



QUARTERLY PROGRESS REPORT

YEAR 2, QUARTER 2

January 1, 2021 – March 31, 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
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 LHSS PROJECT

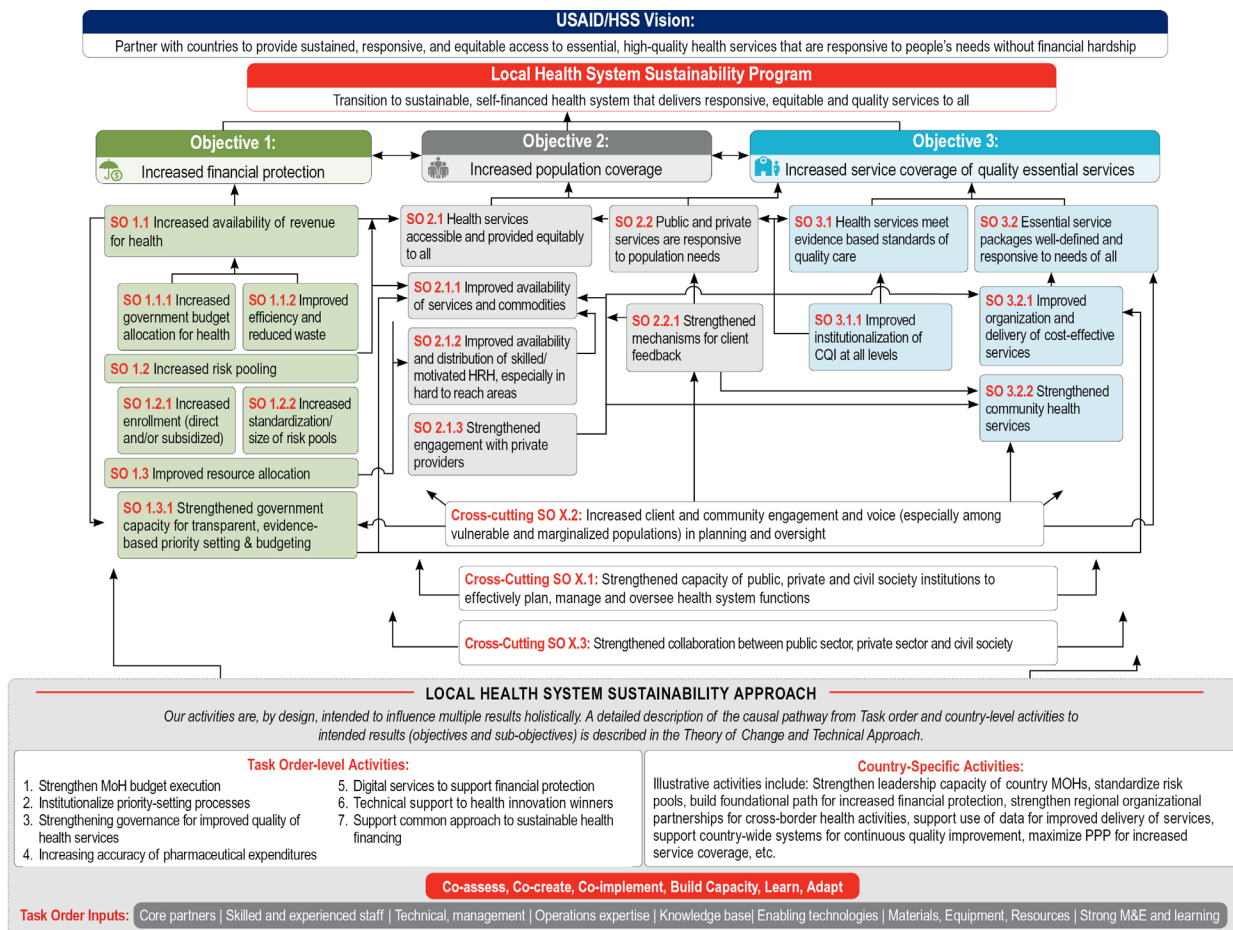
The Local Health System Sustainability Project (LHSS) is a five-year (2019–2024) global activity funded by USAID as Task Order I under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is to support achievement of USAID health systems strengthening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

Figure I. LHSS Results Framework



2. OVERVIEW

This report covers LHSS work from January 1 to March 31, 2021. LHSS commenced consultations and work plans in Peru and started approved work in Timor Leste and Bangladesh. LHSS teams and their work are established in 13 countries, with an additional two regional pieces of work, and core activities underway in some 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.

2.1 NEW WORK PLANS

During the quarter, LHSS continued to expand its geographical footprint with a new buy-in Peru, and start-up operations in Timor-Leste and Bangladesh.

2.2 CROSS-CUTTING STRATEGIES AND PLANS

Scale-up of Local Capacity Strategy: Country activities continued to implement the scale-up of local capacity strategy through capacity development interventions and by planning and implementing local partner sustainability and transition plans. LHSS developed indicators for transition and sustainability to be proposed in the revised MEL plan, and finalized learning questions for Year 2. The directors of capacity building and transition and sustainability oriented the LHSS team in Bangladesh on the strategy. Orientation for Timor Leste is planned for early April 2021 (Q3). LHSS dispersed three grants totaling USD 211,252 during the quarter. Two countries developed grant strategies and engaged six local partners for a total of USD 638,571 value in subcontracts. Across LHSS countries, 55 local consultants were engaged for a total value of USD 440,166. Several country activities engaged USAID missions in discussions about their local partner sustainability and transition plans and received positive feedback. Local counterparts in most countries contributed to or validated the plans, and in one case, asked for regular meetings with LHSS to jointly monitor the milestones they had established in the plan.

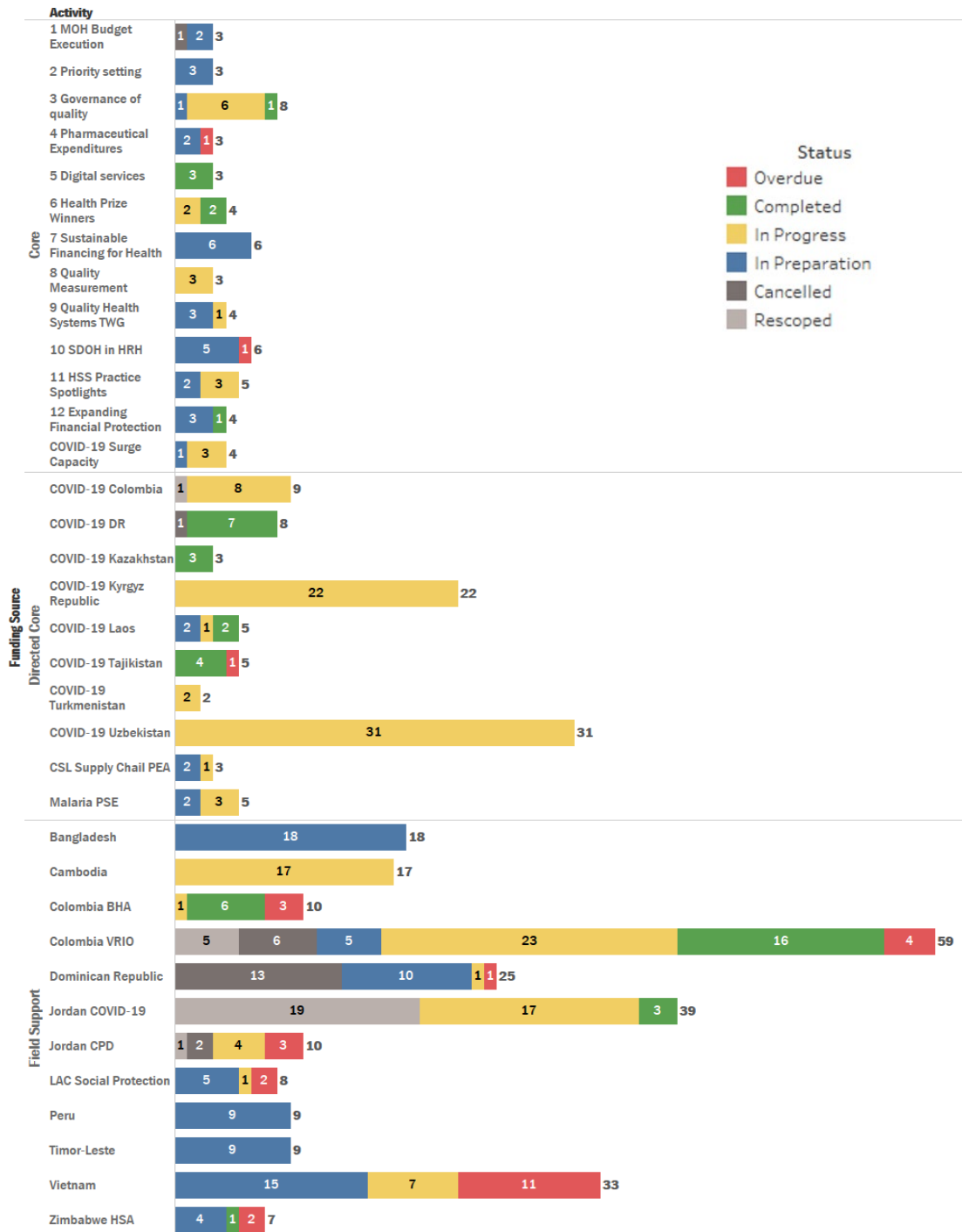
Gender Equality and Social Inclusion (GESI) Strategy: Following successful adoption of the strategy and staff trainings, LHSS continued to make progress on integrating GESI considerations into work plans and ongoing implementation. LHSS onboarded a new GESI short-term advisor and presented technical progress and learnings from the task order and Colombia programs to all staff. LHSS continues to integrate GESI into its learning agenda, and project staff reviewed and integrated GESI considerations into all scopes of work and new work plans. LHSS marked International Women's Day with social media messages and a blog published on Medium publishing platform. The messages and blog focused on the role of private health provider in Jordan in COVID-19 care, and the gender and social norms impacting both the ability of female and male health care providers to perform their duties during the pandemic.

Monitoring, Evaluation, and Learning Plan: LHSS commenced its annual review of the Task Order monitoring, evaluation, and learning plan, working across activities and technical areas to revisit the results framework, indicators, and learning agenda. LHSS also submitted the Y2/Q2 quarterly report. The report was approved by the Contracting Officer's Representative (COR) on March 6, 2021 and disseminated widely. LHSS developed a draft activity monitoring, evaluation, and learning plan (AMELP) in Y2/Q2 for the Peru field-support activity, and finalized AMELPs for Cambodia, Kyrgyz Republic, Uzbekistan, Colombia Bureau for Humanitarian Assistance (BHA), and Jordan Continuing Professional Development (CPD) and COVID-19 activities. LHSS encouraged an emphasis on country-level learning workshops and no project-wide pause and reflect sessions were held during the quarter. The LHSS team in Cambodia held a successful learning session, and plans were in the advanced stages for similar learning events in Colombia, Kyrgyz Republic, Uzbekistan, Vietnam, and Jordan. 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. LHSS now has 35 active work plans; of these, 13 are core-funded, 10 are directed-core, and 12 are field support activities.

Figure 2: Status of LHSS Activity Deliverables

Status of LHSS Activity Deliverables. Year 2, Quarter 2



During the quarter, up to 12 percent deliverables were completed, with 42 percent in progress (see Figure above). An updated summary of how core, directed core, and field-support activities link to the project's broad objectives is presented in Annex 2.

Knowledge Management Plan: LHSS continued adding resources, stories, and other content to the project website during Q1 while awaiting USAID approval to launch the site publicly. The project also held three external webinars to share project learning around COVID-19 pandemic response and health system resilience:

- The Jan. 14 webinar, *Laboratory Strengthening for COVID-19 and Beyond*, featured national laboratory strengthening initiatives and lessons learned from Tajikistan, Colombia, and Laos;
- The Feb. 10 webinar, *Improving the Quality of Critical Care for COVID-19, Now and into the Future*, highlighted national and global learning on how to ramp up capacity and best care for severely ill COVID-19 patients, with examples and lessons learned from both developed and less developed countries including Jordan, Kyrgyz Republic, and the United States; and
- The March 18 webinar, *Mobilizing Civil Society for COVID-19 Prevention and Vaccination*, discussed how collaborating with civil society can lend strength to governments' COVID-19 response efforts, with examples and lessons learned from Laos, Kyrgyz Republic, and Colombia, plus remarks by OHS's Health Systems Advisor on the role of community health systems and civil society in USAID's *Vision for Health System Strengthening 2030*.

LHSS shared news of project activities on Twitter throughout the quarter.

Grants Manual: LHSS Colombia and Jordan country activities developed grants strategies in alignment with the grants manual during last quarter. In this quarter, the project issued 3 grants in Colombia and Jordan and is currently preparing 3 more in Colombia.

Branding Implementation and Marking Plan: On March 31, 2021, the Contracting Officer approved a contract modification that included an updated Branding Implementation and Marking Plan specifying that the LHSS Timor-Leste Activity's name is Health System Sustainability. The COR approved four exceptions to the LHSS branding and marking requirements for interventions in Colombia.

MANAGEMENT AND PARTNERS

LHSS used this quarter to further develop its commitment to cross-project learning by establishing three internal cross-country learning groups: 1) integration of migrants in the health systems; 2) resource optimization thematic related to engagement of the private sector in blended finance mechanisms and integration of donor-financed programs into government financing schemes; and 3) building on COVID -19 response support to strengthen health systems resilience. Over the next year, these groups will synthesize learning across LHSS and compliment commissioned core work to disseminate global goods and advance HSS globally. The senior management team continues to champion cross-cutting strategies, as well as overseeing implementation of both core and country activities.

2.3 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/Q2, LHSS made progress in activity implementation across all core activities, although the COVID-19 crisis continued to slow progress for some activities. LHSS submitted a revised work plan to the COR at the end of Q1 to adapt to COVID-19 restrictions. The updated work plan was approved in Q2 and is now the reference document for the core portfolio of work. 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	Q2 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	LHSS issued a call for Expressions of Interest (EOIs) via the Joint Learning Network for Universal Health Coverage (JLN) in February 2021 and received responses from eight countries. All eight had valuable experience with budget execution and were selected for the learning exchange. LHSS issued welcome emails (including relevant documents) to participants. LHSS also started preparing materials for the learning exchange and scheduling scoping calls with participants to inform 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	LHSS has been exploring ways to proceed with in-depth cross-country learning within the constraints imposed by COVID-19. Following discussions with USAID, LHSS established a collaborative through the JLN to facilitate peer learning and to build on the landscape analysis completed at the end of Year 1.
	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	Finalized and submitted to USAID.
	Summary report on the current state of governance of quality in USAID priority countries.	Ongoing	In Q2, LHSS deployed a survey to assess country-level institutional and operational mechanisms for providing quality services in 39 USAID priority countries. Responses were received from contacts representing 23 countries. LHSS has analyzed the results of the survey and is developing a report summarizing the findings.
	Technical report on key lessons and best practices for successfully operationalizing the National Quality Policy and Strategy (NQPS).	Ongoing	LHSS applied the NQPS positive deviants selection criteria developed in Y1 to the desk review and survey results. Based on this, LHSS developed a list of countries for case studies and shared the list with

CORE OHS ACTIVITIES			
Activity	Deliverables	Status	Q2 Progress
			USAID to make the final selection of two countries collaboratively.
	Identification of a learning platform. At least five learning exchanges. At least three webinars. Repository of tools/resources.	Ongoing	Based on the desk review and survey responses, LHSS developed an initial list of proposed topics for the exchanges and webinars. LHSS is collaborating with the WHO Global Learning Laboratory (GLL) to plan the first webinar scheduled for April 2021, which will focus on stakeholder engagement and situational analysis.
4. Increase accuracy of pharmaceutical expenditure data	Resource for tracking pharmaceutical Expenditures.	Ongoing	LHSS and the Medicines, Technologies, and Pharmaceutical Services Project (MTaPS) continued to organize and map data from Burkina Faso to inform the approach outlined in the resource. The first draft resource was submitted to USAID on March 23, 2021 for feedback.
	Two country policy briefs produced using data from country applications.	Ongoing	LHSS shared the shortlist of 11 potential countries for piloting the resource with USAID, and Vietnam and Benin were chosen for piloting. LHSS will lead in Vietnam and MTAps will lead in Benin. LHSS has requested mission concurrence for Vietnam.
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	
	Webinar to disseminate results and generate interest in DFS integration to help achieve UHC.	Ongoing	LHSS will present findings at the USAID Global Health Tech Exchange (formerly Mini-U) currently scheduled as a virtual event in April 2021.
6. TA to Support Inclusive Health Access Prize (IHAP) Winners	TA plan for each IHAP winner and TA provision.	Completed	LHSS finalized customized TA with two IHAP winners that still had remaining scope – GIC Med (Cameron) and Piramal (India). LHSS also conducted an early-stage investment landscape review geared towards the West Africa based-IHAP winners (four out of the five). LHSS supplemented the landscape report with one-on-one coaching to share tailored recommendations and discuss investment readiness with the organizations.

CORE OHS ACTIVITIES

Activity	Deliverables	Status	Q2 Progress
	Final activity report.	Ongoing	In Y2/Q2, LHSS held additional end-point learning sessions with TA providers and beneficiaries to identify success factors and challenges related to TA provision. LHSS analyzed the information to identify emerging themes to inform its final deliverables: a learning brief and final activity report. The first draft of the report was shared with USAID for feedback at the end of the quarter.
	Global learning event.	Ongoing	LHSS is planning to host a webinar and share lessons from its work with IHAP winners on May 13, 2021.
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 USAID landscape analysis and 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 conducted a desk review of key publications on QOC frameworks and guidelines as part of the landscape analysis to gather more information about QOC measurement resources. LHSS also connected with key stakeholders working in the quality and measurement space at, for example, USAID, WHO, and UNICEF. LHSS held semi-structured interviews to capture information about ongoing initiatives relating to the measurement of QOC and quality health systems.
	TA provided to support the incorporation of systems quality indicators into selected existing USAID tools.	Ongoing	LHSS continued to serve as technical facilitator for the health systems strengthening (HSS) and non-communicable diseases (NCDs) communities of practice as part of the Service Provision Assessment (SPA) tool revision. LHSS also finalized and submitted recommendations in the areas of quality management systems, data use and culture, and patient experience indicators.
	Virtual TA support to QOC network countries.	Ongoing	LHSS started discussions with the USAID-funded MOMENTUM Country and Global Leadership Project about potential links to the QOC network and country requests relating to quality and measurement.

CORE OHS ACTIVITIES			
Activity	Deliverables	Status	Q2 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 towards a more ad-hoc format to address country-level QHS needs. Thus, LHSS will support TWG needs as requested.
	Continuing professional development training plan for the USAID QHS TWG.	Ongoing	USAID asked LHSS to support the quality component of an upcoming annual course on HSS for health officers at USAID headquarters and missions. LHSS met key partners to start planning content and format.
	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	Literature review is ongoing with articles being coded on title and abstract fields. Coding of full texts also began. LHSS field-tested two online survey instruments (faculty and learners) with 10 faculty members and nine learners in the Democratic Republic of Congo (DRC) and Mali and incorporated feedback. Following institutional review board (IRB) approval, LHSS plans to launch the survey in early Q3.
	Draft theory of change (TOC) and resource map.	Ongoing	The draft TOC and resource map were completed and sent to USAID for feedback at the end of the quarter.
	Report from the two case studies.	Ongoing	LHSS developed selection criteria; selection of case study countries and development of objectives and key questions is in progress. The team requested information from key stakeholders, including the need and timeline for local IRB applications.
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	LHSS completed the literature scan and created a set of criteria to inform topic selection for the two MERL briefs. At the end of Q2, LHSS held a second advisory committee meeting where two topics were selected: contribution analysis and outcome harvesting.
	Practice spotlight briefs on digitization approaches and their application to improve health service delivery.	Ongoing	Digital Square shared a preliminary draft of its spotlight brief with USAID. Following USAID's feedback, a more developed version will be shared with LHSS for light feedback and design/production planning.

CORE OHS ACTIVITIES			
Activity	Deliverables	Status	Q2 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 and topic identification, LHSS is starting to document key steps for informing this deliverable.
12. Expanding financial protection	Literature review.	Ongoing	LHSS finalized the literature review on financial protection coverage of vulnerable populations in LMICs. After sourcing 5,085 relevant titles, the team completed an abstract and full-text review, reducing the papers to 217. The team finalized a taxonomy of interventions and a literature review summary in March 2021. The draft findings will be shared with USAID in early April.
	Two country case studies.	Ongoing	The team shortlisted three potential countries (Indonesia, Vietnam, and Senegal) based on findings from the literature review and discussions with country experts and USAID. The team is awaiting USAID approval for two countries based on initial discussions with the missions.
	Compendium report synthesizing the literature review and country case studies.	Ongoing	The team began outlining the compendium report with initial results from the literature review. The outline will be further refined next quarter with initial results from the case studies.
	One podcast, webinar, or other dissemination product.	Not started	N/A
13. COVID-19 Surge Capacity	An Excel spreadsheet of documents, standard operating procedures (SOPs), and other materials sourced.	Ongoing	LHSS finalized the search strategy for system-level resources/tools related to surge capacity and capabilities. LHSS also connected with the Center for Global Health Security at Johns Hopkins University (JHU) to discuss the long-term housing of these materials and a joint approach to completing resource compilation.
	A curated file upload of selected materials and key guidance.	Ongoing	LHSS internally confirmed four themes for the file upload: 1) surge capacities (specific input capacities to meet a surge need, such as workforce or pharmaceutical services); 2) Surge capabilities (the operational systems to use surge capacities to meet the most critical demands, such as preparedness planning or protection of personnel); 3) country/regional specific tools; and 4)

CORE OHS ACTIVITIES			
Activity	Deliverables	Status	Q2 Progress
			links to other existing WHO, CDC, and Federal Emergency Management Agency (FEMA) surge databases and platforms.
	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	Q1 Progress
1. 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	LHSS continued interviewing key stakeholders in all four countries (Cote d'Ivoire, DRC, Liberia, and Uganda) and concluded planned key informant interviews (KIIs) in Cote d'Ivoire. LHSS also developed the draft country-level dashboard and market segmentation templates to capture emerging information on potential PSE opportunities and priority sectors for malaria partnerships. The draft dashboard template was shared with USAID/PMI for feedback. LHSS also populated the draft dashboard with data from Cote d'Ivoire KIIs.
	Recommendations report.	Ongoing	LHSS developed an outline for the recommendations report that will 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.	Not started	N/A
2. PRH Supply chain management and decentralization	Landscape assessment report.	Ongoing	CSL proposed this activity to missions in Mozambique, Nepal, Tanzania, and Uganda, and chose Mozambique as the final country at the end of the quarter. CSL requested mission concurrence in coordination with the LHSS team.
	Technical report of political economy analysis (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

2.4 COUNTRY/REGIONAL ACTIVITIES

LHSS worked in 14 countries, in addition to two regional activities. These are summarized below. More detail is provided in Sections 4 and 5.

LHSS continued to expand its COVID-19 pandemic response activities in nine LHSS countries while maintaining progress in non-COVID-19 related work in six countries. In Latin America and the Caribbean (LAC), LHSS continued to provide support with integrating migrants into the health system and increasing access to high quality essential services among both migrants and receptor communities (Colombia, LAC Bureau-DR, and Peru). LHSS completed start-up or activities were well underway in three countries (Bangladesh, Cambodia, and Timor Leste), while in Vietnam, LHSS contributed successfully to the expected results. In Africa, LHSS continued work on the Health Systems Assessment (HSA) in Zimbabwe planning for fieldwork in the next quarter. East Africa work was on hold.

LHSS continued to build collaborative relationships with key local actors, actively engaging them in the design of activities through joint assessments of health system needs and implementation of locally led solutions.

ASIA/MIDDLE EAST REGION

JORDAN

The LHSS Jordan Activity shifted to support Jordan's COVID-19 response. The activity developed and submitted a draft CPD work plan for FY21, which will be initiated in Q3. Additional COVID-19 activities were added to the approved Year 1 COVID-19 work plan and finalized for implementation in Year 2.

CAMBODIA

The LHSS Cambodia Activity is partnering with USAID, the General Secretariat National Social Protection Council (GS-NSPC), and provincial governments to improve the health status of vulnerable populations. USAID asked LHSS to implement a scope of work focused on high level capacity building and improved domestic resource management. The chief of party and other key staff were identified and recruited, and operational support initiated to establish an office in Cambodia. USAID approved the final work plan for commencement on October 1, 2020.

TIMOR-LESTE

The Timor-Leste work plan was finalized and approved for implementation on December 22, 2020. Activity leadership candidates, (e.g., chief of party, financial and operations director, and other technical leads) were identified. Implementation is challenged by COVID-19 and related travel restrictions. However, with the significant level of consultation and the hiring of staff, the LHSS Timor-Leste Activity can move to start-up in Q3.

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 three other technical leads identified. Consultations with national government and other stakeholders continued. Pending COVID-19 restrictions, activity implementation will begin full in Q3.

AFRICA REGION

ZIMBABWE

Following a six-week lockdown period, the LHSS team in Zimbabwe re-started work on the HSA addressing gaps identified in the zero draft, framing an additional analysis of the impact of COVID-19 on the health system, and planning an approved TDY for fieldwork to complete the assessment. Fieldwork and a preliminary report are planned for next quarter.

EAST AFRICA

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

LATIN AMERICA AND CARIBBEAN REGION

LATIN AMERICA AND CARIBBEAN REGION

LHSS completed a landscape analysis of social health protection mechanisms in the LAC region and beyond, mapped institutions that support health protection, and identified the Dominican Republic (DR) as the country LHSS will work with first. LHSS completed a stakeholder engagement strategy in the DR and identified a local partner, Two Oceans, which began exploring the feasibility of strengthening social health protection for migrants. Some interventions were delayed due to COVID-19 related challenges, and new due dates were agreed with the COR.

COLOMBIA

LHSS implements three integrated activities in Colombia. In this quarter, LHSS finalized a capacity-building strategy, assessment framework, and tool; continued to co-create the TA plan with the MOH and territorial entities; completed an assessment of MOH's donation management process; and finalized the feasibility report on essential health services for irregular and pendular migrants. LHSS is collaborating with the MOH on a migrant integration policy brief and a private sector resource mobilization strategy, conducting an information needs assessment, and developing departmental migrant health insurance enrollment strategies. The activity also started working with local partners to develop TA plans for media outlets. In addition, three virtual quality improvement courses began this quarter. LHSS completed a literature review on the health needs of migrants and their interaction with the health system, and completed data collection for the mixed-methods study on stress and burnout among providers. LHSS also submitted a brief the Colombian Government about health system resilience in the context of COVID-19, and completed several COVID-19 related deliverables.

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. LHSS provided TA to the Government of the Dominican Republic to incorporate global standards of HIV community services into national HIV policies, ensuring focus clients (individuals of Haitian descent residing in the DR) have access to quality services. LHSS delivered trainings on previously developed SOPs on COVID-19 critical care in 10 hospitals, concluding the training of 23

hospitals across the country. Work plans for strengthening the HIV and COVID-19 responses were expanded with COR approval to include supply chain management support and institutionalized use of data for decision-making and training on critical care, respectively.

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 and includes: a system assessment to identify constraints to HIV service delivery for Venezuelan migrants; strengthening MOH service provision capacity, including for forecasting HIV services and commodities to meet the needs of Venezuelan migrants; and a landscape analysis of global and regional experience with migrant tracking cross-border enrolment systems. LHSS identified an in-country technical lead and financial manager, drafted an approach to the system assessment and initiated the system assessment desk research.

COVID-19 ACTIVITIES

COVID-19 activities continued in nine countries. 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.

LHSS is providing emergency support in Colombia, the DR, the Lao People’s Democratic Republic, and five countries in Central Asia (Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan). Activities in Kazakhstan ended in February 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 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 insitutionalizing a critical care curriculum (DR). In Kyrgyzstan, risk communication activities were added to the workplan in Year 2.

COVID-19 activities continued to evolve in Q2 beyond the initial start-up, with additional activities (e.g., risk communication), 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. Q2 illustrative results include: 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; 2) improved intensive care unit (ICU) case management capacity and skills for COVID-19 (DR, Colombia, Uzbekistan); and 3) implementation of risk communication in Kyrgyz Republic.

WORK PLANS FOR OTHER COUNTRIES

LHSS is awaiting approval for the following activities:

Madagascar: LHSS submitted a work plan for an assessment of the coverage, financial protection, and purchasing mechanisms within public and private sector institutions, and to develop recommendations and facilitate PSE for increasing access to UHC.

Tunisia: LHSS received formal request for a work plan to develop a country health profile and a high-level HSA to inform the mission about key health problems for USAID investment. Approval and funding were expected in Q2 with the implementation to take place between April and September 2021.

3. CORE ACTIVITIES

3.1 ACTIVITY 1: STRENGTHEN MOH BUDGET EXECUTION

Status: EOIs received from eight countries. Engagement of countries for joint learning and technical assistance via JLN platform 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. 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 to inform USAID, development partners, and MOH efforts to increase budget execution

Interventions:

- LHSS-facilitated plenary sessions with 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:

- 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:** LHSS began implementing a new approach that will leverage the JLN platform for peer learning on budget execution, produce a global knowledge product, and provide TA to five countries through one-on-one virtual sessions and LHSS-facilitated plenary sessions.

LHSS issued a call for EOIs via the JLN in February 2021 and received responses from eight countries. The LHSS team evaluated the EOIs and all eight countries were deemed to have valuable experience with budget execution to share. The LHSS team issued welcome emails to participants, which included links to existing JLN products for participants to see examples of what their participation might result in. LHSS also created a google drive knowledge management space for common resources, prepared materials, and is scheduling scoping calls.

Problems encountered: The EOI was intended to be issued in December 2020 for the learning exchange to commence by end of January 2021. However, the EOI was issued in February after receiving USAID guidance on how JLN members who are Special Notification countries can be involved in the learning exchange. Given this delay, the activity timeline might need to be extended another quarter into Year 3.

Tasks to be undertaken during in the following quarter: The JLN and LHSS team will conduct interviews with countries to gather information on their budget execution experience, which will inform the learning agenda and the first plenary session.

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).

- **Progress:** To be started after the first learning exchange.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The peer-learning approach will use and contribute to the JLN platform, an existing peer-to-peer platform for policy makers in LMICs striving to finance UHC. This approach will ensure that the global knowledge product and TA are defined and driven by countries themselves. Country counterpart active contributions will help to ensure that end products are more useable and transferable.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

The proposed approach will allow for joint learning and joint development of products between MOH officials in peer countries and is ideal to fostering ownership at the country-level. Where possible, LHSS will use local consultants to support the five countries selected for TA. This type of active participation is a proven approach to strengthen learning and capacity building and consistent with the JLN platform mechanism.

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

Status: LHSS set up a new collaborative with the JLN through an MOU. LHSS will work through this collaborative to facilitate peer learning between countries on institutionalizing explicit national health priority-setting processes and to develop a global knowledge product.

Problem Statement: Setting 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 identifying and implementing those 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 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 priority-setting processes in two countries.

Planned Deliverables:

- Knowledge product 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 (e.g., blog post or webinar) to disseminate findings.

Consortium Partners:

- Abt Associates, 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

- **Objective 2: Increased population coverage**

SO 2.2 – Public and private services responsive to population needs

- **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 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

Knowledge product generated through the joint learning process and synthesizing key learnings and country cases 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 has been exploring ways to proceed with in-depth cross-country learning within the constraints imposed by COVID-19. LHSS established a collaborative through the JLN to facilitate peer learning and build on the landscape analysis.
- **Problems encountered:** The COVID-19 situation prevented the team from carrying out interviews with key country stakeholders. After the COR team approved the new approach that works through the JLN, LHSS re-scoped this activity to reflect the updated interventions, tasks, deliverables, and timeline.
- **Tasks to be undertaken during in the following quarter:** LHSS will implement a strategy for engaging countries in a demand-driven peer learning process to generate a new practical resource that meets their specific needs. This will include issuing a call for EOIs to JLN members and non-member countries, reviewing submissions, and beginning country engagement.

Reports on TA to two countries to support institutionalization of explicit national health priority setting processes.

- **Progress:** To be developed after LHSS holds virtual learning exchanges, develops a knowledge product, and selects two countries to receive targeted TA.

Communications products (e.g., blog post or webinar) to disseminate findings.

- **Progress:** To be started once the global knowledge product is completed.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The 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 policy makers in LMICs striving to accelerate progress towards UHC. The approach will ensure that the new resource and TA are defined and driven by countries 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.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

The proposed new approach will allow officials in MOH planning units to receive TA and participate in peer learning based on their interest in institutionalizing explicit and accountable national priority setting processes, thus increasing local ownership of the outputs.

OTHER UPDATES

- In January 2021, USAID approved the concept note for the re-designed approach working through the JLN.

- LHSS and the JLN Network Manager signed an MOU to create a new collaborative on February 22, 2021.

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

Status: Country documents reviewed and survey responses analyzed. A summary report and selection of case study countries are underway. Partnership with the WHO Global Learning Laboratory established to disseminate key lessons and best practices.

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 NQPS reforms are attempting to address these complexities but little is known about current experiences, including competency needs, governance, and other challenges related to operationalizing NQPS.

Purpose: Assess progress in 39 USAID priority countries towards 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, 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 continuous quality improvement (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:** LHSS submitted this deliverable to USAID for review.

Summary report on the current state of governance of quality in USAID priority countries.

- **Progress:** LHSS conducted a survey of country-level institutional and operational mechanisms for providing quality services in 39 USAID priority countries. Responses were received from contacts in 23 countries. LHSS analyzed the results and is developing a report summarizing the findings. The report will also incorporate findings from the desk review of existing country documents conducted in the previous quarter to examine NQPS implementation status.
- **Tasks to be undertaken in the following quarter:** Complete the summary report for submission.

Technical report on key lessons and best practices for successfully operationalizing the NQPS.

- **Progress:** LHSS applied the NQPS positive deviants selection criteria developed in the second quarter to the desk review and survey results. Based on this, LHSS developed a prioritized list of case study candidate countries and shared it with USAID to collaboratively make the final selection.
- **Tasks to be undertaken in the following quarter:** Finalize country selection and conduct case studies, and develop a technical report capturing key lessons.

Identification of a learning platform; at least five learning exchanges; at least three recorded webinars; and a repository of tools/resources.

- **Progress:** Based on the country document review and survey responses, LHSS developed an initial list of proposed topics for the exchanges and webinars. LHSS is also collaborating with GLL to plan the first webinar tentatively scheduled for May 2021.
- **Tasks to be undertaken in the following quarter:** Finalize the topics for the remaining webinars and exchanges with inputs from USAID; host the remaining webinars; and establish a repository of tools and resources using the GLL platform.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The GLL will facilitate global long-term use of the activity's learning products as it provides international access to the products, as well as implicit endorsement by a globally recognized authority.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

The collaborative nature of the GLL ensures country participation and inputs to the knowledge resources, making the final products more likely to be adapted and applied by in-country counterparts.

3.4 ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

Status: Draft resource submitted to USAID; mission concurrence requested for Vietnam pilot.

Problem Statement: Given the significant spending on pharmaceuticals as a proportion of spending on health, accurate pharmaceutical expenditure 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 pharmaceutical expenditure tracking to accompany SHA 2011 and build the capacity of health accounts and pharmaceutical decision-makers to increase production and use of pharmaceutical expenditure data.

Interventions:

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

Planned Deliverables:

- Preliminary and final drafts of resource for tracking pharmaceutical expenditures.
- Two country policy briefs produced using data from country applications.

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

- **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 institutions to effectively plan, manage, and oversee health system functions

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Practical resource on pharmaceutical expenditure tracking to accompany SHA 2011.

- **Progress:** LHSS and MTaPS continued to organize and map data from Burkina Faso to inform the approach outlined in the resource. The draft resource was submitted to USAID by the agreed date (March 23, 2021).
- **Problems encountered:** The volume of pharmaceutical expenditure data in Burkina Faso required more LOE than planned to compile and map. Thus, the time required for working with pharmaceutical expenditure data should be considered carefully when planning upcoming pilots to ensure a sustainable method. Also, since the 2018 Burkina Faso health accounts estimate had already been completed/validated, the pharmaceutical expenditure data could not be incorporated into the estimate. Therefore, LHSS postponed meeting with WHO about policy priorities for pharmaceutical expenditure tracking until they have an example of data that has been incorporated into a full health accounts estimate.
- **Tasks to be undertaken in the following quarter:** LHSS and MTaPS will apply the resource in pilot countries in order to refine it.

Two country policy briefs produced using data from country applications.

- **Progress:** USAID informed missions in the 11 shortlisted countries that LHSS and MTaPS will contact MOH health accounts staff. LHSS assessed interest and timing through informal communications with in-country health accounts teams and recommended some final countries to USAID. Vietnam was selected for piloting (LHSS will lead this pilot), and mission concurrence has been requested. MTaPS will lead the pilot in Benin. USAID did not approve Ghana and Namibia as pilot countries.
- **Problems encountered:** The resources required to work with pharmaceutical expenditure data from Burkina Faso were much greater than anticipated. LHSS is discussing if/how to adapt the pilots to address this and will discuss with USAID in early April 2021.
- **Tasks to be undertaken in the following quarter:** Once mission concurrence is obtained in Vietnam, LHSS will engage with health accounts staff in-country to kick-off the exercise and hire in-country consultants to support data collection and mapping.

OTHER UPDATES

Health accounts experts in WHO EURO expressed interest in tracking pharmaceutical expenditure. LHSS and MTaPS agreed to share the draft resource so they can use it to map data for the North Macedonia health accounts exercise. Now that the resource is drafted, the projects will seek USAID input on how to share with WHO EURO. The Global Fund has also expressed interest in this activity; USAID and LHSS met with the Global Fund and are exploring possible mechanisms/activities to leverage Global Fund to advance pharmaceutical expenditure tracking.

3.5 ACTIVITY 5: DIGITAL FINANCIAL SERVICES TO IMPROVE HEALTH SYSTEM 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 low- and middle-income countries.
- 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

- **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 2.1.3: Strengthened engagement with private providers

- **Objective 3: Increased service coverage of quality essential services**

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

- **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:** LHSS submitted the final report to the client for review. 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:** LHSS presented on the findings of the report in an oral panel presentation at the (virtual) Global Digital Health Forum in Y2 Q1. In Y2Q2, LHSS organized a panel to include high level stakeholders engaged at the intersection of DFS and Health and presented at the Global Health Technical Exchange. Also, in Y2Q2, LHSS published two blogs on key takeaways from the report.
- **Problems encountered:** None. Final webinar is pending the completion of the complementary case studies by MSH
- **Activities to be undertaken in Year 2, Q3:** LHSS will conduct a webinar in partnership with MSH who is currently completing the complementary case studies.

3.6 ACTIVITY 6: TA TO SUPPORT IHAP WINNERS

Status: TA finalized with all IHAP winners. All planned learning sessions conducted with TA providers and winner organizations to capture lessons learned. Final activity report drafted.

Problem Statement: As countries strive towards 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

- **Objective 2: Increased population coverage**

SO 2.1.1 – Improved availability of services and commodities

SO 2.1.3 – Strengthened engagement with private providers

- **Objective 3: Increased service coverage of quality essential services**

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

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

TA plan for each IHAP winner.

- **Progress:** LHSS finalized customized TA with two IHAP winners – GIC Med (Cameron) and Piramal (India). Banyan Global conducted an early-stage investment landscape review geared towards the West Africa based-IHAP winners (four out of the five). LHSS supplemented the landscape report with one-on-one coaching sessions to their share tailored investor recommendations and discuss investment readiness.
- **Tasks to be undertaken in the following quarter:** N/A - all TA completed.

Learning brief documenting lessons learned from TA provision.

- **Progress:** LHSS held additional end-point learning sessions with TA providers to identify success factors and challenges related to providing TA to the IHAP winners. LHSS also conducted similar learning sessions and shared a brief online feedback survey with winner organizations to capture their inputs. LHSS analyzed the results to identify repeating ideas and emerging themes and inform its final deliverables: a learning brief and final activity report.
- **Tasks to be undertaken in the following quarter:** Finalize activity report based on USAID feedback from the first draft submitted at the end of Q2. Draft and finalize learning brief using feedback from the report.

Global learning event.

- **Progress:** LHSS was planning to leverage participation at the Global Health Science and Practice Technical Exchange for dissemination, but its abstract was not accepted. The LHSS communications team is now working with USAID to turn the abstract into a webinar.
- **Tasks to be undertaken in the following quarter:** In May 2021, LHSS will host a webinar on supporting private sector innovators to achieve health systems goals to share lessons from providing TA to IHAP winners. The target audience is the larger global health practitioner community interested in engaging private sector enterprises.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS continued to share external networking and funding opportunities with the IHAP winner organizations.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

Similar to the TA finalized last quarter, LHSS worked closely with leadership in GIC Med (Cameron) and Piramal (India) to shape the final deliverables and secure approvals. LHSS facilitated hand-off meetings with the winner organizations to facilitate ownership of the final TA outputs and identify next steps.

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 public, private, and civil society institutions to effectively plan, manage, and oversee health system functions

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:** LHSS 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, and initiate framework development.

3.8 ACTIVITY 8: QUALITY AND MEASUREMENT

Status: Technical support provided to the Service Provision Assessment (SPA) tool revision under a HSS and NCDs working group. Landscape review of global quality of care 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 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 technical assistance to QOC network countries.

Planned Deliverables:

- Landscaping report detailing the status of efforts to measure global QOC.
- TA 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 QOC

SO 3.1.1 - Improved institutionalization of CQI at all levels

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Landscaping report detailing the current status of efforts to measure global QOC.

- **Progress:** LHSS conducted a desk review of key publications on QOC frameworks and guidelines as part of the landscape analysis to gather more information about QOC measurement resources. LHSS also connected with key stakeholders working in the quality and measurement space at USAID, WHO, UNICEF, among others. LHSS held semi-structured interviews to capture the current and ongoing efforts of various initiatives and highlight key issues (including indicators) to consider in global conversations about the QOC measurement and quality health systems.
- **Tasks to be undertaken during the following quarter:** Develop a report that will outline practical guidance to countries based on the findings of the landscape review.

TA provided to support the incorporation of systems quality indicators into selected existing USAID tools.

- **Progress:** LHSS continued to serve as technical facilitator for the HSS and NCDs country operational plan as part of the SPA tool revision and finalized and submitted recommendations in the areas of quality management systems, data use and culture, and patient experience indicators. LHSS also attended a SPA revision webinar to obtain guidance on the next steps of the revision process.
- **Tasks to be undertaken during the following quarter:** LHSS will contribute to a larger SPA consultative meeting with members from other country operational plans to discuss and validate final recommendations. LHSS will also continue to provide similar TA depending on requests from USAID teams.

Virtual TA support to QOC network countries.

- **Progress:** LHSS commenced discussions with the USAID-funded MOMENTUM Country and Global Leadership project for potential linkages to QOC networks in respect to country requests related to quality and measurement.
- **Tasks to be undertaken during the following quarter:** Coordinate with USAID to establish a formal relationship with MOMENTUM Country and Global Leadership project and identify areas of county needs that would benefit from LHSS support.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

The development of practical guidance on QOC 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: QHS TWG/ADVISORY GROUP

Status: Coordination with USAID underway to contribute to TWG meetings and priority technical areas. Support to annual HSS training underway.

Problem Statement: Based on its experiences from supporting 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.

Purpose: Facilitate resources for continued professional development in QHS and quality improvement 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.
- Continuing professional development 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:** USAID informed LHSS that 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.
- **Tasks to be undertaken in the following quarter:** Continue to respond to requests for inputs from USAID on the TWG's next steps.

Virtual learning series to train USAID QHS TWG members in prioritized skill areas and topics.

- **Progress:** USAID requested LHSS support for the quality component of an upcoming annual internal course on HSS for health officers at USAID headquarters and missions. LHSS met with key

partners on this effort to start planning content and format.

- **Tasks to be undertaken in the following quarter:** Collaborate with USAID and Global Health Professional and Organizational Development Program to develop the virtual in-person live training content for the quality module in May 2021. Contribute inputs to the asynchronous piece of the training across five quality-related objectives.

3.10 ACTIVITY 10: SOCIAL DETERMINANTS OF HEALTH

Status: Started literature review 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: Identify, analyze, and document examples of successful efforts in integrating 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 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

Comprehensive literature review

- **Progress:** The team developed the conceptual framework, research questions, methodology, search strategy, and search terms for a comprehensive literature review on the incorporation of SDOH into health and social care workforce education, training curricula, accreditation systems, and human resources management. Searches yielded over 4,500 publications including peer-reviewed articles and gray literature. The team developed exclusion/inclusion criteria and reporting codes, and uploaded them into EPPI Reviewer Web, a systematic review software. Articles were coded on title and abstract fields, and coding of full texts began.

The two online survey instruments (faculty and learners) were translated from English into French and field tested by 10 faculty members and nine learners in the DRC and Mali. The team submitted the completed survey instruments, detailed protocol, data security plan, and IRB application forms, to Abt's IRB on February 24, 2021. The team received feedback on March 12 and subsequently to the IRB team. LHSS plans to launch the survey by the end of Q2.

- **Problems encountered:** An inadequate number of articles from LMICs were found, so the team reached out through its networks to identify relevant documents not in the public domain. While a few documents were obtained, the team decided to develop criteria for articles from high-income countries relevant to LMIC contexts. This required a second double-screening of articles to ensure relevance and adherence to criteria. There were some delays in the IRB approval process, and the team has been in discussion with USAID on requirements for finalizing the survey protocol.
- **Tasks to be undertaken during the following quarter:** Complete coding of full text of articles, generate reports including evidence gap maps, and produce final document. Launch the survey.

Draft TOC and resource map.

- **Progress:** The draft TOC and Resource Map was completed and sent to USAID at the end of the quarter.
- **Tasks to be undertaken during the following quarter:** Final review of the TOC and resource map after completion of other deliverables; review by stakeholders in LMICs to ensure that they are useful and relevant.

Three case studies.

- **Progress:** Selection criteria were developed. Selection of case study countries and development of objectives and key questions are in progress. The team requested information from key stakeholders, including the need and timeline for local IRB applications.
- **Tasks to be undertaken during the following quarter:** develop three case study drafts, highlighting enabling factors and barriers, drivers, and assumptions, as well as available evidence on the impact of incorporating SDOH in pre-service and/or in-service training and practice, and

accreditation on the relevance and quality of care.

OTHER UPDATES

- List of completed reports and deliverables:
 - Resource map and TOC.

3.11 ACTIVITY 11: HSS PRACTICE SPOTLIGHTS

Status: Completed initial literature scan to identify MERL approaches for HSS interventions. In consultation with Advisory Committee, selected MERL approaches to cover in briefs.

Problem Statement: As USAID's HSS vision evolves from defining what components are 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 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 digitization 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 completed the literature scan to identify potential topics for the two MERL briefs and created criteria to inform selection of the two topics. LHSS held the second Advisory Committee meeting, where the main objectives were to: 1) select the two brief topics (informed by the selection criteria); and 2) discuss the structure and organization of the briefs. The team selected contribution analysis and outcome harvesting as the topics for the briefs.
- **Tasks to be undertaken during the following quarter:** Draft the two MERL HSS spotlight briefs and solicit feedback from the Advisory Committee.

HSS practice spotlight briefs discussing digitization approaches and how they were successfully applied to improve health service delivery.

- **Progress:** Digital Square shared a preliminary draft of its spotlight brief with USAID. After USAID's input and feedback, a more developed version will be shared with LHSS for light feedback and design and production planning.
- **Tasks to be undertaken during the following quarter:** LHSS expects to receive the final version of the Digital Square brief during Q3. Upon receipt, LHSS will finalize the design and production to ensure packaging is consistent with the overall HSS spotlight series.

Guidelines documenting the practice spotlight brief production process.

- **Progress:** As part of the MERL briefs literature scan and topic identification, LHSS has begun documenting key production steps to include in this deliverable.
- **Tasks to be undertaken during the following quarter:** Continue documenting the process as writing the briefs commences.

3.12 ACTIVITY 12: EXPANDING FINANCIAL PROTECTION

Status: Countries have been short-listed for potential case studies based on findings from the literature review and discussions with country experts and the client. The team awaits client approval to move forward with concurrence for two countries.

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

- **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

Literature review on extending financial protection to underserved and socially excluded populations in LMICs.

- **Progress:** The team finalized extracting and compiling information for the literature review. After sourcing 5,085 relevant titles from PubMed, the team completed an abstract and full text review to pair papers down to 217. The team finalized a taxonomy of interventions and a literature review summary in March 2021. Grey literature will continue to be added as it is identified.
- **Tasks to be undertaken during the following quarter:** Finalize and submit the draft literature review summary synthesis of key findings to the client in June 2021.

Two country case studies.

- **Progress:** The team shortlisted three potential countries (Indonesia, Vietnam, and Senegal) based on findings from the literature review and discussions with country experts and the client. The team is awaiting client approval for two countries based on initial discussions with the missions.
- **Problems encountered:** Case studies that are selected depend on the highly variable COVID-19 situation and US government restrictions.
- **Tasks to be undertaken during the following quarter:** After receiving client approval, submit country concurrence, source local consultants to conduct KIs in-country, and begin drafting the case study report.

Compendium report synthesizing the literature review and country case studies.

- **Progress:** The team finalized the literature review, currently drafting the literature review summary report, and is on track to complete country case studies in Q3. The team will begin outlining the compendium report with initial results from both in Q3.

3.13 SURGE CAPACITY AND KNOWLEDGE SHARING

Status: Scoping review search strategy finalized. Conversations with JHU underway to identify a 'home' for the resources/tools related to surge capacity and capabilities.

Problem Statement: The COVID-19 pandemic has created an urgent need to modify, adapt, and reinforce health care system configurations. 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 is 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 presentation.

Consortium Partners:

- Abt Associates

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 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 finalized the search strategy for system-level resources/tools related to surge capacity and capabilities, and conducted a focused database search on PubMed and within the Abt access library. LHSS also connected with the Center for Global Health Security at JHU to discuss the long-term housing of these materials and a joint approach to completing resource compilation. The initial response was positive and LHSS is awaiting feedback from the JHU board of directors for the Center for Global Health.

- **Problems encountered:** The initial database targeted for this activity (BreakthroughAction) was inappropriate for the review scope. It was hoped that finalization of the intended 'home/database' for the materials would be confirmed in Q1 or Q2 so that layout of the site/topics, for example, could be factored into the search strategy. As stated, LHSS contacted JHU in Q2. While the delay prevented LHSS from factoring, for example, site layout into the search strategy and themes, it did not prevent development of the search strategy and initial search of academic literature based on informed perspective.
- **Tasks to be undertaken during the following quarter:** Conduct a title/abstract review of sourced academic literature; source grey literature and published tools from key international and US federal agencies; and work with JHU to solicit surge materials from other partner networks.
- A curated file upload of selected materials and key guidance.
 - **Progress:** LHSS has internally confirmed four thematic groupings for the file upload, external website presentation, and search functionality. These groupings are: 1) surge capacities (specific input capacities to meet a surge need, such as workforce, pharmaceutical services, or emergency resource mobilization); 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, or knowledge enhancement); 3) country/regional specific tools; and 4) links to other WHO, CDC, or FEMA surge databases/platforms.
 - **Problems encountered:** Awaiting coordination with JHU to ensure they agree with this thematic grouping for file housing and upload.
 - **Tasks to be undertaken during the following quarter:** Confirm thematic grouping with JHU, and conduct title/abstract review of sourced materials to prepare file(s) for upload.
- One-pagers, short summaries of materials, or technical guides to support those accessing the knowledge in applying it.
 - Not yet started.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS incorporated key terminology and themes related to HSS, Health System Resilience, Global Health Security, administration, planning, and other topics related directly to sustainability of government health systems and emergency 'surge' as part of the search strategy. Furthermore, the activity aims to facilitate systematic knowledge gathering and sharing where emerging evidence and technical resources are easily accessible to countries for application and capacity building in a structured and sustainable format.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS discussed with JHU how local country partners, networks, and other information platforms connected to the JHU site could be leveraged during sourcing of materials to ensure alignment and harmonization where possible. The LHSS dissemination strategy also focuses on presenting actionable and useable tools for surge capacity to facilitate easy uptake and application in numerous global contexts.

4. DIRECTED CORE ACTIVITIES

4.1 COVID-19 KYRGYZ REPUBLIC

Status: Procurement rounds and national and regional training of trainers (TOTs) are underway.

Problem Statement: Given the COVID-19 epidemic in CAR, it is critical to intervene through effective containment methods and preparing the health systems to respond. LHSS is tasked with providing surveillance TA and support for laboratory activities, including procurement of tests and equipment in all five countries.

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 five countries in CAR.

Interventions:

- Procure priority case detection and case management materials.
- Provide TA to advance infection prevention and control (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 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

- **Objective 2: Increased population coverage**

SO 2.1.1: Improved availability of services and commodities

SO 2.1.3: Strengthened engagement with private providers

- **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.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Procure priority testing commodities and supplies.

- Confirm procurement priorities, locations, and quantities for testing supplies.
 - **Progress:** The team finalized Round 3 procurement, which is an estimated \$1.1 million earmarked to support pilot laboratories, case management, emergency response needs, and electronic surveillance systems. The team identified the national level supplier, and commercial proposals were submitted according to the equipment list. The team also analyzed compliance with technical specifications.
 - **Problems encountered:** Analysis of technical specification compliance by national partners took longer than planned due to limited expertise in medical equipment and supplies (e.g., lack of technicians at the MOH and facilities). Therefore, LHSS hired a local medical equipment consultant who accelerated coordination with the MOH and facilities.
 - **Tasks to be undertaken in the following quarter:** The purchase orders for all Round 3 procurements should be made by the beginning of April 2021 after approval from USAID.
- Develop RFQs with vendors to establish test procurement lead times.
 - **Progress:** Completed.
 - **Tasks to be undertaken in the following quarter:** As above.
- Purchase additional commodities, if needed.
 - **Progress:** The MOH, and the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance have requested that LHSS procure basic computer equipment to link the regional SES centers with the Public Health Emergency Operation Center being established with WHO support. LHSS mapped the technical equipment at the regional SES and 12 state labs to identify computer needs, locations, and quantities.
 - **Tasks to be undertaken in the following quarter:** Obtain mission approval on Round 3 procurement, including computer hardware for Intervention 4.

Provide infection prevention and control TA.

- Modify WHO guidelines and develop clinical protocols and SOPs for primary health care (PHC) level management of COVID-19 (including IPC and use of personal protective equipment), and purchase additional commodities, if needed.
 - **Progress:** LHSS supported the MOH to develop Version 5 of the clinical protocol for diagnosis and treatment of COVID-19, which is near completion. The protocol will be approved by the MOH by the end of March 2021.
 - **Problems encountered:** Given the changing scientific knowledge around COVID-19, it took almost three months for the MOH to decide whether to modify Version 4 of the protocol with relevant annexes or to develop Version 5.

- **Tasks to be undertaken in the following quarter:** Approval by the MOH of Version 5 of the clinical protocol and SOPs for the PHC level. Development and printing of a pocket guide for PHC on management of COVID-19 (including IPC).
- Facilitate routine trainings in implementing the new protocol and SOPs for the PHC level.
 - **Progress:** Upon MOH approval of Version 5, the PHC training module will be updated and the distance learning course for PHC practitioners will start immediately under coordination of Kyrgyz State Medical Institute of Retraining and Continuous Education (KSMIR&CE) using distance learning equipment donated by LHSS.
 - **Tasks to be undertaken in the following quarter:** Develop PHC training modules. Organize on-line remote trainings for PHC management of COVID-19.
- Monitor and evaluate hospital-based Multidisciplinary Team (MDT) treatment of COVID-19 at seven oblasts.
 - **Progress:** To increase their visibility and sustainability, LHSS held online meetings with the national and regional MDTs. LHSS held additional trainings for pulmonologists on the latest version of the clinical protocol and SOPs on respiratory diseases. Other clinical specialists from regional centers participated in practical trainings on using equipment for respiratory support in patients with COVID-19. MDT consultations were held in each region.
 - **Tasks to be undertaken in the following quarter:** From March 22, 2021, conduct refresher trainings for all teams and monitor activities.
- Develop and approve the MDT concept note and organize one national TOT and one regional training for MDTs.
 - **Progress:** The MDT guide is being finalized, and will describe the basic concept and principles of MDTs, structure, complexity of approach, and interaction.
- Strengthen IPC and medical waste management systems at pilot PHC facilities.
 - **Progress:** LHSS collaborates with the MOH to strengthen quality assessment by developing M&E guidelines and self-assessment tools, and conducting in-person training at pilot Family Medical Centers (FMCs) (Osh city, Chuy oblast, and Bishkek city). A draft M&E guideline for IPC and waste management was developed and tested in three pilot FMCs. LHSS received a request from USAID’s Cure TB project to share the M&E guideline in order to integrate IPC issues on TB. The final M&E guideline draft was revised by Cure TB project local experts and will be submitted to an international (Russian-speaking) TB expert for technical clearance.
 - **Tasks to be undertaken in the following quarter:** Once the final draft is cleared (April 2021), MOH will approve the M&E guideline for further roll out at the PHC level. LHSS is also procuring IPC and waste management equipment and supplies for pilot FMCs and their branches.
- Purchase of equipment for distance learning (KSMIR&CE—two sets).
 - **Progress:** The distance learning equipment has been installed in KSMIR&CE and its Osh branch. The official handover is planned for the end of April 2021.
- Develop and introduce the “universal nurse” model in response to COVID-19 in three pilot health care organizations.
 - **Progress:** LHSS and the MOH piloted the universal nurse model in red zone areas where COVID-19 patients are being treated. These are practicing nurses who observe the COVID-19

patient's well-being, diagnose his/her condition, record changes, identify problems, and refer them to a physician or specialist.

- **Tasks to be undertaken in the following quarter:** Conduct a round table meeting with MOH and partners to present the results of the pilot and agree on further roll out.

Support laboratory capability.

- Purchase equipment for distance learning (SES Laboratory—one set).
 - **Progress:** Complete.
- Monitoring and mentoring visits to the designated laboratory, ensuring quality management system is in place.
 - **Progress:** On January 26, 2021, the head of the National Virology Laboratory under the Department of Disease Prevention and State SES conducted a one-day training on the new SOPs. Six laboratory specialists were trained from pilot laboratory sites.
 - **Problems encountered:** Field laboratory technicians mostly use paper forms to enter laboratory results. Completion of paper forms takes excessive time, creates additional workload, and laboratory specialists do not always fill out the electronic forms.
 - **Tasks to be undertaken in the following quarter:** A meeting was initiated with USAID's Cure TB partner and Laboratory Data Management Information System (LDMIS) developers to address identified problems on the rational use of LDMIS for polymerase chain reaction (PCR) diagnostics for COVID-19.

Surveillance and rapid response.

- Provide computers and GIS licenses for emergency operations and the COVID-19 response.
 - **Progress:** The MOH Department of Disease Prevention and SES is committed to developing one robust system for tracking all infectious diseases. WHO is providing technical support to establish and strengthen a more functional Public Health Emergency Operations Center. On March 12, 2021, LHSS met with departmental disease prevention specialists and SES to discuss technical support from LHSS. The LHSS team conducted a needs assessment of the regional SES and 12 state laboratories on computer specifications, number of locations, and quantities needed. The team is finalizing the results for submission and approval.
 - **Tasks to be undertaken in the following quarter:** Obtain US mission approval on the procurement of computer hardware for the effective functioning of the Public Health Emergency Operations Center.
- Develop COVID-19 surveillance system (dashboard) for SES.
 - **Progress:** USAID's Cure TB Project developed the laboratory information system to track TB test results at the national level. The system was redesigned in 2020 to track COVID-19 test results, saving the government time and money, and allowing patients to receive their PCR results electronically. To date, almost 50% of the planned development work has been completed by Social Service consultants hired by LHSS for the following:
 - Establishing remote access to PCR analyses through the State electronic services portal;
 - Accounting for humanitarian aid in response to COVID-19; and
 - Recording bed capacity and needs in hospitals receiving patients with COVID-19.
 - **Problems encountered:** LHSS must revise planned activities because MOH has decided to host the laboratory information system and LDMIS database on the e-Health Center server

under the MOH. After several coordination meetings, LHSS is looking for feasible options to upgrade the PCR functionality of LDMIS and develop an application programming interface (API) for transferring data from LDMIS to the MOH server.

- Tasks to be undertaken in the following quarter:
 - Agree terms of reference with USAID’s Cure TB Project on TA to upgrade the existing PCR functionality in LDMIS, conduct training, and M&E for key users.
 - Hire consultants to provide support in coordination with LHSS’s regional laboratory advisor and national laboratory coordinator.
 - Complete the development and introduction of three information systems.
 - Agree technical support from LHSS to help the MOH to revise and develop forms for the epidemiological information platform at the Public Health Emergency Operations Center supported by WHO.

Risk communications.

- Rapid needs assessment and formation of taskforces.
 - **Progress:** The team consulted five medical experts on scripts for the television series.
 - **Tasks to be undertaken in the following quarter:** Component is complete.
- Production and dissemination of public service announcements and information campaigns across different platforms and segments of the population.
 - **Progress:** Fifteen public service announcements were aired on 25 major television channels covering all regions of Kyrgyzstan and 97% of the population. According to TV monitoring by Expert Consulting, LHSS project materials accounted for 38 percent of all COVID-19 information aired by TV stations. Though active information campaigns ended last quarter, viewership continues, and online products had reached 2.44 million people by March 31,
 - **Tasks to be undertaken in the following quarter:** Continue public service announcements on television.
- Production of media content by/for Internews media partners.
 - **Progress:** The following content was disseminated: 12 episodes of the analytical program Turushtuk (Resilience) on the state TV channel, ELTR; five Instagram livestreams; and eight YouTube programs. For children, Balastan TV aired a program about the virus and hygiene, and EITR aired a program about washing your hands properly. The 10-part television series “Pandemic Generation” was in production.
 - **Tasks to be undertaken in the following quarter:** Production, post-production, and airing of final episodes of Turushtuk and full Pandemic Generation series.
- Addressing rumors and combatting misinformation around COVID-19.
 - **Progress:** Mediablockpost fact-checked 70 potential instances of disinformation; 35% of the content was related to vaccinations.
 - **Tasks to be undertaken in the following quarter:** Component is complete.
- Improving communication capacity of the MOH.
 - **Progress:** Internews trained six male and four female junior and executive employees on speechwriting, public speaking, and data visualization.

- **Problems encountered:** Internews paused some capacity building activities briefly due to the merger of the MOH with the Ministry of Labor and Social Protection.
- **Tasks to be undertaken in the following quarter:** Individual coaching on public speaking skills; data visualization training.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The local partner sustainability and transition plan contains a brief introduction to activities, challenges, opportunities, next steps, and important capacity milestones. LHSS also identified indicators in the AMELP that will be used to measure sustainability. LHSS has developed a matrix of capacity development and transition to measure the organizational development, technical capacity, and financial management of organizations supported by the project.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

All LHSS COVID-19 activities are locally led and align with the government's COVID-19 National Preparedness and Response Plan and MOH priorities. LHSS is the only implementing partner in-country working directly on the COVID-19 emergency response; the activity has integrated quickly into established coordination platforms (i.e., the Disaster Risk Coordination Unit and Development Partner Coordination Counsel) and participates regularly in monthly coordination meetings.

PROGRESS ON PERFORMANCE INDICATORS

LHSS exceeded annual targets of some indicators whilst progress of a few others was affected by relative political instability in Q2. Number of health care workers and non-health care workers trained on risk communication and community engagement and IPC and/or WASH support- facilities and people – were exceeded.

LESSONS LEARNED AND BEST PRACTICES

Design appropriate remote trainings. Practice has shown to have a positive effect in addressing the main gaps of laboratory specialists at each level (pre-analytical, analytical, post-analytical), ensuring they provide timely and high-quality laboratory results.

Strengthening lab capacity using QMS. Good laboratory practice shows that the quality of laboratory results depends on many factors, including the correct implementation of QMS, will help labs in the future to obtain national and international accreditation.

Piloting the universal nurse model: This model has been well-received at the MOH, and currently, the MOH plans to extend the universal nurse model to other inpatient facilities with COVID-19 patients. Trainings and pilot processes were widely covered on Instagram and Facebook.

PROBLEMS ENCOUNTERED

Field laboratory technicians were mostly using paper forms to enter laboratory results. Duplication took excessive time and laboratory specialists did not always fill out the electronic forms. The MOH decided to host the laboratory information system and LDMIS database on the e-Health Center server under the MOH. The LHSS team subsequently revised planned activities and agreed to upgrade LDMIS functionality and develop API for transferring data from LDMIS to the MOH server.

COMPLETED REPORTS AND DELIVERABLES

- Brief summary of pilot universal nurse project with key findings, lessons learned, and materials (job descriptions, workload norms, patient charts, and training curriculum).

- Assessment checklists for Bishkek and Osh monitoring and mentoring visits.
- M&E guideline for IPC and waste management system at the PHC level.
- Checklist for M&E of MDT performance in all seven regions.
- Universal nurse concept and MOH Order to extend the model to other inpatient facilities treating COVID-19
- Interim reports of IT consultants on development of information systems on rapid response and surveillance

UPCOMING EVENTS

- Conduct round table meeting for the MOH and partners to present the results of the universal nurse model pilot and agree on next steps for further roll-out.
- Organize official handover of donated equipment for distance learning with KSMIR&CE management once online trainings for PHC practitioners on modified CP and SOPs begin.
- Hold a national meeting to discuss main laboratory findings and deliverables.
- Assessment visit to the Department for Prevention Diseases & State SES for further installation and implementation of GeneXpert and GeneXpert Xpress SARS-CoV-2.
- Conduct two-day QMS training for heads of laboratories and QMS managers.

SUCCESS STORIES

The national laboratory coordinator, in close collaboration with the LHSS specialist, successfully updated and validated the workplace SOPs for COVID-19 based on WHO recommendations.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Conduct an assessment visit to the Department for Prevention Diseases and State SES for further installation of GeneXpert and implementation of Xpert Xpress SARS-CoV-2.
- Conduct two days training on the quality management system.
- Conduct national meetings with government and partners to discuss laboratory practices related to COVID-19.
- Ensure quality control is in place and conduct two mentoring and monitoring visits in Osh and Bishkek pilots.
- Upgrade existing LDMIS functionality for PCR and provide support to conduct M&E trainings.
- Establish remote access to PCR analyses through the government's e-service portal.

4.2 COVID-19 LAOS

Status: Continued COVID-19 reverse transcriptase (RT) PCR analysis and trained two laboratory technicians. Two COVID-19 samples were sequenced.

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; deepen identification of COVID-19 variants by genomic sequencing; and build capacity through training laboratory technicians.

Interventions:

- Conduct systematic diagnostic testing of SARS-nCoV-2 specimens.
- Undertake 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 through a subcontract with Institut Pasteur du Laos (IPL)

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 organizations to effectively plan and oversee health system functions

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

ACTIVITY CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Quarterly report of COVID-19 test results shared with MOH/National Center for Laboratory and Epidemiology (NCLE)

- **Progress:** LHSS submitted the first report, which was approved by USAID on February 6, 2021. The second report is being prepared and will be submitted in April.
- **Problems encountered:** Despite some cancelled incoming flights, daily testing levels were higher than originally planned to compensate for the shortfall in the previous quarter.
- **Tasks to be undertaken during the following quarter:** IPL will continue COVID-19 testing.

Final report on genomic variation and test results.

- **Progress:** NCLE signed the material transfer agreement and shared four COVID-19 positive samples for sequencing with IPL. IPL sequenced partial S gene sequences for two of the samples (one from NCLE and one identified previously at IPL); the others had too low a viral load.
- **Problems encountered:** Only one of the four samples could be sequenced as three had too small a viral load. IPL has yet to obtain older positive samples for sequencing.

- **Tasks to be undertaken during the following quarter:** IPL is exploring techniques to sequence specimens with a low viral load. IPL will continue to work with NCLE to obtain older specimens.

Final training report.

- **Progress:** Two laboratory technicians are being trained on COVID-19 diagnostic techniques at IPL. Two additional technicians are being recruited for training.
- **Tasks to be undertaken during the following quarter:** Complete training of the first cohort of two technicians and train two additional technicians in April 2021.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS is strengthening the government's capacity to respond to COVID-19, as well as strengthening collaboration between IPL and the MOH. Thus, LHSS is building the country's capacity to respond to future emergencies.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

IPL has nearly completed training of two local laboratory technicians to build local capacity for conducting COVID-19 diagnostic tests.

PROGRESS ON PERFORMANCE INDICATORS

LHSS compensated for an earlier shortfall in COVID-19 testing numbers and was able to begin genomic sequencing of COVID-19 positive samples.

PROBLEMS ENCOUNTERED

IPL was initially unable to obtain COVID-19 positive samples for sequencing. However, by the end of the quarter, IPL received four samples and sequenced two of them. LHSS is exploring alternative sequencing methods for the other samples with a viral load that is too low for the standard sequencing approach.

COMPLETED REPORTS AND DELIVERABLES

LHSS submitted the quarterly report (in Excel) of COVID-19 test results, as shared with MOH/NCLE.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

Tasks to be undertaken during the following quarter:

- Continue RT-PCR testing of SARS-nCoV-2 specimens.
- Continue genomic sequencing of SARS-CoV-2 positive specimens.
- Continue training local laboratory technicians on COVID-19 diagnostic techniques.

4.3 COVID-19 TAJIKISTAN

Status: On-the-job practical trainings on RT-PCR and other lab techniques are under way

Problem Statement: Given the COVID-19 epidemic in CAR, it is critical to intervene through effective containment methods and by preparing health systems to respond. LHSS is tasked with providing surveillance TA and support for laboratory activities, including procurement of tests and equipment in all five countries: Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

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

Interventions:

- Support implementation of the national laboratory response strategy.

Planned Deliverables:

- Assessment report for PCR procurement.
- Mentoring visits and support provided to ensure sustainability and effectiveness.

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

- **Objective 2: Increased population coverage**

SO 2.1.1: Improved availability of services and commodities

SO 2.1.3: Strengthened engagement with private providers

- **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.3: Strengthened collaboration between public sector, private sector, and civil society

ACTIVITY I CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Support implementation of the national laboratory response strategy.

- Conduct a rapid assessment of two possible sites for PCR machines, including assessment of equipment, infrastructure, specimen collection, management, and test kits, using WHO-approved national assessment tool for laboratories.
 - **Progress:** Complete.
- Purchase one PCR machine and necessary supporting system, supplies, test kits, reagents, and equipment for LBS2+/3.

- **Progress:** Complete.
- **Tasks to be undertaken in the following quarter:** Last tranche of PCR and BioSafety materials (HEPA filters) to be delivered as soon as Chinese-Tajikistan border is reopened.
- Supportive training for PCR technology for specialists from PCR laboratories (country-wide).
 - **Progress:** One additional PCR training conducted by supplier.
 - **Tasks to be undertaken in the following quarter:** One additional PCR training to be conducted by supplier,
- Conduct COVID-19-specific trainings in laboratory safety and IPC.
 - **Progress:** Complete.
- Organize and support trainings in RT-PCR and other laboratory techniques relevant to biosafety and COVID-19.
 - **Progress:** Provided on-the-job training for eight local laboratory specialists with a detailed analysis of errors in COVID-19 diagnosis using a RT-PCR machine; analyzed all RT-PCR results obtained since the last mentoring visit; developed new protocol for the RT-PCR reaction and cycling of the amplifier using the Chinese-made diagnostic kits.
 - **Problems encountered:** High workload of laboratory specialists; only one equipped laboratory is involved in the region with a population of over three million.
 - **Tasks to be undertaken in the following quarter:** Done
- Support monitoring/mentoring visits to the designated laboratory, ensuring quality management system is in place.
 - **Progress:** Done
 - **Tasks to be undertaken in the following quarter:** LHSS Tajikistan selected new pilots for strengthening activities.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS supports countries by strengthening the national testing capacity of existing laboratory specialists through involvement of national and international trainers and main partners in the country (i.e., WHO); helping governments to develop national laboratory working groups for COVID-19; strategically procuring consumables and equipment for RT-PCR and microbiology analytics; and ensuring high quality laboratory data management and the quality of results in pilot facilities.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS activities in CAR focus on strengthening local capacity and ownership through improving the ability of each country to respond to COVID-19 swiftly and efficiently. LHSS provides TA to prepare mentors who then assess and train staff. LHSS is also planning to support the MOH to review graduate and postgraduate education curricula for medical laboratory and technical staff, and to adapt it to meet identified training needs (e.g., in quality, biosafety, and PCR techniques).

GESI PROGRESS

The LHSS team in Tajikistan ensured that both women and men laboratory technicians participated in trainings and receive mentoring and monitoring support.

PROGRESS ON PERFORMANCE INDICATORS

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 Q3 after training on the equipment and consumables takes place.

LESSONS LEARNED AND BEST PRACTICES

The following lessons were learned that will serve as the basis for responding to future outbreaks: all laboratories in the country must be adequately equipped, staffed by trained specialists, and meet biosafety and biosecurity requirements, as well as have local or international certification or accreditation; and training and continuing education can improve technicians' understanding of test performance, interpretation of results, and implementation of a quality management system.

PROBLEMS ENCOUNTERED

The shelf life of HEPA filters ended in late December 2020 and new filters were not purchased due to a lack of funds. Gaps in the working conditions of the biosafety cabinets were discussed with the oblast director, MOH deputy director, and WHO. It was agreed that MOH would put maintenance of lab equipment on the country priority list to avoid any testing delays and ensure biosafety and biosecurity.

COMPLETED REPORTS AND DELIVERABLES

- A mentoring/monitoring visit was conducted to the Obl SES Khujand in February 2021. During the visit, the LHSS technical specialist provided on job-the-training for laboratory staff on laboratory safety and healthy baby project, as well as of QI for COVID-19 testing.
 - LHSS donated office furniture (e.g., table, chair, bookcase) to support the Obl SES Khujand lab.

UPCOMING EVENTS

The final supply of equipment, including filters, should be delivered by April 2021. LHSS will support the travel of a national engineer to Khujand to install the HEPA filters. LHSS plans to meet with the Sughd region Department of Health to report on achievements.

SUCCESS STORIES

Handover of laboratory furniture by LHSS to the SES Khujand COVID-19 Lab on February 12, 2021.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Mentoring/monitoring visit to hand over the final tranche of equipment to the DOH of Sughd.
- Assessment of new assigned laboratories in Sugd region.
- Replacement of HEPA filters for biosafety cabinets.
- Conduct on-the-job training.
- Launch new activities in revised workplan (March 23, 2021 pending USAID approval).

4.4 COVID-19 TURKMENISTAN

Status: On standby for proceeding with additional procurement needs.

Problem Statement: Given the COVID-19 epidemic in the CAR, it is critical to intervene through effective containment methods and by preparing health systems to respond. LHSS is tasked with providing surveillance TA and support for laboratory activities, including procurement of tests and equipment, in all five countries: Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan. By March 31, 2021 Turkmenistan had zero confirmed cases of infection and zero deaths.

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 five CAR countries.

Interventions:

- Procure priority specimen transport and testing commodities.

Planned Deliverables:

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

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

- **Objective 2: Increased population coverage**

SO 2.1.1: Improved availability of services and commodities

SO 2.1.3: Strengthened engagement with private providers

- **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.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Procure priority specimen transport and testing commodities.

- Develop standardized list of supplies required for testing COVID-19 and support for stocks.
 - **Progress:** There are ongoing discussions between the U.S. Government and the Government of Turkmenistan regarding the equipment and consumable supplies desired for the COVID-19 response procurement. A preliminary RFQ for laboratory materials and consumables was prepared in April/May 2020. However, the majority of these items may already have been

procured by other partners. LHSS is standing by to amend the equipment requests and/or issue new RFQs as needed once the list of desired materials is communicated to LHSS.

- **Problems encountered:** LHSS is awaiting direction from the USAID mission before proceeding with additional procurements.

4.5 COVID-19 UZBEKISTAN

Status: Procurement is ongoing, along with a strategic plan to address COVID-19 with the MOH and provide ventilator TA.

Problem Statement: Given the COVID-19 epidemic in the CAR, it is critical to intervene through effective containment methods and by preparing the health systems to respond. The LHSS Project is tasked with providing surveillance TA and support for laboratory activities, including procurement of tests and equipment in Uzbekistan.

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 Uzbekistan.

Interventions:

- Strengthen laboratory diagnostic and personnel capacity.
- Improve IPC (including biosafety).
- Support rapid detection, reporting/surveillance, and response.

Planned Deliverables:

- Procurement supply list.
- RFQ for vendors to establish test procurement lead times.
- Priority laboratory strengthening and case detection materials.
- Distance learning training implemented.
- Network established of approved laboratories.
- Consultants engaged on supply chain management to lead work on SOPs, trainings development, and working group coordination.
- Module for distance learning course on surveillance for COVID-19.

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

- **Objective 2: Increased population coverage**

SO 2.1.1: Improved availability of services and commodities

SO 2.1.3: Strengthened engagement with private providers

- **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.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Procure priority testing commodities and supplies.

- Confirm procurement priorities, locations, and quantities for testing supplies.
 - **Progress:** Complete.
 - **Problems encountered:** Continuous delays in the delivery of Round 3.1 ventilator consumables due to communication challenges and import clearance delays with MOH.
 - **Tasks to be undertaken in the following quarter:** Rounds 1 and 2 were completed by the end of 2020. By December 31, Round 3.1 goods had been shipped from Kazakhstan and Round 3.2 for ventilator consumables was being discussed with USAID and Reliance.
- Develop RFQs with vendors to establish test procurement lead times.
 - **Progress:** Complete.
 - **Tasks to be undertaken in the following quarter:** A Round 3.2 RFQ is being developed for ventilator and ICU consumables in discussion with USAID. This will be finalized after QA of Round 3.1 goods.
- 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:** Complete.
 - **Tasks to be undertaken in the following quarter:** N/A
- Procure priority laboratory strengthening and COVID-19 case detection materials.
 - **Progress:** An additional \$2.23 million in laboratory equipment and materials was procured as Uzbekistan 'Round 2'. LHSS is in process of procuring ventilator consumables (Round 3). Laboratory support equipment and consumables were delivered and inspected throughout the period. More details about the procurement tranches are available upon request.

Provide logistics and supply chain management support.

- Develop a strategic plan or framework to provide logistics and supply chain management TA.
- **Progress:** The country director and a consultant will draft the strategic framework and conduct KIs with MOH staff.
- **Problems encountered:** Periodic COVID-19 outbreaks among ministerial staff delayed information collection.
- **Tasks to be undertaken in the following quarter:** The country director will continue working with USAID to gain buy-in from the MOH.
- 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:** The country director developed a working group of experts within the MOH. Three supply chain consultants were hired to lead the work on SOPs, trainings development, and coordination of the working group.
- **Problems encountered:** Delay in recruiting qualified and available supply chain consultants.
- Identify options for building electronic databases/platforms, similar to ones used in TB programs, to track laboratory supplies, PCR equipment, reagents, and essential IPC supplies, and present to the COVID-19 working group.
 - **Progress:** A local technology firm has been identified to lead implementation.
 - Tasks to be undertaken in the following quarter: Complete current task.
- Hire a consultant to support distance learning through interactive IPC and supply chain management trainings in collaboration with the COVID-19 working group.
 - **Progress:** The distance learning consultant was hired this quarter.
 - **Tasks to be undertaken in the following quarter:** Consultant to design trainings with the country director. An IT firm will be hired to build the online training platform.

Strengthen surveillance and rapid response system.

- Support local MOH epidemiology staff to investigate clusters, assess capabilities, and provide expertise on protocols and SOPs 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 lockdown delayed information collection.
- Participate in ministerial and WHO coordination taskforce.
 - **Progress:** In progress. The country director joins weekly coordination calls with USAID, CDC, WHO, UN agencies, and other partners.
 - Tasks to be undertaken in the following quarter: Continued participation.
- Develop a package and roadmap on epidemiological surveillance for COVID-19, influenza, and other acute respiratory virus outbreaks.
 - **Progress:** Country director and consultants drafted a preliminary surveillance roadmap.
 - **Tasks to be undertaken in the following quarter:** MOH and USAID will review and finalize the roadmap (framework).
- 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 worked with the LHSS home office to hire a consultant to lead the design and launch of this module.
 - **Tasks to be undertaken in the following quarter:** The consultant will start designing the training curriculum.

Updates for the sections following apply to both LHSS Activities in Uzbekistan.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY, LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS Central Asia Activities focuses 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 emphasized technical and financial investments for short term emergency response to COVID-19 that can be implemented in ways which strategically build the preparedness and resiliency capacities required for Uzbekistan's health system over the long-term.

GESI PROGRESS

In Uzbekistan, where appropriate, a GESI lens was applied when documenting possible impact of the procurement across key populations. In the next phase of activities, GESI elements will be addressed in future trainings with healthcare workers, supply chain management, and other related activities.

PROGRESS ON PERFORMANCE INDICATORS

The project added five more to the number of facilities receiving technical assistance for case management such as facility-level assessments, guidance and/or training, up to a cumulative total of 11 facilities.

LESSONS LEARNED AND BEST PRACTICES

LHSS epidemiologists worked closely with MOH counterparts through the COVID-19 working group, established by LHSS, and in this quarter, prepared a draft report on the current state of Uzbekistan's surveillance system, including regulation and international donor coordination during the pandemic. Based on this, a road map was prepared and recommendations on further improvement to the surveillance system were proposed. The provided suggestions and measures were discussed and approved by the MOH/SES authority.

PROBLEMS ENCOUNTERED

The deployment, recall, and re-deployment of ventilators has complicated the activity's understanding of where and how USAID-donated ventilators in Uzbekistan are being used. LHSS has discussed a situation analysis in partnership with the Reliance Group to help clarify these questions as part of LHSS Uzbekistan supply chain management activities.

COMPLETED REPORTS AND DELIVERABLES

A February 2020 draft report on the current state of Uzbekistan's surveillance system completed and submitted to the MOH/SES, USAID Uzbekistan, WHO, and other partners.

UPCOMING EVENTS

On April 23rd, LHSS will support the MOH/SES to host a roundtable to present the findings of the epidemiology surveillance draft report and roadmap.

4.6 UZBEKISTAN - VENTILATOR CAPACITY STRENGTHENING

Status: Procurement Round 3 for ventilator consumables is underway.

Problem Statement: Through effective containment methods and by preparing the health system to respond, it may be possible to contain a widespread COVID-19 epidemic and to prepare for mitigation efforts in the health system and beyond. LHSS is tasked with providing surveillance TA and support for lab activities, including procurement of tests and equipment in Uzbekistan.

Purpose: The LHSS COVID-19 Emergency Response Activity is addressing 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.

Interventions:

- Conduct facility level assessments.
- Provide TA to build clinical HRH capacity for case management of severe COVID-19 cases requiring ICU-level interventions.

Planned Deliverables:

- ICU specialist hired to lead facility-level assessments, and facility-level assessments adapted.
- Curriculum, clinical guidelines, or SOPs adapted and translated.
- IPC and use of ventilators trainings held, and distance learning platform created.
- QA system implemented.
- Weekly, online, case-based discussion of challenging cases among facilities receiving ventilators organized.
- Logistics 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

- **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

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

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Conduct facility-level assessments.

- Hire ICU specialist to lead facility-level assessments.
 - **Progress:** Hired two ICU specialists, one to lead the clinical facility assessments and the other, to lead online trainings.
- Determine assessment focal areas and criteria and select facilities with USAID and MOH.
 - **Progress:** MOH shared a list of 20 possible facilities; not all facilities will be assessed.
 - Tasks to be undertaken **in the following quarter:** Final selection of facilities.
- Adapt the facility-level assessments created by the STAR project in selected facilities.
 - **Progress:** Eight facility level assessments are completed.
 - Problems encountered: Thirty-one USG donated ventilators had operational flaws.
 - Tasks to be undertaken in the following quarter: ICU specialists will continue facility-level assessments in the recommended MOH facility list.

TA to build clinical HRH capacity on case management of severe COVID-19 cases requiring ICU-level interventions.

- Develop, adapt, and translate curriculum, clinical guidelines, or SOPs for severe cases of COVID-19, including relevant laboratory, pharmaceutical management, oxygenation, or other medical interventions needed.
 - **Progress:** distance learning educational platform, mobile application, requirements for teachers, mentors and IT teams are in the design phase To be launched in Q3.
- Train health care providers on the use of mechanical ventilators, in addition to training provided by the local distributor and supplemental remote support through STAR.
 - **Progress:** Completed. In two webinars and 45 healthcare providers covering seven regions

PROBLEMS ENCOUNTERED

- Hesitancy by health providers to be transparent when describing challenges and server/network issues causing delays and miscommunications with local partners (including Reliance Group).
- Challenges keeping up with the changing deployment strategy in compiling the FLAs and confusion around physical placement of vents in some areas.

COMPLETED REPORTS AND DELIVERABLES

- Completed 11 FLAs Conducted two webinar trainings on the appropriate use of mechanical ventilators for 45 healthcare providers (serving a catchment area of seven regions across Uzbekistan)

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

1. Translate, adapt, and implement the FLAs created by the STAR project across selected facilities.
2. Develop, adapt, and translate curricula, guidelines, and other training for distance learning related to mechanical ventilation and other oxygenation therapies for severe and critical cases of COVID-19.
3. Support TA and training on ventilation and oxygen therapy and IPC in the management of severe COVID-19 cases; Promote a self-paced, online refresher training to reinforce themes; and Link facilities to live demonstrations through training and experience sharing tele-sessions;
4. Adapt, translate, and disseminate online resources and FAQs on common challenges with mechanical ventilators which STAR/UCSF-WFSA will share at trainings mentioned above.

4.7 SUPPLY CHAIN PEA

Status: CSL shared concept notes prepared by LHSS with four missions and selected Mozambique. Mission concurrence has been requested. LHSS began preparing PEA tools/documents.

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:** CSL proposed the activity to missions in Mozambique, Nepal, Tanzania, and Uganda. CSL requested mission concurrence in coordination with the LHSS COR team.
 - **Problems encountered:** The landscape report (originally due March 2021) will be delayed given the delay in selecting a final country.
 - **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 to CSL.

- Technical report of PEA findings.
 - **Progress:** LHSS drafted preliminary PEA tools (approach and report format).
 - **Problems encountered:** Since the 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 purpose is defined, LHSS will finalize tools, hire a local consultant, and begin the PEA fieldwork.

4.8 MALARIA PRIVATE SECTOR ENGAGEMENT

Status: Stakeholder consultations and KIIs completed in one PMI priority country, and underway in the other three. PSE dashboard template developed. Market segmentation profile template drafted and under review.

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 five 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 private sector investments to help bridge gaps in resources and expertise, sustain results, 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.3: Strengthened collaboration between public sector, private sector, and civil society

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Market segmentation documents describing key persons/profiles in the private sector.
 - **Progress:** LHSS continued interviewing key stakeholders in all four countries (Cote d'Ivoire, DRC, Liberia, and Uganda) and concluded planned KIIs in Cote d'Ivoire. Stakeholders include government entities, associations, foundations, and private sector corporations. These conversations build on the desk reviews from last quarter to identify malaria control priorities/interests of both the public and private sectors and potential areas of collaboration. LHSS also developed the draft country-level dashboard and market segmentation templates to

capture emerging information on potential PSE opportunities and priority sectors for malaria partnerships.

- **Problems encountered:** LHSS continued to encounter delays in securing interviews with key stakeholders. Across all countries, it was particularly difficult to secure meetings with national malaria control programs, and the LHSS teams in Liberia, Uganda, and DRC also faced challenges connecting with some private sector enterprises. LHSS continued to update USAID and PMI on such challenges and will go through country missions where possible to confirm interviews. In early March 2021, the USAID mission in Liberia asked LHSS to pause interviews, allowing them to review the list of private companies. LHSS is still awaiting the mission's go-ahead to resume work.
- **Tasks to be undertaken during the following quarter.** Finalize KIIs in the remaining three countries; finalize the market segmentation profiles outlining key players and key value drivers for each country; and collaborate with USAID, PMI, and country missions to prioritize identified PSE opportunities.
- Dashboard of private sector activities and learnings.
 - **Progress:** LHSS developed the template for a Microsoft Excel dashboard to capture private sector malaria activities emerging from stakeholder interviews. The template was shared with USAID and PMI to ensure alignment with other PSE efforts and to obtain feedback. LHSS also populated the draft dashboard with data from Cote d'Ivoire KIIs.
 - **Tasks to be undertaken during the following quarter:** Populate the dashboard template with private sector activities and key learnings for the other three countries.
- Recommendations report.
 - **Progress:** LHSS developed an outline for the report that will synthesize priority strategic opportunities for private sector partnerships that PMI and other stakeholders should consider pursuing at country and global levels.
 - **Tasks to be undertaken during the following quarter:** Further develop the report in collaboration with in-country consultants and USAID.

5. FIELD SUPPORT ACTIVITIES

5.1 BANGLADESH URBAN HEALTH AND FINANCING

Status: Year 1 workplan approved; hiring of local staff and consultants is underway.

Problem Statement: The Government of Bangladesh aims to achieve UHC by 2030. In pursuit of this goal, Bangladesh has directed attention towards addressing urban health challenges and improving the coverage, efficiency, and quality of essential health care services.

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

Interventions:

Improved governance and financial management for health service delivery

- Assist the Government of Bangladesh to strengthen regulatory functions to establish the National Health Security Office.
- Improve PFM for health.
- Improve coordination among urban health stakeholders.
- Increase domestic resource mobilization.

Models for financial protection and service delivery tested and scaled.

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

Increased private sector investment for health.

- Identify/design models for blended finance to advance health outcomes.

Planned Deliverables:

Improved governance and financial management for health service delivery.

- Feasibility study to establish the National Health Security Office, including suggestions for revisions to the 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.
- Proposed organograms for 'Health Section/Division' under Ministry of Local Government, Rural Development, and Co-operatives and for relevant city corporations and municipalities.
- Combined assessment reports for targeted city corporations and municipalities.
- Report/guidance developed on activities and resource amounts for local government health funds.
- Draft revision of licensing and/or registration rules for NGOs and private facilities to reported into the government health information system.

Models for financial protection and service delivery tested and scaled.

- Report outlining action plan and timetable for rollout of social protection models (E.g. SSK) and maternal health financing schemes in municipal areas.
- Updated landscape analysis of existing health protection and quality assurance.
- Proposal for PHC models developed.
- Draft TA plan to expand support for overall urban health program.
- Drafted model of local government engagement in monitoring of service delivery.

Increased private sector investment for health.

- Landscape of key health and 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

- **Objective 2: Increased population coverage**

SO 2.1.2 - Improved availability of services and commodities

SO. 2.1.3 – Strengthened engagement with private providers

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

- **Objective 3: Increased service coverage of quality essential services**

SO. 3.2.1 – Improved organization and delivery of cost-effective services

- **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 (especially among vulnerable and marginalized populations) in planning and oversight

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

STRATEGIES AND PLANS

Monitoring, Evaluation, and Learning Plan:

LHSS submitted a draft AMELP to USAID on December 23, 2020; comments were received and a revised AMELP submitted, which was approved by USAID on March 28. LHSS will finalize the indicators and indicator reference sheets in Q3 with USAID and Government of Bangladesh engagement.

Gender Equality and Social Inclusion Strategy:

The approved LHSS Bangladesh Activity work plan and AMELP reflect and reinforce the LHSS project GESI Strategy (2019). In line with this strategy, as well as the USAID Gender and Female Empowerment Policy (2012) and USAID GESI analyses in Bangladesh, the LHSS Bangladesh Activity will:

1. Ensure that social protection expansion goals aim to meet the needs of all groups especially the most vulnerable and marginalized, and will not discriminate by gender, age, or nationality.
2. Ensure HSS activities are gender-responsive and socially inclusive.
3. Integrate GESI into the analysis, design, implementation, and MEL of interventions;
4. Not exacerbate the problems and barriers faced by women, underserved, and socially excluded groups in accessing and using quality health services.

MANAGEMENT AND STAFFING

By the end of the quarter, the chief of party, F&A manager, and urban health technical advisor had joined the team. Several other positions are in the recruitment process, including the M&E officer, principal health finance technical advisor, PFM advisor, and regional urban health coordinators.

BANGLADESH CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

USAID approved the Year 1 work plan and budget. Staff recruitment, office set up, and procurement are underway. The team will complete recruitment and office set up and begin activities in Q3.

Improved governance and financial management for health service delivery.

- Minutes from regular meetings of the urban health governance structures and Urban Health Working Group.
 - **Progress:** Not started.
 - **Tasks to be undertaken during the following quarter:** Consultant position has been advertised with the goal of commencing work in Q3.

Models for financial protection and service delivery tested and scaled.

- Draft plan to expand the TA support for overall urban health program.
 - **Progress:** Not started.
 - **Tasks to be undertaken during the following quarter:** Newly hired staff to engage with government and other stakeholders.

Increased private sector investment for health.

- Landscape of key health and financing needs and relevant private sector actors.
 - **Progress:** Not started.
 - **Tasks to be undertaken during the following quarter:** Introduce McKinsey team to local Bangladeshi counterparts and stakeholders with goal of commencing work.

GESI PROGRESS

While no GESI-specific activities are planned in Bangladesh, the team began planning for a GESI staff orientation. The orientation will cover key GESI challenges related to LHSS objectives, the LHSS GESI strategic approach, including staff development and MEL, and available resources for GESI integration.

PROBLEMS ENCOUNTERED

Bangladesh experienced a large COVID-19 outbreak at the end of March 2021, which restricted travel and in-person meetings, and required government stakeholder attention. This may delay implementation.

UPCOMING EVENTS

- Launch ceremony to be conducted in Q3.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

Project tasks under will begin fully in Q3.

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 the development of GS-NSPC SHP policy related milestones and metrics.
- Support the government to develop and implement robust SHP institutional arrangements and schemes to advance UHC.
- In coordination with Ministry of Economy and Finance and the Supreme National Economic Council, conduct financial analyses to determine opportunities to advance the financing transition of donor funded programs (e.g., MCH, HIV, TB, and vaccine services) under social health insurance schemes.
- Support the government in its efforts to strengthen resource allocation and budget execution for health and HIV/AIDS.

Planned Deliverables:

- Finalized web tool.
- Capacity building plan for M&E and research teams.
- List of agreed 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 recommendations.
- One research study undertaken to support health policy decision-making.
- List of potential partners for research.
- Scope of work for UHC TWG developed; work on UHC roadmap started.
- At least one financial analysis undertaken.
- Report on informal assessments in up to six provinces.
- Selection of three provinces for further work agreed with USAID.
- Plans of action/agreements for work developed for up to three provinces.
- National AIDS Authority has developed terms of reference for up to five SorChorNor #213 measures.

Consortium Partners:

- Abt Associates, TRG

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

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

- **Objective 2: Increased population coverage**

SO 1.1: Provide technical support for the development of GS-NSPC SHP policy related milestones and metrics

SO 1.2: Support the government to develop and implement robust SHP institutional arrangements and schemes to advance UHC

- **Objective 3: Increased service coverage of quality essential services**

SO 1.1: Provide technical support for the development of GS-NSPC SHP policy related milestones and metrics

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

SO 1.3: In coordination with Ministry of Economy and Finance and the Supreme National Economic Council, conduct financial analyses to determine opportunities to advance the financing transition of donor funded programs (MCH, HIV, TB, vaccines, etc.) services under social health insurance schemes

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

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

Support the Secretariat to enhance its M&E system for accurate, meaningful, and transparent reports.

- **Progress:** LHSS continued technical support to the M&E team. The M&E system enhancements scope of work was approved and is under procurement. The team completed the M&E operational manual (in English and Khmer) and a summary of the eight reporting agencies with corresponding key performance indicators. A new inter-ministerial M&E TWG was formally established, and each reporting unit has formally designated their representative.
- **Problems encountered:** The M&E launch event continues to be on hold due to COVID-19.
- **Next steps:** The team is preparing an online M&E system kick-off and orientation, after which they will identify interest and potential among reporting units for API connections. This requires the GS-NSPC IT Specialist to conduct an assessment once COVID-19 restrictions are loosened.

Support the M&E team to help government agencies to report and make indicators publicly available.

- **Progress:** LHSS helped the GS-NSPC prepare for a WHO-financed Ministry of Planning/National Institute of Statistics workshop on the Cambodia Socio-Economic Survey (CSES) questionnaire. LHSS collected inputs from the USAID Enhancing Quality of Health Care Activity (EQHA) and organized an internal GS-NSPC strategy session focusing on measuring health care quality. This resulted in a letter to the Ministry of Planning from the Deputy Prime Minister instructing inclusion of specific health service quality perception and social protection coverage questions in the new CSES questionnaire. LHSS revised the M&E and research team maturity indices and led the development of the draft capacity-building plan focusing on applied skills building.
- **Problems encountered:** None.
- **Next Steps:** Online training for reporting units.

Foster growth within the research team to identify vision and build roadmap.

- **Progress:** The research team advanced work on three studies: 1) National Social Security Fund Private Sector Contracting Assessment; 2) Public Health Service Technical Efficiency Assessment; and 3) Hardship Financing, Productivity Loss, and Economic Cost of Illness and Injury Study. The

team prepared notification and data request letters for the first two, which were approved by the Deputy Prime Minister and sent to the MOH, the Ministry of Labor and Vocational Training, and the Ministry of Economy and Finance General Dept. of Budget. LHSS facilitated training with Stata for the third study and completed a draft manuscript. LHSS supported the research team to tabulate and prepare the baseline results presentation from the staff performance and feedback assessment at the all-staff retreat in January 2021.

- **Problems encountered:** The MOH has not yet responded, and a reminder letter was sent.
- **Next steps:** LHSS will coordinate with co-authors to revise and finalize the manuscript and advance work on the other approved studies.

Support for ICT implementation for social health insurance.

- **Progress:** LHSS assisted the GS-NSPC to create a risk matrix to align upcoming project activities in the context of COVID-19. Several internal workshops were organized to look more closely at identification systems and social protection registries. A prototype of a beneficiary registry, CamDX, was setup in collaboration with the in-house IT division. Stakeholder meetings took place with all key SHP implementers to introduce the prototype and discuss next steps.
- **Problems encountered:** The Asian Development Bank is procuring TA for the pilot activity. This is taking longer than expected and work cannot begin until all contractors are on-board.
- **Next steps:** Follow up with Asian Development Bank and promote an online kick-off meeting.

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

Catalyze the formation of a TWG for the advancement of UHC.

- **Progress:** LHSS worked with GIZ and the health team to revise the UHC concept note and prepare technical staff to present it for development partner inputs on February 26, 2021. Participating partners will be included in the list for the TWG. LHSS also supported the health team to prepare for a meeting with JICA on their proposed Social Health Insurance Project, as well as a partner briefing on accreditation. LHSS catalyzed an action planning meeting to determine next steps, including revising the draft concept note for the Cambodian context.
- **Problems encountered:** None.
- **Next steps:** A meeting is being requested from the MOH for an update on accreditation. The UHC roadmap concept note will be shared with MOH and National Social Security Fund (NSSF) for feedback. However, given the current COVID-19 outbreak and initiation of vaccination, it is unclear if MOH will be available.

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:** LHSS organized an HIV consultation workshop in Battambang to bring the national and provincial government together, better understand provincial needs, and for the provincial government to better understand their role under the decentralization and de-concentration program. As a result, Battambang is ready to develop work plans and budgets to include HIV in FY22 and there is a strong commitment to work with the National AIDS Authority and LHSS. The Phnom Penh workshop was put on hold due to unavailability of local leadership and a severe outbreak of COVID-19. Siem Reap was chosen as the third province due to their commitment to the UNAIDS Fast Track Cities Initiative, and a virtual introductory meeting was held on March 19, 2021. The Siem Reap Provincial Health Director and Provincial AIDS Coordinator indicated their interest in TA to move the Fast Tract Cities project to the next level but suggested waiting until the COVID-19 situation improved. LHSS and UNAIDS were tasked with collecting data for a situation analysis, developing tools, and planning meetings and workshops for when the COVID-19 situation allows.
- **Problems encountered:** Community outbreak of COVID-19 limited face-to-face meetings and put extra demand on provincial governments, delaying implementation of this task.
- **Next steps:** Finalize all assessment reports, and hold consultative workshops in Phnom Penh, Siem Reap, Kompong, and T'baung Khmum.

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

- **Progress:** KIIs were held following the Battambang workshop. In addition, the Provincial District AIDS Committee for Battambang City was established with key population and PLHIV representatives; a plan for a fund mapping exercise was created; provincial plans and budget were developed that will engage communes, departments in the provinces, and the administration office; and training materials were prepared for commune planning and budgeting. LHSS, the National AIDS Authority, and UNAIDS met to finalize the draft Public Investment Program template for the planning and budgeting workshop scheduled for April 6-7, 2021, which will include the 2022 HIV budget in the Battambang Annual Operational Plan.
- **Problems encountered:** The first series of KIIs added a month to the process as the team learned more about the work processes involved. In other provinces, these interviews can be conducted during the same week as the consultative workshop to speed up the process.
- **Next Steps:** Preparation of materials for the Battambang planning and budgeting workshop is underway, although it is likely the workshop itself will be postponed. Similar workshops will be conducted in Phnom Penh and Siem Reap and other provinces as the situation allows.

The National AIDS Authority has improved capacity for data collection, data analysis and policy advocacy on sustainability and SCN #21

- **Progress:** LHSS joined the Joint Donor-Government TWG that reviewed 2019-20 progress and set joint monitoring indicator targets for 2021-23. These high-level targets reflect the national strategic plan and show the government's commitment to transition towards more domestic funding. Cambodia is off target for identifying PLHIV, emphasizing the need for resource mobilization at the community level. LHSS is working with the National AIDS Authority to develop the results framework to track SCN#213. The indicator matrix has been agreed, and discussions are ongoing about responsibilities of key stakeholders and targets.
- **Problems encountered:** None.

- Next Steps: Finalize the performance framework targets and responsibilities of key stakeholders; finalize capacity development plan to implement the performance framework.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The team developed a zero draft of the local partner transition and sustainability plan, including capacity development expectations, and measurable transition milestones towards sustainability outcomes.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

As the SCN#213 monitoring framework is finalized, LHSS will work with the National AIDS Authority to self-assess and prioritize capacity building needs. Some mentoring is occurring as the monitoring framework is developed, in areas such as broader M&E knowledge, defining indicators, and data collection. Other needed skills include data analysis and report writing.

GESI PROGRESS

LHSS provided feedback on the formation of District AIDS Committees in Battambang. The vice Chief of the Sala Kamreuk Sangkat (Commune) of Siem Reap made a presentation to the Battambang HIV consultation workshop on how communes can use their own funds through the District Committee for Women and Children to support PLHIV, their families, and key populations. Preliminary analysis from the hardship financing study shows that women-headed households are at higher risk for borrowing or selling land to pay for health care than male-headed households, after controlling for other covariates including net income.

PROGRESS ON PERFORMANCE INDICATORS

For Indicator 4- *Capacity of GS-NSPC to carry out M&E and research functions (score on a scale of 1-5)*, the team developed two draft maturity indices linked to the draft capacity-building plan. LHSS is advancing capacity-building activities described in the plan, aiming to support the M&E and research teams to reach level-two functionality. LHSS has surpassed the target for the number of research topics identified and pursued (Indicator 8), supporting the GS-NSPC to pursue three research studies. For some other indicators, COVID-19 restrictions have impeded progress, i.e., launching the system, training reporting units, and *in situ* assessments required to develop detailed plans for API connections. Reporting units will now be trained online in Q3.

LESSONS LEARNED AND BEST PRACTICES

1. Getting the right staff and consultants on board immediately helped the project move forward quickly. As COVID-19 limited contact shortly after work began, relationships built during initial face-to-face meetings made subsequent virtual meetings easier in a way that would have been difficult if the project were starting completely anew under in-person restrictions.
2. The GS-NSPC demonstrated increasing interest in the three research activities and willingness to take management action on recommendations when they are well-defined, demonstrably within their scope of work/purview, and did not represent any new or direct costs to the government during this period of fiscal uncertainty.
3. National AIDS Authority leadership demonstrated strong commitment to sub-national financing for HIV that has moved the project forward to meet its targets for identifying three provinces for further work. The process involved securing commitment from provincial governments by outlining their roles regarding SCN#213 in a consultative workshop and building on the assistance in strategic planning already conducted through the Fast-Track Cities Initiative. The team met with five provinces about their willingness to work with LHSS; all have expressed interest in continuing the process.

4. Working with “champions” to ensure commitment at the highest level is key; not overwhelming them helps assure continued progress.

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 Colombian health system to absorb Venezuelan migrants and Colombian returnees and increase its resiliency to respond to current and future shocks, including 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 and 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-building strategy.
- Report of MOH’s donation review process and recommended reforms.
- Feasibility report for essential health services for irregular/pendular migrants.
- Documentation of MOH partners’ PHC efforts.
- COVID-19 health systems strengthening brief.

Consortium Partners:

- 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

- **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 packages 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

- **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

COLOMBIA VRIO CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Migrant integration lessons policy brief.

- LHSS is finalizing the policy brief 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 is expected to be submitted in April 2-21.

Capacity-building strategy and assessment framework and tool.

- LHSS completed and submitted the capacity-building strategy and adapted organizational capacity-building assessment framework and tool for the Colombian context, which USAID approved. LHSS will begin the assessments in four territories starting in Q3.

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

- LHSS completed and submitted the final assessment report to USAID for approval.

Donation mobilization strategy.

- LHSS has shared an initial draft of the strategy with the MOH for feedback and plans to complete the strategy next quarter.

Information needs assessment and media projects.

- LHSS completed and submitted the information needs assessment data collection plan, which USAID approved, and has started data collection. The activity started working with local partners to develop TA plans for the media projects.

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

- LHSS completed a draft of the strategy and presented it to the MOH. LHSS will submit the strategy to USAID in Q3 after incorporating feedback from the MOH.

Feasibility report and implementation strategy for a list of essential health services for migrants.

- LHSS finalized and submitted the feasibility report on developing a list of essential health services for irregular and pendular migrants to the USAID mission in Colombia. In coordination with the MOH, LHSS has finalized the scope for the implementation strategy and has begun developing it.

Enrollment reports.

- LHSS began developing enrollment strategies for each prioritized department in consultation with the MOH and the departmental governments. LHSS is supporting municipalities with enrollment campaigns and hospitals with implementing enrollment guidelines for when migrants seek care.

Report on barriers to enrollment for migrants and Colombian returnees.

- LHSS conducted workshops with three community-based organizations reaching Venezuelan migrants to identify barriers and propose solutions. LHSS is also finalizing the methodology and data collection tool that will be used to document enrollment barriers as part of the report. The

retention strategy will be completed at the end of Y2 to complement the findings of the report.

Documentation of MOH partners' PHC efforts.

- LHSS finalized and submitted a report documenting efforts made by partners to implement and deliver PHC services to the USAID mission in Colombia.

Documentation of health and health care of migrants and receptor communities.

- LHSS completed a literature review on the health characteristics and needs of migrants and their interaction with the health system. The participatory assessments will begin in Q3.

TA plan for migrant health care quality.

- LHSS continued to co-create the TA plan with the MOH and territorial entities, including interviews with stakeholders from health institutions, secretariats, and insurance entities.

Virtual quality improvement courses.

- The three virtual courses began this quarter, with 33 providers completing IHI's open school courses and 50 PHC personnel and mid-level managers completing the quality improvement Practicum. The second cohorts will start in April 2021 and eight institutions have been selected for the intermediate quality improvement course.

Document with recommendations for health service provision coordination in care networks under the Comprehensive Territorial Care Model, MAITE.

- LHSS finalized a data collection protocol and began conducting a literature review, KIIs, and focus group discussions with national and territorial-level stakeholders. Data collection will be completed in Q3, along with the document on recommendations.

Draft report on factors contributing to stress and burnout among health care providers.

- LHSS completed data collection for the mixed-methods study. The data analysis and development of the report with key findings and results will be completed in Q3.

Performance management of COVID-19 human resources.

- LHSS finalized and submitted the manual for continuous personnel evaluation to the mission and will submit the report detailing the results of the performance evaluation of rapid response team (RRT) personnel conducted by the health secretariats in early April 2021.

Flexible fund for the COVID-19 response.

- LHSS completed its support of Colombia's COVID-19 hotline #192 Option 4 for mental health; donated 400 refrigerated transport kits to the government for use distributing COVID-19 vaccines; and handed over a server to increase MOH storage capacity for audio and visual communications material. The web designer hired by LHSS to support the MOH's COVID-19 communication strategy has continued reconfiguring the MOH COVID-19 website.

COVID-19 innovation supported.

- LHSS executed the grant to Netux to develop a mobile app for health secretariats and health providing institutions. The app will monitor vital data collected from I80 oximeters in facilities treating patients with suspected and confirmed cases of COVID-19 to identify symptoms early and prevent hospitalization. LHSS continued to support Netux by helping to develop their approach and overseeing progress. LHSS will report on the support at the end of FY21.

COVID-19 health systems strengthening brief.

- LHSS finalized and submitted the brief, *Making a Virtue out of a Necessity: Using Today's Response to COVID-19 in Colombia to Build a Health System More Resilient to Tomorrow's Shocks and Stressors*, which

USAID approved.

Support for the development and implementation of the Sustainable Selective Testing, Tracking and Isolation Strategy (PRASS) program.

- LHSS worked with the MOH to revise the scope of work and terms of reference for some RRTs to focus specifically on the PRASS program. LHSS coordinated with the MOH and health secretariats to hire additional personnel. The teams are supported by BHA and VRIO funds and have been deployed to health secretariats in Bogotá, Valle del Cauca, Norte de Santander, Guajira, Arauca, and San Andrés.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS continued to work with the technical leads to incorporate sustainability elements into each task and deliverable (e.g., capacity-building strategy and assessment of the MOH's donation review process).

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS completed the capacity-building strategy and started conducting the organizational capacity building assessments in some prioritized territories using the adapted framework and tool. This strategy will be used across the activity to inform capacity-building efforts in several interventions.

GESI PROGRESS

LHSS completed the GESI analysis and action plan, and the GESI team presented the findings and recommendations in the action plan to LHSS staff and partners. The analysis was translated into English and serves as an example for other LHSS work orders. The GESI advisor conducted three trainings for 41 staff to continue increasing the capacity of the LHSS team and implementing partners in the strategic GESI approach. The territorial enrollment consultants who are supporting Objective 2 and all staff who joined between December and March received training on GESI. LHSS has ensured that the GESI strategy has been presented to all subcontractors and grant recipients during kick-off meetings. In addition, in partnership with UN Women, four people from the territorial entities supported by LHSS will participate in an eight-week course on gender-based violence developed by the *Universidad del Norte*.

PROGRESS ON PERFORMANCE INDICATORS

The RRTs supported a total of 291 inpatient and 148 outpatient facilities and trained a total of 11,176 health professionals and 11,476 community members. LHSS completed the first milestone towards the development of a national health policy for migrants and developed and disseminated 11 communication products. LHSS supported five territorial entities with direct TA started supporting 10 institutions in quality improvement initiatives, as well as training 27 health care professionals in quality improvement.

LESSONS LEARNED AND BEST PRACTICES

The health sector in Colombia is evolving and the migrant situation is constantly changing. Therefore taking a collaborative and adaptive approach to managing this activity has been essential and an effective approach for producing results. LHSS has also learned the importance of involving Venezuelan community-based organizations to effectively disseminate information on health insurance and identify barriers to the enrollment process. Similarly, LHSS has learned the value of coordinating with local partners from the start to identify overlapping objectives and actions, which has helped move interventions along more efficiently.

PROBLEMS ENCOUNTERED

The MOH requested a change in scope for some interventions, which has delayed implementation, and the COVID-19 pandemic has continued to present challenges. The LHSS team is addressing these problems by

taking an adaptive approach and keeping communication channels with the MOH open so that the team can see needs as they arise and adjust accordingly, while furthering the objectives of the activity.

COMPLETED REPORTS AND DELIVERABLES

- Capacity-building strategy; approved.
- Capacity-building assessment framework and tool – pending approval from USAID Washington.
- Report of the MOH’s donation review process – pending approval from USAID Washington.
- Information needs assessment data collection plan – approved.
- Feasibility report of essential health services list – pending USAID Colombia’s approval.
- Documentation of MOH’s partners’ PHC efforts; pending USAID Colombia’s approval.
- Manual for the RRT’s continuous personnel evaluation – pending USAID Colombia’s approval.
- COVID-19 health systems strengthening brief – approved.

UPCOMING EVENTS

- Three quality improvement courses and virtual ceremony for health providers.
- Workshops with health system actors on the affiliation of regular migrants to the health system.
- Collaborative workshop with the MOH to review progress against the local partner sustainability and transition plan milestones.
- Three pause and reflect workshops to gather learnings on COVID-19 interventions.

SUCCESS STORIES

- Using the flexible fund for the COVID-19 response, LHSS donated 400 refrigerated transport kits to the national government for use in distributing COVID-19 vaccines.
- The municipality of Palmira in Valle del Cauca has seen an increase in the number of migrants enrolling to the health system following the LHSS-supported enrollment campaigns, with 310 residents enrolled following the workshop, of whom 70 were migrants.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Strengthen the capacity of selected territorial entities to effectively implement migrant health-related policies.
- Support increased migrant enrollment in the general social health insurance system.
- Improve the quality of PHC services using a community health approach.
- Support the development and implementation of the PRASS program.

5.4 COLOMBIA BHA

Status: Completing support of surge HRH for the COVID-19 response

Problem Statement: COVID-19 presents an urgent and significant challenge to the health system. 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 is strengthening 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 to future outbreaks.

Planned Deliverables:

- Surge personnel performance record and evaluation process manual.
- 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

BHA CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Performance management of COVID-19 human resources.

- LHSS finalized and submitted the manual for continuous personnel evaluation to USAID Colombia and will submit the report detailing the results of the performance evaluation of the RRT personnel conducted by the health secretariats in early April 2021.

MOH capacity assessment report for HRH rapid deployment and roadmap for future emergencies.

- LHSS finalized the agreement with the consultant who will lead the development of the report and roadmap. The due date for this deliverable has been changed to Q3.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS continued to work with the technical team to incorporate sustainability elements into each of the activity's tasks and deliverables.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS developed the capacity of local health care professionals who make up the RRTs deployed to each department, as well as members of the health secretariats' acute respiratory infection and COVID-19 programs. The RRTs have further strengthened the health secretariats' capacity to implement and evaluate the PRASS program. They have also conducted trainings on COVID-19 case management, acute respiratory infections, and hospital associated infections for 2,462 health care professionals, and on the PRASS program and COVID-19 prevention and control for 2,673 community members.

GESI PROGRESS

LHSS completed the GESI analysis and action plan and the GESI team presented the findings and recommendations to all LHSS staff and partners. Technical staff contributed to the development of the action plan to define how GESI would be incorporated into each intervention. The analysis was translated into English and serves as an example for other LHSS work orders.

PROGRESS ON PERFORMANCE INDICATORS

LHSS hired and deployed 70 out of the planned 72 professionals for RRTs, who supported 122 inpatient and 103 outpatient facilities, 8,400 health professionals, and 8,213 community members.

LESSONS LEARNED AND BEST PRACTICES

Through close and structured coordination with MOH and departmental and district health secretariats, LHSS successfully supported RRT deployment to strengthen HRH capacity in response to the COVID-19 pandemic. The three institutions continuously planned, communicated, and collaborated to recruit and hire the professionals, as well as to encourage knowledge sharing among all actors.

PROBLEMS ENCOUNTERED

LHSS was unable to hire a doctor and nurse for the Amazonas RRT due to challenges in identifying qualified candidates in the remote department, even after adapting the terms of reference. Additionally, it has taken LHSS longer than expected to execute the consultant contract to support development of the report and roadmap on deploying HRH, delaying submission of both deliverables.

COMPLETED REPORTS AND DELIVERABLES

The existing RRTs concluded their support to the health secretariats' COVID-19 response. LHSS submitted the manual for continuous personnel evaluation, which is pending USAID Colombia approval.

UPCOMING EVENTS

The RRTs will continue to conduct trainings on COVID-19 for health professionals and community members in the prioritized territories. LHSS will host three pause and reflect workshops to gather learnings about COVID-19 interventions.

SUCCESS STORIES

LHSS completed the initial deployment of RRTs in support of the local health secretariats' COVID-19 response. The RRTs trained 2,462 health professionals and 2,673 community members on COVID-19 and general respiratory infection prevention, PRASS, and care guidelines; supported 22 inpatient and 22

new outpatient facilities; monitored and tracked 73,193 suspected cases of COVID-19 in host communities and 13,248 cases among migrants; conducted 133 analyses on causes of death and mortality; and prepared 369 technical documents and analyses.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Complete deployment and continue RRT support to the prioritized territorial entities' health secretariats under the RRT 2.0 Plan.
- Institutionalize capacity improvements within health secretariats for prevention, detection, and response of future outbreaks.
- Continue collecting information for the development and submission of the report and roadmap on deploying HRH.

5.5 COLOMBIA COVID-19 CRITICAL CARE

Status: Developing implementation approach and protocols for TA.

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 (departmental) level where there is variation in resources and capacity. Although Colombia was able to purchase ventilators to improve its critical care capacity, global supply chain issues have increased costs and delayed deliveries. USAID donated 200 ventilators to Colombia in July 2020.

Purpose: LHSS is providing TA 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 and COVID-19 case management.

Planned Deliverables:

- COVID-19 clinical outcomes analysis and lessons learned.
- COVID-19 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.
- Documentation of virtual consultation process.
- List of questions and answers from virtual consultations.
- Report on software module to monitor COVID-19 patients post-discharge.

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

- **Objective 3: Increased service coverage of quality essential services**

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

COVID-19 CRITICAL CARE CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

National lessons learned on COVID-19 case management.

- LHSS finalized the contract with Colombia's National University Hospital to lead this activity. LHSS collaborated with the National University Hospital to finalize the assessment protocol for identifying the regions and hospitals with the best and worst outcomes for critical COVID-19 patients, as well as the research protocol for analyzing the factors that have contributed to deviations in outcomes and QOC indicators among the regions and hospitals identified in the assessment. This study will also determine the impact of continuing COVID-19 related morbidity after ICU discharge. The due date for the deliverable has been changed to Q3.

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

- LHSS worked with the National University Hospital to develop the implementation approach and timeline for the seminars. LHSS has guaranteed the participation of at least 18 health facilities where ventilators were distributed and will continue to coordinate with others.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS continued to adapt the local partner sustainability and transition plan – see VRIO report. The plan incorporates local partners from this and the BHA and VRIO activities.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS is implementing most of this activity through the National University Hospital, and working collaboratively to develop a plan, including a quality assurance role for Abt. We are building the capacity of this important local partner to fulfill its role in the health system, both in terms of the technical scope of the activity and in managing a private contract.

GESI PROGRESS

LHSS completed the GESI analysis and action plan and the GESI team presented the findings and recommendations to all LHSS staff and partners. The analysis was translated into English and serves as an example for other LHSS work orders. LHSS also presented the activity's GESI strategy to the National University Hospital so that GESI principles can be incorporated into their implementation plan.

PROGRESS ON PERFORMANCE INDICATORS

LHSS is in the initial stages of this activity. Reporting performance indicators will begin in Q3.

COMPLETED REPORTS AND DELIVERABLES

USAID approved the AMELP revisions on March 2, 2021.

UPCOMING EVENTS

LHSS is planning two national and five regional webinars on critical care in Q3.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Identify regions and hospitals with the best and worst outcomes for critical COVID-19 patients, including those who receive ventilator support.
- Identify and analyze the factors that contribute to deviations among regions and hospitals in

outcomes and QOC indicators of critical COVID-19 patients.

- Virtual seminars for the exchange of experiences on ICU COVID-19 case management, including hospitals that received USG-donated ventilators.
- Real-time TA for clinical management of COVID-19 patients with regional and national experts.
- Strengthen the capacity of HRH in telemedicine and home care for critical COVID-19 patients.

5.6 DOMINICAN REPUBLIC

Status: Completed revision of the National HIV Policy Norm to incorporate HIV community and mobile services. The MOH approved and formally adopted the Policy Norm. LHSS revised its HIV and COVID-19 Activity work plans to incorporate modifications requested by USAID.

Problem Statement: Systemic challenges persist around the need to standardize HIV services across providers and ensure clinical care and outreach is culturally and linguistically responsive to Focus Clients (FC).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 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 TA to the MOH to strengthen the government's supply chain management system for HIV commodities and support expansion of optimized ARV regimens and community ARV distribution. LHSS will help revise or develop national policies, guidelines, and SOPs, supporting the MOH and the Directorate for the Control of STI and HIV/AIDS (DIGECITTS) to implement newly adopted national policy changes for the provision of community-level HIV services for FCs.

Interventions:

- Update national guidelines and SOPs for service delivery via mobile modality.
- Standardize in-service training for the HIV workforce.
- Strengthen the government'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:

- SOPs on HIV service delivery for community services.
- Revised training curricula.
- Training conducted for providers on new guidelines and SOPs.
- Facilities assessment report.
- Quantification report for HIV commodities for 2022.
- List of consumables to be acquired for Zika entomological monitoring.

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

- **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

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.

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 organizations to effectively plan and oversee health system functions.

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Revised guidelines, SOPs, and M&E tools

- **Progress:** LHSS updated the HIV Policy Norm for the Prevention and Care of Sexually Transmitted Infections, HIV, and Hepatitis in the DR. DIGECITTS approved the final draft and started formal dissemination on February 25, 2021. LHSS and USAID agreed on the technical areas that will be covered in SOPs to standardize service provision across SAIs and improve QOC. LHSS held a competitive open procurement to select consultants to develop the SOPs.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

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

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

The country team developed an initial local partner sustainability and transition plan with milestones for enhancing the capacity of local stakeholders, including National Health Service (SNS), DIGECITSS, and MOH. LHSS strategies to build local capacity include strengthening the QOC for HIV by training health directorates and the SNS on supply chain management. Additionally, in coordination with the MOH, LHSS will update the training curricula and train supervisors and front-line health staff on the new SOPs.

GESI PROGRESS

LHSS supported the DR Government to update the national policy framework for HIV. While the proposed changes aim to improve access to and quality of HIV services for the general population, community services were also included to improve enrolment of key populations including FCs, men who have sex with men, and female sex workers.

WASTE, CLIMATE RISK MANAGEMENT

LHSS 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 initial environmental examination (GH-17-064).

PROGRESS ON PERFORMANCE INDICATORS

LHSS supported DIGECITSS to update the primary national regulation for HIV care (*Norma para la Prevención y Atención de Infecciones de la Transmisión Sexual, del Virus de Inmunodeficiencia Humana y Hepatitis en la República Dominicana*) to include HIV care through community and mobile modalities. The normative has been approved and is being disseminated nationwide for implementation. In Q3, LHSS will develop new SOPs. Given the workplan revisions, indicators will also be revised.

LESSONS LEARNED AND BEST PRACTICES

- Accurately identifying local stakeholders to support project activities early-on and clearly defining their role is key to advancing project activities. LHSS developed a map linking stakeholders to interventions of interest based on their expertise, making it easier to kick off activities and follow up implementation and or development of activities.
- Maintaining active engagement with local government partners by sharing findings and discussing progress on activities is crucial to increase local ownership. Through this, LHSS also empowers national stakeholders through joint activities, and reassures partners that working collaboratively leads to increased local capacity and sustainability.
- Ensuring the achievements of project goals are aligned with the evolving needs and agenda of the national health care system.

COMPLETED REPORTS AND DELIVERABLES

- Contingent approval of amended work plan (March 29, 2021).
- Revised guidelines in coordination with DIGECITSS.

UPCOMING EVENTS

LHSS will hold workshops with key stakeholders to discuss the findings of an internal desk review and build consensus on the need for SOPs on prioritized topics related to HIV care and treatment.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Recruit local consultants to develop SOPs for the new policy framework adopted by government.
- Organize key stakeholder workshops to review findings and build consensus on recommendations and procedures for new SOPs.
- Update national in-service training curricula focused on new regulations.
- Assess facility supply chain management systems to identify performance and needs and inform the development of a training course for the staff, in coordination with the MOH.
- Train and monitor supply chain performance in PEPFAR prioritized facilities.
- Initiate engagement to support the national quantification and programming report of HIV products for 2022.
- Initiate development of prescription/dispensing module of ARV on the clinical information systems used for HIV clinical follow up (FAAPS) and the HIV procurement and supply report system.
- Identify laboratory equipment needs to strengthen entomological surveillance nationwide and initiate procurement of equipment to improve identification and monitoring of Zika virus transmission.

5.7 DOMINICAN REPUBLIC COVID-19 RESPONSE

Status: Conducted assessments in 10 hospitals and continued training in priority hospitals on critical care for COVID-19, pediatric critical case management, and nursing support. Received additional funds to extend the scope of work, including TA to strengthen the use of quality data for decision-making and the design of a training curricula on critical COVID-19 care. Revised the work plan accordingly.

Problem Statement: Medical care across the DR has been severely strained by COVID-19, with hospitals close to full capacity and struggling to manage the number of cases. On July 6, 2020, the Dominican Society of Critical Medicine and Intensive Care issued a formal alert requesting the MOH and relevant committees to respond to the increase in affected patients, noting the need to secure more ICU beds, ventilators, and health personnel able to provide surge support. In addition, there was a lack of protocols and guidelines for hospital and ICU-based management of the influx of patients infected with COVID-19.

Purpose: The U.S. government donated 50 ventilators to the DR government for distribution to 13 hospitals. The need to ensure the rapid and effective use of donated equipment was of paramount importance, including improving staff performance and skills in the use of ventilators and management of critical cases.

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

Consortium Partners:

- Abt Associates Inc.

Contribution to Task Order Objectives

- **Objective 2: Increased population coverage**

SO 2.1.1: Improved availability of services and commodities.

- **Objective 3: Increased service coverage of quality essential services**

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

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

- **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.

In February 2021, LHSS received a notice of extension of activities from USAID. LHSS submitted a revised work plan including new activities on management staff training and support to strengthen health information systems for decision-making on March 19, 2021, which is under review by USAID.

COVID-19 RESPONSE ACTIVITY- CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Draft clinical guidelines and recommendations for critical care protocols.

- **Progress:** LHSS developed four recommendations guidelines on critical case management, which are being validated by the MOH.

Package of supplemental materials to support the manufacturer's general information and manuals:

- **Progress:** LHSS developed an instruction guide on mechanic ventilators including audio visual materials on how to install, maintain, and use mechanic ventilators properly.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

Guidelines will be available for use in hospitals across the country as soon as they are validated by the SNS. This will support SNS efforts to improve care and treatment for COVID-19 critical cases. With the dissemination of memory sticks with all training materials developed by the project, medical staff will have a critical source of information that can be further used and disseminated among ICU teams.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS is strengthening government capacity to respond to COVID-19 critical cases by delivering in-person trainings in priority hospitals designated by the SNS. LHSS has also developed guidelines on pediatric care and provided trainings on respiratory and nursing therapy care to all 23 hospitals prioritized by the program.

GESI PROGRESS

The LHSS team monitored GESI considerations in the training of health workers. Of the 941 health workers trained, 766 (81%) were female. Although the majority of the health workforce is female and therefore this may be proportional, the LHSS team will seek to have gender balance in future trainings, working with facility directors to select male participants and ensure additional responsibilities or COVID-19 risks are not unduly placed on female health workers.

PROGRESS ON PERFORMANCE INDICATORS

The team made progress on all indicators. In early January 2021, all indicators were adjusted according to the updated global COVID-19 indicators package provided by USAID. The status is as follows:

- An additional case management guideline was developed on critical care for pediatric patients, bringing the total to four case management guidelines.
- Seven hundred and one health workers were trained on case management for critical care on COVID-19 patients, reaching a total of 941 trained and exceeding the annual target by 224%.
- Seven hundred and one health workers were trained in IPC and/or WASH bringing the total to 941 workers.
- Twenty-three facilities received case management training. Ten additional hospitals were added to the program, and the initial 13 prioritized hospitals also received training on case management.
- USAID has provided support for IPC and/or WASH for 23 hospitals nationwide.
- Pre- and post-training evaluations were used to assess the knowledge of 240 health workers.
- Fifty ventilators were shipped to the DR and 100% of those were received by the SNS and distributed to 13 facilities selected by the SNS.

LESSONS LEARNED AND BEST PRACTICES

Developing and maintaining active engagement of national counterparts is key to ensure activities are carried out fully and to promote sustainability. Hospitals where there was active engagement had higher participation on trainings and provided feedback on training content and educational materials. Many changes have happened within the government structure and the national health system over the past quarter, and it has been critical to keep channels of communication open, build consensus on interventions, co-develop steps on how to proceed, and receive feedback to sustain collaboration and ensure alignment with the national COVID-19 agenda.

PROBLEMS ENCOUNTERED

Due to political and structural changes in the health system as a result of a new cabinet, and measures to improve performance, it has been difficult to start some activities, particularly validation of materials. The country team has followed up with national counterparts about the approach, as well to identify additional SNS and MOH staff that could serve as a point of contact and channel for support. Also, the team is flexible to accommodate the lack of time or space for counterparts to review activities and deliverables or discuss opportunities.

COMPLETED REPORTS AND DELIVERABLES

- Draft of clinical guidelines and recommendations for critical care protocols
- Package of materials to supplement the manufacturer's operations information and manuals.
- Training plans.
- Final report on activities including training reports.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Validate training materials with key counterparts.
- Deliver additional training based on work plan addendum (once work plan is approved).
- Develop information dashboard to support decision-making by managers in response to COVID-19 pandemic (pending approval of revised work plan).

5.8 JORDAN COVID-19

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

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 RRTs to investigate COVID-19 cases, equipping laboratories for COVID-19 surged response, improving case management capabilities in facilities, and ensuring effective access to services.

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 and 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 providers.
- Develop/implement hospital preparedness plans in public/private sector.
- Strengthen quality of services in COVID-19 ICUs.
- Develop performance indicators for hospital-focused decision-making.
- Develop a legal framework for private sector scheme coverage of telemedicine services.

Planned Deliverables:

- Functional MOH call center established and capacity increased.
- 80 lab technicians trained.
- Grantee and Health Communications and Awareness Directorate communication plans developed.
- ICU training assessments.
- Key performance indicators developed.
- Legal framework for telemedicine.

Consortium Partners:

- Abt Associates, R4D

Contribution to Task Order Objectives

- **Objective 2: Increased population coverage**

SO 2.1.3: Strengthened engagement with private providers.

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 3.1.1: Improved institutionalization of CQI at all levels.

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

- **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.

JORDAN COVID-19 CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Functional MOH call center established and capacity increased.

- **Progress:** Jordan Nurses and Midwives Council and the MOH distributed call center equipment (200 tablets and 208 mobile phones with internet coverage). Tele-counseling calls are underway, with nurses able to make 3,000-4,000 calls per day; 34,197 tele-counseling calls were made in Q2 to confirmed cases.
- **Problems encountered:** Jordan experienced a sudden increase in COVID-19 caseload, requiring nurses to increase the number of calls made per day. LHSS explored options with the MOH to ensure regular calls on day one, five, and ten can continue, and the MOH has recommended LHSS hires at least 200 additional tele-counseling staff.
- **Tasks to be undertaken during the following quarter:** Upon approval of the revised work plan, work with JNMC to issue a costed extension to hire 200 more nurses and eight supervisors and equip them with capacity and tools to carry out call center activities.

Three hundred and fifty providers trained in RAT.

- **Progress:** LHSS Jordan developed a one-day program with the MOH that includes both theoretical and practical training. By the end of February 2021, the team completed 23 RAT training sessions targeting 231 providers from 11 governorates, including two lab technicians, one nurse, and one emergency doctor from each participating public sector hospital.
- **Tasks to be undertaken during the following quarter:** Support the MOH by designing and printing RAT protocols to ensure that all trained providers have access to them at their facility; and conduct additional RAT training targeting 125 providers working at private hospitals with the Private Hospitals Association as a coordinating partner.

Trainings conducted and published in key competencies.

- **Progress:** LHSS with the MOH developed a field hospital training plan targeting 400 critical care nurses, physicians, residents, respiratory therapists, and technicians, and including courses on critical care, respiratory therapy, mechanical ventilation, and leadership/communication in four MOH field hospitals. LHSS executed four critical care courses, targeting 74 providers.
- **Problems encountered:** It was difficult to find a consultant to conduct the pediatric webinar for COVID-19, given that COVID-19 field experience has been limited with regards to children.
- **Tasks to be undertaken during the following quarter:** Record the third webinar on case management for severe COVID-19 cases; start antigen testing training for private providers with the Private Hospitals Associations; continue field hospital training for 400 providers.

COVID-19 response database developed.

- **Progress:** LHSS handed the COVID-19 response database to MOH through an official letter and technical meetings with the Human Resources Directorate and Electronic Transformation and Information Technology Directorate. LHSS conducted comprehensive training courses for staff of the directorate to manage the COVID-19 response database and to provide technical support to database users within the MOH.
- **Problems encountered:** Technical was delayed as the directorate was extremely busy providing IT support to both the surveillance and vaccine reporting databases.

- **Tasks to be undertaken during the following quarter:** Activity complete.

Support to 36 plans, with at least five capacity-building workshops with participants from 36 hospitals.

- **Progress:** LHSS worked with the Private Hospitals Association to complete hospital readiness assessments for 20 private hospitals. After finalizing all assessments, LHSS coordinated a consultative workshop to share the results with all participating hospitals.
- **Problems encountered:** Two hospitals withdrew from assessment; alternatives were chosen.
- **Tasks to be undertaken during the following quarter:** Continue to work with the four targeted hospitals to improve readiness for COVID-19 patients; develop a self-assessment tool to be used by the 20 assessed hospitals to monitor their COVID-19 readiness on a regular basis.

Assessment and training workshops for ICUs.

- **Progress:** LHSS engaged an international ICU nursing specialist as consultants to support a rapid ICU assessment for the four MOH field hospitals. The team assessed ICU in the four MOH field hospitals and shared their preliminary findings with USAID and LHSS.
- **Problems encountered:** None.
- **Tasks to be undertaken during the following quarter:** Use the findings to support the four hospitals by mentoring ICU staff and make recommendations to address identified gaps.

Key performance indicators developed.

- **Progress:** Avenir reviewed the MOH national dashboard structure and data elements on hospitals interfacing with COVID-19 patients and provided recommendations on how to develop indicators for the MOH to better use data for decision-making. After consultation meetings with the MOH, Avenir presented a list of indicator recommendations for the MOH.
- **Problems encountered:** To address the challenge of multiple databases, LHSS proposed developing a dashboard that pulls from each database and summarizes it for easy consumption by decision-makers within the MOH.
- **Tasks to be undertaken during the next quarter:** The MOH has expressed some reservations to prioritizing this activity due to the pandemic. LHSS, USAID, and the MOH will discuss further the parameters for this activity.

Telemedicine legislation drafted and submitted to MOH.

- **Progress:** LHSS shared the full legal analysis report and outlined a letter to MOH on telemedicine findings and suggested next advocacy steps.
- **Problems encountered:** LHSS did not receive official confirmation on receiving the legal analysis report and policy brief from MOH due to urgent COVID-19 activities.
- **Tasks to be undertaken during the next quarter:** Continue to communicate with MOH and meet with the MOH Legal Department to review the telemedicine report status, provide an update on the dissemination webinar, and discuss questions and discussions that took place.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS finalized an MOU with the MOH to engage nurses in a newly developed call center. In partnership with the King Hussein Cancer Foundation, LHSS supported the MOH to assess the capacity of 34 private and public sector laboratories to understand strengths and gaps in testing capacity for diagnostic scale-up. LHSS transferred the training platform to the MOH Electronic Transformation and Information Technology Directorate, conducted knowledge transfer sessions, and provided documentation to build MOH capacity to manage and generate online training courses. The telemedicine legal framework and recommendations will allow the MOH to make regulatory changes that will expand the provision of telemedicine services and ultimately expand access to health care for all Jordanians.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS designed most COVID-19 response activities to be locally led and implemented, resulting in improvements that are self-financed. LHSS's activities align with the government's COVID-19 preparedness and response plan and MOH priorities. LHSS is supporting the MOH and other public and private stakeholders to use the findings from laboratory and private hospital assessments to prioritize and self-finance improvements. The MOH is co-financing a call center with LHSS to expand contact tracing and offer home-based care advice; MOH has agreed to take on the full operational and technical costs of the call center in the coming FY.

GESI PROGRESS

LHSS examined a number of gender and social norms that have negatively impacted the ability of both female and male health care providers to perform their duties during the pandemic. LHSS conducted a rapid assessment to identify gender-related issues faced by frontline providers and completed the first draft of the assessment. LHSS will share findings with MOH in Q3 to determine further actions.

PROGRESS ON PERFORMANCE INDICATORS

LHSS trained 2,012 health workers in COVID-19 case management (206% of target). The M&E team developed data access, quality, reporting, and monitoring tools to support efficient and timely results-based performance management (e.g., an M&E indicator tracker and training evaluation forms).

LESSONS LEARNED AND BEST PRACTICES

- Training PCR staff at the governorate level contributed to decentralization of PCR testing in Jordan thus enhancing quality and access.
- A new public private partnership between the JNMC and the MOH to provide tele-counseling services proved effective in supporting government efforts to combat the COVID-19 pandemic.
- Developing recorded webinars accredited by the MOH contributes to sustainable CPD programs.

PROBLEMS ENCOUNTERED

Assessing the national testing capacity and quality of COVID-19 testing required two separate assessments. Using key performance indicators requires the MOH to be driven by a robust monitoring and evaluation framework.

COMPLETED REPORTS AND DELIVERABLES

- LHSS call center reports.
- COVID-19 response database uploaded.
- Five recorded webinars uploaded.
- Hospital readiness report compiled.
- Telemedicine legal analysis report.
- Antigen training conducted for 231 providers.

SUCCESS STORIES

LHSS will develop the following success stories in Q3: 1) training of providers from MOH on PCR; and on-site training for field hospital staff.

5.9 JORDAN CPD

Status: CPD activities restarted in FY21, Q2.

Problem Statement: In April 2018, the Jordanian government enacted a conditions precedent to mandate relicensing of providers across all health professions. This bylaw requires all providers to complete a minimum number of CPD hours every five years to renew their license. By 2023, an estimated 169,000 health care providers representing 53 professions must complete CPD for license renewal.

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

Interventions:

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

Planned Deliverables:

- Licensing Professions and Health Institutions Directorate database updated
- Consultative meetings for health associations/syndicates to review different options to solve issue of unpaid dues and revoked licenses.
- “As is” and “to be” documents developed.
- PSE strategy.

Contribution to Task Order Objectives

- **Objective 2: Increased population coverage**

SO 2.1.3 Strengthened engagement with private providers

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 3.1.1: Improved institutionalization of CQI at all levels

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

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

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

In January 2021, USAID approved activities and the team quickly began working with the MOH to resume CPD work while simultaneously addressing the ongoing pandemic.

JORDAN CPD CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Licensing Professions and Health Institutions Directorate database updated.

- **Progress:** LHSS developed a scope of work for a firm to assist in updating the database through a phased approach, with the first phase including data profiling to remove duplicates, death records, and non-active providers from the system. LHSS published an RFP to recruit a data cleaning subcontractor and will review proposals and select a firm by Q3.
- **Problems encountered:** None.
- **Tasks to be undertaken during the following quarter:** Baseline assessment to help stakeholders to understand the current data cleaning environment. Data cleaning subcontractor to build and run the tools to verify if provider's data stored on the database is accurate. The Health councils (HC) will assign two focal points to help during the data cleaning process.

“As is” and “To be” documents developed.

- **Progress:** LHSS hired a senior business analyst consultant to develop the As-Is and To-Be documentation. LHSS and the consultant conducted formative interviews on the situation with the MOH, the three HCs, and syndicates to assess updates on CPD standards and progress.
- **Problems encountered:** None.
- **Tasks to be undertaken during the following quarter:** Develop documentation.

PSE strategy.

- **Progress:** LHSS drafted a scope of work for a consultant to conduct KIIs with stakeholders from the National CPD Committee, national Health Care Professionals (HCP), USAID implementing partners, and private providers. The consultant will identify opportunities and incentives for increasing PSE to augment the number of CPD providers and activities; and review USAID's CPD mapping and private sector analysis to identify private sector providers with capabilities in CPD instruction.
- **Problems encountered:** None.
- **Tasks to be undertaken during the following quarter:** The consultant will conduct the KIIs and desk research and develop the PSE strategy working closely with LHSS.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS is strengthening MOH capacity to institutionalize CPD through working with USAID and the MOH directorates to expand their work plans and activate the CPD bylaw in Jordan. In FY21, LHSS began working with the MOH, HCs, and syndicates to design As-Is and To-Be documentation, providing the map for how to develop a robust e-system for CPD for Jordan that serves providers.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS will update the local capacity and transition plan with CPD objectives and milestones. Consultation with key counterparts ensures their inputs are included in the As-Is and To-Be documentation. The private sector mapping and development of a PSE strategy seeks to ensure private participation in CPD.

GESI PROGRESS

GESI will be considered in the As-Is and To-Be documentation as well as the PSE strategy.

PROGRESS ON PERFORMANCE INDICATORS

LHSS updated and submitted the MEL plan with one new indicator to reflect the revised FY21 work plan: # 10: Licensing Professions and Health Institutions Directorate data is cleaned, and the master list submitted to the MOH. This is an annual indicator and LHSS will report on it by the end of FY21.

UPCOMING EVENTS

- Private sector mapping consultative workshops.
- Consultative workshops on As Is and To Be documents.
- Data cleaning scope initiated.
- Consultative meetings for health associations/syndicates to review different options to solve issue of unpaid dues and revoked licenses.

5.10 LAC REGIONAL

Status: Landscape analysis, partner engagement plan, and regional partner mapping submitted for USAID approval.

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 SHP 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 SHP for women in high-migration settings.

Interventions:

- Conduct landscape analysis of SHP and migration.
- Strengthen the capacity of a destination country to adapt, implement, and sustainably finance SHP for women migrants.
- Strengthen the capacity of an origin country to adapt, implement, and sustainably finance SHP 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 SHP platform.
- Report on improved SHP.
- Report on financing recommendations.
- Desk review and regional stakeholder engagement report.

Consortium Partners:

- Abt, Banyan Global

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 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.

LAC REGIONAL CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Landscape analysis report.

- **Progress:** LHSS revised the literature review and incorporated findings from stakeholder interviews to develop the landscape analysis report. In consultation with USAID, the team reached out to priority partners to request interviews and was able to schedule and conduct six interviews.

Mapping and action plan for engaging key regional partners.

- **Progress:** The team revised the mapping of multilateral agencies working in migration and SHP in the LAC region to incorporate information from KIIs. A partner engagement plan has been developed and submitted to USAID.

Country assessment report.

- **Progress:** In-country assessment is being conducted in the DR by local subcontractor, Two Oceans. Secondary data collection has been conducted and primary data collection through interviews and focus groups will begin soon, following IRB approval in the DR.
- **Problems encountered:** LHSS experienced delays in contracting a local partner in the DR due to the holiday period and the need to extend the period for posting the solicitation request.
- **Tasks to be undertaken during the following quarter:** The rapid country assessment will include stakeholder interviews, focus groups, and a national consultation workshop.

Roadmap for SHP.

- **Progress:** In-country assessment is underway in the DR by Two Oceans.
- **Problems encountered:** LHSS experienced delays in contracting a local partner.
- **Tasks to be undertaken during the following quarter:** Develop the roadmap based on information from the rapid country assessment. Establish a steering committee and implement a national consultation to achieve consensus on the roadmap.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The LHSS LAC technical lead developed a zero draft local partner sustainability and transition plan. Once local partners are identified, this will guide discussion on capacity development for local partners.

GESI PROGRESS

LHSS completed a GESI review of the landscape analysis and revealed considerations for female migrants and other intersectional forms of identity. The GESI findings resulted in recommendations to inclusively improve access and financial protection for health services for women migrants.

PROBLEMS ENCOUNTERED

Deliverables were delayed because of challenges in recruiting and engaging a local sub-contractor in the DR, and in scheduling KIIs because of delayed responses from partner agencies.

COMPLETED REPORTS AND DELIVERABLES

- Landscape analysis report.
- Stakeholder mapping.
- Partner engagement plan.

UPCOMING EVENTS

- Blog post on findings from the landscape analysis report.
- Webinar on the situation of women migrants in LAC.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Conduct a rapid country assessment in the DR to understand the context for expanding SHP to migrant women.
- Develop a roadmap based on information gathered during the rapid country assessment.
- Establish steering committee and implement national consultation to achieve consensus on roadmap.

5.11 PERU

Status: Work plan approved on March 14, 2021. Operational and administrative start-up initiated.

Problem Statement: By 2020, Peru had received approximately 1.1 million Venezuelan migrants, including 490,000 asylum seekers, the highest number of asylum claims from Venezuelans in any country.⁴ The influx of Venezuelan migrants living with HIV has strained the Peruvian health system and the national HIV response for both Peruvians and Venezuelans. The MOH and partner agencies reported an observed increase in drug resistance and in AIDS-related deaths among Venezuelan migrants attributable to delays in accessing ART and hospital care. These delays result from barriers that affect the general population of PLHIV in the country, such as out-of-pocket expenses, and barriers that particularly affect migrants (e.g., inability to enroll in health insurance).

Purpose: LHSS will support the Peruvian government to address the additional HIV-related health system demands from the influx of Venezuelan migrants. The objective is to ensure adequate, reliable, and sustainable provision of testing, prevention, treatment, and care services for those living with HIV.

Interventions:

- Conduct a system assessment to identify constraints to HIV service delivery for Venezuelan migrants.
- Strengthen MOH capacity to provide comprehensive HIV services to migrants.
- Build MOH capacity for forecasting HIV services, medicines, and commodities to meet the needs of Venezuelan migrants.
- Conduct a landscape analysis of global and regional experience with migrant tracking cross-border enrollment systems.

Planned Deliverables:

- Health system assessment report.
- Capacity development plan for MOH.
- Report on the feasibility of establishing a national migrant observatory.
- Population size estimation report.
- Quantification of HIV services and inputs required for Venezuelan migrant population.
- Forecasting tool to quantify health services, supplies, and inputs.
- Report on forecast accuracy tracking systems available within MOH.
- Landscape analysis report.
- Draft plan to design and implement cross-border tracking system.

Consortium Partners:

- McKinsey, TRG

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 2.2 Public and private services are responsive to population needs

⁴ UNHCR, 2020.

- **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

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

PROJECT START-UP

WORK PLAN PACKAGE

LHSS submitted the work plan to USAID on February 2, 2021 and received approval on March 14. The work plan is for 12 months (March 2021 to March 2022) and includes three objectives: 1) assess health system capacity to meet migrants' needs for HIV services; 2) strengthen MOH capacity to ensure availability of HIV medicines and commodities for the Venezuelan migrant population; and 3) support planning for cross-border continuity of HIV care for migrants. LHSS has initiated start-up, including interviewing candidates for the in-country technical lead and the F&A Manager. The team is finalizing registration, subcontracting partner McKinsey, and opening a local bank account to handle project-related finances. LHSS Peru will start implementation of all interventions in Q3.

STRATEGIES AND PLANS

Monitoring, Evaluation, and Learning Plan:

LHSS Peru submitted the draft AMELP on February 02, 2021 and received feedback from USAID on March 19. LHSS will submit a revised AMELP during the first week of Q3.

Gender Equality and Social Inclusion Strategy:

In line with the LHSS GESI Strategy, the LHSS Peru Activity will integrate GESI into the analysis, design, implementation, and MEL of interventions; promote meaningful participation by women and other socially excluded groups; and not exacerbate the problems and barriers faced by women, underserved, and socially excluded groups in accessing and using quality health services.

Local Capacity and Transition Strategy:

Following the LHSS core strategy to strengthen health systems by scaling-up local capacity and transitioning health system functions to local, country-based organizations, LHSS Peru will develop a local capacity and transition plan to identify types of capacity building support needed to enable local partners to meet their objectives and establish milestones to sustainably transition capacity.

MANAGEMENT AND STAFFING

LHSS focused on administrative and operational start-up. This includes initiating recruitment for local staff, procurement of equipment, finalizing subcontract agreements, and opening a bank account.

PERU CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

LHSS has commenced the developing a terms of reference and roadmap for conducting the HSA and establishing the HSA team.

GESI PROGRESS

LHSS reviewed the work plan for GESI considerations and incorporated them into the first version.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Conclude development of terms of reference and roadmap for conducting the HSA, and establish the HSA team
- Conduct a desk review of existing policies and secondary data sources to describe the current state of HIV services within Peru's health system and baseline capacity assessment of the Prevention and Control Program for HIV/AIDS and Sexually Transmitted Diseases and Hepatitis and the Migrant Unit of the MOH.
- Estimate the HIV population among Venezuelan migrants in Peru.
- Conduct a landscape analysis of existing health information system policies, regulations, and practices within regional and sub-regional intergovernmental organizations and countries.

5.12 TIMOR-LESTE

Status: Hired 10 staff, secured an office and equipment, engaged key stakeholders, drafted frameworks for Objective 1 assessments, and began an SBC literature review.

Problem Statement: The Government of Timor-Leste faces multiple challenges that restrict its ability to govern, finance, and deliver quality, affordable, and essential health services effectively, transparently, and sustainably. The LHSS Health System Sustainability Activity'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 that can adapt when necessary (e.g., during crisis and non-crisis contexts).

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

Interventions:

- Strengthen health sector governance.
- Strengthen health sector workforce management.
- Improve healthy behaviors.
- Improve civic engagement and advocacy for HSS.

Planned Deliverables:

Strengthen health sector governance.

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

Strengthen health sector workforce management.

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

Improve healthy behaviors.

- 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.

Improve civic engagement and advocacy for HSS.

- Report on recommendations for mechanisms that 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.

Consortium Partners:

- Abt Associates, TRG, Health Information Systems Program, Save the Children

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

- **Objective 2: Increased population coverage**

SO 2.2: Public and private services responsive to population needs

- **Objective 3: Increased service coverage of quality essential services**

SO 3.2: Essential services packages are well-defined and responsive to the needs of all

- **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

DELIVERABLES

Capacity development action plan, PEA, and data analysis capacity assessment

- **Progress:** LHSS began developing terms of references for the three baseline assessments (governance capacity assessment, PEA, and data analysis capacity assessment). These baselines and the health financing landscape analysis (see below) will inform the capacity development action plan. LHSS is coordinating the baseline assessments to minimize government requests.
- **Problems encountered:** COVID-19 restrictions on in-person meetings limited data collection.
- **Tasks to be undertaken during the following quarter:** Engage the government to define the level of collaboration in Q3 and begin data collection either in-person or remotely depending on COVID-19 restrictions. Solicit government buy-in for the action plan.

Landscape analysis of health financing in Timor-Leste.

- **Progress:** LHSS drafted a terms of reference document which details the approach, scope, and timeline for the analysis.
- **Problems encountered:** COVID-19 restrictions on in-person meetings limited data collection.
- **Tasks to be undertaken during the following quarter:** Begin engaging the government to define the level of collaboration in Q3 and begin data collection either in-person or remotely depending on COVID-19 restrictions.

Evaluation of rural incentive schemes and other options to bolster the rural health workforce.

- **Progress:** LHSS met with stakeholders including the National Institute of Health, Civil Service Commission, WHO, and Partnership for Human Development to coordinate work. The team drafted a desktop review of existing laws and policies on remuneration and rural incentive schemes.

- **Problems encountered:** In-person meetings to collect data and information were cancelled due to COVID-19 restrictions, so hardcopy-only information has not yet been included and will be once the activity meets with the stakeholders
- **Tasks to be undertaken during the following quarter:** Continue coordination with Partnership for Human Development; undertake data collection and analysis.

Strategies developed for increasing user awareness and uptake of priority health products and services at the municipality level.

- **Progress:** The team began engaging CSOs including Alola Foundation, Sharis Haburas Comunidade, and Fongtil. The team also met with the NGO Advocacy for Good Governance Activity to learn from their lessons and successes.
- **Problems encountered:** COVID-19 restrictions may restrict participatory processes, and Activity is currently holding virtual meetings individually and in small group calls
- **Tasks to be undertaken during the following quarter:** Participatory processes will begin in Q3 if COVID-19 restrictions allow. If not possible, LHSS will identify alternative strategies.

Summary review of Timor-Leste qualitative and quantitative research on priority behaviors.

- **Progress:** The team is conducting its desk review of publicly available sources.
- **Problems encountered:** N/A
- **Tasks to be undertaken during the following quarter:** Complete desk review; supplement with additional information from the MOH if possible, without delaying the product.

Recommendations report on increasing CSO and community health worker awareness of services.

- **Progress:** LHSS began identifying potential CSOs and forums working in health and advocacy that could participate in a consultation process. This process will develop recommendations for mechanisms that increase CSO and community health worker awareness of services.
- **Problems encountered:** The COVID-19 lockdown in Dili restricts travel and meetings that may be necessary for stakeholder engagement.
- **Tasks to be undertaken during the following quarter:** Reach out to CSOs and community health workers virtually to engage them in the recommendation development process.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The baseline assessments will lay the groundwork for measuring progress towards sustainability.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS will develop a zero-draft of a local partner sustainability and transition plan in Q3 to inform collaboration with local partners and USAID on a vision for transitioning sustainable capacity in the health system. The “transition” component of the plan will consider a strategy to prepare Timor-Leste to gradually assume increasing responsibility for funding the health system, with decreasing external donor funding. Baseline information will be linked to this plan and will guide the next year’s work plan.

GESI PROGRESS

The activity began planning its GESI strategy, analysis, and action plan. The team is recruiting a GESI specialist in Timor-Leste to lead the analysis. While the GESI analysis is a separate assessment, it will be coordinated with the other assessments, particularly the governance capacity assessment.

PROGRESS ON PERFORMANCE INDICATORS

USAID provided comments on the draft performance indicators. The team incorporated USAID's feedback and updated the indicators. While the project made progress toward deliverables (as outlined above), this progress has not yet resulted in changes to indicators.

LESSONS LEARNED AND BEST PRACTICES

Relationship building, clear communication about the activity's focus on health system sustainability, and coordination with stakeholders are key. While COVID-19 restrictions limit in-person meetings, the team has adapted to communicate with stakeholders using email, phone calls, and virtual meetings.

PROBLEMS ENCOUNTERED

In a response to a spike in COVID-19 cases, Dili (and several municipalities) entered a lockdown on March 8, 2021 to slow the spread of COVID-19. The inability to meet in-person restricted coordination with key partners including the government, CSOs, and community health workers in rural areas. If the lockdown is extended significantly, this may delay progress on some deliverables. In addition to the lockdown, the spike in cases led to a focus on the pandemic by the MOH, limiting its ability to engage with LHSS on non-COVID-19 related activities. Additionally, the team recognizes the importance of building relationships with government and development partners as this is a new activity in Timor-Leste; therefore, LHSS will prioritize building relationships with institutions through meetings (remote, if necessary due to COVID-19) to understand government needs and priorities.

UPCOMING EVENTS

No upcoming in-person events are planned due to COVID-19 restrictions.

SUCCESS STORIES

Success stories are not yet available.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Conduct governance capacity assessment, PEA, data analysis capacity assessment, and health financing landscape analysis.
- Complete a desk review on the current rural incentive schemes and provide recommendations to bolster the rural health workforce.
- Work with the National Institute of Health to initiate development of a costed essential service package training strategy and implementation plan.
- Confirm utility of a working group with the National Institute of Health and other stakeholders; if deemed useful, develop terms of reference, and convene working group meetings to identify training priorities; if deemed irrelevant, collaborate with the government on how else effective collaboration and advancement on health governance priorities will occur.
- Complete desk review and stakeholder interviews to understand opportunities to improve health workforce managers' capacity to use human resources data for decision-making.
- Initiate stakeholder discussions to start drafting health worker competencies for key cadres.
- Coordinate with MOH and partners for formative research on priority behaviors.
- Brainstorm ideas with MOH line department and partners on formative research.
- Meet with key partners, CSOs, and community health workers to review existing advocacy priorities,

discuss awareness and empowerment strategies, and diversify advocacy and accountability messaging and tools to address key challenges to improved health access.

- Review documents and consult CSOs and community health workers on mechanisms to improve CSO and community health worker awareness of services.

Begin reviewing policies, practices, and accountability mechanisms identified in the Governance Assessment

5.13 VIETNAM

Status: Worked collaboratively with USAID to revise the Year 1 work plan to reflect government priority needs. Finalized specific action plans with government counterparts. 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 increased its funding and management responsibility for HIV and TB, yet in 2019, 52 percent of HIV funding and 62 percent of TB funding was from donors. This highlights the need to mobilize domestic funding and improve government financial management systems.

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

Objectives:

- Support the GVN to strengthen PFM systems for public health and achieve greater efficiencies in Social Health Insurance (SHI).
- Support the GVN to sustainably finance HIV prevention and treatment services.
- Strengthen the capacity of Vietnam's supply chain management system to ensure an uninterrupted supply of commodities.
- Support the GVN to integrate TB services into SHI.

Planned Deliverables:

- Learning event report.
- Quarterly progress meeting report.
- Financial projection model for Vietnam Social Security (VSS)
- Quarterly report on NHA support.
- Advocacy briefs using evidence to support the GVN to advocate for better integration of HIV and TB to SHI.
- Inputs into the revised SHI law.
- Technical brief with recommendations for strategic purchasing for HIV.
- HIV expenditure tracking tools for implementing partners.
- Quarterly report on implementation progress for HIV services under SHI.
- SHI monitoring tools for implementing partners.
- Capacity assessment of VSS to monitor SHI effectiveness.
- Report to GVN on opportunities and recommendations for efficiency in procuring high-quality HIV and TB commodities.
- Recommendations to procure HIV commodities provided to GVN.
- Action plan to facilitate inclusion of ARVs and HIV test kits in SHI reimbursement list.
- Draft one-year TLD commodity supply plan.
- Joint work plan outlining tasks to achieve an integrated system.
- SHI cross learning report of study tour of TB strategic purchasing experience in one other country.
- TB program financing options/recommendations.

- Technical study design, IRB approval, and initiation.

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.

- **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 packages well-defined and responsive to the needs of 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.

Following discussions with USAID and the GVN, LHSS modified the work plan to align with evolving priorities. A revised work plan was submitted on March 19, 2021. Pending approval, this quarterly report relates to the July 28, 2020 work plan.

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

Improve PFM to mobilize domestic resources and increase funding for public health.

- Co-develop a joint work plan with USAID, MOF, and MOH.
 - **Progress:** LHSS and USAID met with the MOF International Cooperation Department to discuss cooperation. The MOF and LHSS subsequently developed and submitted an internal draft activity plan to MOF leadership for approval, and proposed allowing functional departments to start working with LHSS, "fast-tracking" some technical activities while the overall MOU between MOF and USAID Hanoi is being prepared.
 - **Tasks to be undertaken during the next quarter:** LHSS will agree a multi-year project plan with MOF and USAID.

Work with the MOF to achieve greater efficiencies within the central budget to free up funding for public health programs.

- Technical report on the potential of increasing allocation of excise tax revenue to the health sector.
 - **Progress:** LHSS designed two scopes of work for detailed assessments on public expenditures on the health sector and increasing excise taxes in Vietnam to raise state revenue for health.
 - **Tasks to be undertaken during the next quarter:** LHSS will conduct an assessment of public health expenditure with recommendations for interventions in health spending.

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

- Provide institutional capacity support to VSS.
 - **Progress:** LHSS worked with VSS to finalize a joint action plan for applying the Diagnosis-Related Group (DRG) payment method, and to enhance the efficiency of drug supply and payment management from the SHI fund. LHSS, WB, USAID, and VSS discussed TA for VSS on the DRG payment management tool; it was agreed that the WB will provide TA to develop key performance indicators and will support a learning exchange with Thailand. LHSS will work with VSS to explore international experiences in contract management between providers (health facilities) and the payer (the SHI agency) using the DRG payment method. LHSS worked with VSS to identify the requirements and specifications for upgrading its Electronic Logistic Management Information System (eLMIS) modules to gather data to inform drug cost management.
 - **Tasks to be undertaken during the next quarter:** Upgrade the eLMIS, and provide TA to the MOH's Department for Health Insurance on drafting the SHI premium.
- Institutionalize NHA.
 - **Progress:** LHSS and the MOH discussed enhancing the use of WHO's SHA to develop Vietnam's annual NHA for the 2021-25 period, including developing an NHA master plan using the SHA 2011 toolkit to institutionalize NHAs. LHSS will work with the MOH to update health expenditure data from the public sector (national and provincial levels) and revenue/expenditure under the SHI scheme.
 - **Tasks to be undertaken during the next quarter:** Support data collection from the MOF and VSS to complement the health expenditure exercise review, and analyze data for the NHA exercise. Collaborate with WHO on NHA-related issues. Hold seminars or discussion sessions in coordination with the MOH and MOF.

Strengthen GVN capacity to collect and use evidence to advocate for increased domestic financing for HIV.

- SHI policy and media updates.
 - **Progress:** LHSS continued to develop and share the bi-weekly newsletter, with the following issues: [Newsletter No.1](#); [Newsletter No.2](#); [Newsletter No.3](#); [Newsletter No.4](#); [Newsletter No. 5](#); [Newsletter No.6](#).

Support the GVN and PEPFAR partners to maintain quality and effectiveness of HIV services Under SHI.

- Dashboard on SHI/HIV implementation.
 - **Progress:** LHSS upgraded the dashboard to include SHI implementation for HIV services at the national level. The dashboard is a project-specific tool currently used by LHSS to manage, analyze, and visualize data on SHI-covered HIV services (ARV, CD4, and viral load test). The data is shared with PEPFAR and other USAID implementing partners, as well as the Vietnam Administration of HIV/AIDS Control (VAAC) and VSS.
 - **Problems encountered:** The dashboard collects data from VSS's e-claim system and VAAC's care and treatment database. However, VAAC is reluctant to share data on PLHIV on ARVs from different funding sources. LHSS therefore supported VAAC to hold quarterly meetings as a common platform for different stakeholders working on the HIV response to improve data sharing.

In addition, there are differences in calculating some indicators between VAAC and VSS; LHSS is working closely with both agencies to harmonize the counting method.

- **Tasks to be undertaken during the next quarter:** Update the dashboard with the latest data from VSS; build in the new function to monitor use of new SHI-covered ARV regimens (e.g., TLD and TLE 400); create an additional identifier indexing component linking databases from VAAC's ARV treatment facilities, line-management agencies (e.g., district health centers), and VSS' e-claim system to extract consistent output data on time; and migrate the dashboard from Excel to PowerBI to improve the accessibility and enhance visualization solutions.
- Tracker to monitor the development of the Provincial Sustainable HIV Response Plans
 - **Progress:** LHSS provided TA on using the resource needs estimation tool, and 24 out of 63 provinces now have officially approved plans. To monitor progress in developing and approving the plans, LHSS worked with the VAAC Finance Department to develop a tracker that maps essential information (e.g., name of the province, issue number and issue dates of the plan, plan title, plan development status, notes, and information sources).
 - **Problems encountered:** Due to variations in legal procedures for approval across provinces, some plans did not include detailed financial plans. LHSS is working with VAAC to request these provinces to add detailed financial plans or scenarios.
 - **Tasks to be undertaken during the next quarter:** Continue working with VAAC and provide TA to the remaining provinces to develop financial plans; and improve the tracker by adding resource needs, available resources, and resource gap at provincial and national levels.
- PEPFAR/PEPFAR Oversight and Accountability Response Team (POART)/COP slides on the progress of SHI/HIV implementation.
 - **Progress:** LHSS helped to resolve the issue of SHI reimbursement for viral load tests; the GVN circular initially mandated reimbursement for inpatient treatment only at facilities at the district level but this was subsequently revised. LHSS also supported VAAC to organize the first quarterly technical meeting among key stakeholders working on the HIV response to strengthen information and data sharing and to enhance cross-organization communication. During the first quarterly meeting, proposed solutions to speed up SHI ARV procurement and ensure no interruption in ARV dispensing for HIV patients were discussed. LHSS has also identified and addressed compliance issues, which had a potential effect on SHI reimbursement at district health centers in Ho Chi Minh City. As a result, LHSS has recommended a clinic readiness review, and advised VAAC to remind provinces to pay attention to their health facilities' readiness. Going forward, LHSS will work with VAAC to help provinces when they report issues and need assistance.
 - **Tasks to be undertaken during the next quarter:** Continue to monitor SHI examination reimbursement to identify, address and resolve problems at the HCMC's health facilities in collaboration with HCMC Provincial Social Security; support VAAC to assist provinces if they report issues on clinic readiness; and conduct a workshop to review SHI implementation on HIV and lessons learned in 2020.

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 GVN on opportunities for procuring high-quality HIV commodities.

- **Progress:** LHSS initiated an ARV market analysis. Preliminary information revealed that the current Vietnamese market size of ARV products is relatively small compared to non-ARV pharmaceuticals.
- **Tasks to be undertaken during the next quarter:** Provide a report on ARV market analysis and propose recommendations to GVN on opportunities and abilities for private sector suppliers to engage in ARV medicines procurement.

Advocate for efficient marketing authorization processes for ARVs (including renewal of TLD MA or/and Dolutegravir) and HIV test kits.

- Draft application dossiers for ARV market authorization registration or extension.
- **Progress:** LHSS collected information on both granted and pending marketing authorizations of ARV medicines in Vietnam. The focus was the marketing authorizations process for TLD, which is seen as the most effective and optimal treatment regimen for HIV patients.
- **Problems encountered:** Obtaining the required bio-equivalent and bio-available data for TLD is costly and time-consuming for manufacturers. Companies do not always submit sufficient supporting documents as per MOH requirements, so granting marketing authorizations can be a lengthy and time-consuming process.
- **Tasks to be undertaken during the next quarter:** Continue to follow up on TLD marketing authorization applications and advise manufacturers on missing information.

Support advocacy and policy efforts to ensure the full inclusion of TLD into SHI to optimize treatments for increased VL suppression rates.

- Support VAAC to update and ensure the smooth transition of TLD provided through the SHI
- **Progress:** LHSS supported the MOH/National Centralized Drug Procurement Center to develop an expedited procurement process for TLD and TLE400 using the price negotiation method. LHSS provided TA on international reference pricing and analyzed and compared the different drug cost components. The meeting to negotiate the price of TLD and TLE400 was successful and a consensus was reached. LHSS supported the MOH/National Centralized Drug Procurement Center to prepare a framework agreement with the winning supplier. Based on the price and terms regulated in this, facilities will directly sign contracts with suppliers to receive TLE400 or/and TLD from the SHI fund. LHSS is also providing TA to VAAC to prepare for the contract signing with the winning supplier.
- **Tasks to be undertaken during the next quarter:** If the revised work plan is approved, continue to provide TA with emphasis on: 1) guidance on TLD and TLE400 management and reallocation to all relevant stakeholders and awarded vendors; and 2) a review of TLD supply plan for the period of 2020-23.

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

- Additional eLMIS/ Procurement and Supply Management modules designed and developed
- **Progress:** LHSS, in collaboration with VSS/SHI Verification and Multi-line Payment Centre, piloted an upgraded eLMIS. The upgraded eLMIS will help to aggregate and analyze drug consumption and morbidity data, and the cost for examination, medicine, and viral load tests for HIV patients. It will also provide data for HIV indicators in alignment with the standards and format of output data for HIV treatment management variables, thereby contributing to more effective management of ARVs. This upgrade is the first step towards creating a platform for information sharing between VSS and other systems to improve ARV supply management, especially for SHI ARVs. LHSS also received a

request to support Digital Square to collect and develop a provincial quality management dashboard for HIV with relevant SHI/ARV indicators. LHSS worked with VSS to generate SHI indicators from VSS data and display them in the current drug management tool in VSS, and to perform this exercise using accounts for four selected PEPFAR provinces. The screenshot below illustrates the dashboard.

- **Tasks to be undertaken during the next quarter:** Support VSS to build the upgraded functions into the eLMIS system; and support VSS to train stakeholders on upgraded eLMIS.

Figure 3: SHI-ARV Monitoring in Ho Chi Minh City



Demonstration of the dashboard on SHI-ARV monitoring in Ho Chi Minh City via Drug management tool of VSS assigned for province: <https://quanlythuoc.vss.gov.vn/>

- Web-based application for management of ARV and PreP (HMED) training summary report.
 - **Progress:** LHSS supported VAAC to organize five HMED training courses for 352 health facility staff, of which three courses were for 166 participants from six PEPFAR supported provinces (Tay Ninh, Tien Giang, Dong Nai, HCMC, Ha Noi, Quang Ninh) and two for 186 staff from eight Global Fund-supported provinces. To date, LHSS has trained 534 staff exceeding the annual target of 300. Ho Chi Minh city's health facilities have already entered all historical data into HMED and have also used HMED to generate morbidity, drug stock, and consumption reports. Therefore, LHSS and VAAC focused their training on practical implementation issues at the health facility level, such as the need for accurate data entry, and common reasons why SHI claims are rejected. Facility staff from Tay Ninh, Tien Giang, Dien Bien, and Quang Ninh were unfamiliar with HMED. The training therefore focused on helping participants to enter data and make drug requisitions for the next distribution. Participants also completed a supply plan for 2022 and sent the request for reallocation in HMED.
 - **Tasks to be undertaken during the next quarter:** Develop an HMED training summary report.

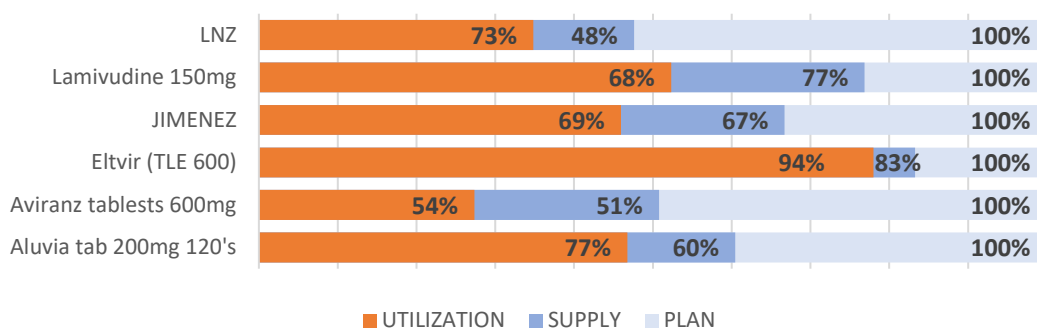
Provide ad-hoc procurement supply management support to GVN and USAID/PEPFAR.

- Regularly updated datasets on ARV stocks and pipelines.
 - **Progress:** LHSS supported the National Centralized Drug Procurement Center to revise the framework agreement for four awarded SHI ARV drugs, and to prepare an additional agreement for drugs to be procured and supplied in 2021. LHSS also provided TA to VAAC to develop and finalize guidelines on governance, dispensing, reallocation, reporting, and reimbursement of centrally procured ARVs through SHI. The draft guidelines have been sent to VSS and the National

Centralized Drug Procurement Center for their comments. MOH will then issue official guidelines that will enable monitoring of the reallocation process and help local authorities track the settlement process at health facilities, contributing to facilitating payments and attracting vendors and suppliers to participate in ARV bidding procedures. LHSS also helped VSS to develop its guidance for PSS agencies, focusing on the advance for suppliers, SHI claim verification, and reimbursement. LHSS also continued to monitor SHI ARV provision to facilities. The figure below illustrates that TLE600 has the highest rate of utilization (94%), while Avirantz (Efavirenz) 600mg has the lowest uptake (54%). Additionally, the provision of ARV drugs by suppliers to facilities is greatest for TLE600 (83%) and smallest for LNZ (48%).

Figure 4: SHI-ARV Provision and Utilization Status

STATUS OF SHI ARV PROVISION AND UTILIZATION BY THE END OF FEB 2021



- **Tasks to be undertaken during the next quarter:** Continue to monitor SHI ARV provision to facilities using data provided by VSS and the National Centralized Drug Procurement Center; this will also be included in the dashboard.
- PrEP donation receiving plan.
 - **Progress:** LHSS provided USAID with an updated process template for the GVN's procedure of receiving ARV donations into Vietnam, including PrEP. Additionally, LHSS shared the timeline of 2021 PrEP procurement with USAID.
 - **Tasks to be undertaken during the next quarter:** Provide TA to VAAC to develop the detailed PrEP donation receiving plan.

Support the National TB Program to develop and implement a national SHI transition plan for TB services.

- Support the National TB Program and VSS to develop a TB integration roadmap.
 - **Progress:** LHSS and the National TB Program reviewed its TB transition tracker and agreed on a timeline and joint tasks to support transition priorities, including: 1) development of a TB service transition roadmap and vision to sustain TB services; 2) provision of TA to the MOH and VSS on TB drug procurement, payment, management, and reallocation; 3) provision of TA to procure TB drugs by the National TB Program/National Lung Hospital; and 4) a national mapping and repository of TB treatment service delivery classified into types of facilities and status of SHI contracting and reimbursement for integration purposes and later linkage of supply, provision and payment data of TB drugs with VSS. LHSS will support the National TB Program to update regulations on TB

diagnosis, examination, and treatment through SHI to align with the transition of TB drugs previously supported by USAID/SHIFT.

- **Problems encountered:** MOH leadership delayed determining the entity in charge of the TB transition process, hence the delay in finalizing the roadmap.
- **Tasks to be undertaken during the next quarter:** Provide TA to the National TB Program to prepare a dossier and obtain MOH approval to allow the National Lung Hospital to procure the 1st line TB drugs using a centralized procurement method. Support the National TB Program to complete the draft TB service transition roadmap and share it with USAID and TB partners for inputs and consultation. Conduct a national mapping of TB service delivery describing the different types of facilities providing different types of TB services and therefore requiring different medicines and payment mechanisms. Support the National TB Program, Department of Health Insurance (DHI), and VSS to develop a Circular on procurement, payment, and management of TB drugs through SHI.

Develop financing recommendations for supporting the transition of TB treatment from the National TB Program to SHI.

- Technical report of TB treatment (drug) financing options.
 - **Progress:** The National TB Program's preferred financing option is centralized procurement by the National Lung hospital and decentralized payment at health facilities. LHSS, in collaboration with the MOH/DHI, supported the National TB Program in obtaining MOH's approval of the TB drug procurement option.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS provides TA for the transition from donor to domestic funding for the national HIV and TB programs, specifically through increasing the use of the SHI funding (financed through the state budget and individual contributions) for health service delivery. This is continuously measured through: 1) the eLMIS, which will assist in improving the management and monitoring of (the reimbursement of) drugs through the SHI; 2) inclusion of optimal and advanced ARV regimens in the SHI drugs list so that an increased number of PLHIV patients receive HIV treatment services through the SHI fund, including ARVs; and 3) the proposed transition of TB drugs to be procured and paid from the SHI fund. In addition, LHSS supports and monitors the development of provincial HIV sustainability plans.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS contributes to strengthening the GVN's capacity and ownership through activities such as: training health facility staff on ARV quantification, reporting, reallocation, and management using the HMED tool; providing TA to provinces to access and manage the HIV program through a data-sharing mechanism with VSS; and developing, using the e LMIS for drug management. These are ongoing processes.

GESI PROGRESS

LHSS started analyzing GESI considerations related to the four objective areas. Preliminary findings from the desk-based review reveal: higher out-of-pocket spending and financial hardship for health services among ethnic minorities and people with disabilities in Vietnam; limited gender-responsive budgeting; disproportionate resource allocation for HIV services for specific vulnerable populations; limited role of civil society groups in budgeting and agenda-setting; and lessons about the inclusive transition of TB services to SHI from the HIV experience in Vietnam.

WASTE, CLIMATE RISK MANAGEMENT

LHSS continued to abide by the EMMP and follow the climate risk management plan.

PROGRESS ON PERFORMANCE INDICATORS

The LHSS MEL team discussed the feasibility and accessibility of data collection for the different performance indicators with various government counterparts (e.g., VSS, the National TB Program, and VAAC). By the end of the reporting period, LHSS had made progress against the annual targets for some indicators, including: number of new laws/regulations, legal documents which address barriers to local ownership of the HIV/AIDS and TB response formally promulgated (actual of 2 vs. a target of 5); proportion of PLHIV on ARVs using SHI cards for HIV/AIDS services (83.4% vs. 80%); number of ARV procurement cycles completely budgeted and funded by the government (6 vs. 6); and number of people trained on an integrated eLMIS/HMED system (534 vs. 300).

LESSONS LEARNED AND BEST PRACTICES

In recognition of the constantly changing context, discussions were held with government agencies and implementing partners about their priorities and LHSS support needs. These discussions led to a co-development process resulting in specific action plans that closely align with USAID and the GVN's priorities and objectives. As a good practice, LHSS in-country and home office staff in close consultation with USAID apply an adaptive management approach to making programmatic decisions and adjust activities in response to evolving information and changes in the context. Drawing lessons from this, the co-development process will be used for the following year's work plan.

PROBLEMS ENCOUNTERED

COVID-19 reduced the ability of international TA to travel to Vietnam as expected to provide expertise for activities. LHSS has worked to adapt to these challenges but leveraging local TA.

COMPLETED REPORTS AND DELIVERABLES

- Tracker to monitor the development of the provincial sustainable plans with approved plans.
- SHI/HIV dashboard.
- PEPFAR/ POART/COP slides on the progress of SHI/HIV implementation.
- Technical report of TB treatment (drug) financing options,

SUCCESS STORIES

Superior ARV drugs to be procured through SHI on time to ensure uninterrupted treatment for HIV patients.

Vietnam faced an imminent shortage of ARVs (TLE400) at the beginning of 2021 due to failed procurement during 2020. As a result, up to 27,000 HIV patients on treatment faced the risk of being switched to a lower quality regimen known for having more significant side effects. Hence, procurement of both TLD and TLE400 was urgently needed to ensure uninterrupted treatment for HIV patients. LHSS provided intensive technical support to the MOH to approve an urgent procurement of TLD and TLE400 in record time. This achievement paved the way for the procurement and delivery of life-saving drugs to health facilities nationally, beginning in April 2021, ensuring the continuous supply of ARV drugs for PLHIV.

From December 2020 to March 2021, LHSS invested enormous efforts to provide intensive TA to the MOH/National Centralized Drug Procurement Center and MOH/VAAC to reach consensus about the new

procurement. In particular, the project supported two critical meetings with the MOH, government agencies, and drug suppliers where the MOH's vice minister decided to bring forward the price negotiation as the primary method for procurement of TLD and TLE400. With this momentum, the project engaged MOH/NCDPC in dozens of meetings to accelerate the procurement process. LHSS provided documents on international reference pricing and TA on the analysis and comparison of the different drug cost components, which significantly contributed to consensus between the MOH/National Centralized Drug Procurement Center and drug suppliers on the procured prices of the drugs along with other items.

By March 2021, MOH was completing the final procedures for procurement and delivery of TLE400 and TLD to health facilities from April 2021 to July 2021, respectively, ensuring the continuous supply of ARV drugs through the SHI fund.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

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

- Finalize a list of TA activities with the MOF to be implemented during the remainder of Year 1.
- In coordination with MOF, VSS, and MOH, review public expenditures in the health sector and the possible expansion and utilization of excise taxes.
- Develop Vietnam's annual NHA for the 2021-25 period with public health expenditure (national and provincial level) data from the MOH, MOF, and VSS.

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

- Upgrade VSS's eLMIS modules.
- Provide TA to support DHI on preparatory activities to develop a draft decree to increase the current SHI premium.

Strengthen GVN capacity to use resources for HIV efficiently and effectively to sustain the HIV program:

- Continue to work with VAAC to provide TA to the remaining provinces to develop the provincial sustainable financial plans for HIV response.
- Improve the tracker for developing and approving the provincial sustainable plans by adding another component for resource needs, available resources, and the financial resource gap at provincial and national levels.

Support the GVN and PEPFAR implementing partners to maintain the quality and effectiveness of HIV services under SHI.

- Update the dashboard on SHI/HIV implementation progress at the national level with the latest data from VSS and build a new function to monitor use of new ARV regimens.
- Create an additional ID indexing component to link databases from VAAC's ARV treatment facilities, their line-management agencies, and VSS's e-claim system to retrieve data on time.
- Transform the dashboard from Excel to PowerBI to improve accessibility and enhance visualizing solutions if budget is available for software procurement.
- Continue monitoring implementation of SHI examination reimbursement in collaboration with HCDC to identify and resolve problems, especially relating to health facility dossiers for eligibility of HIV services through the SHI fund.
- Support VAAC to help provinces if they report issues on clinic readiness.

Provide policy level support to enable an open market for HIV commodities:

- Develop a report on ARV market analysis and propose recommendations to GVN on opportunities for procuring ARV medicines.
- Continue to collect DAV's feedback on TLD marketing authorization applications of Hetero and Macleods and advise the manufacturers on missing information requested by DAV.

Support advocacy and policy efforts to ensure the full inclusion of TLD into SHI to optimize treatments for increased VL suppression rates:

- Continue to provide TA in developing: 1) guidance on TLD and TLE400 management and reallocation to all related stakeholders and awarded vendors; 2) a review of TLD supply plan for the period of 2020-23.

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

- Develop an HMED training summary report.
- Work with an awarded vendor and VSS to build upgraded functions into the eLMIS system and support VSS with training on eLMIS to all related stakeholders.

Provide ad-hoc procurement supply management support to GVN and USAID/PEPFAR.

- Continue to monitor SHI ARV provision to health facilities.
- Provide TA to VAAC to develop a PrEP donation receiving plan.

Support the National TB Program to develop and implement a national SHI transition plan for TB services.

- Support the National TB Program to prepare dossier and obtain MOH decision to allow the National Lung Hospital to procure the first line TB drugs with centralized procurement method.
- Support the National TB Program to complete the draft TB service transition roadmap and share it with USAID and TB partners for inputs.
- Conduct the national mapping of TB service delivery with the National TB Program.
- Work with the National TB Program, the DHI, and VSS on developing a circular on procurement, payment, and management of TB drugs through SHI.

5.14 ZIMBABWE HSA

Status: HSA zero draft completed and submitted. Activity was paused due to travel restrictions and restarted in March. USAID requested an additional focus on COVID-19 impact on the health system.

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 to 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, Save the Children, Health Information Systems Program

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.

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

- **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

Zimbabwe HSA zero draft.

- **Progress:** The team completed the zero draft, compiled a large repository of secondary data sources, and identified KII targets for field work. These have been submitted to USAID.
- **Problems encountered:** Field work has been delayed due to COVID-19. Lack of access to DHIS2 and government counterparts limited the ability to describe current service delivery levels and the impact of COVID-19 in the zero draft.
- **Tasks to be undertaken in the following quarter:** Waiting for USAID approval.

HSA priorities, discussion guidelines, interview schedule.

- **Progress:** In progress. Additional COVID-19 impact considerations are being addressed.
- **Problems encountered:** Fieldwork has been delayed due to COVID-19 but restarted at the end of Q2.

- **Tasks to be undertaken in the following quarter:** Finalize interview schedule and guides, based on status of fieldwork; conduct fieldwork; produce and present in-country a preliminary draft report/

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The Ministry of Health and Child Welfare is drafting its next national health strategy. It is anticipated that the LHSS team will align HSA priorities to support donor needs and address data needs and develop recommendations to support the ministry's efforts. 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

The LHSS GESI senior technical advisor undertook a preliminary review of the zero draft for additional GESI questions to consider during further data collection, which will be completed early in Q3.

PROBLEMS ENCOUNTERED

Field work has been delayed twice due to COVID-19. Furthermore, many ministry counterparts have been moved or removed in a ministry overhaul, and ministry counterparts for the HSA are unclear. However, work restarted in March 2021 and a new timeline has been approved to complete the work by July.

COMPLETED REPORTS AND DELIVERABLES

Zero draft of the HSA been submitted to USAID Zimbabwe for review.

UPCOMING EVENTS

Field work anticipated to begin in Q3.

TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Finalize implementation plan, and process for fieldwork.
- Finalize interview schedule and guides.
- Begin field work including counterpart engagement, objectives' prioritization, and data collection (in-person and/or virtually).

ANNEX I: LHSS RESULTS FRAMEWORK OBJECTIVES AND LINK BETWEEN ACTIVITIES

CORE ACTIVITIES AND PROJECT-LEVEL RESULTS FRAMEWORK

Table 3: Link Between Core Activities and Project-Level Results Framework

LHSS Year I 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													

LHSS Year I 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 2.1.1: 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													
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													

LHSS Year I 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 X.3: Strengthened collaboration between public sector, private sector, and civil society													

DIRECTED CORE ACTIVITIES AND PROJECT-LEVEL RESULTS FRAMEWORK

Table 4: Link Between Directed Core Activities and Project-Level 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 5: Link Between Field Support Activities and Project-Level 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	Peru	Timor-Leste	Vietnam	Zimbabwe
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	Peru	Timor-Leste	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													