supported. This highlights the need to mobilize domestic funding and improve government financial management systems.

Purpose: The Vietnam activity will strengthen GVN's capacity to manage holistic HIV and TB programs that will drive the country's commitment to end HIV and TB by 2030.

Interventions:

- Objective 1: Support the GVN to strengthen public financial management systems for public health and achieve greater efficiencies in Social Health Insurance (SHI).
- Objective 2: Support the GVN to sustainably finance HIV prevention and treatment services.
- Objective 3: Strengthen the capacity of Vietnam's supply chain management system to drive improved patient outcomes.
- Objective 4: Support the GVN to integrate TB services into SHI.

Planned Deliverables:

Intervention 1.1:

- An interim technical report summarizing opportunities to increase efficiency in the use of GVN funds
- Technical report on the potential of increasing allocation of revenue from pro-health excise taxes to the health sector
- NHA institutionalization masterplan for 2021-2025

Intervention 1.2:

- Cost analysis on drugs to improve the cost management of drug procurement under the SHI funding, including ARV
- Draft DRG payment and management tool

Intervention 2.1:

- Revised SHI Law Application package (including revised SHI Law and supporting documents) to the Office of the Government with revisions for the social health insurance to include preventative services as part of the SHI benefits package

Intervention 2.2:

- Social contracting costing and financing options assessment report

Intervention 2.3:

- SHI/HIV Dashboard

- PEPFAR/POART/COP slides on the progress of SHI/HIV implementation

Intervention 3.1:

- Technical report on a market analysis of potential private sector contributions to HIV commodity supply including recommendations to GVN on opportunities for procuring high-quality HIV commodities
- Draft application dossiers for ARV MAs registration or extension

Intervention 3.2:

- TLD supply plan

Intervention 3.3:

- HMED training summary report

Intervention 3.4:

- PrEP donation receiving plan

Intervention 4.1:

- Transition Roadmap for TB services into SHI
- Technical report of TB treatment (drug) financing options

Consortium Partners:

- Abt, R4D, TRG, Banyan Global

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.1: Increased availability of revenue for health.

SO 1.3: Improved resource allocation.

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions.

VIETNAM CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

USAID Vietnam approved the LHSS Vietnam Activity Year 1 Work Plan on July 28, 2020, with a period of performance from August 10, 2020, to September 30, 2021. Following discussions with USAID and the GVN, the LHSS Vietnam Activity modified work plan activities to better align with evolving priorities. Following consultations with USAID, the LHSS Vietnam Activity submitted a revised work plan on April 16, 2021; USAID Vietnam approved the revised plan on May 18, 2021. This quarterly report summarizes progress made against the new version of the Year 1 work plan.

DELIVERABLES

Below is a summary of progress made, problems encountered, and the next steps the LHSS Vietnam Activity will take to achieve contractual deliverables under each objective.

Objective 1: Support the GVN to strengthen PFM systems for public health and achieve greater efficiencies in SHI.

Intervention 1.1: Improve PFM to mobilize domestic resources and increase available funding for public health.

- **Progress:** LHSS Vietnam, and the Academy of Finance (AOF), an education and training institution under the Ministry of Finance (MOF), agreed on the technical cooperation activities in public finance management for the health sector. These include organizing and facilitating technical meetings and discussions (e.g., on health expenditure review, budgeting, budget allocation, and domestic resource mobilization) with the participation of experts from MOF, MOH, and other related agencies. The AOF has an extensive network of experts and alumni who are highly competent in PFM and who can recommend other qualified experts to collaborate with the project and to connect with MOF and MOH. The Activity and AOF have agreed to terms of collaboration incorporated into a letter shared with USAID for review; the Activity expects to sign the letter in Q4.
- **Problems encountered:** None.
- **Activities to be undertaken during the next quarter:** Upon receiving USAID's approval on the letter of collaboration, LHSS will collaborate with the MOF/AOF to implement the agreed activities.
- **Interim technical report summarizing opportunities to increase efficiency in the use of GVN funds**
 - **Progress:** LHSS is exploring potential strategies for finding efficiencies (savings) and generating evidence that could support the MOH to make a case for investment in public health that is consistent with Vietnam's national priorities. The LHSS Vietnam Activity has developed a scope of work to conduct two analyses on this matter and shared it with USAID Vietnam for feedback. The first analysis will examine recent public expenditures in Vietnam's health sector to identify efficiencies and potential savings that can be used to reallocate funds to other health sector budget areas, namely, to increase spending on prevention and other cost-effective health activities. This may lead to further savings downstream. The second analysis aims to document and analyze possible gaps in the budgetary process that hinder effective, equitable, and adequate budget allocation for health in Vietnam. This will be done through analysis and presentation of: (i) key actors and processes for a strategic allocation and use of health budget at both national and sub-national levels and (ii) specific recommendations on how the budgetary process could be more effective, equitable, and adequate for better implementation of the health budget.
 - **Problems encountered:** None.
 - **Activities to be undertaken during the next quarter:** Once the scope of work is approved by USAID, the Activity will conduct the review and complete a report that includes the following components:
 - Review of the current regulatory framework of budget allocation and public expenditure in the health sector in Vietnam.
 - Analysis of public expenditure in the health sector at the national level for the last five years, using validated public and projected data sources.
 - Assessment of current budgeting processes by actors in the health sector, at both national and provincial levels.
 - Identifying savings and efficiencies in current budgeting and spending of the health sector.

- **Technical report on the potential of increasing allocation of revenue from pro-health excise taxes to the health sector**
 - **Progress:** The MOF has designated the Institute of Finance Strategy to review excise taxes in Vietnam and to propose recommendations for revising the excise tax law. The Institute of Finance Strategy suggested that the LHSS Vietnam Activity review a subset of excise taxes that are pro-health to inform the broader review of excise taxes. The Activity will conduct two studies on the impact and experience of pro-health taxes on general government revenues. One study will summarize Vietnam’s experience and develop scenarios to analyze the impact on GVN tax revenues of (i) increasing the excise tax rates and tax base for existing pro-health excise taxes on tobacco and alcohol and (ii) introducing a new pro-health excise tax on sugar-sweetened beverages. The second study will summarize international experience with pro-health excise taxes from countries at a similar development level to Vietnam. The Activity will combine the results of the two studies to advise the MOF on using pro-health excise taxes to raise revenue for the state budget in Vietnam. During this quarter, the local study consultant drafted a study inception plan; the LHSS Vietnam Activity asked the consultant to pause work, pending further refinement of the assignment in consultation with USAID Vietnam.
 - These two studies will form part of a suite of products that will provide the GVN with evidence to inform decisions about increasing budgetary space for health. They will be complemented by additional studies on how to improve budget allocation and use within the health sector and how to optimize allocated resources, including through new provider payment mechanisms. LHSS anticipates presenting initial findings from this analysis in Q4.
 - **Problems encountered:** Due to the COVID-19 situation in Vietnam, the data collection and meetings with counterparts were delayed.
 - **Activities to be undertaken during the next quarter:** Complete two studies on pro-health excise tax.
- **National health accounts (NHA) institutionalization master plan for 2021–2025**
 - **Progress:** The LHSS Vietnam Activity is providing TA in response to the MOH’s request for support to (i) institutionalize the NHA into the MOF’s regular work plan and (ii) support the MOH in developing the master plan for 2021–2025. During this quarter, the Activity engaged consultants to collect data related to health expenditures from the MOF and Vietnam Social Security (VSS) and from functional departments/units within the MOH. Based on MOH guidance (see problems encountered below), the activity postponed until next quarter its support for NHA master plan development.
 - **Problems encountered:** Under MOH guidance, the master plan has been delayed. The MOH will take this time to evaluate the feasibility of integrating additional activities into the NHA study (e.g., COVID tracking, private sector survey, pharmaceutical tracking).
 - **Activities to be undertaken during the next quarter**
 - The LHSS Vietnam Activity will work closely with the MOH to review and consult with relevant MOH departments to finalize the draft NHA master plan and to submit the revised plan to MOH leadership.
 - The Activity will provide technical inputs on the NHA results, based on data collected from MOF and VSS.

Intervention 1.2: Strengthen the governance and financial management capacity of VSS to mobilize and spend funds effectively, efficiently, equitably, and with accountability.

- **Cost analysis on drugs to improve the cost management of drug procurement under the SHI funding, including ARVs**
 - **Progress:** The Activity is working with VSS to upgrade the electronic logistics management information system (eLMIS) and thus enable the effective monitoring and management of SHI reimbursements. This upgrade is an SHI drugs reimbursement management tool that analyzes drug supply, utilization, and SHI cost with a specific component for SHI-covered ARV management. This activity is linked to Objective 3, Intervention 3.3: upgrading the eLMIS. During this quarter, the LHSS Vietnam Activity has worked closely with VSS to develop technical specifications and requirements for the upgrade and has completed all procedures required to select and engage the sub-contractor. In June, the Activity held a kick-off meeting with the Center for Medical Claims Review and Multiline Payment (CMP) under the VSS, USAID, and the sub-contractor to start the activities. By the end of June, the subcontractor completed the technical design and technical document for the software upgrade. The Activity expects to complete the eLMIS upgrade and hand it over to VSS by the end of the next quarter.
 - **Problems encountered:** None.
 - **Activities to be undertaken during the next quarter:** Complete all functions of upgraded eLMIS by the end of September and hand it over to VSS.
- **Draft diagnosis-related group (DRG) payment and management tool**
 - **Progress:** Vietnam's SHI scheme controls cost reimbursement for eligible services provided at health facilities, particularly at hospitals. Several pilots have used DRG methodologies to standardize and control costs in the past decade. The World Bank assisted the GVN with an international review of various aspects of the DRG experience that could be considered in the country. The CMP under the VSS requested that the LHSS Vietnam Activity identify appropriate indicators for monitoring and evaluating the DRG payment mechanism to be considered by the VSS, MOH, and MOF. In response, the Activity is developing terms of reference to review international experiences in DRG monitoring and evaluation systems (indicators and overall monitoring framework) and is preparing options for GVN to consider. The Activity will share these terms with the USAID Vietnam contracting officer's representative (COR) team for review in early July.
 - **Problems encountered:** None.
 - **Activities to be undertaken during the next quarter:** The Activity will work closely with VSS and relevant stakeholders, including the World Bank and World Health Organization (WHO), to clarify the scope of support early on to avoid duplication of efforts in DRG implementation in Vietnam. Specific activities in the next quarter include:
 - Review international experience in monitoring and evaluation of DRG payment systems. This will include the documentation and analysis of indicator names and definitions, use of indicators for different purposes (e.g., monitoring implementation of provider payments or claims review) and by various stakeholders—including indicators drawn from claims data for overall monitoring of the DRG-based payments by government agencies. Where information is available, indicators used internally for the VSS system for claims review will also be reviewed.
 - Prepare and finalize a detailed report describing the development of indicators for the DRG management tool and a final set of indicators (including definitions and use) agreed upon by stakeholders.

Objective 2: Support the GVN to Sustainably finance HIV prevention and treatment services.

Intervention 2.2: Strengthen the GVN's capacity to use resources for HIV efficiently and effectively to sustain the HIV program.

- **Tracker developed and used to monitor the provincial sustainable finance plan implementation**
 - **Progress:** In Q3, 26 out of 63 provinces nationwide had officially approved the provincial sustainable financial plans for HIV program.⁵ The LHSS Vietnam Activity is currently providing technical support to develop plans in two provinces: Hanoi and Ba Ria-Vung Tau. The activity also worked with the Vietnam Administration of HIV/AIDS Control (VAAC) to finalize the tracker by adding one component to oversee the resource needs, available resources, and any resource gaps at provincial and national levels. By monitoring the quality of those plans against established criteria,⁶ the Activity and VAAC have used this tracker as a management tool to identify TA needs and speed up the plan development process. The tracker is also used to request that provinces add detailed financial plans or scenarios to further elaborate on their sustainable HIV response.
 - **Problems encountered:** None.
 - **Activities to be undertaken during the next quarter:** The Activity will continue to work with VAAC to provide TA to the remaining provinces as needed to develop provincial sustainable financial plans and update the tracker with information from the plans.
- **Social contracting costing and financing options assessment report**
 - **Progress:** The LHSS Vietnam Activity has assumed a technical role at the national level to work closely with VAAC and other partners to strengthen social contracting in HIV service delivery. During this quarter, the Activity and other USAID implementing partners (IPs) - including USAID Healthy Market and USAID/EpiC - have supported VAAC to collect and consolidate international experiences in social contracting for HIV prevention and control service delivery. In turn, the Activity consolidated and shared this information with VAAC and other USAID IPs for reference. The Activity also conducted and shared with IPs a review and comparison of the content of service packages for social contracting in the different countries. The Activity also worked with VAAC and MOF to develop the methodology for costing services that will be delivered by community-based organizations (CBOs) in line with GVN regulations, pricing, and state budget policies, including calculating unit costs for HIV prevention and service delivery packages. The social contracting technical working group (TWG) proposed three packages for CBOs to implement: (i) outreach, counseling, and preventive commodities; (ii) outreach, counseling, screening, testing, referrals for confirmatory testing, and linkage to antiretroviral therapy (ART); and (iii) outreach, counseling, screening testing, and linkage to pre-exposure prophylaxis (PrEP) and other services.
 - In June, the Activity supported VAAC to organize a TWG meeting on social contracting for community-led HIV/AIDS prevention and control service delivery. The Activity consolidated and shared the collected international experiences on implementing social contracting and meeting participants discussed details of the legal framework for implementing social contracts for HIV

⁵ Tracker to monitor the provincial sustainable finance plan implementation at [this link](#).

⁶ The criteria for assessing the plan quality in the sheet “Nôi Dung” include: (i) allocated domestic resources (e.g., local budget, SHI); (ii) initiated financial mechanisms to encourage community organizations and individuals to participate in service provision and invest in HIV/AIDS service delivery (e.g., social contracting); and (iii) deployed and expanded service delivery models to enhance early service access to users (e.g., HIV self-testing, pre-exposure prophylaxis [PrEP], post-exposure prophylaxis [PEP], multi-month dispensing).

services in Vietnam, the possible costing method for the services (in line with state budget guidelines), and a proposal for piloting social contracting using donor funding (following state budget law). At the meeting, the social contracting TWG received numerous valuable inputs from participants, namely guidance from the VAAC's director on orientations (for the piloting period and policy development) and next steps (for implementation of social contracting). In the coming period, VAAC will work with IPs to refine the proposed packages and the LHSS Vietnam Activity will facilitate the costing of these packages. The different packages will be included in the social contracting pilot later in the year in selected provinces supported by USAID IPs and Global Fund.

- **Problems encountered:** None.
- **Activities to be undertaken during the next quarter**
 - The LHSS Vietnam Activity and other IPs will provide technical support to VAAC to finalize the detailed proposal for piloting social contracting using donor funding in accordance with state budget law and submit it to MOH before October 2021 for approval.
 - Complete the costing methodology and unit cost framework for HIV prevention packages implemented through social contracting using state budget, working closely with relevant MOH agencies (VAAC, Legislation Department, and DPF), MOF agencies (Price Department), and CBO representatives.

Intervention 2.3: Support the GVN and PEPFAR IPs to maintain the quality and effectiveness of HIV services under SHI.

- **SHI/HIV dashboard**
 - **Progress:** In Q3, The LHSS Vietnam Activity updated the current dashboard with data from VSS (see Annex 2) and started to migrate the dashboard to another platform (from Excel to Power BI) to improve accessibility for different stakeholders via various interfaces (web sharing and mobile view) and to enhance visualization solutions. The improved dashboard will help the Activity and VAAC to monitor SHI-covered HIV services (e.g., ARV, CD4, and viral load tests) and to quickly identify challenges that provinces experience while providing HIV services and ARVs through the SHI (e.g., decreasing ARV consumption levels). By quickly identifying challenges, the Activity and VAAC can also deploy timely and appropriate technical support to resolve them.
 - **Problems encountered:** None.
 - **Activities to be undertaken during the next quarter:** The Activity will collect data from VSS for new indicators related to HIV and TB services in the monitoring, evaluation, and learning (MEL) plan. This responds to USAID Vietnam's recent request that the dashboard also be used to monitor the use of new SHI-covered ARV regimens (e.g., tenofovir, lamivudine, and dolutegravir [TLD] or tenofovir, lamivudine, and efavirenz [TLE 400]) and the status of TB service delivery through SHI.
- **PEPFAR Oversight and Accountability Response Team (POART)/Country Operational Plan (COP) slides on the progress of SHI/HIV implementation**
 - **Progress**
 - **Advising and guiding the SHI implementation in Hanoi and Ho Chi Minh City**
In collaboration with Hanoi Center for Disease Control (CDC) and Hanoi Provincial Social Security (PSS), the LHSS Vietnam Activity provided advice and guidance to health facilities in Hanoi on the SHI policy implementation, specifically on SHI referral services for resident and non-resident people living with HIV (PLHIV) in Hanoi. Hanoi CDC directed health facilities to connect to Activity experts to consult on issues that arose throughout their implementation

of Hanoi CDC Plan No. 1640 on reviewing the use of SHI cards among ARV patients and when they are being referred to SHI-eligible facilities for continuity of ART.

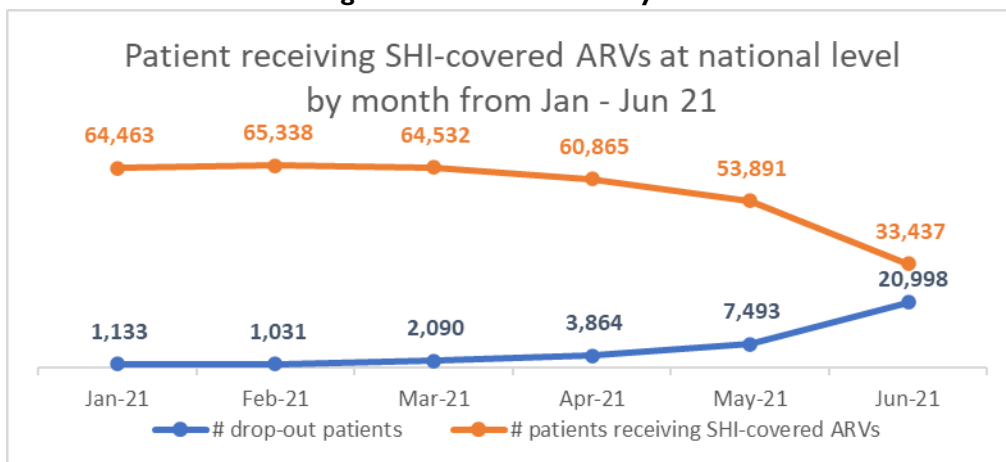
Most health facilities in Hanoi have transitioned into SHI since the end of 2018. The only hospital yet to be transitioned is the 09 Hospital because it is fully subsidized by the GVN, and PLHIV at the hospital receive free ARVs provided from the GVN and Global Fund sources. Due to the recently limited availability of non-SHI ARV drugs, VAAC requested that all health facilities switch SHI-eligible patients to receiving SHI-covered ARVs. While the hospital is fulfilling procedures to transition to SHI with on-site technical support by the USAID/EpiC project, the LHSS Vietnam Activity will collaborate with Hanoi PSS to assist the hospital throughout the SHI contracting process and claim procedures for SHI reimbursement.

In Ho Chi Minh City (HCMC), the Activity continued to advise Ho Chi Minh City CDC and HIV treatment facilities to address issues related to referring resident and non-resident patients for SHI-ARV treatment, examination, and ARVs dispensing for HIV patients coming earlier than their scheduled medical appointment. Due to severe COVID-19 outbreaks in the city, some health facilities providing ARVs were quarantined. LHSS advised health facilities on the temporary transfer of patients to other health facilities to ensure continuity of treatment and SHI benefits. With HIV patients on COVID-19 treatment in hospitals and unable to receive ARV drugs by themselves, the Activity advised the hospitals on proper procedures to ensure that those patients would receive their ARVs. In addition, several district health centers (DHCs) could not upload SHI claims on the VSS e-claim system because their SHI codes were not updated. The Activity facilitated the update of SHI codes with VSS, and DHCs can currently make SHI claims. The Activity also guided health facilities to work with PSS to link SHI data between the host facilities and their clinics to ensure proper management of SHI implementation.

- **Monitoring SHI implementation at the national level**

The LHSS Activity’s monitoring showed that—in the context of delayed approval of SHI-ARV drugs procured through the drug price negotiation method and given the lack of ARVs from SHI at the national level for HIV treatment—there was a significant decrease in the number of HIV patients receiving SHI-covered ARVs (figure 3). VAAC was aware of this and urgently sought solutions, including mobilizing ARVs from other sources (e.g., the state budget and Global Fund) to avoid the interruption in ARV provision to HIV patients.

Figure 3: ARVs Covered by SHI



Source: VSS.

- **SHI policy and media updates**

In Q3, the project continued to develop and share its bi-weekly SHI policy newsletters. The following are links to the five editions produced by the LHSS Vietnam Activity in this quarter from April to June:⁷ [Newsletter No. 7](#); [Newsletter No. 8](#); [Newsletter No. 9](#); [Newsletter No. 10](#); [Newsletter No. 11](#).

- **Problems encountered:** None.
- **Activities to be undertaken during the next quarter**
 - Together with USAID/EpiC and Hanoi PSS, support the 09 Hospital to transition HIV service provision into SHI.
 - Collaborate with Hanoi PSS to provide TA to guide/advise health facilities in Hanoi for transferring patients to eligible HIV treatment facilities to access SHI-covered ARVs as requested by Hanoi CDC.
 - Continue monitoring the availability and distribution of SHI-covered ARVs to ensure the continuation of essential treatment for PLHIV.

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

Intervention 3.1: Provide policy-level support to enable an open market for HIV commodities (domestically produced or imported) for various procurement options.

- **Technical report on a market analysis of potential private sector contributions to HIV commodity supply, including recommendations to the GVN on opportunities for procuring high-quality HIV commodities**
 - **Progress:** In Q3, the LHSS Vietnam Activity began collecting and analyzing information on (i) regulatory documents related to ARV drugs; (ii) an overview of ARV supply from all existing sources; (iii) current ARV usage; (iv) current registration process, importation, and production of ARVs; and (v) current bidding, procurement, and distribution of ARVs that affect their supply in the Vietnam market. Findings from the analysis will inform the categorization of ARV medicines into different groups with recommendations for the GVN on procurement opportunities. The Activity will complete the first draft and finalize the ARV market analysis report by the end of Q4.
 - **Problems encountered:** None.
 - **Activities to be undertaken during the next quarter:** The Activity will finalize the ARV market analysis report with recommendations to the GVN on procurement opportunities for high-quality HIV commodities, submit the report to USAID, and then submit the report to the GVN in Q4.
- **Draft application dossiers for ARV marketing authorization (MA) registration or extension**
 - **Progress:** During this quarter, the LHSS Vietnam Activity continued working closely with the Drug Administration of Vietnam (DAV) and the manufacturers of TLD on the MA process. With advice from the Activity, Laurus Labs and Hetero Labs (TLD manufacturers) submitted bio-equivalent and additional documents to DAV; documents included the WHO recommendation that it is unnecessary to conduct clinical data for TLD fixed-dose combination. The TLD dossier of Hetero

⁷ To see the previous editions of the project's SHI newsletter, please click the links: [Newsletter No. 1](#); [Newsletter No. 2](#); [Newsletter No. 3](#); [Newsletter No. 4](#); [Newsletter No. 5](#); [Newsletter No. 6](#).

almost meets DAV requirements. The Activity advised Hetero to prepare additional required documents in advance, and to submit them to DAV immediately upon receiving DAV’s official response to the first submission. The Activity is also following up with Mylan and Macleod (also ARV manufacturers) on the technical documents required to expedite the MA registration process for dolutegravir 50 mg, dolutegravir 10mg, and TLD.

- **Problems encountered:** Reviewing application dossiers at DAV is time-consuming; DAV did not respond to Hetero’s and Macleod’s TLD dossiers within its stated timeframe, causing a delay in the approval process. The Activity advised Hetero - who submitted their dossier more than one year ago - to send VAAC and DAV an official request to fast-track its dossiers.
- **Activities to be undertaken during the next quarter:** The Activity will continue to work with the manufacturers and DAV on the MA registration process for TLD, dolutegravir 50mg, and dolutegravir 10 mg, and to provide technical advice to expedite the registration process.

Intervention 3.2: Support advocacy and policy efforts to ensure the full inclusion of TLD in SHI to optimize treatments for increased viral load suppression rates.

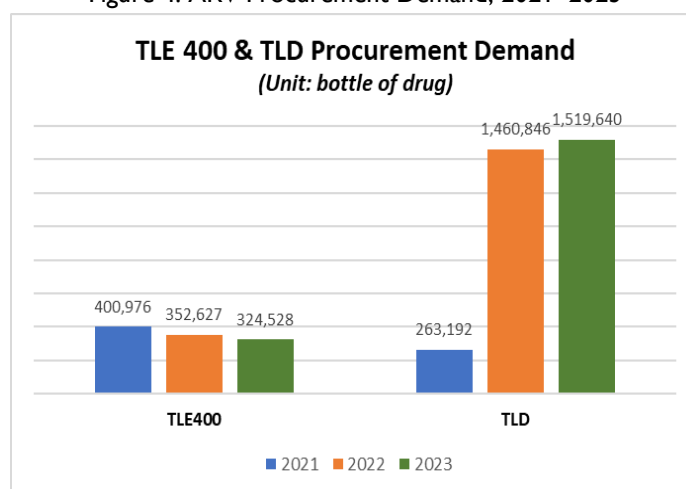
- **TLD supply plan**

- **Progress:** On April 19, the vice minister of health approved the ARV treatment plan for 2021, specifying the criteria for receiving ART treatment from different sources—including the SHI fund, the Global Fund, and the State Budget. VAAC is required to develop and seek approval from MOH leadership for this annual plan; the LHSS Vietnam Activity provided technical inputs to this plan. The SHI fund will be the primary funding source for ARV treatment in Vietnam in the next two years (table 4). Most HIV patients on first-line regimens in Vietnam will receive TLD, and the SHI fund will cover the majority of that medicine (figure 4).

Table 4: Expansion of SHI-covered ARVs

	2021	2022	2023
Estimated number of patients expected to be using SHI-covered ARVs	110,462	152,988	168,987

Figure 4: ARV Procurement Demand, 2021–2023



The LHSS Vietnam Activity and VAAC agreed to co-develop the ARV security plan to ensure a sustainable future medicine supply. The plan development process is divided into two phases. In phase one, from June to September 2021, the Activity will collect and review technical documents

related to WHO guidelines of HIV/AIDS treatment in the world that can affect future ARV supply, the limitations on informing manufacturers and suppliers of forecasted demand for ARVs, the current ARV supply, and patients receiving drugs from each source. Based on findings from the document review, the Activity will propose and discuss with VAAC an outline of the ARV security plan. In phase two, from October to December 2021, the Activity will develop a detailed ARV security plan that includes a TLD supply plan since most HIV patients will be on TLD.

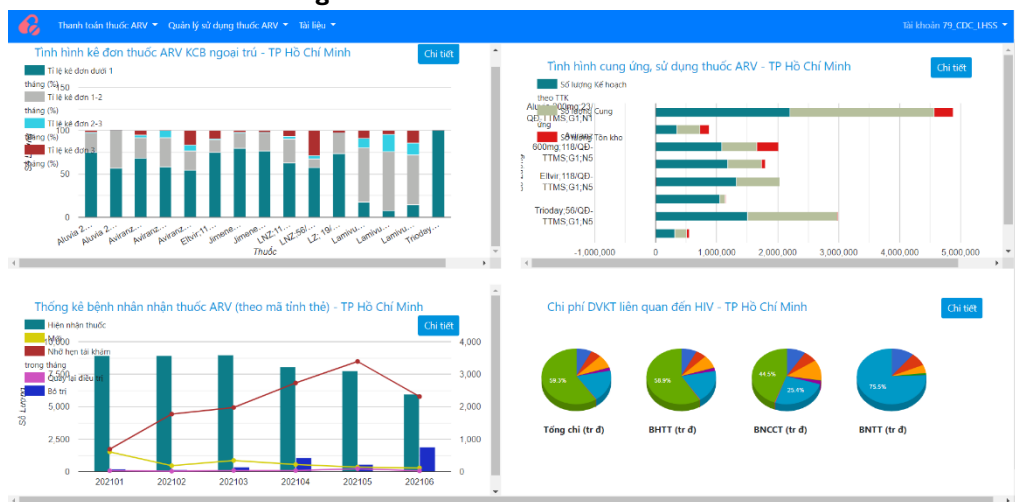
- **Problems encountered:** None.
- **Activities to be undertaken during the next quarter:** The LHSS Vietnam Activity will have technical discussions with VAAC to finalize the scope of work for this activity and the details of the ARV security plan with proposed actions and the timeline for implementation to prepare the first draft.

Intervention 3.3: Support MOH/VAAC/VSS to operationalize and ensure integration of the interoperable ARV drug management components to the existing government health information system.

Lead joint development exercises with programmers and system owners to integrate and operationalize the eLMIS.

- **Progress:** This activity links with Task 1.2.2. For the ARV component, the LHSS Vietnam Activity has worked closely with CMP to grant accounts for four USAID-supported provinces (HCMC, Tien Giang, Tay Ninh, and Dong Nai) to pilot the development of an HIV program indicator dashboard (figure 3) to improve HIV program management at the provincial level. Upon handing over the temporary provincial accounts for the SHI-covered ARV drug management tool to four provincial CDCs (HCMC, Tay Ninh, Tien Giang, and Dong Nai) LHSS coordinated with other USAID IPs to virtually showcase and introduce users to the system’s monitoring functions. These functions will help the provinces monitor the utilization, reimbursement of SHI-covered ARVs, and the management of ARVs and HIV patients at health facilities and will enhance the oversight capacity of CDC leaders in the management of SHI-covered ARV in their provinces. The Activity created an informal technical assistance group that includes a national TWG and all the users from four assigned CDCs to exchange experiences, discuss the software’s functions, and provide timely answers to provincial users’ questions. To improve the next version of the eLMIS (currently under development), the Activity will transfer all feedback from provincial CDC users to VSS and the IT vendor.

Figure 5: Demonstration Dashboard



Demonstration of the dashboard on SHI-ARV monitoring in HCMC via the drug management tool of VSS assigned for the province: <https://quanlythuoc.vss.gov.vn/>. Version updated through June 2021.

- **Problems encountered:** None.
- **Activities to be undertaken during the next quarter**
 - Coordinate discussions among VSS, VAAC, and provincial CDCs/Provincial AIDS Centers about sharing information via eLMIS accounts on ARV utilization and reimbursement.
 - Provide training and technology transfer to relevant users from VSS, PSS, VAAC, CDCs, and health facilities upon request.

Support VAAC to conduct training support and guidance for the use of HMED.

- **Progress:** The LHSS Vietnam Activity is developing an HMED (ARV supply management software) training report, which summarizes the training purpose, the total number of training courses conducted, participants who attended the training courses, times and venues for different courses, detailed training contents, and training results. The report will provide a general understanding of how HMED works; how VAAC, CDCs, and health facilities use this tool to manage ARV drugs; the number of HIV patients at the facility, provincial, and national levels; and the advantages and disadvantages of HMED. The report will also propose recommendations for further HMED improvement. The Activity will submit the HMED training report to USAID Vietnam at the beginning of Q4.

Intervention 3.4: Provide ad hoc procurement supply management support to the GVN and USAID/PEPFAR.

- **MOH approved the bidder selection results for ARV drugs procured through the price negotiation method in 2021**
 - **Progress:** On June 3, the MOH issued Decision 2764/QD-BYT approving the results of the bidder selection for TLD and TLE400 drugs to be procured through price negotiation in 2021. The LHSS Vietnam Activity supported the National Centralized Drug Procurement Center (NCDPC) to develop the framework agreement in advance so that the NCDPC and the selected ARV supplier could sign the framework agreement on June 4, 2021. The Activity also supported VAAC to conduct 12 virtual training workshops for 63 CDCs and 338 health facilities nationwide. The workshops focused on contract-signing and developing the drug-receiving plan. They also provided opportunities for direct dialogue and clarification on all concerns from health facilities and awarded contractors related to payment terms, drug delivery, reallocation, and contract-signing progress. These activities facilitated the drug delivery to health facilities that started in the third week of June and addressed the very low stock level at health facilities and PLHIV's urgent need for the drugs.
- **VSS issued guidelines on the implementation of Circular 22/2020/TT-BYT**
 - **Progress:** Upon the MOH's issuance of Circular 22 regulating the management of the nationally centralized procurement of ARVs using the SHI fund, the LHSS Vietnam Activity supported the VSS to develop guidelines for PSS agencies and CMP to implement Circular 22. With Activity TA, VSS issued the Official Letter 860, which provides more instructions on fund advancement for SHI-covered ARVs procured using the open bidding method, final payment for awarded contractors, SHI verification, payment procedures between PSS and health facilities, and data updates in the SHI verification system. The guidelines will help health facilities and PSSs to follow payment liquidation requirements in line with Circular 22. They also facilitate using the drug management software under the VSS e-claim system to ensure faster and more precise payment tracking.

- **Training health facilities on ARV planning, reallocation following Circular 22/2020/TT-BYT**
- **Progress:** The LHSS Vietnam Activity supported VAAC with lecturers in the training for 185 participants from health facilities in 14 provinces: Ba Ria Vung Tau, Long An, Binh Duong, Hue, Quang Nam, Ha Tinh, Da Nang, Bac Lieu, Binh Phuoc, Binh Thuan, Tra Vinh, Ben Tre, Hau Giang, and Vinh Long. The training was on ARV drug quantification and reallocation following Circular 22/2020/TT-BYT. The training helped participants gain a clearer understanding of the new guidelines in Circular 22 and apply them to manage SHI drugs in 2021.
- **MOH approved the guidance on drug requisition, reallocation, management, and payment of the centralized procurement of ARV drugs using the SHI fund in 2021**
- **Progress:** The Activity supported VAAC to develop and get approval from MOH leadership for the Official Dispatch 3263 which guides the requisition, reallocation, management, and reimbursement of national centralized procurement SHI-covered ARV drugs in 2021, and the contracting process and liquidation of ARV copayment for ARV drugs procured through price negotiation. This guidance will enable health facilities to distinguish the differences in management, utilization, and reallocation of ARV drugs procured under the price negotiation method and centralized procurement and payment methods to ensure timely and sufficient reception of ARV drugs and the liquidation of ARV copayment subsidies using the Global Fund budget.
- **Guidance on the requisition, management, usage, and reallocation of ARVs procured by price negotiation method**
- **Progress:** The Frame Agreement 01/TTK-DPG addresses the provision of TLE400 and TLD procured through price negotiation and VAAC's Official Letter 3263 dated April 23, 2021, guides health facilities on the receipt, management, use, reallocation, and reimbursement of SHI-covered ARVs in 2021. Following these mandates, the LHSS Vietnam Activity supported VAAC with TA to develop the guidance. The guidance was submitted by VAAC and obtained approval from the MOH leadership on the Official Letter 4671/BYT-AIDS on June 11, 2021. This Official Letter serves as (i) a legal basis specifying VAAC's responsibility to guide health facilities on receipt planning, management, and reallocation of ARV drugs procured via price negotiation, and (ii) detailed guidelines to health facilities, thereby improving the effectiveness of ARV drug management.
- **Supporting VAAC to prepare and submit a request to assign VAAC with the focal point role in ARV management in the revision of Circular 15/2019/TT-BYT, which regulates the bidding of drugs in public health facilities**
- **Progress:** In Q3, the Activity provided support to VAAC to prepare and submit a request to include VAAC as the focal agency for ARV management in the revision of Circular 15/2019/TT-BYT, which regulates the bidding of drugs in public health facilities. With the proposed ARV management functions, VAAC will oversee and assume the role of consolidating the supply plan, management, and reallocation of SHI-covered ARVs procured through the price-negotiation method. Furthermore, the SHI-covered ARV quantification plan for the centralized open-bid method is proposed to cover a maximum of 36 months instead of 12 months as per the current regulation. This would be the legal basis for VAAC to manage ARVs procured through different procurement methods, either through public open bidding or through price negotiation. The three years of the SHI-covered ARV quantification plan period would help reduce the procurement workload, procure the drugs at a better price (due to the large quantity), and ensure a stable supply source.
- **Problems encountered:** MOH's approval of TLE400 and TLD price negotiation result was delayed. There was a typing error in the drug name, leading to the inconsistency of the drug name in the request for proposal, the dossiers submitted by the bidder, the price negotiation result, and the MA. To solve this problem, the MOH went through its administrative procedures, including a

series of technical meetings among related departments under the MOH and Ministry of Planning and Investment, and numerous official letters from these bodies to provide consultation and consensus on the drug name and the price negotiation result. This process took two months, and eventually, the TLE400 and TLD price negotiation was approved on June 3, 2021.

- **Activities to be undertaken during the next quarter**
 - The Activity will support VAAC to conduct training workshops on management and reallocation of drugs procured by negotiation method and on identifying critical differences in reallocation and management of drugs procured by different methods.
 - The Activity will support VAAC, NCDPC, and VSS to conduct site visits to monitor drug usage and management and to identify the root causes of drug misuse that leads to the inability to liquidate contracts with the awarded contractors and propose solutions.
- **PrEP donation receiving plan**
 - **Progress:** In Q3, LHSS supported VAAC to develop a PrEP donation receiving plan. VAAC submitted the plan to the MOH in June for approval.
 - **Problems encountered:** None.
 - **Activities to be undertaken during the next quarter:** The Activity will support VAAC to work with the MOH and other related ministries to facilitate the approval of the PrEP donation receiving plan.

Objective 4: Support the GVN to integrate TB services into SHI.

Intervention 4.1: Support the National Tuberculosis Program to develop and implement a national SHI transition plan for TB services.

- **Transition roadmap for TB services into SHI**

- **Progress**

Provide TA to the National Tuberculosis Program (NTP) to prepare a dossier and obtain MOH approval to allow the National Lung Hospital to procure first-line TB drugs using a centralized procurement method.

- With TA from the LHSS Vietnam Activity, the MOH leadership approved the decision 2050/QD-BYT to assign the National Lung Hospital to undertake the centralized procurement of first-line TB drugs using the SHI fund for TB treatment facilities nationwide. As per this decision, the NTP will continue its procurement and management of TB drugs through the SHI fund. LHSS shall provide TA to the NTP for the TB drug transition, including SHI-covered TB drugs procurement, to ensure drug availability and the sustainability of TB services nationwide.

Support the NTP to complete the draft TB service transition roadmap and share it with USAID and TB partners for inputs and consultation.

- The Activity worked closely with the NTP to complete the transition roadmap for TB drugs into the SHI scheme and for sustainable financing for the TB program for 2020–2025. For the NTP, this roadmap serves as a guiding document, laying out three phases of transition and main activities under each phase with associated timelines, expected outputs, and responsibilities of involved agencies. This roadmap will be revised and updated to keep pace with changes in the context and implementation realities. Alongside this document, the Activity also developed a tracking tool to monitor the transition progress to help the NTP record the implementation process, changes, and impacts of

the changes on the transition plan and to update related stakeholders on the progress. The NTP has shared the final Vietnamese version of the roadmap with USAID and USAID's Support to End TB Project (SET) and is using the roadmap as a foundation document to guide NTP through the transition.

Conduct a national mapping of TB service delivery with the NTP, describing the different types of facilities providing different TB services.

- As noted in the Q2 report, LHSS had agreed to help the NTP map TB treatment facilities in the country to support the associated roadmap task. This quarter, the LHSS Vietnam Activity learned that NTP assigned this activity to its Tuberculosis Implementation Framework Agreement (TIFA) project. At the end of May, the NPT shared the mapping result with the Activity. In reviewing the mapping of 872 TB treatment facilities, the Activity and NTP agreed that further work is needed to validate the mapping information with VSS. Based on the validation with VSS, among the 768 facilities that reported having curative functions, only 404 reported being reimbursed by the SHI fund for TB treatment. This can inform the readiness among those facilities regarding SHI reimbursement and help define how much work needs to be done at these health facilities in terms of integration.
- For the 104 facilities that reported having preventive functions, the Activity recommended that USAID facilitate support to the NTP to assess the level of readiness, and to estimate the work that can be done on the integration at these health facilities through the end of 2021. This can also inform the development of a “plan B” if the transition to SHI is delayed. Presently, USAID SET supports the integration in seven provinces; the Activity advised USAID that other provinces also need this type of support.

Provide TA to NTP, Department of Health Insurance (DHI), and VSS to develop a circular on the management, use, and payment of TB drugs through SHI.

- The intended guidance on procurement, management, use, and payment of TB drugs through SHI was proposed by the NTP and MOH/DHI to be included with the revision of Circular 04/2016/TT-BYT on TB examination, treatment, and reimbursement through SHI. The drafting team and editorial team for the revision of Circular 04 were established following the MOH leadership's decision on April 27, 2021. The drafting team consisted of 15 representatives from DHI; Legislation Department; DPF; the Medical Services Administration; VAAC; VSS; Departments of Health of Hanoi, Thai Nguyen, and Vinh Phuc; and hospitals including the National Hospital 74, the National Hospital 71, the National Lung Hospital, and Hanoi Lung Hospital. The MOH vice-minister chaired the first drafting team meeting on June 1, 2021, to review the first outline of the revision, which had a new chapter on the procurement, management, use, and payment of SHI-covered TB drugs. The LHSS Vietnam Activity provided technical comments on the first revision drafted by the NTP and DHI. This first outline shall be further developed by the editorial team. The Activity will continue to play its advisory role to the NTP and support the DHI to implement the technical meetings of the drafting and editorial teams. The guidance/revision is expected to be finalized in December 2021.

Support the NTP in SHI-covered TB drug quantification and demand consolidation.

- In Q3, the LHSS Vietnam Activity provided TA to develop guidance on the quantification of SHI-covered TB drug demand for the 2022–2023 period. The guidance was issued by the National Lung Hospital on May 14, providing specific directions to provincial health

departments and 12 national-level hospitals. In addition, the Activity developed a web-based tool to assist (i) health facilities to input drug quantification for submission to the Department of Health (DOH); (ii) DOH to collect, verify drug quantification submitted by health facilities, and consolidate provincial drug demands for submission to the NTP; and (iii) the NTP to monitor drug quantification progress and consolidate national drug demand. The web-based tool helps health facilities, DOH, and the NTP minimize the time and personnel needed for drug quantification, validation, and consolidation.

Facilitate coordination meeting on the TB transition program.

- On April 19, the Activity facilitated a coordination meeting with the SET and TIFA projects, and USAID to share information about the technical assistance provided by IPs to the NTP. In the meeting, it was agreed that the LHSS Vietnam Activity would mainly provide TA and TIFA will provide financial support for events, including workshops and trainings (e.g., to disseminate guidance on TB drug management, uses, and payment). Following the meeting, the Activity developed a tracker to share with NTP and other projects as a common tool so that the NTP and projects are updated on the transition progress. This tool also indicates which activity is provided by which project to avoid duplication of support among projects.

Provide guidance on integrating TB facilities.

- The Activity advised the NTP on obtaining MOH guidance to provinces and health facilities on TB integration through the MOH/DHI. At their April 22 meeting, NTP and DHI agreed that the DHI would propose that the MOH leadership issue a directive on integration. With USAID SET support, the NTP will issue integration guidance with specific steps. The Activity has provided comments on this guidance, will follow up with the NTP and USAID SET, and will provide input as relevant.

- **Problems encountered:** None.
- **Activities to be undertaken during the next quarter**
 - Continue to assist the NTP with national drug demand consolidation.
 - Provide technical support to the NTP in developing a TB drug procurement plan and conduct the procurement of TB drugs.
 - Continue to assist the NTP and MOH/DHI on the revision of Circular 04.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

The NTP is consolidating the national drug demand in order to conduct drug procurement in the next quarter. In response to this urgent need, the LHSS Vietnam Activity supported NTP to develop the TB drugs quantification tool and provided virtual training on using the tool for provinces and over 800 health facilities. This tool is expected to be upgraded for future TB drug procurement and supply management, which will support NTP to manage drugs from different sources. This is the first time the NTP is procuring TB drugs from the SHI fund to have drugs available from early 2022.

GESI STRATEGY AND PROGRESS

This quarter, the LHSS Vietnam Activity focused on developing the gender equality and social inclusion (GESI) analysis and action plan, beginning with a preliminary desk-based review by the LHSS GESI Senior Technical Advisor with partner Banyan Global. The initial desk review revealed several key findings, including lessons learned from implementing gender-responsive budgeting, lack of sex-disaggregated data in many key government and existing national indicators, and opportunities to increase engagement of

representative civil society groups. In April, the LHSS Vietnam Activity team provided detailed comments on the preliminary GESI analysis and action plan, which focused on three key issues: emphasizing social inclusion rather than gender equality, clarifying the usefulness of the analysis to the government counterparts, and updating data and references.

To verify GESI considerations, the GESI team had a series of discussions with the LHSS technical team covering the four objectives and the MEL team in the second and third week of June. A short-term GESI specialist based in Hanoi started in May. The GESI specialist designed interview questions and began interviewing the LHSS Vietnam Activity team members to develop a GESI action plan focused internally on the Activity with feasible activities and indicators to measure progress. The GESI considerations are expected to be completed in Q4.

Additionally, Vietnam was selected as a member of the LHSS GESI Focal Point Network, which seeks to increase GESI integration into activities, promote peer-to-peer collaboration and insights across LHSS countries, and contribute to learning on prioritized GESI topics. During the inaugural meeting in June, LHSS Vietnam met virtually with representatives from Bangladesh, Cambodia, Colombia, Jordan, and Timor-Leste to discuss shared GESI topics and to contribute to program-wide guidance for incorporating GESI into LHSS work plans globally.

WASTE, CLIMATE RISK MANAGEMENT

As part of the LHSS commitment to implementing environmentally responsible operations, the LHSS Vietnam Activity developed an Environmental Mitigation and Monitoring Plan to ensure compliance with the Integrated Health Systems Improvement Project initial environmental examination ([GH-17-064](#)). Additionally, the Activity developed a waste management plan to guide the disposal of medical commodities generated by the project. Both plans were submitted to and approved by USAID, along with the Year 1 work plan. In Q3, the Activity continued to abide by the Environmental Mitigation and Monitoring Plan and to follow the climate risk management plan.

MEL PLAN AND PROGRESS ON PERFORMANCE INDICATORS

The LHSS Vietnam Activity team submitted the revised version of the Activity Monitoring, Evaluation, and Learning Plan (AMELP) to USAID on May 14, 2021, accommodating revisions based on comments from USAID LEARNS and the addition of three Performance Management Plan (PMP) indicators as required by USAID Vietnam. These PMP indicators include P.51.4: *Number of laws, policies, regulations, or standards formally proposed, adopted, or implemented as supported by USG assistance*; P.2.2.1: *Proportion of annual domestic (public) expenditure on HIV*; and P.2.2.2: *Percentage of TB patients that receive TB drugs from Social Health Insurance*. Subsequently, as the revised Y1 work plan was approved by USAID on May 18, the Activity further revised the AMELP to reflect changes in the approved work plan and resubmitted the AMELP; USAID Vietnam concurred with the AMELP on June 14. However, additional suggestions for revision will be made during the annual AMELP update.

In Q3, the LHSS Vietnam Activity MEL team also finalized a data flow map, developed, and put in place several management trackers (e.g., workplan tracker, deliverable tracker, and consultant tracker) to ensure data quality and timeliness and better project management. The Vietnam Activity and LHSS home office MEL team held the first internal learning session in the form of “pause and reflect” with the active participation of all Vietnam Activity technical staff to answer the learning question “What are the success factors (or barriers) to an uninterrupted supply of ARVs?”

By the end of this reporting period, the LHSS Vietnam Activity made progress against the annual targets for some indicators: **Indicator 1:** Number of laws, policies, regulations, or standards formally proposed, adopted, or implemented as supported by USG assistance (actual: six, target: five). **Indicator 2:** Percentage of PLHIV receiving ARV through SHI (actual: 55 percent, target: 75 percent). **Indicator 12:** Proportion of PLHIV on ARV using SHI cards for HIV/AIDS services (actual: 94 percent, target: 80

percent). **Indicator 20:** Number of ARV procurement cycles completely budgeted and funded by the government (actual: 12, target: 6).

MANAGEMENT AND STAFFING

By the end of this reporting period, the LHSS Vietnam Activity had 13 local staff members and one expatriate (the chief of party). The Activity had the following personnel changes in May: The administrative officer and an SHI and finance technical officer joined the team. The PFM lead left the team. The Activity is currently looking for candidates for the PFM and supply chain specialist positions. The Activity expects to recruit the former in early Q4; the latter has been advertised several times, but the team has faced difficulties finding suitable candidates for this position due to the scarcity of qualified candidates in the local labor market.

In this quarter, the LHSS Vietnam Activity engaged 14 additional consultants to support project activities; by the end of June, the total number of active consultants was 24.

Total project expenditures as of the end of June are \$1,920,159, accounting for 55 percent of the obligation for the year.

UPCOMING EVENTS

- Technical meetings of the drafting and editorial teams to revise the Circular 04/2016 regulating TB examination, treatment, and reimbursement through SHI.
- Six TWG meetings on social contracting in HIV/AIDS to create an enabling legal environment for CBOs/CSOs to access public funds for HIV service provision in Vietnam.
- Training sessions and technology transfer to relevant users from VSS, PSS, VAAC, CDC, and health facilities on eLMIS software.
- Training workshops on management and reallocation of ARV drugs procured by price negotiation method.
- Site visits to monitor the use and management of ARVs at health facilities, particularly to explore reasons for drug misuse at health facilities and to propose solutions.

5.16 ZIMBABWE HSA

Status: In May 2021, USAID approved a work plan modification for a timeline extension and additional focuses on COVID-19 and its impact on the health system, as well as a focus on commodities and supply chain. After beginning to plan for in-country data collection, LHSS paused work in May 2021 when MOHCW had not yet provided concurrence for the assessment and the necessary fieldwork.

Problem Statement: The health system in Zimbabwe has been under increasing pressure, triggered by a deteriorating economic situation. In November 2019, the Government of Zimbabwe presented a proposal of US\$144 million for donor support for HRH. Key donors, including USAID and DFID, considered the concept note and felt that the proposal would be stronger if it were informed by a comprehensive, evidence-based, system-wide analysis of the health system in its current state.

Purpose: LHSS is conducting an HSA to inform recommendations for ensuring uninterrupted availability, accessibility, utilization, and quality of health services. The assessment will provide baseline data on health system functions. The baseline will inform key decisions in the health sector.

Interventions:

- Conduct HSA desk review and prepare for fieldwork.
- Conduct HSA fieldwork.
- Synthesize HSA fieldwork findings and develop and validate deliverables.

Planned Deliverables:

- HSA assessment report
- Recommendations based on assessment findings
- Monitoring plan for tracking health system progress

Consortium Partners:

- Abt Associates, Save the Children, HiSP

Contribution to Task Order Objectives

- Objective 1: Increased financial protection

SO 1.3.1: Strengthened government capacity for transparent, evidence-based priority-setting and budgeting.

- Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1 - Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

WORK PLAN

In March 2021, the work plan was amended to include a new timeline with an additional focus on COVID-19 and its impacts on the health system, as well as a focus on commodities and supply chain. USAID approved this work plan modification on May 6, 2021; LHSS submitted the final version to USAID on May 12, 2021.

DELIVERABLES

Zimbabwe HSA zero draft.

- **Progress:** In Year 1, the assessment team completed the zero draft and compiled a large repository of secondary data sources. The zero draft identified data gaps that would require in-country data collection, and proposed a preliminary list of key informants for the fieldwork. LHSS submitted the zero draft to USAID in August 2020.
- **Problems encountered:** Fieldwork has been delayed due to COVID-19 and a new administration in the MOHCW. Lack of access to DHIS2 and government counterparts limited the team's ability to describe current service delivery levels and the impact of COVID-19 in the zero draft. Therefore, the zero draft contains several information gaps that require in-country data collection and engagement with MOHCW. Under USAID guidance LHSS will resume work when the MOHCW concurs or when USAID approves an approach to complete the assessment with limited in-country data collection.
- **Tasks to be undertaken in Q4:** USAID to obtain the MOHCW's concurrence for fieldwork and/or LHSS to obtain USAID approval to re-commence work with a modified data collection plan.

HSA priorities, discussion guidelines, interview schedule

- **Progress:** At the end of Q2 and Q3, LHSS drafted interview guides and schedules for in-country data collection. At the mission's request, LHSS submitted a concept note and work plan amendment to capture the updated HSA priorities, which included incorporating an analysis of the COVID-19 pandemic's impact on the health system. After USAID approved the updated concept note and work plan, LHSS paused work in May 2021 when MOHCW had not yet provided concurrence for the assessment and the necessary fieldwork.
- **Problems encountered:** MOHCW concurrence is currently delayed.
- **Tasks to be undertaken in Q4:** Pending USAID approval to re-commence work the team will move forward with data collection.

SUSTAINABILITY AND LOCAL CAPACITY DEVELOPMENT

The MOHCW is drafting its next national health strategy. It is anticipated that the LHSS team will align HSA priorities to support donor needs and develop recommendations to support the ministry's efforts particularly identifying where capacity development is required to support the strategies implementation. Additionally, adding a focus on the health system impacts of COVID-19 will provide further understanding of the system's resilience and recommendations to strengthen it.

GESI PROGRESS

In Q3 the activity team consulted the LHSS GESI Senior Technical Advisor and determined several ways to incorporate a GESI focus into the assessment report and in-country data collection strategy especially with regards to the large youth population, the high maternal mortality that may reflect gender disparities in access, and the intersection between gender and the use of voluntary community health workers and other human resources for health functions.

PROGRESS ON PERFORMANCE INDICATORS

The Zimbabwe HSA does not have a MEL plan due to the activity's focused scope and size. Performance will be assessed through routine reporting and meetings when the pause on implementation is lifted.

MANAGEMENT AND STAFFING

While preparing for fieldwork, LHSS planned to send two team members from the home office to Zimbabwe for data collection. They were going to be accompanied by a couple local Abt staff members and local consultants. These team members are on stand-by in case LHSS is able to resume work on the assessment.

UPCOMING EVENTS

In Q4, LHSS expects to either receive MOHCW concurrence for fieldwork, or to determine a new strategy for completing the assessment without extensive fieldwork.

ANNEX I: LHSS RESULTS FRAMEWORK OBJECTIVES AND LINK BETWEEN ACTIVITIES

CORE ACTIVITIES AND PROJECT-LEVEL RESULTS FRAMEWORK

Table 5: Link Between Core Activities and Results Framework

LHSS Year 1 Work Plan: Core Activities	CORE ACTIVITIES												
	1. MOH budget execution	2. Priority setting	3. Governance of quality	4. Pharmaceutical expenditures	5. Digital financial services	6. Health prize winners	7. Sustainable financing for health	8. Quality and measurement	9. Quality Health Systems TWG/Advisory Group	10. Social determinants of Health (HRH focus)	11. HSS Practice spotlights	12. Expanding Financial Protection	COVID-19 Surge Capacity
Objective 1 - Increased financial protection													
SO 1.1: Increased availability of revenue for health													
SO 1.1.1: Increased government budget allocation for health													
SO 1.1.2: Improved efficiency and reduced waste													
SO 1.2: Increased risk pooling to improve financial sustainability													
SO 1.2.1: Increased enrollment (direct and/or subsidized)													
SO 1.2.2: Increased standardization/size of risk pools													
SO 1.3: Improved resource allocation													
SO 1.3.1: Strengthened government capacity for transparent, evidence-based priority setting and budgeting													
Objective 2 - Increased population coverage													
SO 2.1: Health services accessible and provided equitably to all													
SO 2.1.1: Improved availability of services and commodities													

LHSS Year 1 Work Plan: Core Activities	CORE ACTIVITIES												
	1. MOH budget execution	2. Priority setting	3. Governance of quality	4. Pharmaceutical expenditures	5. Digital financial services	6. Health prize winners	7. Sustainable financing for health	8. Quality and measurement	9. Quality Health Systems TWG/Advisory Group	10. Social determinants of Health (HRH focus)	11. HSS Practice spotlights	12. Expanding Financial Protection	COVID-19 Surge Capacity
SO 2.1.2: Improved availability and distribution of skilled/motivated human resources for health, especially in hard-to-reach areas													
SO 2.1.3: Strengthened engagement with private providers													
SO 2.2: Public and private services responsive to population needs													
SO 2.2.1: Strengthened mechanisms for client feedback													
Objective 3 - Increased service coverage of quality essential services													
SO 3.1: Health services meet evidence-based standards of quality care													
SO 3.1.1: Improved institutionalization of CQI at all levels													
SO 3.2: Essential service package well-defined and responsive to needs of all													
SO 3.2.1: Improved organization and delivery of cost-effective services													
SO 3.2.2: Strengthened community health services													
Transition and sustainability													
SO X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage and oversee health system functions													
SO X.2: Increased client and community engagement and voice in planning and oversight													
SO X.3: Strengthened collaboration between public sector, private sector, and civil society													

DIRECTED CORE ACTIVITIES AND PROJECT-LEVEL RESULTS FRAMEWORK

Table 6: Link Between Directed Core Activities and Results Framework

LHSS Task Order Results Framework Objectives	Directed Core Activities									
	Malaria	COVID-19 Tajikistan	COVID-19 Kazakhstan	COVID-19 Kyrgyz Republic	COVID-19 Uzbekistan	COVID-19 Turkmenistan	COVID-19 DR	COVID-19 Colombia	COVID-19 Laos Pasteur	Supply Chain Decentralization
Objective 1 - Increased financial protection										
SO 1.1: Increased availability of revenue for health										
SO 1.1.1: Increased government budget allocation for health										
SO 1.1.2: Improved efficiency and reduced waste										
SO 1.2: Increased risk pooling to improve financial sustainability										
SO 1.2.1: Increased enrollment (direct and/or subsidized)										
SO 1.2.2: Increased standardization/size of risk pools										
SO 1.3: Improved resource allocation										
SO 1.3.1: Strengthened government capacity for transparent, evidence-based priority setting and budgeting										
Objective 2 - Increased population coverage										
SO 2.1: Health services accessible and provided equitably to all										
SO 2.1.1: Improved availability of services and commodities										
SO 2.1.2: Improved availability and distribution of skilled/motivated human resources for health, especially in hard-to-reach areas										
SO 2.1.3: Strengthened engagement with private providers										
SO 2.2: Public and private services responsive to population needs										
SO 2.2.1: Strengthened mechanisms for client feedback										
Objective 3 - Increased service coverage of quality essential services										
SO 3.1: Health services meet evidence-based standards of quality care										
SO 3.1.1: Improved institutionalization of CQI at all levels										

LHSS Task Order Results Framework Objectives	Directed Core Activities									
	Malaria	COVID-19 Tajikistan	COVID-19 Kazakhstan	COVID-19-Kyrgyz Republic	COVID-19 Uzbekistan	COVID-19 Turkmenistan	COVID-19 DR	COVID-19 Colombia	COVID-19 Laos Pasteur	Supply Chain Decentralization
SO 3.2: Essential service package well-defined and responsive to needs of all										
SO 3.2.1: Improved organization and delivery of cost-effective services										
SO 3.2.2: Strengthened community health services										
Transition and sustainability										
SO X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage and oversee health system functions										
SO X.2: Increased client and community engagement and voice in planning and oversight										
SO X.3: Strengthened collaboration between public sector, private sector, and civil society										

FIELD SUPPORT ACTIVITIES AND PROJECT-LEVEL RESULTS FRAMEWORK

Table 7: Link Between Field Support Activities and Results Framework

LHSS Task Order Results Framework Objectives	Field Support Activities													
	Bangladesh	Cambodia	Colombia	Colombia OFDA	Dominican Republic	East Africa	Jordan	Jordan COVID-19	Latin America and Caribbean	Madagascar	Peru	Timor-Leste	Tunisia	Vietnam
Objective 1 - Increased financial protection														
SO 1.1: Increased availability of revenue for health														
SO 1.1.1: Increased government budget allocation for health														
SO 1.1.2: Improved efficiency and reduced waste														
SO 1.2: Increased risk pooling to improve financial sustainability														
SO 1.2.1: Increased enrollment (direct and/or subsidized)														
SO 1.2.2: Increased standardization/size of risk pools														
SO 1.3: Improved resource allocation														
SO 1.3.1 - Strengthened government capacity for transparent, evidence-based priority setting and budgeting														
Objective 2 - Increased population coverage														
SO 2.1: Health services accessible and provided equitably to all														
SO 2.1.1: Improved availability of services and commodities														
SO 2.1.2: Improved availability and distribution of skilled/motivated human resources for health, especially in hard-to-reach areas														
SO 2.1.3: Strengthened engagement with private providers														
SO 2.2: Public and private services responsive to population needs														
SO 2.2.1: Strengthened mechanisms for client feedback														

LHSS Task Order Results Framework Objectives	Field Support Activities														
	Bangladesh	Cambodia	Colombia	Colombia OFDA	Dominican Republic	East Africa	Jordan	Jordan COVID-19	Latin America and Caribbean	Madagascar	Peru	Timor-Leste	Tunisia	Vietnam	Zimbabwe
Objective 3 - Increased service coverage of quality essential services															
SO 3.1: Health services meet evidence-based standards of quality care															
SO 3.1.1: Improved institutionalization of CQI at all levels															
SO 3.2: Essential service package well-defined and responsive to needs of all															
SO 3.2.1: Improved organization and delivery of cost-effective services															
SO 3.2.2: Strengthened community health services															
Transition and sustainability															
SO X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage and oversee health system functions															
SO X.2: Increased client and community engagement and voice in planning and oversight															
SO X.3: Strengthened collaboration between public sector, private sector, and civil society															