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QUARTERLY PROGRESS REPORT

FY2022 YEAR 3, QUARTER 2

January 1, 2022 – March 31, 2022

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

THE LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

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

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

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

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

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

OVERVIEW

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

Working in low- and middle-income countries around the world with a focus on USAID’s 52 priority countries, LHSS supports local efforts to reduce 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.

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

SCALE-UP OF LOCAL CAPACITY STRATEGY

LHSS continued to implement activities with a purposeful approach scaling up local capacity, transitioning work to local partners and systems, and strengthening system sustainability. In February 2022, representatives from LHSS local partners Health Connect Jamaica (Jamaica) and the Health Care Accreditation Council (Jordan) spoke of their experiences as LHSS partners engaging with their respective governments to strengthen the health system in USAID’s New Partner Initiative’s webinar “Strengthening Civil Society’s Role in Resilient Health Systems.” More than 300 people attended the remote event—the highest number for the webinar series to date. LHSS initiated updates to the Scale-Up of Local Capacity Strategy to align with USAID’s draft Local Capacity Development Policy (August 2021) and to reflect the practical experience and lessons learned to date from LHSS project implementation. The updated draft will be submitted for USAID review next quarter. Also in this quarter, LHSS Jamaica activity team drafted a Sustainability and Transition Plan that charts its plans to sustainably transition its interventions to local partners.

GRANTS UNDER CONTRACT

LHSS mobilized local support to strengthen sustainable host country health systems capacity by awarding 15 grants among 6 LHSS country programs, totaling approximately 1.6 million dollars in grant funds. Additionally, LHSS has solicited 7 applications from not-for-profit and for-profit private entities, NGOs and local government organizations during this quarter and anticipates awarding an additional 1.1 million dollars in the next quarter.

By engaging local institutions and organizations, LHSS country and core activities are strengthening capacity of grant recipients in administrative and management capabilities to compete for and implement direct awards from USAID and/or other clients and donors in the

future. In Jamaica, LHSS issued 8 local grants, which was marked with a national media event to promote the work to be performed by the grantees. During the quarter, the grantees for LHSS Jamaica have been receiving one-on-one support to improve administrative management to meet grant reporting requirements and LHSS Timor-Leste anticipates awarding a grant within the next quarter that will strengthen the grantees organizational capacity to manage grant funds and comply with financial and technical reporting.

Grant activities also contribute to measurable improvements in health systems strengthening by promoting increased technical capacity of the grantees to successfully design, resource, implement, and manage interventions as well as foster innovative solutions to systemic problems. In Namibia, the grantee will increase their technical competencies and capabilities to perform a costing study, which will provide important insight into the economic burden of disease and highlight the resources incurred by health systems and patients. In Peru, the grantee is creating a digital platform for an observatory for migrant health information. There is not much information on the health profile of Venezuelan migrant populations inhibiting the availability of timely and accurate data to plan and coordinate efforts to improve service delivery and access. Ultimately, the observatory will continue to be hosted by the grantee, which is an educational institution, as part of the sustainability and transition plan.

GENDER EQUALITY AND SOCIAL INCLUSION

LHSS continued to make progress on integrating gender equality and social inclusion (GESI) considerations into work plans and ongoing implementation. This quarter, LHSS continued to facilitate the GESI Focal Point Network with GESI Focal Points from six country programs—Bangladesh, Cambodia, Colombia, Jordan, Timor-Leste, and Vietnam. The network aims to increase LHSS country staff capacity to consider relevant GESI issues in their activities and apply a GESI lens to project implementation and MEL. All project staff are invited to participate in these sessions, and materials are available on the GESI Channel in Teams for all to access. GESI highlights from country activities include:

- In **Colombia**, LHSS completed a GESI toolkit for territorial entities and met with leaders in Cúcuta to start the first implementation pilot with dissemination to other prioritized territorial entities. LHSS created a GESI toolkit for community-based organizations (CBOs). LHSS hosted four GESI trainings in Bogotá, La Guajira, Norte de Santander, and Valle del Cauca with ten CBO representatives. LHSS held a pause-and-reflect session with the rapid response and vaccination teams to explore and understand GESI strategies for their work with migrant populations. As a result of this session, LHSS created a document with lessons learned and best practices for GESI integration in COVID-19 activities that will be shared with other rapid response and vaccination teams and health secretariats. LHSS is in the process of selecting a grantee to develop GESI capacity within health institutions.
- In **East Africa**, LHSS used the landscape analysis as an opportunity to review intersecting vulnerabilities and constraints of women and girls and men and boys living or moving across the cross-border sites. LHSS onboarded a Banyan Global GESI consultant who participated in the data collection training, participated in border site visits and interviews, drafted the GESI sections of the landscape analysis, and participated in the consultation meeting. The landscape analysis found that several gaps remain in the access of cross-border populations to services, with certain subgroups uniquely affected based on sex, age, socioeconomic status, language, and citizenship. LHSS identified areas of opportunity to

imbed gender-transformative approaches across the three objectives of the activity during the implementation period.

- In **Jordan**, LHSS has incorporated GESI into the tools for focus groups and key informant interviews (KIIs) with the Ministry of Health (MOH) and councils in order to understand their approaches to equitable access to continuing professional development (CPD) across geography and gender. LHSS is working with the MOH to ensure a GESI focus in its development standards for CPD. LHSS is conducting a data cleaning exercise, which could help the MOH develop policies that address gender and social inclusion.
- In the **Dominican Republic (DR)**, LHSS expanded a family-based HIV services strategy to more sites nationwide to remove barriers to accessing quality services and improve outreach and provision of sexual and reproductive health services to women and girls within the national health system.
- In **Namibia**, LHSS is conducting the equity analysis of the essential health package to ensure the incorporation of GESI considerations. LHSS is creating a brief outlining key GESI consideration; highlighting inequities based on race, income, and geography; and addressing issues including user fees and gender-based violence.
- In **Peru**, LHSS is working to strengthen HIV services for Venezuelan migrants. LHSS is working to ensure that the capacity development plan and the Migrant Health Observatory address the specific constraints facing women living with HIV; persons who identify as lesbian, gay, bisexual, trans, or queer (LGBTQ); and men who have sex with men (MSM).
- In **Timor-Leste**, LHSS finalized a GESI action plan across all objectives. LHSS has encouraged the MOH to capture sex-disaggregated data in all community health services.
- In **Zimbabwe**, LHSS incorporated GESI-focused questions into the interview guide. LHSS collected data on gender, maternal mortality, voluntary community health workers, and youth.

COMMUNICATIONS AND KNOWLEDGE MANAGEMENT

LHSS continued to promote activities and the project website on social media. We continued our monthly newsletter and saw a 22% increase in the size of our global mailing list (from 1,789 in December 2021 to 2,179 in March 2022).

Our followers on Twitter grew by 18 percent (from 577 to 681) and on Facebook by 15 percent (from 192 to 221). Tweets about LHSS activities, learning, and impact had 41,000 views. The LHSS website had nearly 31,000 unique page views from 3900 users. Top pages included the Year 2 Annual Report, the LHSS Resource Center, and the January 26 webinar, *Coping with Complexity: Monitoring, Evaluation, and Learning Approaches for Health System Strengthening Projects*.

LHSS hosted three webinars during Q2:

- On January 26, 2022, LHSS worked with USAID to host a webinar on *Coping with Complexity: Monitoring, Evaluation, and Learning Approaches for Health System Strengthening Projects* which also launched two publications in USAID's HSS Spotlight Series.
- On February 17, 2022, LHSS contributed to the webinar, *Strengthening Civil Society's Role in Resilient Health Systems*, led by Palladium and the NPI Expand project.

- On March 3, 2022, LHSS hosted a webinar on National Quality Policy and Strategy (NQPS): Financing for Quality.

LHSS presented at three USAID Implementing Partners Meetings:

- On January 13, LHSS presented on our support to Uzbekistan's ZOLL® EMV+ Ventilator Program at the USAID and Implementing Partners Clinical Technical Assistance Coordination for COVID-19 Meeting
- On February 8, LHSS presented on our support for the COVID-19 vaccination campaign in Colombia at the USAID COVID-19 Vaccine TA Implementing Partners Forum
- On March 17, LHSS presented on COVID-19 Vaccination Mapping in the Dominican Republic at USAID PEPFAR's Implementing Partners' Adaptations, Solutions, and Innovations in Response to COVID-19 Meeting.

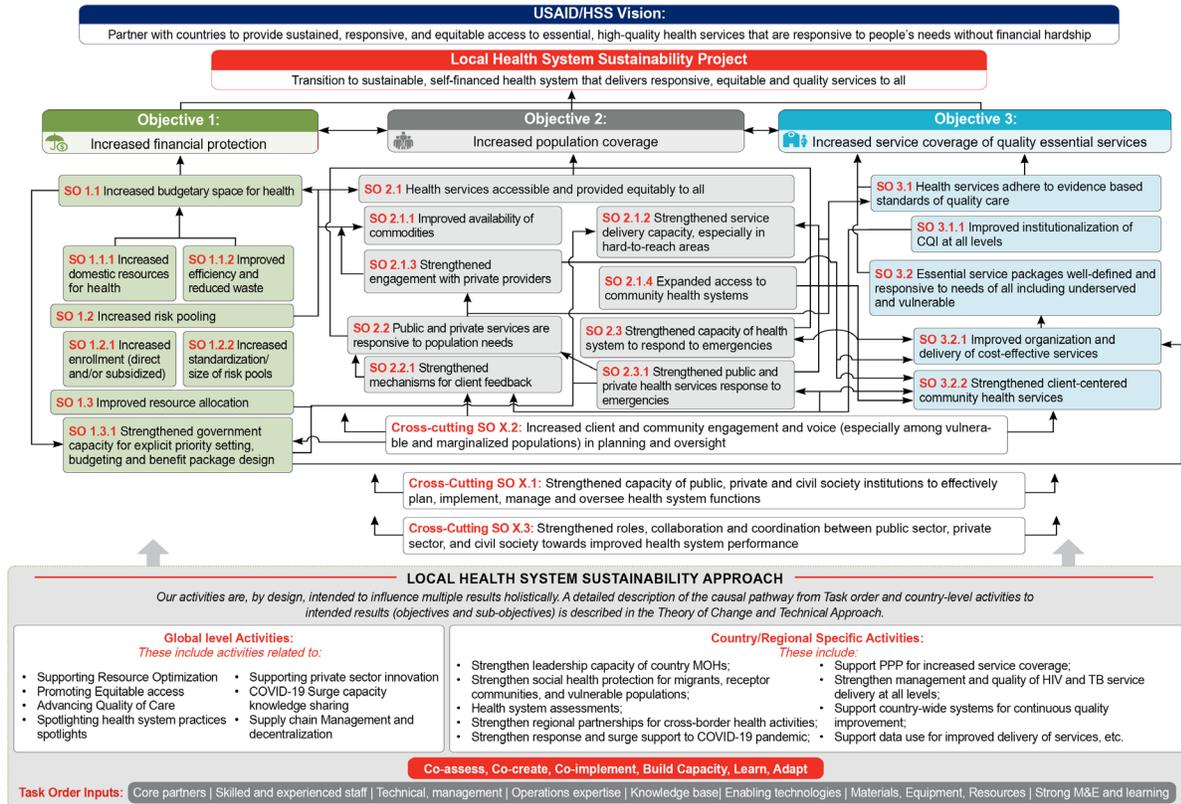
Launch of LHSS Communicators Community of Practice: The purpose of this LHSS-internal Community of Practice will be to share best practices, exciting ideas, and skills for communicating about project activities, achievements, and learning. It will include all LHSS field and home office communicators, plus individuals from country teams that do not have a staff communications position. We will meet bimonthly (every two months) for one hour, accommodating different time zones.

MEL AND PERFORMANCE

RESULTS FRAMEWORK

The LHSS results framework below defines the ultimate objectives and subobjectives (SOs) for both core and country activities.

Figure 1. LHSS Results Framework



This past quarter, LHSS focused on completing annual reviews of all country activity MEL plans and the Task Order MEL plan. Thirteen country activity MEL Plans have been fully revised and approved for FY 22. Activity MEL plans for Bangladesh, East Africa, and Nigeria and awaiting finalization due to pending FY22 workplan approvals.

LHSS also submitted the FY22 (Yr3) Q1 report on January 28, 2022 which the Contracting Officer's Representative (COR) accepted on March 22, 2022.

MEL Approaches Meeting for Integrated Health Systems IDIQ Task Order Holders: On February 24, LHSS convened a session on MEL Approaches for HSS Projects, focusing discussions on complexity aware methods as a first convening topic for MEL specialists/representatives of IDIQ Task Order holders. This was timed to follow an LHSS-supported USAID dissemination webinar on complexity-aware MERL spotlight briefs which was well-attended, reflecting an appetite for an organic collaborative forum. In addition to LHSS, the session was attended by all other IHS IDIQ task Order projects – Health Systems for TB, Rwanda IHS, Nigeria Health Workforce Management, and Ghana Quality Services for Health – and USAID OHS staff discussing experiences accommodating CAM i.e. what has worked and what are implementation challenges. LHSS will continue to convene these sessions proposing a biannual cadence, but rotating hosting responsibilities amongst other Task Order holders.

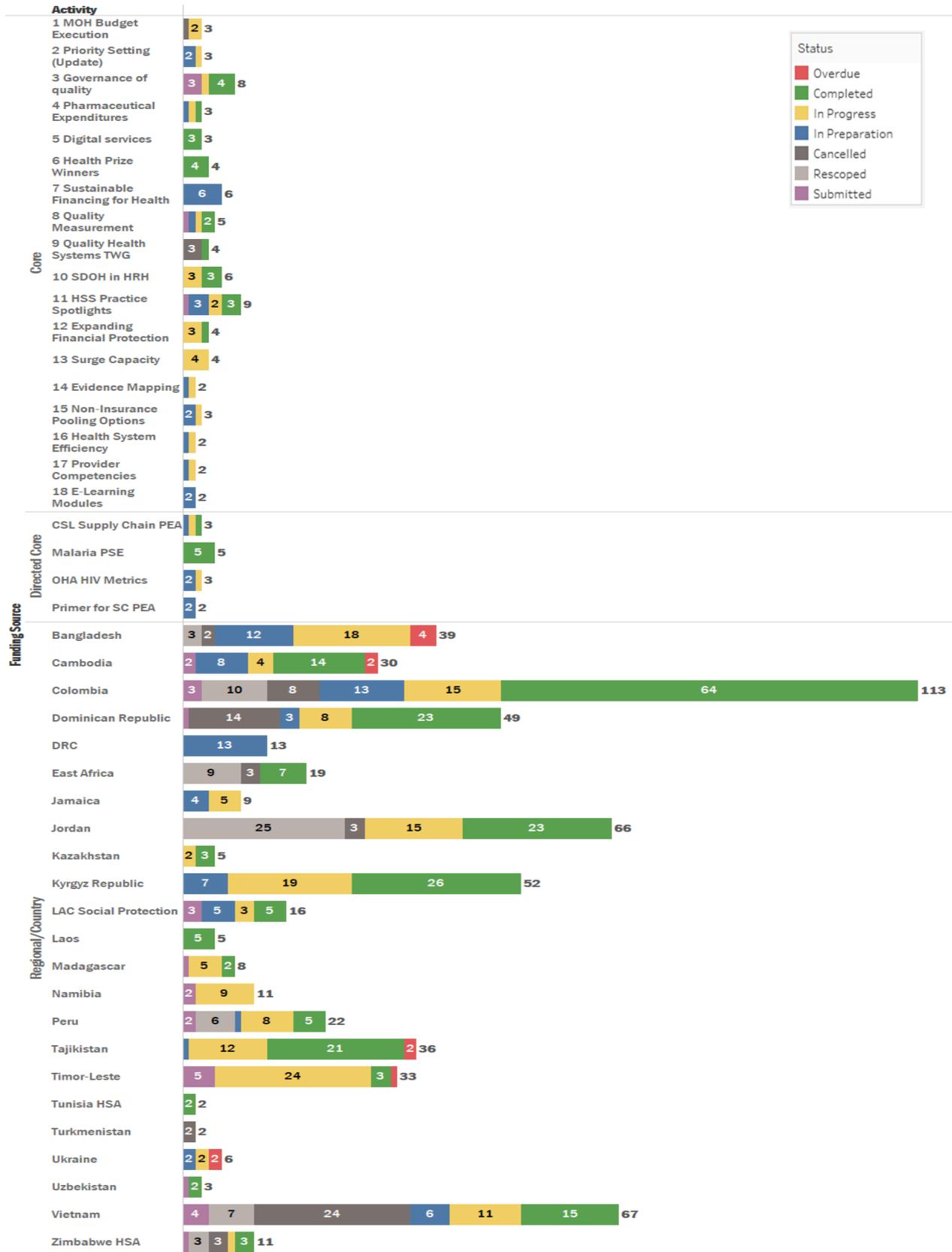
In line with a focus on intentional learning as a core piece of LHSS implementation approach, LHSS supported specific pause & reflect/learning sessions at the country level in the Kyrgyz Republic, Uzbekistan, Bangladesh, LAC, Peru, and Colombia. These sessions continue to

prove 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 and FY23 planning.

To date, LHSS has worked on 47 work plans and completed 9. Laos COVID-19, Core Activity 5, and the Health Financing Forum activities were completed in Project Year (PY) 1. Core Activity 6, Core Activity 9, Kazakhstan COVID-19, and the Laos Pasteur Activity were completed in PY2. Malaria PSE and Tunisia were completed last quarter PY3Q1. Thirty-seven work plans are active and one (Nigeria buy-in) pending approval. Of the 47 total, 22 work plans are country activities, 19 are core-funded, 4 are directed core, and 2 are regional.

At the end of this reporting period, 44 percent of all deliverables were completed, with 32 percent in progress (see Figure 2).

Figure 2: Status of LHSS Activity Deliverables, March 2021



MANAGEMENT AND PARTNERS

LHSS Management: In Quarter 2 (Q2), the LHSS Senior Management Team returned to its original structure. Across LHSS country teams, staff changes continue across teams but so far at a manageable pace. The Project Director completed a field visit to East Africa in January to assist with the rapid start-up taking place.

LHSS Partner Meeting: On February 17th Abt Associates hosted the quarterly LHSS partner meeting virtually. The meeting focused on ‘Localization and how it impacts LHSS consortium’ and look at how the consortium works together and with local partners in Timor Leste, involving Abt, Save the Children, TRG and Banyan, and in Colombia for the GESI strategy, involving Banyan and local partners. The meeting agreed that a small group involving multiple partners would consider this subject in more detail including whether LHSS needs to update its Scale Up Local Capacity Strategy to be more closely aligned with the new USAID Local Capacity Development Policy consultations.

LHSS Staff Engagement: As LHSS staff move to mixed, hybrid ways of working in HQ, the LHSS management team is considering options to strengthen staff engagement in cross-project activities and get feedback on current LHSS communications and staff meetings.

LHSS Country Offices: During the quarter, LHSS work was completed in Tunisia (where the work was done without the need for a country office) and the country team finished its work in Uzbekistan. New offices were opened in two locations (Cali and Guajira, both in Colombia). LHSS also was invited to prepare for work in Nigeria, where a work plan was later requested, and Afghanistan, where a work plan will be requested later in the year. A total of 156 staff are working on LHSS globally. This does not include consultants.

SECTION 1: ACTIVITY HIGHLIGHTS

CORE ACTIVITY HIGHLIGHTS

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

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

CORE ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

- In-country technical assistance has begun in Peru, where a local consultant is working with the Executive Directorate of Budgeting in the MOH to strengthen the government's health budget execution by improving the capacity of sub-national government staff to apply national public financial management (PFM) rules in the health sector.
- An international expert in PFM has been engaged to provide virtual technical assistance that will include targeted guidance to help countries define and implement incremental steps to overcome obstacles to improving budget execution. Bangladesh, Ghana, Lao PDR, and Peru have been invited to participate in the workshops.
- Two blogposts were published on the LHSS website and on the WHO's P4H knowledge sharing platform.

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

- LHSS held the first virtual Joint Learning Network (JLN) learning exchange meeting on February 9. Seven country teams were represented: Bangladesh, Lao PDR, Malaysia, Philippines, Rwanda, South Africa, and Thailand. Malaysia, Thailand, and the Philippines shared experiences and challenges with stakeholder engagement in national priority setting.

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

- A revised report summarizing survey and literature findings from a diagnostic analysis of National Quality Policy and Strategy implementation in 37 countries was submitted to USAID, incorporating comments from USAID and WHO.
- A technical report capturing learnings from National Quality Policy and Strategy design and implementation in Rwanda and Zambia was prepared and submitted to USAID.
- LHSS hosted *Financing for Quality* the third of 3 planned webinars, on March 3, 2022. Ninety-seven people from 30 countries attended.

CORE ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

- Together with the MOH, the LHSS team agreed with Vietnam Social Security on parameters for pharmaceutical spending data that the social health insurance scheme will share with the LHSS team.
- LHSS is mapping social health insurance therapeutic groupings to Health Accounts disease classifications, so that data analysis and mapping can proceed quickly once the data is obtained.
- The MOH held a workshop to share preliminary results from their 2018/2019 Health Accounts estimation; LHSS attended and provided an overview and update on the pharmaceutical expenditure tracking exercise.

CORE ACTIVITY 5: DIGITAL SERVICES TO SUPPORT FINANCIAL PROTECTION

- Completed prior to this reporting period.

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

- Completed prior to this reporting period.

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

- USAID approved the work plan. LHSS work on this activity awaits the availability of these two documents: 1) a landscape analysis already initiated by USAID; and 2) a common approach to sustainable financing for health to be developed by OHS.

CORE ACTIVITY 8: QUALITY AND MEASUREMENT

- LHSS collaborated with USAID and UNICEF to finalize the selection of child health and community systems as focus areas for identifying key health system processes.
- LHSS developed criteria for defining high-performing health system for these two focus areas and for selecting 1-2 countries.
- LHSS finalized landscape review report on quality-of-care measurement resources.

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

- Completed prior to this reporting period.

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

- Institutional Review Boards (IRB) in Nepal and Côte d'Ivoire granted approval to conduct case study interviews focused on experiences in integrating social determinants of health into health workforce education (Nepal) and service delivery (Côte d'Ivoire).
- LHSS conducted 17 semi-structured key informant interviews (9 in Nepal and 8 in Côte d'Ivoire), analyzed the data, and drafted country-specific case study briefs.

CORE ACTIVITY 11: HSS PRACTICE SPOTLIGHTS

- LHSS hosted a highly successful webinar titled “Coping with Complexity: Monitoring, Evaluation, and Learning Approaches for Health System Strengthening Projects” to highlight the MERL Practice Spotlight briefs on January 26, 2022.
- LHSS produced a brief for USAID’s Practice Spotlight Series on Digital Social and Behavior Change in HSS
- LHSS and USAID began developing ideas for another Practice Spotlight brief on quality.

CORE ACTIVITY 12: EXPANDING FINANCIAL PROTECTION

- LHSS incorporated a final round of USAID comments and submitted the literature review around *Expanding Financial Protection to Underserved and Socially Excluded Populations: A Global Evidence Review* to USAID and received approval on March 3, 2022.
- LHSS finished conducting 18 key informant interviews for the Senegal case study and completed a document review of country-specific studies and documentation to inform the case study.
- LHSS has started drafting the compendium report which will be a short synthesis piece that brings together and summarizes the key messages across the literature review and case study.

CORE ACTIVITY 13: SURGE CAPACITY AND KNOWLEDGE SHARING

- LHSS re-issued Request for Application (RFA) to identify a new partner to provide a long-term platform for the outputs of this activity.
- LHSS selected Georgetown University to compile and host a range of evidence-based and easily accessible surge capacity strengthening resources.

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

- LHSS developed mapping framework to define evidence mapping parameters for the priority learning questions USAID selected last quarter, including methods and inclusion/exclusion criteria.
- Using the draft framework, LHSS began the evidence mapping process for Question #2 on sustainability and scale-up from USAID’s Learning Agenda.

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

- LHSS initiated a targeted review of academic and gray literature to summarize normative guidance and to begin to identify promising country experiences with non-insurance pooling arrangements.
- A technical meeting was held with USAID health financing staff to present activity progress receive USAID feedback and recommendations, including on next steps and key informant interviews. The meeting resulted in shared understanding of key technical terms and USAID recommendations for key informants.

CORE ACTIVITY 16: ACHIEVING EFFICIENCY IN HEALTH SYSTEMS

- LHSS is conducting a desk review around how countries have reduced technical inefficiency in their health systems. The team conducted a title and abstract review of the 4,465 titles and ended up including 273 full-text papers for review.
- LHSS drafted a concept note for engagement with the Joint Learning Network (JLN) on a learning exchange and sought feedback from USAID and JLN.
- LHSS met with the JLN network manager to review the concept note to address comments and began structuring a topic of discussion for the learning exchange.

CORE ACTIVITY 17: PROVIDER COMPETENCIES IN SOCIAL DETERMINANTS OF HEALTH

- LHSS finalized a desk review of frameworks and other resources related to social determinants of health provider competencies.
- Preparations began for a modified Delphi review process, planned for Q3.

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

- Conversations about hosting the e-learning modules on WHO's virtual campus began between USAID and LHSS.

CORE-DIRECTED HIGHLIGHTS

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

MALARIA PRIVATE SECTOR ENGAGEMENT

- LHSS finalized interactive toolkit intended to strengthen private sector engagement capacity in PMI country offices and national malaria control programs and translated the toolkit into French.
- President's Malaria Initiative (PMI) approved LHSS report outlining priority strategic opportunities for private sector partnerships, based on the landscape analyses in Cote d'Ivoire, Democratic Republic of the Congo, Liberia, and Uganda.
- LHSS presented key learnings from the landscape analyses and demonstrated the toolkit at a PMI-internal webinar.

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

- LHSS reviewed existing supply chain political economy analysis reports, as well as other similar reports, and interviewed the authors of most of these reports
- LHSS and USAID agreed on a list of experts in the fields of supply chain management and Political Economy Analysis to serve as an advisory group for the primer.
- LHSS prepared a draft outline for the PEA primer.

CSL SUPPLY CHAIN PEA (CORE-DIRECTED)

- Through a review of documents and working closely with a local consultant in Cote d'Ivoire to informally interview local contacts, LHSS developed a deeper understanding of supply chain challenges and defined a problem for the PEA to explore.
- LHSS and CSL agreed on the final PEA problem, "*the lack of accurate data within the country's public sector supply chain for health commodities*", which was used to develop lines of inquiry for subsequent PEA interviews.
- With inputs from LHSS and CSL, USAID Cote d'Ivoire shared a letter with the MOH informing them of the PEA and requesting an official Letter of Introduction (LOI) for the assessment and the local consultant who will conduct the interviews.

COUNTRY AND REGIONAL ACTIVITY HIGHLIGHTS

During this reporting period, LHSS worked in 15 countries, the East Africa region, and with the Latin America and the Caribbean (LAC) bureau. LHSS supported country-led responses to COVID-19 in eight countries with funding provided through the American Rescue Plan Act (ARPA) 2021.

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

AFRICA

LHSS DEMOCRATIC REPUBLIC OF CONGO

- In anticipation of USAID funding, LHSS DRC has identified team members and plans to share the local office with the DRC Integrated Health Project.

EAST AFRICA REGION

- LHSS completed its rigorous and intensive four-month inception period from December 2021 to March 2022.
- LHSS initiated and completed data collection, analysis, and report development for the landscape analysis within five cross-border sites.
- LHSS organized and facilitated a two-day activity launch and consultation workshop to validate landscape analysis findings and co-design interventions with regional, national, and local stakeholders.

LHSS MADAGASCAR

- LHSS facilitated five technical sessions with members of the UHC unit to discuss key UHC-related documents and strategies and submitted the Synthesis Report to the USAID mission.
- LHSS provided capacity development on organizational, institutional, management and communication topics to the UHC unit through coaching and a team-building workshop.
- LHSS began facilitating discussions on the Implementation Plan of the UHC National Strategy and the National Health Financing Strategy (SNFS).

LHSS NAMIBIA

- Supported the Ministry of Health and Social Services (MoHSS) with driving the UHC planning process forward. This included providing technical input and guidance for: 1) the terms of reference and the process manual for the health financing technical unit; and 2) the roadmaps for developing the essential health service package and the UHC policy.
- Drafted a catalogue of possible services, to which the prioritization criteria will be applied for the essential health services package.
- Revised the costing research protocol to include the full Activity-Based Costing approach for selected health, HIV, and community-level services, and submitted the protocol to the MoHSS Research and Ethics committee.

ZIMBABWE HEALTH SYSTEM ASSESSMENT

- LHSS conducted a second TDY, in- country, to validate findings, identify priorities, and develop recommendations for ways development partners can support the health system.
- LHSS conducted a series of virtual meetings to supplement the in-person TDY. This included debrief meetings with USAID and FCDO, and data collection and validation with key HIS informants.
- LHSS synthesized its findings in a final report package that includes a PowerPoint presentation with key findings and recommendations, an Executive Summary, and a PowerPoint “reference document” with the complete findings from the health system assessment (HSA).

ASIA

LHSS BANGLADESH

- LHSS developed an outline of a primary health care model which will be used to increase access to primary health care in urban areas.
- LHSS supported planning initiatives of the Health Economic Unit, Ministry of Health & Family Welfare. This support will contribute to the scale-up of the Shasthyo Surokhsha Karmasuchi social health protection scheme in urban areas.
- LHSS supported continuity and strengthening of Health Standing Committee meetings in two City Corporations and eight Municipalities to increase urban health governance and coordination.

LHSS CAMBODIA

- Social Registry implementation plan to develop an integrated ICT platform was approved by the TWG for ICT and the Deputy Prime Minister.
- Policy Measures (SorChorNor) #213 monitoring cascade training was conducted in three provinces. The training workshops were well attended with participants from all areas responsible for monitoring the policy measures. They developed skills that will enable them to train others in their organizations. Training for Phnom Penh is planned for April.
- LHSS hosted an official USAID visit to Battambang province from 23-24 February 2022. The delegation met with senior level provincial staff and saw free service delivery for people living with HIV funded by the Health Equity Fund.
- The technical efficiency study titled “Advancing Universal Health Coverage in the COVID-19 Era” was published in the Health Economics Review journal.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

- The Activity and FONGTIL (Timor-Leste NGO Forum) co-implemented a learning session to improve civil society organizations’ (CSOs’) knowledge about the health system and the role CSOs can play in health system strengthening.
- A health financing landscape analysis was finalized and submitted to USAID Timor-Leste. Based on recommendations of the analysis, we are working with the MOH to establish a Health Financing Unit.

- The Health Promotion technical working group (TWG) was revitalized and will facilitate coordination between the MoH and its key partners (development partners, implementing partners, and CSOs) working to improve healthy behaviors for inclusive reproductive, maternal, newborn, child, adolescent health plus nutrition (RMNCAH+N) and beyond.
- Nearly 80 representatives from 30 CSOs attended two workshops to disseminate the key findings and recommendations from the 2021 review of SBC interventions in Timor-Leste.

LHSS VIETNAM

- LHSS provided the Vietnam Administration of HIV/AIDS Control (VAAC) with financial and technical advisory support to successfully generate consensus on guidelines, donor implementation plans, and an M&E framework for a social contracting pilot wherein community-based organizations in seven provinces provide HIV/AIDS services via social contracts from January 2022 through 2024.
- MOH approved a supplier for social health insurance covered antiretrovirals (ARV)s and a signed framework agreement between the National Centralized Drug Procurement Center and the supplier for providing ARVs to 459 health facilities nationwide through March 2024.

EUROPE / EURASIA

LHSS KYRGYZ REPUBLIC

- LHSS contributed to the digitalization of the cold chain management system by completing development and testing of a set of electronic sub-systems to update vaccine inventories and administration. The E-health Centre and Republican Center of Immunoprophylaxis demonstrated the developed digital tools to relevant partners and committed to extend this system to routine vaccinations.
- A rapid assessment revealed that only 27.3% of doctors and 16.3% of nurses are convinced that the vaccine will reduce the risk of death from the disease. Additionally, 38.6% of physicians and 53% of nurses believed that receiving the COVID-19 vaccine would make them sick with COVID-19.
- LHSS partnered with the MOH to launch a media campaign to raise public awareness on vaccination against COVID-19

LHSS TAJIKISTAN

- The national laboratory system is now capable of identifying and reporting COVID-19 variants, such as Delta and Omicron, as a result of LHSS support for procurement, maintenance and training on the Analyzer 3500 genomic sequencing machine
- National Deployment and Vaccination Plan (NDVP) has been updated to include WHO-approved guidelines regarding boosters and inclusion of adolescents in the target population.
- National guidelines and instructions for health care providers on other WHO approved vaccines were developed. Vaccine certificates were modified in accordance with new guidelines and use for booster doses, and over 600,000 COVID-19 vaccination certificates and 6,000 guidelines for COVID-19 vaccination were printed and distributed.

- The web-based tool for vaccine cold chain Inventory Gap Analysis was completed this quarter. Over 3,100 medical institutions were assessed. Based on the analysis, UNICEF procured and installed nine ultra-cold chain freezers, capable of storing Pfizer COVID-19 vaccines.

LHSS UKRAINE

- LHSS supported the Ministry of Health (MOH) with technical assistance including stakeholder interviews, drafting of an agenda, and other advice to establish an inter-agency working group with 34 participants focused on expanding access to telemedicine. LHSS and the MOH brought these participants together for the first time to discuss key priorities and challenges for telemedicine in Ukraine.
- LHSS conducted a rapid desk review and drafted a brief on use of telemedicine in conflict, disaster, and post-conflict settings to inform the Government of Ukraine's telemedicine strategy during the conflict. This will be submitted to GOU and USAID in Q3.
- In order to respond to urgent MOH needs, LHSS began providing technical assistance after the invasion on selecting and prioritizing telemedicine solutions proposed by donors and others.

LATIN AMERICA AND CARIBBEAN

LHSS COLOMBIA VRIO

- LHSS trained 16 institutional actors (12 healthcare providers and four (4) territorial officials) responsible for encouraging social participation in health care provision in La Guajira and Valle del Cauca. In addition, we began identifying key actors in Bucaramanga and Cúcuta for further implementation of the community action cycle to link health institutions and communities.
- LHSS certified 357 community leaders in 15 territorial entities on the national vaccination plan and trained 300 additional people through a virtual course on COVID-19 vaccination, as part of a human resource training plan.
- 320 representatives from local communications and media teams participated in a COVID-19 vaccination acceptance communication workshop.

LHSS DOMINICAN REPUBLIC (PEPFAR)

- LHSS began evaluating sites providing adult and pediatric HIV care to identify strengths, gaps, needs, and areas of improvement. Findings will inform a strategy and implementation plan to roll out family-based HIV services to HIV clinical sites nationwide.
- LHSS completed an assessment of data collection tools, guidelines and platforms used for COVID-19 surveillance at the Directorate of Epidemiology that will inform an action plan to strengthen COVID-19 and overall national surveillance plans.

LHSS LAC BUREAU

- LHSS submitted a proposal to USAID with modifications to the LHSS LAC Bureau Activity Year 2 Work Plan in the DR aligned with the "Roadmap for Strengthening Social Health

Protection Platform” developed by LHSS in Y1 in collaboration with high-level technical staff and decision-makers from the DR government, private sector, and civil society.

- USAID reviewed the above proposal, and per USAID guidance, the Work Plan changes are awaiting results of a key stakeholder meeting in the DR to assess their willingness to support and move forward with the Work Plan. The decision to continue with the implementation of the Activity will come following a meeting in mid-May with the Intersectoral Working Group, LHSS, USAID and other development stakeholders, facilitated by local LHSS partner, Two Oceans. The meeting will be conducted in Q3.
- In Honduras, a local partner was selected to conduct Intervention 2.1: Strengthen the capacity of the government of Honduras to adapt, implement, and finance SHP (Social Health Protection) for women at risk of migration.

LHSS PERU (PEPFAR)

- LHSS Peru presented activity updates, preliminary data/results, lessons learned and areas of unmet need to the PEPFAR COP/ROP 2022 Virtual Planning Meetings Western Hemisphere Region – South America Venezuela Regional Crisis on March 29, 2022.
- LHSS submitted to the Mission the Recommendations Report for the Design and Implementation of a National Observatory for Migrant Health on March 31, 2022.
- LHSS facilitated a second forecasting tool workshop on February 11, 2022, with 18 participants from health facilities providing ARV treatment to develop capacity related to HIV commodities forecasting.

MIDDLE EAST

LHSS JORDAN

- Alongside LHSS and the USAID-funded Community Health and Nutrition Activity, the Jordan Nurses and Midwives Council’s tele-counseling nurses began sharing COVID-19 vaccination messages to encourage individuals with confirmed cases, along with their families, to take the shot when appropriate.
- Despite challenges related to the recent COVID-19 wave in Jordan, the infection prevention and control toolkit training continued, with approximately 2670 certificates issued for proper use of PPEs.
- LHSS’s assessment, *COVID-19 Molecular Testing Capacity in Jordan: A Cross-Sectional Study at the Country Level* was accepted for publication in the *Diagnostics Journal* and will be officially published early next quarter.

COUNTRY ACTIVITIES FUNDED THROUGH AMERICAN RESCUE PLAN ACT 2021

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

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

LHSS COLOMBIA (ARPA)

- The vaccination management teams trained 8,800 health workers and community leaders and assisted 317 institutions on the National Plan for Vaccination against COVID-19's guidelines, in this quarter.
- LHSS supported 47 mass enrollment campaigns in Q2 that enrolled 38,965 migrants in health insurance.
- Supported the MOH to launch a Health Equity Observatory to analyze health inequities by gender and migration status.

LHSS DOMINICAN REPUBLIC (ARPA)

- LHSS trained 700 service providers from 16 hospitals on COVID-19 case management. The service providers represented hospitals from the public health sector nationwide.
- LHSS developed a health map dashboard to identify hotspots of COVID-19 unvaccinated populations at the neighborhood level and began handover to national stakeholders. LHSS presented the results and a short live demo to USAID/Washington's Office of HIV/AIDS and implementing partners in mid-March. LHSS also presented results to USAID DR and national stakeholders.

LHSS JAMAICA (ARPA)

- LHSS hosted an event in partnership with USAID and the Ministry of Health and Wellness (MOHW) to introduce the LHSS grant program in Jamaica. Approximately 35 people attended, including USAID mission, Ministry, and private provider grantee representatives.
- Eight private sector grantees began administering COVID-19 vaccines in support of MOHW vision and priorities.

LHSS KAZAKHSTAN (ARPA)

- LHSS completed one procurement round focused on Omicron research and detection (Round 5) and confirmed the dispatch of next generation sequencing materials (Round 4.2 and 4.2.1).
- In mid-January 2022 LHSS received confirmation that the Illumina MiSeq platform (Round 4.2) and associated laptop workstation (Round 4.2.1) had been manufactured. LHSS worked with Albiogen on preparing shipping documents, liaised with CDC and MOH to determine import and single-entry requirements and, in consultation with Albiogen, finalized the suggested installation and training program.
- At the close of the last reporting period, USAID requested the urgent procurement of reagents for Omicron variant sequencing and research; LHSS proceeded with a competitive

procurement, based on all necessary scientific requirements and TIB MolBiol was selected. A joint scientific call was held between USAID/CDC/LHSS and TIB MolBiol to select Omicron detection options, and the TIB MolBiol tranche was delivered in full to the National Laboratory on March 14, 2022.

LHSS KYRGYZ REPUBLIC (ARPA)

- LHSS partnered with the Ministry of Culture and the Republican Center for Health Promotion and Mass Communication to launch communication campaigns that aim at reducing vaccine hesitancy among medical workers and the public.
- LHSS trained 125 national-level trainers and 179 primary healthcare workers from Chui oblast on how to improve their interpersonal communication skills for COVID-19 vaccination. This will enable them to provide effective and scientifically grounded information both to the public and their healthcare counterparts.
- LHSS enhanced the capacity of multidisciplinary teams by providing training and monitoring so they could actively improve consultations with patients with severe COVID-19 cases. Three-hundred and forty-one multidisciplinary team members were trained in new, evidence-based diagnostic and treatment methods.

LHSS PERU (ARPA)

- In close collaboration with five regional governments (Puno, Madre de Dios, Arequipa, Moquegua, and Tacna), LHSS developed a regional Communication Strategy to address COVID-19 vaccine hesitancy and to disseminate emerging information in vaccines and prevention
- LHSS signed a grant to develop and disseminate communication interventions for COVID-19, in coordination with health directorates and local health networks to increase vaccination and adopt preventive measures in the Puno and Madre de Dios regions.
- LHSS evaluated the vaccination information system, in collaboration with the MOH and regional health directorates, with whom the results were discussed.

LHSS TAJIKISTAN (ARPA)

- LHSS supported trainings for 18 medical workers from immunization centers with COVID-19 boosters and planning for vaccinations, targeting 12- to 17-year-olds in the Bokhtar region.
- The Tursunzade laboratory was fully set up with technical support from LHSS's regional laboratory expert and national laboratory coordinators of the Ministry of Health and Social Protection of the Population (MHSPP). The laboratory has begun COVID-19 diagnostics.
- LHSS held a national meeting to discuss laboratory practices related to COVID-19 and presented their achievements with a database creation activity, which resulted in creating a list of supplies needed to conduct COVID-19 testing for ten regional (pilot) laboratories. There were 20 participants from the WHO, CDC, UNDP, Global Fund, USAID mission and MOHSPP

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY TIMOR-LESTE (ARPA)

- On March 29, the Activity hosted a grant opening ceremony for a local civil society organization (CSO) — HAMNASA (*Hamutuk Nasaun Saudave*/ ‘Together a Healthy Country’). HAMNASA has begun working to improve uptake of COVID-19 vaccinations and other healthcare services in selected municipalities with low vaccine coverage.
- HAMNASA supported the MoH to administer COVID-19 vaccines, including first and second dose vaccines to school-aged children and booster shots to the general population in Ainaro, Bobonaro, Ermera, and Liquica municipalities. In total nearly 17,000 people were vaccinated, including 14,800 children who received their first dose.
- The Activity partnered with the *Institute Nasional da Saude* (INS, National Institute of Health) to train 92 healthcare professionals, including doctors, nurses, midwives, public health officers, and laboratory technicians, on laboratory diagnostics, emergency care, and vaccine management.

SECTION 2: QUARTERLY PROGRESS REPORTS FOR CORE-FUNDED ACTIVITIES

CORE ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

Period of Performance: FY22 Activity Year (AY3) Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- In-country technical assistance has begun in Peru, where a local consultant is working with the Executive Directorate of Budgeting in the MOH to strengthen the government's health budget execution by improving the capacity of sub-national government staff to apply national public financial management (PFM) rules in the health sector.
- An international expert in PFM has been engaged to provide virtual technical assistance that will include targeted guidance to help countries define and implement incremental steps to overcome obstacles to improving budget execution. Bangladesh, Ghana, Lao PDR, and Peru have been invited to participate in the workshops.
- Two blogposts were published on the LHSS website and on the WHO's P4H knowledge sharing platform.

QUARTERLY ACTIVITY PROGRESS

A local consultant has begun working with the Executive Directorate of Budgeting in the Peru MOH to define and address capacity development needs which will help the central MOH better support and develop sub-national level capacity to execute the health budget. The consultant has facilitated several meetings with the MOH team to collect financial flow and budget execution information, including a workshop to map the budget process, and to agree on priorities, objectives, and a timeline for technical assistance. Assistance has been requested to improve both the budget execution rate and to ensure that spending is aligned with health sector priorities. With support from the consultant, the Executive Directorate of Budgeting team has begun to articulate its own capacity gaps, as well as engage regional personnel to identify ways to improve budget management at the regional level. Prioritized products from LHSS technical support include a strategy for capacity development at subregional levels, and a budget execution guide, which will consolidate the rules and norms that guide the budget process and identify and address commonly experienced challenges throughout the budget cycle.

The team has engaged an international PFM expert to develop and implement a virtual TA approach that will provide targeted guidance to help countries define and implement incremental steps to overcome obstacles to improving budget execution. The countries participating in the TA are Bangladesh, Ghana, Lao PDR, and Peru. The consultant is in the process of designing a series of joint workshops to share in-depth information on country experience implementing successful practices and how existing normative guidance and resources can inform country

efforts. The consultant will also facilitate country-specific working groups to identify the steps that each country can make, agree on key milestones, as well as facilitate country pairings and other methods, as necessary. Given the short duration of the TA, the objectives are 1) to provide countries with guidance and clarity to begin implementing the successful practices they have chosen to apply to their country, and (2) to provide them with the skills to continue implementation after LHSS technical support ends.

The team has developed a first draft of the global knowledge product, based on learnings from country scoping calls and questionnaires, the Activity launch event, and 2 learning exchanges. The knowledge product will be further fleshed out with learning generated from the technical assistance being provided to Bangladesh, Ghana, Lao PDR, and Peru.

CHALLENGES

- Implementation of TA for countries other than Peru has been delayed due to lack of mission concurrence for Bangladesh and Lao PDR. This lack of concurrence led the team to redesign the TA using a virtual approach to technical assistance that can meet the needs of multiple countries and deepen the learning generated by the knowledge exchanges.
- The need to re-engage countries to ensure that they remain interested and able to commit to the TA has also contributed to delays in initiating TA, therefore the team is conducting one-on-one outreach to countries to mitigate this.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Begin TA, including implementation of TA, including through a joint technical assistance workshop and country-specific working groups.
- Continue implementing TA in Peru.
- Develop and publish at least two additional blogposts to describe activity progress and learning generated by the participating countries.
- Continue to develop the knowledge product by integrating learning from technical assistance efforts in Peru and through virtual engagements with Bangladesh, Lao PDR, and Ghana.

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

Period of Performance: FY22 AY3 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS held the first virtual Joint Learning Network (JLN) learning exchange meeting on February 9. Seven country teams were represented: Bangladesh, Lao PDR, Malaysia, Philippines, Rwanda, South Africa, and Thailand. Malaysia, Thailand, and the Philippines shared experiences and challenges with stakeholder engagement in national priority setting.

QUARTERLY ACTIVITY PROGRESS

LHSS convened the first virtual JLN learning exchange on February 9, 2022. Representatives from seven countries participated. Three country teams (Thailand, Malaysia and the Philippines) presented experiences and challenges in stakeholder engagement, one of the two issues prioritized by country participants during the launch event in December 2021. The presentations focused on two broad areas: processes for selecting the most important stakeholders for setting realistic and feasible national priorities; and successes and challenges of engaging specific groups. The discussion that followed expanded on the issues raised in presentations and covered additional topics such as the importance of strong communication skills for engaging different stakeholders.

LHSS has also planned the second learning exchange meeting, to be held on April 6, 2022. This meeting will focus on the second issue prioritized by countries during the launch: how they can institutionalize national priority setting processes that ensure that the priorities identified go on to be reflected in subsequent strategic planning and budget allocations. Teams from Rwanda and Lao PDR will present their experience of engaging central government organizations and incorporating political and financial constraints into the priority setting process.

The LHSS team also discussed potential areas for TA with eligible countries and USAID approved a time extension for the TA reports to September 30, 2022. This will allow learning from the TA to be incorporated in the resource, which is due in Quarter 4.

CHALLENGES

- The time-limited nature of the learning exchange requires a different approach and a lower level of ambition than a traditional JLN learning exchange, which typically lasts up to two years. Opportunities to create lasting connections between practitioners in different countries are limited. Staffing changes, such as those that have happened on the South Africa team, are more disruptive in a short exchange.
- While the Bangladesh country team continues to participate in meetings, the LHSS team has been unable to engage team members for more country-specific discussion between meetings.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- Second virtual learning exchange meeting on April 6, 2022.

PRIORITIES NEXT QUARTER

- Facilitate the second learning exchange meeting.
- Use learning from the two meetings to co-create a first draft of a resource with country participants. Learning from TA delivered through the activity will be incorporated in a later version.
- Write blogposts sharing experience from the two learning exchanges
- Finalize consultation with eligible countries about their needs for technical assistance to be implemented in Q3 and Q4.

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

Period of Performance: FY 2022 AY3 Q2 (January–March 2022)

TOP HIGHLIGHTS THIS QUARTER

- A revised report summarizing survey and literature findings from a diagnostic analysis of National Quality Policy and Strategy implementation in 37 countries was submitted to USAID, incorporating comments from USAID and WHO.
- A technical report capturing learnings from Rwanda and Zambia was prepared and submitted to USAID.
- LHSS hosted *Financing for Quality* the third of 3 planned webinars, on March 3, 2022. Ninety-seven people from 30 countries attended.

QUARTERLY ACTIVITY PROGRESS

In Q2, LHSS worked on addressing the feedback it received from USAID and WHO following the submission of a preliminary summary report synthesizing findings from the online survey and literature review on National Quality Policy and Strategy implementation. The revised version, including all annexes, was submitted to USAID for technical review.

LHSS also finalized coding and analyzing data from the two selected case study countries: Rwanda and Zambia. The team then drafted a report with key lessons, barriers, and best practices for successfully operationalizing a National Quality Policy and Strategy and submitted the draft for USAID's review.

Furthermore, LHSS collaborated closely with USAID to plan and host the third and final of the activity webinar series. The webinar focused on financing for quality and showcased Zambia's experience in strengthening its institutional links between health financing and improved quality of care. The event was attended by over 95 people representing 30 countries.

LHSS also engaged with WHO to initiate the process of uploading final activity products, including reports, tools, and webinar recordings, to the Global Learning Lab with the goal of creating a virtual repository of helpful resources for countries.

At the end of Q2, LHSS requested an extension of this activity by one quarter, in order to have adequate time to address anticipated USAID comments on the two activity reports and work with WHO to establish the virtual repository. USAID approved the extension.

CHALLENGES

- No challenges identified.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Strengthening Governance of Quality Health Service Delivery—Diagnostic Analysis of 37 USAID Priority Countries. Submitted on March 1, 2022
- National Quality Policy and Strategy: Financing for Quality Webinar. Hosted on March 3, 2022
- Strengthening Governance of Quality Health Service Delivery – Case Study Summary of Two Countries, Rwanda and Zambia. Submitted on March 31, 2022

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- Address comments from USAID on the case study and summary reports and submit final versions for COR approval.
- Coordinate with WHO to upload all materials from the activity to the Global Learning Lab for long-term housing and wider dissemination.

CORE ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

Period of Performance: FY22 AY3 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- Together with the MOH, the LHSS team agreed with Vietnam Social Security on parameters for pharmaceutical spending data that the social health insurance scheme will share with the LHSS team
- LHSS also discussed data needs with National Target Program (NTP) leads (immunization, HIV/AIDS etc), who agreed to compile data on pharmaceutical spending
- LHSS is mapping social health insurance therapeutic groupings to Health Accounts disease classifications, so that data analysis and mapping can proceed quickly once the data is obtained
- The MOH held a workshop to share preliminary results from their 2018/2019 Health Accounts estimation; LHSS attended and provided an overview and update on the pharmaceutical expenditure tracking exercise

QUARTERLY ACTIVITY PROGRESS

Intervention 2: Building country capacity for production and use of PE data to inform decision-making

In Vietnam, LHSS local consultants continue to work closely with the VSS and National Target Programs (NTPs) to obtain detailed data on pharmaceutical spending. After multiple discussions, LHSS reached agreement with VSS and NTP leads on the parameters required for data on spending. Despite this agreement in January 2022, LHSS has yet to obtain the data requested. Though the MOH Health Accounts team has been facilitating these conversations, numerous political challenges (and COVID-19 related delays) have presented a barrier to accessing the necessary data.

LHSS and MOH had discussed and agreed that this pilot would not include private sector (OOP and private health insurance) spending on pharmaceuticals. Nevertheless, with an eye on learning for future estimations, LHSS obtained total expenditure for pharmaceutical imports and local manufacturing in 2019. This data does not contain the detail necessary for mapping using the SHA 2011 framework, but the exercise of collecting it provides important learning for future HA estimations.

The MOH, with support from LHSS Vietnam and WHO, has prepared preliminary estimates for the current 2018/2019 Health Accounts estimation. These findings were presented in a workshop in March, where LHSS presented an update on the pharmaceutical expenditure tracking exercise.

LHSS also provided another brief progress update to WHO colleagues in Geneva, SEARO and EURO.

CHALLENGES

- **Difficulties in accessing data.** Though LHSS and VSS agreed on parameters for pharmaceutical spending data, VSS has yet to provide the agreed-upon data. The initial data provided in March lacks the detail agreed upon. The leads of national target programs have also not yet provided detailed data, as they are awaiting permission from the MOH to do so. Our local contacts suggest that these delays are related to political challenges (within the MOH, government and VSS) that are out of the control of the MOH staff involved. LHSS is exploring possible solutions but may end up having to work with less detailed pharmaceutical spending data. This will still result in improved accuracy of pharmaceutical spending data, though not as much as originally planned. Also, given these delays, the political economy data analysis will be reflected in a policy brief and not in the standard Health Accounts report.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- LHSS will continue to engage with Vietnam MOH Health Accounts team and stakeholders to access pharmaceutical expenditure data from VSS and national target programs. LHSS will continue to prepare for mapping while awaiting the data.
- LHSS will begin working with policy makers involved in decision-making around pharmaceutical financing to understand policy priorities to inform development of the policy brief on pharmaceutical spending.

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

Period of Performance: FY22 AY3 Q2 (January - March 2022)

TOP HIGHLIGHTS THIS QUARTER

- USAID approved the work plan. LHSS is working with USAID and OHS to finalize the scope and implementation plan.

QUARTERLY ACTIVITY PROGRESS

USAID approved the work plan, and this activity's final scope and implementation plan depends upon finalizing 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 awaits the availability of these two documents.

CHALLENGES

- LHSS originally anticipated receipt of USAID's landscape analysis and common approach in November 2019. We await further guidance from USAID on when these documents will be made available.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Review the landscape analysis and common approach documentation when received from USAID, and initiate framework development.

CORE ACTIVITY 8: QUALITY AND MEASUREMENT

Period of Performance: FY 2022 AY2 Q2 (January–March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS collaborated with USAID and UNICEF to finalize the selection of child health and community systems as focus areas for identifying key health system processes.
- LHSS developed criteria for defining high-performing health system for these two focus areas and for selecting 1-2 countries.
- LHSS finalized landscape review report on quality-of-care measurement resources.

QUARTERLY ACTIVITY PROGRESS

In Q2, LHSS responded to additional USAID comments on the draft landscape report synthesizing global quality of care measurement tools and initiatives, as well as their intended use in a health system. The team also reached out to USAID staff that participated in the landscape consultations to validate the descriptions of their respective quality measurement work. LHSS then submitted the updated report for USAID's review and technical approval.

Furthermore, with USAID's guidance, LHSS selected child health and community systems as areas of focus for unpacking the operationalization of quality health systems in phase two of this activity. LHSS followed this up with a targeted desk review to compile related global indicators and draft initial criteria for selecting countries that are achieving high quality care in these areas. The initial criteria were shared with USAID, and LHSS is currently updating these to reflect USAID's feedback. LHSS is also pursuing inputs from WHO to inform country selection. Once the indicator and country selection are finalized, LHSS will conduct a review of available data and develop a technical summary to define and describe the health system processes that have contributed to high quality of care in child health and community systems in the selected countries.

CHALLENGES

- Delayed responses from UNICEF did not allow for a close engagement in the selection process of indicators and countries. However, LHSS was able to proceed with confirming focus areas, compiling a preliminary list of indicators, and proposing criteria for country selection.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Quality Measurement Landscape Report. Submitted on March 31, 2022

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Finalize selection of one or two countries with high-performing health systems in child health and community health systems

- Conduct desk review to assess operationalization of quality health system in selected countries

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

Period of Performance: FY22 AY2 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- Institutional Review Boards (IRB) in Nepal and Côte d'Ivoire granted approval to conduct case study interviews focused on experiences in integrating social determinants of health into health workforce education (Nepal) and service delivery (Côte d'Ivoire).
- LHSS conducted 17 semi-structured key informant interviews (9 in Nepal and 8 in Côte d'Ivoire), analyzed the data, and drafted country-specific case study briefs.

QUARTERLY ACTIVITY PROGRESS

In Q2, LHSS secured local ethics approvals in Nepal and Côte d'Ivoire to conduct case studies to explore approaches in integrating social determinants of health along the health workforce development trajectory. LHSS scheduled and conducted a total of 17 key informant interviews in these two countries with stakeholders ranging from leaders in medical and public health education programs, to health care practitioners and community members. LHSS then analyzed the collected data from each country to synthesize key findings on successful approaches and lessons learned and drafted country case study briefs. These briefs were submitted to USAID for review and feedback by the end of the quarter.

For the third case study country, Eswatini, LHSS submitted the required package to Eswatini's IRB in early Q2 and has been following up since with the Board to secure approval. LHSS also continued to work on a technical guidance document to synthesize all key findings and recommendations from the activity on social determinants of health competencies, and the impact of integrating social determinants of health approaches in HRH education, training, and practice. The report will also include the theory of change and resource map that have already been developed and approved by USAID in previous quarters.

During this quarter, LHSS also started planning for a dissemination webinar to share findings from the case studies with a broader audience. The webinar is scheduled to take place in early Q3 and will feature speakers from Nepal and Côte d'Ivoire, as well as USAID.

CHALLENGES

- LHSS has not finalized the case study for Eswatini because of an extended delay in getting approval from the local IRB. LHSS has been proactively following up with the Board and has kept USAID closely in the loop on the status. LHSS has started drafting the Eswatini case study through desk research, while waiting for local approval to start primary data collection. Based on guidance from USAID, LHSS will continue to pursue approval through early Q3 before deciding on whether to drop this final case study.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Draft Nepal and Côte d'Ivoire case studies. Submitted on March 31, 2022

UPCOMING EVENTS

- Dissemination webinar - Integrating Social Determinants of Health in Health Education and Service Delivery: Case Studies from Nepal and Côte d'Ivoire. Scheduled for April 28, 2022

PRIORITIES NEXT QUARTER

- Secure local IRB approval in Eswatini, conduct four to six key informant interviews, and develop the first draft of the country case study
- Incorporate any USAID feedback and finalize Nepal and Côte d'Ivoire case studies
- Finalize the technical guidance report detailing results from the literature review, online survey, and country case studies
- Host dissemination webinar

CORE ACTIVITY 11: HSS PRACTICE SPOTLIGHTS

Period of Performance: FY22 AY3 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS hosted a highly successful webinar titled “Coping with Complexity: Monitoring, Evaluation, and Learning Approaches for Health System Strengthening Projects” to highlight the MERL Practice Spotlight briefs on January 26, 2022.
- LHSS produced a brief for USAID’s Practice Spotlight Series on Digital Social and Behavior Change in HSS
- LHSS and USAID began developing ideas for another Practice Spotlight brief on quality.

QUARTERLY ACTIVITY PROGRESS

In Q2, LHSS hosted a webinar entitled “Coping with Complexity: Monitoring, Evaluation, and Learning Approaches for Health System Strengthening Projects.” The webinar attracted a large, engaged audience. Over 550 people registered and 250 attended from 53 countries, including 48 attendees from USAID missions and headquarters.

LHSS completed additional deliverables from the AY2 tranche of funding, including a short report that details the HSS Practice Spotlight brief production process to guide future teams that work on new briefs. Additionally, LHSS received a final draft brief from Digital Square and used that content to produce the second brief in the digital health HSS Practice Spotlight series, titled “Digital Social and Behavior Change in HSS.”

In response to USAID’s request, LHSS requested and received approval from the COR on March 17, 2022, to extend the deadline for the Digital Square webinar from March 31, 2022, to September 30, 2022. This extension will allow USAID to decide whether and how this deliverable should be changed.

Looking forward, LHSS began working with USAID to identify a topic for the AY3 brief on quality. This included meeting with USAID colleagues to propose topic ideas, share lessons

learned from the MERL briefs, and discuss the composition of the Advisory Committee for quality.

CHALLENGES

- No challenges identified.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Updated 508-compliant Digital Square digital health brief #1. Note that this was originally submitted and approved in September 2021 but was updated to match the MERL briefs and re-submitted on January 20, 2022.
- Webinar on complexity-aware monitoring approaches to MERL for HSS projects. Completed January 26, 2022.
- Report on HSS Practice Spotlight brief production process. Submitted February 24, 2022. Approved February 27, 2022.
- Second Digital Square digital health brief in the Practice Spotlight template. Submitted March 29, 2022.

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Select a quality topic for the AY3 brief in collaboration with USAID colleagues.

CORE ACTIVITY 12: EXPANDING FINANCIAL PROTECTION

Period of Performance: FY22 AY3 Q2 (January– March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS incorporated a final round of USAID comments and submitted the literature review around *Expanding Financial Protection to Underserved and Socially Excluded Populations: A Global Evidence Review* to USAID and received approval on March 3, 2022.
- LHSS finished conducting 18 key informant interviews for the Senegal case study and completed a document review of country-specific studies and documentation to inform the case study.
- LHSS has started drafting the compendium report which will be a short synthesis piece that brings together and summarizes the key messages across the literature review and case study.

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Literature Review on Expanding Financial Protection

LHSS received USAID comments on the literature review around *Expanding Financial Protection to Underserved and Socially Excluded Populations: A Global Evidence Review*. LHSS has incorporated comments and submitted the final report to USAID. LHSS received approval from USAID on March 3, 2022.

Intervention 2: Country Case Study

Senegal Case Study: LHSS completed key informant interviews and a document review of country-specific studies and documentation for the Senegal case study. The questionnaire used for key informant interviews dives into the different aspects of financial protection in Senegal. This includes: An Overview of Financial Protection Mechanism, Political Economy and Health Equity, Intervention Descriptions, Non-Financial Barriers, Community Involvement, Intervention Challenges & Enabling Factors, and Intervention Outcomes.

LHSS interviewed a total of 18 key informants within the following groups:

- Group 1: government authorities, donors, and their implementing partners
- Group 2: health insurance operational entities and organizations
- Group 3: community organizations and beneficiary groups

LHSS began synthesizing the data from the document review and key informant interviews to inform preliminary analyses and the case study report.

Second Case Study: LHSS formally requested an amendment to the Activity workplan to cancel the second case study. Despite exhaustive efforts, LHSS was not able to identify another country that could fulfil our technical criteria and was ready to work with us. USAID approved this request on March 17, 2022.

LHSS started drafting the compendium report, which will be a short synthesis piece (~ 8 pages) that brings together and summarizes the key messages across the literature review and case study. It will appeal to a wider audience, such as country policy makers and legislators. The report will also be more digestible in terms of simplicity and accessibility for non-technical stakeholders but can link to and reference the literature review and case study.

In preparation for a webinar in the month of May that will synthesize best practices and lessons learned from the literature review and Senegal case study, LHSS has started identifying and reaching out to potential speakers, including relevant in-country stakeholders engaged in the case study process.

CHALLENGES

- LHSS experienced delays with key informant interviews in Senegal, due to challenges in scheduling on-site interviews due to COVID safety protocols and key stakeholders having busy schedules. To address COVID safety protocols, LHSS conducted interviews virtually. In addition, our consultant, in collaboration with the Senegal Mission Activity Manager, worked hard to make sure we included diverse perspectives in the interviews – which took some time identifying the right stakeholders. These delays pushed back our timeline for finalizing the Senegal case study report from the end of March to the beginning of May 2022. LHSS requested an extension to the case study deliverable to May and received approval from USAID on March 30, 2022.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS Core Activity 12 submitted the literature review around *Expanding Financial Protection to Underserved and Socially Excluded Populations: A Global Evidence Review to USAID*. LHSS received USAID approval on March 3, 2022.

UPCOMING EVENTS

- LHSS will present best practices and lessons learned from the literature review and Senegal case study during a Webinar in May 2022.

PRIORITIES NEXT QUARTER

- In Q3, the Activity team will prioritize completing the Senegal case study. The final report is expected to be submitted in May 2022.
- The team will be preparing for the upcoming Webinar in May. Preparations include developing a title, event description, agenda, PowerPoint slides, and finalizing speakers.
- Once the Senegal case study is completed, the Activity team will incorporate the analysis into a final compendium report, alongside literature review findings. The compendium report will be submitted to USAID in Washington, Senegal USAID Mission, and relevant in-country stakeholders engaged in the case study process.

CORE ACTIVITY 13: SURGE CAPACITY AND KNOWLEDGE SHARING

Period of Performance: FY 2022 AY2 Q2 (January–March 2022)

TOP HIGHLIGHTS THIS QUARTER

- Re-issued Request for Application (RFA) to identify a new partner to provide a long-term platform for the outputs of this activity.
- Selected Georgetown University to compile and host a range of evidence-based and easily accessible surge capacity strengthening resources.

QUARTERLY ACTIVITY PROGRESS

Following the Johns Hopkins Center for Health Security's withdrawal from the activity during Q1, LHSS re-issued an updated RFA in Q2 to curate and host existing surge resources that help countries better manage health system stressor events and improve health system resilience. LHSS received applications from Georgetown University and University of California San Francisco. These applications were reviewed and scored by a Grant Evaluation Committee on a set of technical and operational criteria per the RFA.

LHSS selected Georgetown University as the grantee and held budget and scope negotiation calls. With guidance from USAID, LHSS and Georgetown agreed on integrating surge capability and capacity resources into Georgetown's existing Health Security Net website to make these materials easily accessible for local and global health system leaders. The grant package is being prepared for USAID approval early next quarter.

CHALLENGES

- Identifying and contracting an appropriate partner to support this activity's scope has taken an extended amount of time. LHSS periodically connected with USAID to provide updates on these challenges and seek guidance. Given the need to re-issue the solicitation notice and identify a new partner, LHSS is revisiting its overall activity timeline and will be working with USAID to request any necessary extensions beyond June 2022 as needed.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No events planned.

PRIORITIES NEXT QUARTER

- Finalize grant approval process and issue award to Georgetown University.
- Hold kick-off call with Georgetown University to confirm thematic groupings and other aspects of the curated content.

- Collaborate with Georgetown University to continue sourcing additional surge capacity and capability materials as needed.

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

Period of Performance: FY22 AY1 Q2 (January – Mar 2022)

TOP HIGHLIGHTS THIS QUARTER

- Developed mapping framework to define evidence mapping parameters for the priority learning questions USAID selected last quarter, including methods and inclusion/exclusion criteria
- Using the draft framework, LHSS began the evidence mapping process for Question #2 on sustainability and scale-up from USAID's Learning Agenda.

QUARTERLY ACTIVITY PROGRESS

In Q2, LHSS drafted a detailed process document for the evidence mapping, defining the approach for the evidence review and providing a description of each step. It also outlines inclusion criteria, target years, evidence categories, and sorting components. LHSS shared this framing document with USAID for review and updated it to reflect feedback.

LHSS then selected learning question #2 (*What conditions or factors successfully facilitate institutionalization and/or implementation at scale of good practices that improve health system outcomes, and why? What are lessons learned regarding planning for sustainability and achieving results at scale?*) as a pilot question to test the mapping framework, with the goal of iteratively updating the process, as the evidence review progresses. Using tailored search terms, LHSS identified over 1500 records in Pubmed, Health Systems Evidence, and gray literature sources. LHSS conducted title and abstract screening of these and identified about 700 eligible articles for an ongoing full-text review.

Furthermore, LHSS held several discussions with USAID regarding options for a dissemination platform with a focus on tailoring an existing open-source code on GitHub for the purposes of this activity and securing approval to potentially host the final product as a sub-directory on the LHSS website. Based on these discussions and given that developing and hosting the GitHub platform was not part of the activity's original workplan, LHSS provided USAID with three costed scenarios for developing and hosting GitHub on the LHSS website vis-à-vis implications to the current scope and budget of the activity. These costed options are currently being reviewed by USAID.

CHALLENGES

- No challenges identified.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were planned for or submitted this quarter

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Continue to work closely with USAID to facilitate final decision on the hosting options for GitHub and move forward with the relevant next steps. Depending on USAID's preference, this may have implications for the activity's scope and/or budget
- Complete full-text reviews of learning question #2 and draft descriptive analysis of the identified evidence, including type of evidence and key sub-themes/domains, for USAID's review
- Commence literature review for remaining priority learning questions
- Develop draft evidence map structure

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

Period of Performance: FY22 AY3 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS initiated a targeted review of academic and gray literature to summarize normative guidance and to begin to identify promising country experiences with non-insurance pooling arrangements.
- A technical meeting was held with USAID health financing staff to present activity progress receive USAID feedback and recommendations, including on next steps and key informant interviews. The meeting resulted in shared understanding of key technical terms and USAID recommendations for key informants.

QUARTERLY ACTIVITY PROGRESS

Intervention I: Identify and Assess Non-Insurance Scheme Options for Risk Pooling

The activity is in the early stages of implementation. LHSS initiated a targeted review of academic and gray literature to summarize normative guidance and began to identify promising country experiences with non-insurance pooling arrangements. The team has used initial findings from the desk review to develop clarity on the overall approach for the activity. We began defining key terms such as pooling and non-insurance pooling, considering how to select promising practices given the different contexts and starting points of countries, and determining how best to present findings to meet the needs of key target audiences, including USAID Mission staff.

At a technical meeting with USAID on March 31, the team shared initial findings in the areas of normative guidance on improving pooling progress towards UHC and country experiences that may illustrate promising non-insurance pooling arrangements. In addition, the team used this meeting to develop a shared understanding of key terms shaping the team's approach and to obtain USAID feedback on initial findings and recommendations for next steps, including key informant interviews, as well as on the scope and draft outlines of the landscape report and pull-

out briefs. The meeting discussion helped to clarify definitions of key terms, target audiences and objectives for the activity deliverables.

LHSS began to identify key informants who are global health financing experts, based on recommendations from USAID, and to develop an interview guide for key informant interviews. The team hopes to gather insights on promising country experiences and validate literature review findings, particularly with respect to implementation of non-insurance pooling arrangements. This will be followed by a second phase of interviews with country experts to gather more in-depth information on country experiences.

Intervention 2: Disseminate Learnings to Global Audience

This intervention is in the early stages. During the technical meeting with USAID, the team discussed key target audiences for dissemination and will prioritize USAID staff and country policy makers in the design of deliverables for dissemination.

CHALLENGES

- Scheduling the technical meeting requested by USAID caused some delay in initiating key informant interviews. However, the team was able to use preparation for the meeting to help clarify questions for key informants and agree on how deliverables can be designed to best meet the needs of target audiences. Furthermore, the meeting resulted in recommendations from USAID on key informants to be interviewed and the team expects to quickly finalize this list and request introductions from USAID.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- Complete the literature review and key informant interviews.
- Prepare a first draft of the landscape analysis report with up to three pull-out briefs.

CORE ACTIVITY 16: ACHIEVING EFFICIENCY IN HEALTH SYSTEMS

Period of Performance: FY22 AY1 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS is conducting a desk review around how countries have reduced technical inefficiency in their health systems. The team conducted a title and abstract review of the 4,465 titles and ended up including 273 full-text papers for review.
- LHSS drafted a concept note for engagement with the Joint Learning Network (JLN) on a learning exchange and sought feedback from USAID and JLN.
- LHSS met with the JLN network manager to review the concept note to address comments and began structuring a topic of discussion for the learning exchange.

QUARTERLY ACTIVITY PROGRESS

LHSS is conducting a desk review around how countries have improved technical efficiency in their health systems. The desk review covers five technical efficiency topic areas: service delivery, health workforce, pharmaceutical products, digital, and finance and governance. In Q2, the team worked with USAID to refine the PubMed search terms, reducing the number of titles found in the search from 62,990 to 4,465, a feasible number. The team then developed a set of clear inclusion and exclusion criteria to inform the review process, conducted a title and abstract review of the 4,465 titles, and included 273 full text papers for review. The team has also begun searching grey literature.

LHSS drafted a concept note to help guide collaboration between LHSS and JLN on a learning exchange. The team sought feedback from the network manager at JLN and from USAID on the document, which will form the basis of a request for expressions of interest from countries wishing to participate in the learning exchange. Based on the feedback, LHSS opted to narrow the focus of the learning exchange down to a sub-topic within technical efficiency. This will help ensure that the right country participants can be identified quickly, and that participating countries benefit from a meaningful amount of learning, even though the exchange will be time limited. Exploring how countries have addressed areas of technical efficiency in human resources for health was raised as a priority topic of interest to countries by JLN and by USAID. Therefore, LHSS revised the concept note to focus on this topic.

CHALLENGES

- The JLN network manager's funding from the Gates Foundation will be reduced (at least in the short term), which will reduce the amount of support that JLN can provide to joint learning activities. Because Core Activity 16 is at an early stage where it needs more support from JLN, we have taken steps to address this challenge by providing some additional funding within our approved workplan. That additional funding will enable the JLN network manager to continue to provide the level of support we need at this stage.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- First virtual learning exchange on tackling technical inefficiencies in human resources for health.

PRIORITIES NEXT QUARTER

- Finalize desk-based review of peer-reviewed and grey literature
- Synthesize findings both from the desk review and KIIs into a catalogue of approaches and tools to improve technical efficiency.
- Disseminate an Expression of Interest to kick off the joint learning exchange, conduct scoping calls to plan for and hold the first virtual learning exchange.

CORE ACTIVITY 17: PROVIDER COMPETENCIES IN SOCIAL DETERMINANTS OF HEALTH

Period of Performance: FY 2022 AY1 Q2 (January–March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS finalized a desk review of frameworks and other resources related to social determinants of health provider competencies
- Preparations began for a modified Delphi review process, planned for Q3

QUARTERLY ACTIVITY PROGRESS

In Q1, LHSS conducted a rapid desk review of key relevant frameworks, resources, and documents related to social determinants of health provider competencies and drafted a suggested list of competencies. LHSS also started preparing for a Delphi review of these competencies by setting criteria for inclusion and developing a list of potential participants. LHSS is targeting a small group of content experts at both global and country levels, as well as health workforce advocates, educators, and community and patient group leaders as participants.

CHALLENGES

- No challenges identified

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Finalize criteria and participants list and conduct a Delphi review of suggested competencies
- Draft social determinants of health provider competencies brief

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

Period of Performance: FY22 AY1 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- Conversations about hosting the e-learning modules on WHO's virtual campus began between USAID and LHSS.

QUARTERLY ACTIVITY PROGRESS

The e-learning content depends on information produced in two other core-funded activities: Activity 1 on MOH budget execution and Activity 2 on institutionalizing national priority-setting for health. Given that those activities are in the process of producing the necessary content for e-learning modules, progress on this activity has focused on planning for swift implementation once the e-learning content is ready. In consultation with USAID, we have selected the World Health Organization (WHO) Virtual Campus e-learning platform to (hopefully) host the modules. The WHO platform is a trusted site and will have a bigger audience for great quality content. We are working with USAID to engage the WHO.

CHALLENGES

- No challenges identified

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- Engage with WHO's Virtual Campus team to determine if the e-learning platform can host the module(s) on institutionalizing explicit national priority-setting and improving MOH budget execution.

SECTION 3: QUARTERLY PROGRESS REPORTS FOR DIRECTED-CORE ACTIVITIES

MALARIA PRIVATE SECTOR ENGAGEMENT

Period of Performance: FY22 AY2 Q2 (January - March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS finalized interactive toolkit intended to strengthen private sector engagement capacity in PMI country offices and national malaria control programs and translated the toolkit into French.
- President's Malaria Initiative (PMI) approved LHSS report outlining priority strategic opportunities for private sector partnerships, based on the landscape analyses in Cote d'Ivoire, Democratic Republic of the Congo, Liberia, and Uganda
- LHSS presented key learnings from the landscape analyses and demonstrated the toolkit at a PMI-internal webinar.

QUARTERLY ACTIVITY PROGRESS

In Q2, LHSS received and addressed comments from PMI on the final activity report which synthesizes key findings and learnings from the landscape reviews in Cote d'Ivoire, Democratic Republic of the Congo, Liberia, and Uganda. Findings include drivers of private sector investment in malaria activities, challenges for increased private sector involvement in malaria programming, and recommendations on priority private sector engagement opportunities, both at the global and country level. PMI approved the updated report in Q2 for COR submission and final approval.

LHSS also continued to incorporate PMI's feedback for a private sector engagement toolkit, which is a step-by-step practical resource for PMI mission staff and national malaria control programs in identifying and pursuing private sector engagement opportunities. As PMI partner countries seek increased domestic resource mobilization, this toolkit enables increased private sector investment and activities in malaria control and elimination. In response to a request from PMI to facilitate wider uptake and utilization, LHSS translated the final version of the toolkit into French during Q2.

Furthermore, as part of the activity dissemination efforts, LHSS collaborated with PMI to share key learnings and priority partnership opportunities from the landscape countries at an internal PMI webinar. LHSS also conducted a demonstration of the toolkit to showcase how it can be used to guide private sector engagement in malaria programming. The event was attended by PMI mission staff.

CHALLENGES

- No challenges encountered

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Final PMI Private Sector Engagement Activity Technical Report. Submitted on April 4, 2022.
- Toolkit for Private Sector Engagement in Malaria (in English and French). Submitted on April 4, 2022.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- This activity is completed.

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

Period of Performance: FY22 AY3 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS reviewed existing supply chain political economy analysis reports, as well as other similar reports, and interviewed the authors of most of these reports.
- LHSS and USAID agreed on a list of experts in the fields of supply chain management and Political Economy Analysis to serve as an advisory group for the primer.
- LHSS prepared a draft outline for the PEA primer.

QUARTERLY ACTIVITY PROGRESS

LHSS continues to conduct the first task of Intervention 1 (surveying existing PEAs and lessons). LHSS completed review of the PEA reports and has documented report findings in an Excel template. Interviews with the PEA report authors have yielded valuable information for the primer; author interview notes were documented in the same template. The content of this Excel sheet will inform the content of the primer and will also help the team understand where gaps remain that can be filled by interviews with the expert advisory group.

LHSS proposed lists of PEA and supply chain experts for the ‘expert advisory group’ for the primer. LHSS and CSL agreed on the final lists of experts. LHSS also drafted a high-level outline for the primer for CSL review. This outline will inform the interview questions asked of the experts.

CHALLENGES

- **Contacting authors of PEAs.** LHSS has not received a response from the author of one of the reports we’ve reviewed. We are using our networks to try and obtain alternate contact information for this person. This will not affect progress of the activity.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- LHSS will finalize the primer outline and will draft key questions for the expert advisory group, based on identified gaps in our current learnings/information.
- LHSS will contact the members of the expert advisory group to explain the primer and their anticipated engagement, and to request their time for one interview and a one-time review of the primer, once it's drafted.
- LHSS will begin to prepare a first draft of the primer.

CSL SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS (CORE-DIRECTED)

Period of Performance: FY22 AY2 Q2 (January-March 2022)

TOP HIGHLIGHTS THIS QUARTER

- Through a review of documents and working closely with a local consultant to informally interview local contacts, LHSS developed a deeper understanding of supply chain challenges and defined a problem for the PEA to explore.
- LHSS and CSL agreed on the final PEA problem, "*the lack of accurate data within the country's public sector supply chain for health commodities*", which was used to develop lines of inquiry for subsequent PEA interviews.
- With inputs from LHSS and CSL, USAID Cote d'Ivoire shared a letter with the MOH informing them of the PEA and requesting an official Letter of Introduction (LOI) for the assessment and the local consultant who will conduct the interviews.

QUARTERLY ACTIVITY PROGRESS

Since USAID Cote d'Ivoire was unable to help LHSS define a PEA problem statement, LHSS had informal discussions with local and regional contacts to better understand the political landscape in the health sector in Cote d'Ivoire. This helped the team narrow down the specific supply chain issues to explore using PEA. Learnings from these interviews were augmented with learnings from additional review of documents to identify a promising problem to explore.

LHSS developed lines of inquiry to guide PEA interviews, which were reviewed by CSL before being finalized. These lines of inquiry will be used by the consultant to conduct interviews with a variety of stakeholders. These stakeholders have been mapped out to cover organizations involved in the supply chain, as well as data reporting and use.

CHALLENGES

- **Defining problem statement.** Since USAID Cote d'Ivoire did not provide a problem statement as expected, LHSS conducted additional desk review and a number of interviews to help define the PEA problem statement, which resulted in unplanned time expended by both the home office staff and the local consultant.

- **Obtaining official MOH letter.** USAID Cote d'Ivoire was delayed in submitting a letter to the MOH, requesting an official Letter of Introduction for the LHSS activity and consultant. A recent informal communication between the LHSS local consultant and his MOH contact revealed that the MOH would like to have a meeting for LHSS to present the details of the PEA, after which they will share the official MOH letter. The LHSS consultant scheduled and attended this meeting and is currently working towards obtaining official letters.
- **Commencing PEA interviews.** LHSS encountered delays in making appointments for interviews with non-government officials, without an official introduction from the USAID Mission and/or the MOH. LHSS anticipates that once the official MOH letter is obtained, stakeholders such as the WHO and UNICEF will be open to interviews without formal contact from the USAID Mission.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- LHSS will begin stakeholder interviews once the official MOH letter is received.
- LHSS will synthesize and begin to draft preliminary findings from the PEA.

SECTION 4: QUARTERLY PROGRESS REPORTS FOR COUNTRY AND REGIONAL ACTIVITIES

LHSS BANGLADESH

Period of Performance: FY22 AY2 Q2 (January – Mar 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS developed an outline of a primary health care model which will be used to increase access to primary health care in urban areas.
- LHSS supported planning initiatives of the Health Economic Unit, Ministry of Health & Family Welfare. This support will contribute to the scale-up of the Shasthyo Surokhsha Karmasuchi social health protection scheme in urban areas.
- LHSS supported continuity and strengthening of Health Standing Committee meetings in two City Corporations and eight Municipalities to increase urban health governance and coordination.

QUARTERLY ACTIVITY PROGRESS

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

LHSS supports selected city corporations and municipalities to activate Health Standing Committees. The immediate results of our technical assistance to Local Government Institutions enabled them to identify underserved populations, develop health plans, and mobilize resources to ensure services for those underserved populations. LHSS-supported meeting regularity has improved the coordination at the local level between the bodies of ministries and private sectors, which facilitated quick decision-making. The Committee members, in collaboration with local representatives of the Ministry of Health, Family Welfare, and non-government organizations (NGOs) have taken initiatives to reopen the nonfunctioning primary health care center in Rajshahi and Sylhet division.

LHSS conducted a rapid training needs assessment and shared it with the National Academy of Planning and Development (the government's training institution). Findings were used to develop an outline for the Leadership, Management, and Basic Public Financial Management training module, which will be offered to health staff in city corporations and municipalities. The findings were also used to identify target groups for the training gaps in knowledge and staff learning preferences.

LHSS costed the approved 2020 National Urban Health Strategy action plan. To prepare this report, LHSS supported consulting meetings with the Dhaka North city corporation, Dhaka South city corporation, Rajshahi city corporation, the Health Economics Unit, and the Director General of Health Services.

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

LHSS continued its technical support to the Health Economics Unit streamlining the procurement activities of Shasthyo Shuroksha Karmashuchi and identifying the below poverty line population in four new subdistricts, including the Tangail Municipal area. The Health Economics Unit has planned to phase in expansion of Shasthyo Shuroksha Karmashuchi towards Dhaka city and six other districts. To support these activities, LHSS began providing technical assistance by holding workshops with government and other stakeholders to gather opinions and adapt those opinions/suggestions into guidelines for the urban scale-up of Shasthyo Shuroksha Karmashuchi.

LHSS developed an outline of primary health care models for urban areas which will be used to support learning, innovation, and adaptation of existing models or development of new models to increase access to primary health care in urban areas. The proposal included three models for city corporation, district municipality, and sub-district municipality levels. LHSS shared the model and incorporated recommendations from the Director General of Health Services, Local Government Divisions, Development Partners, Rajshahi city corporation, municipalities, and health and family planning officials of Rajshahi division.

Objective 3: Increased private sector investment for health

LHSS is conducting a landscape analysis of private/NGO-led existing Micro Health Insurance schemes to further support private sector involvement activities in health. The landscape analysis will commence in Q3. This will help the government and other stakeholders to understand and prioritize NGO and private sector involvement in running Micro Health Insurance schemes.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS Bangladesh continues to consider gender equity and social inclusion across all activities. We participated in three LHSS GESI Focal Person Network meetings. LHSS Bangladesh, in collaboration with the Bangladesh Nutrition Activity project, celebrated International Women's Day 2022. LHSS's technical support ensured female participation (the Local Government Division rules specify at least 40% female participation) in the Health Standing Committee formation and the committee meeting of the Rajshahi and Sylhet division. The Leadership, Program Management, and Basic Public Financial Management training module will include a session on GESI and women's leadership. LHSS plans to add a GESI related questionnaire in the Below Poverty Line survey under health financing activities.

WASTE, CLIMATE RISK MANAGEMENT

This Activity is IEE Categorically Exempt

PROGRESS ON PERFORMANCE INDICATORS

LHSS supported two standing committee meetings at the city corporations' level and twelve standing committee meetings at the district municipalities level in Rajshahi, and Sylhet division. A total of 371 male participants and 86 female participants attended the meetings. LHSS developed three outlines of urban primary health care models for the city corporation, district

level municipality, and the sub-district level municipality. LHSS also provided technical assistance to develop one city health plan for Sylhet City Corporation.

LESSONS LEARNED / BEST PRACTICES

- Engagement of co-opted members in Health Standing Committees expedited the decision-making process, improved regular coordination, and resulted in quick identification and mobilization of resources.
- Annual costing of the urban primary health care model will help the government to synchronize with the upcoming operational plan of Ministry of Health and Family Welfare.
- Use of existing government facilities, non-functional facilities and underutilized human resources of the Ministry of Health & Family Welfare will improve the availability of primary health care services at the city corporation and municipality level.
- Reviewing existing interventions with government and development partners to identify areas of overlap will avoid duplication of activities and ensure proper utilization of resources.

CHALLENGES

- Frequent turnover of local officials requires LHSS to repeat the orientation to the LHSS project and our work. The team is mitigating this challenge through continued connectivity and rapport building with local officials.
- There is no support letter (government order) from the Local Government Divisions to the Local Government Institutions to cooperate with the LHSS project activities. Instead, this is being managed by building rapport at the local level through LHSS staff, which has been successful so far.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- April 2022, Dhaka, Follow-up workshop on private health service providers' data transfer to Digital Health Information System 2.
- April 2022 and onwards, Dhaka, Capacity-building training for the health workforce of local government institutions in collaboration with National Academy for Planning and Development

PRIORITIES NEXT QUARTER

- Developing comprehensive urban primary health care model guidance for the government by engaging a competent agency.
- Initiating Below Poverty Line (BPL) census of five new subdistricts including Tangail Municipal area.
- Submitting the following deliverables:
 - Public Financial Management and Procurement Training Manual
 - Costed Action Plan for the National Urban Health Strategy

- Rapid assessment reports for targeted city corporations and municipalities engaged in Year 1, draft engagement model, and a brief summarizing the work and achievements of health standing committees

LHSS CAMBODIA

Period of Performance: FY22 AY2 Q2 (January– March 2022)

TOP HIGHLIGHTS THIS QUARTER

- Social Registry implementation plan to develop an integrated ICT platform was approved by the TWG for ICT and the Deputy Prime Minister.
- Policy Measures (SorChorNor) #213 monitoring cascade training was conducted in three provinces. The training workshops were well attended with participants from all areas responsible for monitoring the policy measures. They developed skills that will enable them to train others in their organizations. Training for Phnom Penh is planned for April.
- LHSS hosted an official USAID visit to Battambang province from 23-24 February 2022. The delegation met with senior level provincial staff and saw free service delivery for people living with HIV funded by the Health Equity Fund.
- The technical efficiency study titled “Advancing Universal Health Coverage in the COVID-19 Era” was published in the Health Economics Review journal. A link to the full text is available [here](#).

QUARTERLY ACTIVITY PROGRESS

Objective 1: Expand social protection systems through global standards and best practices incorporated into the implementation of the national social protection policy framework to improve transparency and accountability.

LHSS and GIZ jointly organized the first of three Digital Social Protection workshops to ensure that all information technology systems are harmonized and can be integrated to exchange data using the interoperability platform CamDX. The first workshop with 30 participants focused on the target group “policy makers.” The second will focus on Information Technology people and the third on Development Partners. Additionally, the Social Registry implementation plan to develop an integrated ICT platform, created with LHSS assistance last quarter, was approved by the TWG for ICT and the Deputy Prime Minister.

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

As part of efforts to strengthen capacity for monitoring policy measures at the provincial level, LHSS partnered with the National AIDS Authority to hold Policy Measures (SorChorNor) #213 monitoring cascade training in three provinces; Siem Reap on February 15-17, Battambang on February 23-25, and Banteay Meanchey on March 9-11. The training workshops were well attended with participants from all areas responsible for monitoring the policy measures. They developed skills that will enable them to train others in their organizations. Training for Phnom

Penh is planned for April. The SorChorNor #213 training plan was developed and submitted as a deliverable to the LHSS COR; training reports for the three workshops are also available.

Organizational Capacity Building Skills training was developed and held at the end of March for senior officials of NAA to operationalize the SCN#213 monitoring system. LHSS developed a concept note and plan to implement this activity, based on the assessment using Maturity Indices conducted last year. The workshop included skills training on report writing, project monitoring, developing communication/advocacy materials such as policy briefs and policy papers, data quality assurance, data analysis (quantitative and qualitative), and presentation skills.

Calculating subnational tuberculosis estimates for two provinces started this quarter. LHSS discussed with the WHO country and regional office ways the National TB Program can estimate the TB burden at the subnational level. They recommended waiting until the 3rd national TB survey is complete in 2023, rather than using the TB TIME modeling tool. WHO sent draft TB target setting guidance, based on program data that LHSS will use. We will work with Dr. Fukushi Morishita, WPRO technical officer, who will review our TB target setting concept note that is under development. We will engage WHO, CENAT, and USAID into this review exercise before any actual activity is conducted.

On 25 January 2022, LHSS held a technical assistance work planning and budgeting workshop with the Battambang provincial health departments to plan the integration of HIV into Commune Investment Plans for 10 sangkats (urban communes) in Battambang City. This was a joint workshop, in which The Men's Health Social Service organization, funded by Oxfam, provided funds for the workshop and LHSS provided technical assistance in developing planning tools.

LHSS Cambodia supported the third high-level quarterly Fast Track Cities Initiative meeting on 24 March 2022 under the leadership of His Excellency Mr. Leng Mouly, Senior Minister and Chair of the NAA. At the closing, His Excellency provided six action points for each province to take forward, notably a \$20,000 budget for HIV and SorChorNor#213 data collection.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

Our SCN#213 M&E cascade training included key population groups such as implementors, rather than just beneficiaries, to ensure support efforts of community-led monitoring.

LHSS worked with NAA and the provincial governments to ensure there is a fair proportion of female participants attending the SCN#213 M&E cascade training. As result, there were about 42% female trainees participating in the trainings in three trainings.

WASTE, CLIMATE RISK MANAGEMENT

The approved workplan determines that the LHSS Cambodia Activity qualifies as categorical exclusion according to USAID Cambodia IEE (Initial Environmental Examination) and according to the LHSS IDIQ IEE. Thus, accompanying reports (Climate Risk Management, Waste Management plans) are not required.

PROGRESS ON PERFORMANCE INDICATORS

The LHSS Activity in Cambodia AMELP Plan was submitted and approved by USAID in March 2022. Targets and achievements are current. Two indicators do not have targets yet, as target setting depends on reports still to be published. The National Health Accounts have not yet been updated and the Health Strategic Plan #4 2022 – 2030 has not yet been produced. In the

technical working group on Social Health Protection, WHO noted that out-of-pocket expenditures and catastrophic health expenditures in Cambodia are higher than most neighboring countries and the percentage of the population covered by the social health protection system, including the Health Equity Fund and National Social Security Fund, has increased slightly from 33 percent to 35 percent. Percentages and amounts of RGC funds for HIV, allocated in Cambodia out of the total allocation for the HIV response, are expected to increase, but no confirmed figures have been released. Based on new World Bank figures, TB incidence rate per 100,000 population in Cambodia has gone down from 287 in 2019 to 274 in 2020.

LESSONS LEARNED / BEST PRACTICES

- Engaging senior health and HIV officials in the planning process and visiting each province before the cascade training, led to true co-implementation of activities in January. It also resulted in well-attended workshops with strong participation. Furthermore, concerns about COVID-19 were assuaged by jointly choosing venues all were familiar with. Briefing senior leadership on content allowed us to pre-test prepared materials and slightly adapt as needed.

CHALLENGES

- There have been delays in onboarding the new Embedded Advisor. Currently, LHSS has identified a candidate and is awaiting USAID approval to hire a third country national.
- Despite taking COVID-19 precautions for in-person SorChorNor#213 Cascade trainings, two cases were reported after our training sessions. LHSS has increased measures to keep participants safe, including providing rapid tests to ensure participants who attended were safe before returning home. The Phnom Penh AIDS Committee is delaying the SorChorNor#213 M&E cascade training until April.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

SorChorNor#213 M&E Cascade Training Plan. Submitted March 30, 2022

UPCOMING EVENTS

- Second and third Digital Social Protection workshops in April
- SorChorNor#213 monitoring and evaluation cascade training for Phnom Penh at the end of April
- National AIDS Authority's Organizational Capacity Building assessment using the Maturity Indices Tool in early April after the official training
- Workshops on health target setting, and health work planning and budgeting in Siem Reap in late April

PRIORITIES NEXT QUARTER

- Onboarding the new Embedded Advisor
- Publish Hardship Financing article currently under review
- Assist the NAA in SorChorNor#213 data collection

- Activities related to TB start in Quarter 3 - Develop TB target setting concept note (Activity 2.2.1); Develop concept note on TB fund mapping exercise and gap analysis and projected resource needs for two provinces (Activity 2.2.2); and Develop concept note for community-based TB model development (Activity 2.2.3)
- Conduct “Including HIV activities in Commune Investment Plan (CIPs)” reflection workshop in Battambang.
- Document Battambang HIV response (decentralized) model for sharing with other provinces
- Explore grant opportunities with HIV/AIDS Coordinating Committee (HACC) to supply longer term M&E technical assistance at the subnational level
- Explore collaboration with the National Malaria Program (CNM) for Year 3

LHSS COLOMBIA VRIO

Period of Performance: FY 2022 AY2 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS trained staff from 16 institutional actors (12 healthcare providers and 4 territorial officials) responsible for encouraging social participation in health care provision in La Guajira and Valle del Cauca. In addition, we began identifying key actors in Bucaramanga and Cúcuta for further implementation of the community action cycle to link health institutions and communities.
- LHSS certified 357 community leaders in 15 territorial entities on the national vaccination plan and trained 300 additional people through a virtual course on COVID-19 vaccination, as part of a human resource training plan.
- 320 representatives from local communications and media teams participated in a COVID-19 vaccination acceptance communication workshop.

QUARTERLY ACTIVITY PROGRESS

This progress report provides updates on the VRIO-funded interventions of LHSS Colombia, which receives funds from both VRIO and ARPA funding streams for its interventions. While LHSS reports on interventions according to each funding stream, these interventions complement each other and are managed and implemented as a single activity.

Strengthened governance and management of the migrant health response

LHSS continued coordinating with the Ministry of Health (MOH) to support the ministry’s digital transformation process. This effort evaluates the challenges within the Integrated Social Protection Information System to include migrant health data and identifying the technical requirements to host e-learning training co-developed by LHSS and the MOH.

Strengthen mechanisms to increase access to high-quality, appropriate health care services for migrants and receptor communities

LHSS continued to implement the community action cycle, a community mobilization approach, – to facilitate community involvement in decisions that affect their health. LHSS trained 16 institutional actors (12 healthcare providers and 4 territorial entities) responsible for encouraging

social participation in health care provision in La Guajira and Valle del Cauca and began identifying key actors in Bucaramanga and Cúcuta.

LHSS, together with the MOH and the Santo Domingo Foundation, defined the conditions and viability of a contract for providing comprehensive maternal and perinatal health care packages to uninsured migrants. The Santo Domingo Foundation is considering financing health care packages up to COP 600,000,000 through a payment-for-performance mechanism for health service providers in Barranquilla (Atlántico Department), within the framework of the alliance mobilized by LHSS.

LHSS has continued to support Colombia's National Healthcare Quality Plan through enrolling health workers in IHI's Open School courses. In addition, LHSS continued to support 10 health institutions that developed quality improvement projects in Cundinamarca, La Guajira, Bogotá, Valle del Cauca, and Norte de Santander. LHSS began coordinating with territorial entities to define the scope and participants in Quality Expert and Maternal Health Quality Improvement processes. LHSS disseminated the results from a study, carried out by IHI in Year 2 on stress and fatigue, and defined the scope of an improvement collaborative to reduce stress and fatigue of health workers in selected territories. Finally, LHSS began designing a proposed model of financial and non-financial incentives for improving job satisfaction of healthcare workers in Colombia.

Strengthen health system resilience for responding to current and future shocks, including the COVID-19 pandemic

LHSS has continued to work with the MOH to adapt the technical guidelines and data collection instruments for monitoring COVID-19 vaccination coverage, timeliness, and completeness, through the implementation of management and supervision tools for the National Vaccination Plan. LHSS adapted these guidelines to rural areas and vulnerable populations (ethnic groups and migrant populations, among others) and validated the document with focus groups in five territories. LHSS's support facilitated the MOH to identify barriers to COVID-19 vaccination and adapt the National Vaccination Plan accordingly. As part of the development of a human resources training plan, LHSS certified 357 community leaders in 15 territorial entities on the national vaccination plan and trained 300 additional health providers, insurance company staff, and local health authorities on the COVID-19 vaccination process, and how to build vaccine demand among vulnerable populations through a virtual course. LHSS presented the results of the training process to officials from the MOH at a webinar developed by LHSS and the University of Rosario. Additionally, 320 representatives from local communications and media teams participated in a COVID-19 vaccination acceptance communication workshop. To identify needs, gaps, and asymmetries of the vaccination process, LHSS submitted a report to USAID analyzing the trends of perceptions, information gaps, and misconceptions held by national and local media about COVID-19 vaccination. LHSS also began developing training materials aimed at communicators and continued supporting the creation of a pedagogical booklet and communications toolkit for creating community campaigns.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS is in the process of selecting a grantee to develop GESI capacity within health institutions, complementing the quality improvement interventions being implemented in these health institutions. Additionally, LHSS held a pause and reflect session with the rapid response and vaccination teams to explore and understand GESI strategies for their work with migrant populations. As a result of this session, LHSS created a document with lessons learned and

best practices for GESI integration in COVID-19 activities that will be shared with other rapid response and vaccination team members and health secretariats.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

As part of the interventions to strengthen mechanisms to increase health care services for migrants and receptor communities, 12 institutions are implementing a primary health care strategy with a community approach (Indicator #11, Annual target: 6). Under the primary health care strategy, the health provider *ESE Hospital Juan Luis Londoño* in Zulia, Norte de Santander institutionalized the Women and Child Friendly Institutions Policy that allows the implementation of a maternity ward in the region and improves maternal health services.

LESSONS LEARNED / BEST PRACTICES

- Stakeholder engagement continues to be crucial in supporting implementation processes and in achieving long-term objectives. Migrants and host communities have had limited involvement in the process to increase access to and promotion of health care. Institutions in charge of social participation in health processes provide opportunities for migrants and host communities to be more involved. Engaging stakeholders early in the development of process improvement activities helps align goals and objectives at the national, territorial, and municipal levels.

CHALLENGES

- The upcoming change in government has led to staff changes in the MOH, resulting in delays to inputs and responses from the MOH, and necessitating additional discussions to reconfirm the MOH's commitment to achieve agreed upon objectives. This has delayed some activities, including the evaluation of the challenges of including migrants in the Integrated Social Protection Information System.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Draft guidelines for evaluating the timely coverage of COVID-19 vaccination in each phase and stage, adapted to rural areas and vulnerable populations. Submitted March 25, 2022.
- Training strategy report describing the strategy developed for training health professionals and community leaders to increase demand for vaccinations. Submitted March 29, 2022
- Report analyzing national and local media trends and misconceptions on COVID-19 vaccination, perceptions, and information gaps of COVID-19 vaccination in prioritized territories and population groups. Submitted April 1, 2022.

UPCOMING EVENTS

- Meet with secretaries of health in 11 cities to present the program's progress and identify opportunities for LHSS support.

PRIORITIES NEXT QUARTER

- Document the challenges of including migrants in the Integrated Social Protection Information System.
- Design Primary Health Care tools to strengthen the capacity of primary providers.
- Start the quality improvement process for maternal health in prioritized sites.

LHSS DOMINICAN REPUBLIC (PEPFAR)

Period of Performance: FY22 AY2 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS began evaluating sites providing adult and pediatric HIV care to identify strengths, gaps, needs, and areas of improvement. Findings will inform a strategy and implementation plan to roll out family-based HIV services to HIV clinical sites nationwide.
- LHSS completed an assessment of data collection tools, guidelines and platforms used for COVID-19 surveillance at the Directorate of Epidemiology that will inform an action plan to strengthen COVID-19 and overall national surveillance plans.

QUARTERLY ACTIVITY PROGRESS

Intervention 1.1 National policy framework updated for HIV self-testing

LHSS continued communicating with the USAID HIV Service and Systems Strengthening (HS3) Project staff regarding HS3's planned HIV self-testing pilot study. HS3 confirmed that its pilot study has not started due to delays in protocol approvals and in-country delivery of test kits. Based on these discussions, we expect those delays to be resolved and that HS3 will begin implementation of the pilot study soon.

While HS3 addresses these delays, LHSS is working in coordination with the Directorate for the Control of Sexually Transmitted Infections and AIDS to develop a draft update to the policy framework and map which documentation will need updates to incorporate HIV self-testing once the pilot is completed. In early Q3, LHSS will procure a local consultant to conduct a desk review of previous HIV self-testing reports in the Dominican Republic and the evidence from the global literature to inform this draft update. Once available, the pilot results will be reviewed, analyzed, and discussed with national counterparts before drafting a final updated policy framework.

Intervention 1.2 Feasibility assessment on incorporating family-based HIV services into the current policy framework

Following an initial coordination meeting in Q1 with the Directorate for the Control of Sexually Transmitted Infections and AIDS, LHSS and USAID/DR consulted with national counterparts to discuss approaches for incorporating family-based HIV services into the current policy framework and present an overview of the intervention proposed in the LHSS workplan. As a result of these meetings, the Directorate requested that LHSS and USAID DR revise the activity scope to focus on implementing family-based services, without conducting the feasibility assessment as the Directorate has already begun testing this strategy on its own in a few sites.

LHSS will now evaluate sites providing adult and pediatric HIV care to identify strengths, gaps, needs, and areas of improvement to develop a strategy and implementation plan to roll out family-based HIV services to HIV clinical sites nationwide. USAID approved a modification request of the workplan implementation timeline and other deliverables on March 10, 2022, to meet this request.

After COR approval of the modification, LHSS developed an evaluation tool to assess HIV care sites to determine barriers to transforming into family-based HIV services providers. In coordination with national counterparts, LHSS visited six sites, including a mix of adult and pediatric care providers to implement the evaluation tool. Preliminary findings show that testing services are available for adults and pediatric patients in most sites visited. However, most sites do not provide linkage to treatment under the same facility, requiring specific pediatric or adult sites for these services. LHSS will document the findings (to be shared with USAID in Q3), develop an implementation plan to roll expand family-based services to other sites and discuss results with the Directorate for the Control of Sexually Transmitted Infections and AIDS and SNS in Q3 to build consensus on the recommended approach.

Intervention 3.1: Support MOH in preparing a plan to strengthen COVID-19 epidemiological surveillance

After reaching out to national counterparts and hiring an epidemiologist consultant, LHSS met with the General Directorate of Epidemiology management staff to identify tools, procedures, and databases used for COVID-19 surveillance at the central and site levels. These meetings revealed that although national counterparts had to tailor tools and forms specifically for COVID-19 monitoring, they were able to use existing systems and forms to collect data, monitor, and evaluate COVID-19 cases to support the decision-making at the national government level.

LHSS reviewed a revised version of the COVID-19 surveillance protocol and provided recommendations to the Directorate of Epidemiology that focused on content improvements with up-to-date references and technical and clinical criteria for:

- Classification of COVID-19 cases such as non-confirmed and confirmed cases, discarded and recovered cases.
- Definitions for laboratory detection tests.
- Updated guidelines for home isolation for COVID-19 cases based on government resolutions at the time, including hospital isolation measures.

This document was also included in the desk review that LHSS conducted to examine gaps and areas for improvement of the overall surveillance system Findings from that review include:

- There is limited high-quality data nationwide in the National Epidemiological Surveillance System database.
- The national surveillance system does not follow good statistical practice guidelines. Protocols or guidelines to standardize data exchanges between the system and other stakeholders need to be developed.
- Data collection forms and systems need to be revised to improve data quality.
- Multiple existing platforms collect and analyze information. These platforms are not merged and require a higher level of effort of human resources for the analysis of data in a timely manner.

Based on findings from the desk review and analysis of databases, tools and forms being implemented for COVID-19 surveillance, LHSS is developing a recommendation brief to improve the COVID-19 surveillance system in the short- and long-term. LHSS will support the General Directorate for Epidemiology to consider how the business intelligence tool developed under ARPA WP Activity 1.1 can complement this effort.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

Expanding a family-based HIV services strategy to more sites nationwide can remove barriers to accessing quality services and improve outreach and provision of sexual and reproductive health services to women and girls within the national health system.

WASTE, CLIMATE RISK MANAGEMENT

N/A

PROGRESS ON PERFORMANCE INDICATORS

A revised Activity Monitoring, Evaluation and Learning Plan, reflecting implementation of fiscal year 2022, was submitted to USAID for approval after building consensus on performance indicators with USAID DR. Approval was provided on March 10, 2022. The implementation timeline was modified and results on performance indicators of PEPFAR interventions will be reported in Q3 when LHSS will start implementing human resource for health activities, evaluating the capacity of community services, and approving and endorsing HIV training curricula.

LESSONS LEARNED / BEST PRACTICES

Close coordination with key decisionmakers in government who are actively involved in project efforts can help to identify alternative routes forward when activities are impacted by stakeholder delays that are outside of LHSS control. When we have additional points of contact, still within the chain of command, we can request information and consult on next steps that can be taken in parallel with other activities.

CHALLENGES

- Coordination with national counterparts took longer than expected due to changes in management staff, assignment of new points of contact, and competing priorities at the central government. LHSS was able to accommodate meetings based on their availability, move forward with relevant tasks, and revise the timeline to deliver quality products to the client.
- All proposals to increase benefits under the family health insurance scheme, including the one to integrate ARVs, are still halted due to budgetary limitations under the emergency situation of the COVID-19 pandemic.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter. A workplan deliverables timeline modification request was submitted and approved by USAID that extended due dates for Q2 deliverables to Q3.

UPCOMING EVENTS

- Virtual meeting with the Directorate for the Control of Sexually Transmitted Infections and AIDS and USAID DR to discuss findings on site evaluations and implementation plan to expand family-based HIV services strategy (April 2022)
- Kick-off meeting with the Directorate for the Control of Sexually Transmitted Infections and AIDS and stakeholders from the Ministry of Health for the HIV self-testing intervention (April 2022)

PRIORITIES NEXT QUARTER

- Begin implementation of interventions 2.1 Human Resources for Health Plan for Community services, 2.2 Updated client-oriented training curricula for the Government of the DR, and 2.3 Evaluation of capacity of community services staff trainers with accompaniment of technical staff from the National Health Service.
- Finalize recommendations for improved COVID-19 surveillance system.
- Conduct open procurement to hire consultant supporting intervention 1.1 National policy framework updated for HIV self-testing and initiate discussions with national counterparts.

LHSS DRC

Period of Performance: FY22 AY1 Q2 (January– March 2022)

TOP HIGHLIGHTS THIS QUARTER

- In anticipation of USAID funding, LHSS DRC has identified team members and plans to share the local office with the DRC Integrated Health Project.

QUARTERLY ACTIVITY PROGRESS

The LHSS DRC team is currently awaiting funding. In preparation, we have identified staff and made arrangements to share the local office with the DRC IHP project so that we are ready to get started whenever we receive the funding. Implementation is anticipated to begin as soon as we receive funding.

EAST AFRICA REGION

Period of Performance: FY22 AY1 Q2 (January–March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS completed its rigorous and intensive four-month inception period from December 2021 to March 2022.
- LHSS initiated and completed data collection, analysis, and report development for the landscape analysis within five cross-border sites.
- LHSS organized and facilitated a two-day activity launch and consultation workshop to validate landscape analysis findings and co-design interventions with regional, national, and local stakeholders.

QUARTERLY ACTIVITY PROGRESS

LHSS completed its four-month inception period, working with local stakeholders to define potential areas of impact and success towards its work plan objectives. The period was also identified as an opportunity to solicit buy-in and commitment from regional intergovernmental organizations (RIGOs) and relevant actors within the activity's cross-border sites.

The quarter began with LHSS Project Director, Activity Chief of Party, and MEL Technical Lead holding meetings with the two RIGOs from the East African Community (EAC) in Arusha, Tanzania, and officials from the Intergovernmental Authority on Development (IGAD) in Djibouti City, Djibouti. The meetings were intended to introduce the project, activity goals, and work plan objectives, and solicit buy-in for engagement from both regional organizations to interface closely with the activity. Both organizations provided feedback on areas of opportunity and potential success, including efforts that could build on the work of the activity's predecessor project, CB-HIPP.

LHSS then conducted an extensive qualitative and quantitative landscape analysis related to health information systems, the two RIGOs' capacity and governance structures, health financing, and service provision. The purpose was to develop a current and contextualized understanding of cross-border health issues among mobile and vulnerable groups related to the three work plan objectives and cross-cutting issues such as GESI within CB-HIPP's previous areas of implementation. Through a comprehensive desk review, key informant interviews, and focus group discussions, information was gathered from five cross-border health sites bordering Kenya, Uganda, and Tanzania. Specific stakeholders interviewed within the sites included cross-border health authorities, beneficiary association representatives, port health authority members, peer counselor groups, and private health facility and private pharmacy actors. Other key stakeholders interviewed in the East African region were both RIGOs, Ministry of Health (MOH) officials from focus countries, the former CB-HIPP Chief of Party and CEO of its former partners (e.g., Intellisoft), and relevant USAID-funded regional cross-border projects.

The activity initially planned for engagement in six cross-border sites, but security concerns at the Gatuna/Katuna cross-border site along the Rwanda and Uganda border prevented consultants from visiting and conducting interviews. Upon further investigation by the Abt Associates regional security team, LHSS was made aware of the site being closed for three years due to ongoing geopolitical tensions. Further consultations also revealed that CB-HIPP faced similar difficulties during its implementation. Though the site reopened in January 2022,

security around the border remains an ongoing concern; thus, LHSS removed the site from landscape analysis efforts, and weighed engagement against other potential border sites, in consultation with USAID/Washington. LHSS completed the remaining interviews and conducted a qualitative analysis using NVivo to undertake a thematic review of all transcriptions to pull out major topics and patterns referenced during interviews. On March 15, LHSS submitted the first draft of the landscape analysis report to USAID, including findings and preliminary recommendations on action items to explore during the activity launch and consultation workshop. After receiving and incorporating inputs from USAID, LHSS resubmitted a revised landscape analysis report on March 31.

The activity launch and consultation workshop were conducted March 23-24. Critical stakeholders were in attendance, such as representatives from both RIGOs, MOHs of the activity focus countries (i.e., Kenya, Uganda, Tanzania), the five cross-border sites, the USAID Kenya and East Africa Mission, and relevant regional cross-border health implementing partners. During the workshop, the activity was officially launched amongst its participants, the LHSS project approach and activity objectives were reviewed, and focused breakout sessions were held to validate landscape analysis findings in each objective area. The last day focused on co-creation exercises to identify priorities and interventions with stakeholders for the next phase of the activity implementation period, running from April 2022 to June 2023. Interventions were drafted in a revised version of the activity work plan, which will be submitted to USAID/Washington early next quarter.

RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY AND INCLUSIVENESS

LHSS onboarded a GESI specialist consultant, recruited and hired by Banyan Global, to assist with GESI mainstreaming within the landscape analysis questionnaire and consultation workshop sessions. LHSS used the landscape analysis as an opportunity to review intersecting vulnerabilities and constraints of women, men, boys, and girls living or moving across the five cross-border sites. Major findings revealed that several gaps remain in cross-border populations' access to services after crossing out of their country of origin, with certain subgroups uniquely affected based on sex, age, socioeconomic status, language, and citizenship. LHSS identified areas of opportunity for the activity to embed gender-transformative approaches across its three objectives during the implementation period.

WASTE AND CLIMATE RISK MANAGEMENT

An Environmental Manual with a Climate Risk Management Assessment was submitted to USAID on October 29, 2021 and approved on November 29, 2021. The implementation of the USAID-funded LHSS Project is subject to the requirements of the Initial Environmental Examination (IEE) of the Integrated Health Systems (IHS) IDIQ. Under the IEE, each type of activity receives a threshold determination. All proposed LHSS East Africa activities will be focused on trainings, technical assistance, and landscape research, which have little to no adverse environmental impacts. The threshold determination is thus a "Categorical Exclusion," indicating no expected environmental impact.

PROGRESS ON PERFORMANCE INDICATORS

Following COR approval of the revised work plan next quarter, LHSS will revise the East Africa Activity's MEL plan (AMELP) to accommodate agreed-upon changes. The AMELP will be completed for review and approval within one month after the revised work plan is approved.

LESSONS LEARNED / BEST PRACTICES

- The activity inception period was designed with the principles of inclusion, responsiveness, and ownership at its core. For two of the critical components of this period, the landscape analysis and consultation workshop, LHSS directly partnered with populations that will be impacted by our work, as well as with stakeholders who work and develop policies on cross-border health. This engagement with critical cross-border health players in the East African region created an opportunity not only for broader project contextual understanding of the issues at hand, but also increased buy-in and ownership to sustain activity work beyond the life of the project.
- Multi-stakeholder engagement during the consultation workshop promoted cross-learning and consensus-building on opportunities and gaps from the landscape analysis. Cross-border representatives had a chance to interact with regional organizations and understand the synergies in their work.

CHALLENGES

- Internet connectivity issues were prevalent within the cross-border sites, causing challenges and slight delays in consultants quickly uploading transcribed interviews to the online secure server for data analysis.
- Gatuna/Katuna border site security issues delayed LHSS engagement with Rwanda, affecting their participation in the consultation workshop. LHSS remains committed to including a cross-border site that borders Rwanda and will engage MOH and cross-border representatives from the country in a rapid landscape analysis and engagement effort.
- The consultation workshop session revealed high expectations from both RIGOs for funding directly by the project. LHSS will conduct frequent consultations with both organizations alongside USAID/Washington and the USAID Kenya and East Africa Mission to ensure funding and engagement expectations are communicated and agreed upon early on.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS East Africa Landscape Analysis Report

UPCOMING EVENTS

- Events will be detailed in the revised work plan to be submitted to USAID/Washington early next quarter.

PRIORITIES NEXT QUARTER

LHSS will finalize and submit a revised work plan and AMELP detailing interventions across the three objective areas that the activity can realistically and feasibly make progress towards before June 2023. LHSS will also engage both RIGOs in developing a memorandum of understanding that outlines the scope of activities, timelines, milestones and indicators, modalities for sharing learnings, and resourcing of different activities.

LHSS JORDAN

Period of Performance: FY22 AY3 Q2 (January–March 2022)

TOP HIGHLIGHTS THIS QUARTER

- Alongside LHSS and the USAID-funded Community Health and Nutrition Activity, the Jordan Nurses and Midwives Council’s tele-counseling nurses began sharing COVID-19 vaccination messages to encourage individuals with confirmed cases, along with their families, to take the shot when appropriate.
- Despite challenges related to the recent COVID-19 wave in Jordan, the infection prevention and control toolkit training continued, with approximately 2941 certificates issued for proper use of PPEs.
- LHSS’s assessment, *COVID-19 Molecular Testing Capacity in Jordan: A Cross-Sectional Study at the Country Level* was accepted for publication in the *Diagnostics Journal* and will be officially published early next quarter.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Strengthen the Jordanian COVID-19 Response and Long-Term Health System Resilience Efforts

LHSS continued implementing COVID-19 activities and long-term health resilience efforts. In Q2/FY22, the call center conducted around 472,658 contact tracing calls, along with 111,696 vaccine follow-up calls, based on updated protocols revised by the MOH regarding isolation treatments. LHSS collaborated with the USAID-funded Community Health and Nutrition Activity to develop vaccine encouragement messages for call center nurses to incorporate. LHSS also continued transitioning call center functions to the MOH and is aiming to complete all efforts by April 2022. This quarter, LHSS through the Jordan Nursing and Midwifery Council trained 45 MOH health workers on COVID-19 case management, MOH homecare protocol, and communication skills.

Training on the infection prevention and control toolkit is ongoing and LHSS is evaluating its effectiveness, though there have been delays due to recent increases in COVID-19 cases. From the trainings that have been completed, LHSS issued approximately 2941 certificates confirming participants’ proper use of PPEs.

LHSS also trained 200 resident doctors from the MOH on the American Heart Association Certified Basic Life Support. One hundred and ninety-eight (198) doctors passed the tests and received the certificates. A training on Advanced Cardiac Life Support targeting 200 MOH ICU staff will occur in April 2022. Additionally, LHSS began assessing ICU equipment and infrastructure needs at the Jordan University Hospital to support an intensive care fellowship program aiming to increase the number of qualified ICU specialists in hospitals. Moreover, LHSS began collaboration with the Jordan American Physician Association to support the Adult Critical Care fellowship program at Al-Basheer hospital alongside the MOH. The fellowship will provide ICU doctors from the hospital enrolled in the program, and other ICU doctors at three selected MOH hospitals, with the most recent adult critical care pathways and techniques to use in ICUs.

LHSS received approval from USAID for a restricted eligibility grant for the Health Care Accreditation Council to continue their successful training of trainers’ program for the Royal

Medical Services, ensuring health care professionals' readiness for COVID-19 cases and future emergencies.

Finally, three national committee meetings were held to review and verify the third draft of the telemedicine framework for final comments.

Objective 2: Strengthen Public Laboratory Systems

Based on the USAID-LHSS lab assessment findings from last year, LHSS completed an assessment of 13 MOH PCR labs for accreditation by using a Health Care Accreditation Council COVID-19 accreditation checklist selected by the MOH. LHSS developed a baseline report that includes both short- and long-term proposed plans to improve quality management within the PCR labs. LHSS will submit the final report to USAID for approval this quarter.

LHSS completed a training of trainers on RT-PCR for 5 senior laboratory technicians from the Royal Medical Services, who are currently finalizing materials to be used during their on-the-job training sessions. LHSS also held mentoring sessions with MOH PCR trainers to strengthen their presentation skills and support them in developing and standardizing materials for on-the-job training sessions.

LHSS completed a Dry Bench Genomic Sequencing training for 10 senior lab technicians working in the MOH molecular biology genomic sequencing lab. This training will build MOH capacity to detect new variants and provide genomic data to guide the government in making quick and informed public health decisions as needed.

LHSS also released an RFP for subcontracting a training center to perform RT-PCR trainings for 60 private sector lab technicians, to strengthen their capacity to respond to COVID-19.

Additionally, LHSS developed and submitted a concept note on working to improve quality critical care services in ICUs. These interventions are fundamental for patient safety and quality of service, including the management of obstetric ICU admissions and high-risk referrals for maternal causes. USAID approved the concept note, and LHSS will work to develop a competency framework for ICU training activities in Q3.

Objective 3: Strengthen the MOH and National Continuing Professional Development (CPD) Stakeholders' Capacities to Activate the CPD Bylaw

LHSS continued to support the MOH as they work to activate their systems and processes to ensure successful implementation of the Continuing Professional Development Bylaw. LHSS collaborated with the Electronic Transformation and Information Technology Directorate at the MOH to finalize a RFP to develop an electronic CPD management system, approved by USAID and then shared with the Ministry of Digital Economy and Entrepreneurship to initiate government procurement processes.

Additionally, LHSS issued restricted eligibility RFAs for the three councils and three syndicates who will, upon USAID approval, receive IT equipment for CPD relicensing, enabling their ability to connect with the electronic CPD system and ensure they have the IT tools to fulfill their responsibilities.

LHSS's organizational capacity development consultant reviewed the baseline report developed by HRH 2030 for the three councils related to their readiness for CPD. The consultant revised the tool that will be used to update their baseline and prioritize remaining gaps and technical assistance required to fill the gaps.

The Licensing Professions and Health Institutions Directorate shared progress on data cleaning efforts with the MOH Secretary General, and tools for linking the database with different government entities, health syndicates, and health councils were uploaded and published by the

Ministry of Digital Economy and Entrepreneurship. Moreover, LHSS and Electronic Transformation and Information Technology Directorate worked closely with the Director of Residence and Borders to establish the accurate numbers of health care professionals working within and outside of Jordan. LHSS, together with the MOH, also updated their training platform to meet the National CPD Committee's standards for accrediting this online platform to use for CPD.

LHSS developed and received approval from USAID on a concept note and plan for conducting two learning exchange visits with a delegation from the MOH, Health Councils, and syndicates to visit the Department of Health in Abu Dhabi. Visits will involve the delegation learning from the successful experience of Abu Dhabi in implementing a CPD system for health care professionals.

LHSS, together with the High Health Council, collaborated with the Health Communication and Awareness Directorate and National CPD Committee to support the MOH in updating their CPD website and social media channels by drafting Frequently Asked Questions section on CPD. The Health Communications and Awareness Directorate will issue an RFA for a first wave of communications targeting providers working in the public sector, aiming to raise awareness on where providers can obtain certified and accredited CPD hours.

LHSS issued two RFAs to dovetail with the MOH's communication and awareness campaign by soliciting applications from private organizations interested in providing tailored outreach and communication to allied professionals, private providers in clinics, and private hospital providers. LHSS is finalizing the submission package for the selected applicant for allied and private clinics' provider communication and outreach. However, due to lack of initial satisfactory response, LHSS will reissue the RFA for communication and outreach for private hospital providers in Q3, incorporating feedback received from the interested applicants.

LHSS issued an RFA for private organizations to develop CPD content to be rolled out on an online platform. The online courses will target many providers, including allied health professionals, physicians, and nurses on technical and non-technical topics. The courses and the online platform will require approval by the National CPD Committee. LHSS finalized the selection process of the three private organizations in Q2 and will submit packages to USAID for approval.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES

For CPD, LHSS's organizational capacity development consultant is intentionally incorporating GESI questions into the tools for the focus groups and key informant interviews that she will have with the MOH and councils. The purpose is to understand the approaches they are taking to ensure geographic access to CPD and fair access among both male and female providers. Additionally, LHSS is working with the MOH on their development standards for CPD, ensuring a GESI focus. Finally, the data cleaning exercise sheds light on both where and who is working in Jordan as a provider, which could be used by the MOH to develop policies that address gender and social inclusion. (e.g., creating hiring strategies that incorporate aspects of gender balance as well as ensuring equitable distribution of staff at the facility level).

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

On February 22, USAID approved the FY 2022 LHSS Jordan AMELP. The following outlines major progress updates from this quarter against approved performance indicators.

- LHSS continued to support trainings across the public and Royal Medical Services sectors for COVID-19 case management to scale up the Government of Jordan pandemic response to reach patients accessing care across the health system. In Q2/FY22, the project trained 3890 health care professionals: 487 from in-person trainings and 3403 from the pre-recorded webinars. Accumulatively, LHSS achieved 66% from the annual planned target. These sessions covered the following course topics: managing COVID-19 patients with disabilities, managing mental health for healthcare providers, counseling COVID-19 patients, gender challenges for healthcare providers, home care for COVID-19 patients, critical care or COVID-19 patients, COVID-19 in pregnant women, and case management of COVID-19 in hospitals. In Jordan, the USAID-funded Local Health System Sustainability Project (LHSS) continued conducting trainings across the public and royal medical services sector for COVID-19 case management to scale up the Government of Jordan pandemic response to reach patients accessing care across the health system. In Q2/FY22, the project trained 3892 health care professionals: (489 from in person trainings and 3403 from the pre-recorded webinars). Accumulatively, LHSS achieved 66% from the annual planned target. These sessions covered the following course topics: managing COVID-19 patients with disabilities, managing mental health for healthcare providers, counseling COVID-19 patients, gender challenges for healthcare providers, home care for COVID-19 patients, critical care or COVID-19 patients, COVID-19 in pregnant women, and case management of COVID-19 in hospitals.
- LHSS finalized the distribution of 3000 IPC toolkits to **47** MOH health facilities (33 MOH hospitals and 14 Health Directorates). Health directorates were added to the distribution plan based on a request from the MOH, since their epidemiological investigation teams work as frontline Health Care Professionals under their organogram. LHSS achieved **147%** from the planned annual target. During Q3/FY22, LHSS will assess the percentage compliance with infection prevention and control procedures in MOH facilities receiving IPC training toolkits.
- As part of the sustainability plan, LHSS uploaded the training of PPE (which can be accessed via scanned barcode on the distributed IPC toolkits) to the recorded webinar portal accessible for MOH, Royal Medical Services, private sector, and other clinical health workers and support staff. As per the portal data, 2941 workers were trained and passed the assessments (2780 clinical health workers and 161 support staff). Therefore, LHSS succeeded in achieving **118%** of the planned annual target.
- In line with activities conducted in FY21 to build public sector capacity for COVID-19 testing, LHSS this quarter planned to train **5** Royal Medical Services lab technicians on RAT/PCR in order to create a pool of trainers for the sustainability of trainings within the Royal Medical Services. LHSS succeeded in enrolling **6** lab technicians, accumulatively achieving **8%** of the planned annual target.

LESSONS LEARNED / BEST PRACTICES

- By collaborating with the USAID-funded Community Health and Nutrition Activity to develop vaccine messages, LHSS removed the need to conduct formative research and capitalized on existing messaging research instead.
- To demonstrate Public Private Partnership collaboration, LHSS organized the RT-PCT training of trainers' for Royal Medical Services lab technicians at a private lab facility and requested the participation of an experienced lab technician from their side in the practical sessions in order to exchange know-how and experience which encouraged building trust, collaboration, and benefits to both actors.

CHALLENGES

- The call center handover process to the MOH was challenging due to the difficulty of institutionalizing the new function beyond emergency needs. However, the Ministry has been in agreement to meet and discuss possibilities of integrating call center functions within existing roles.
- Al-Basheer Hospital and the MOH delayed the start date for the Adult Critical Care Fellowship due to low numbers of physicians enrolled and infrastructure challenges, delaying LHSS's activities with the Jordan American Physicians group. Moreover, the group required time and changed its staff managing the fellowship program. LHSS requested a no-cost extension till December 2022 for this intervention.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Baseline report on MOH lab readiness for accreditation based on COVID-19 checklist (Expected in April 2022)
- Final report on uptake on IPC kits and tutorial videos utilized within MOH hospitals (Expected in April 2022)

UPCOMING EVENTS

- Hold a handover meeting with the Minister of Health for the data cleaning task in April 2022.
- Launch Advanced Cardiac Life Support accreditation intervention in April 2022.
- Launch RMS TOT intervention in May 2022.
- Presentation of organizational capacity development for CPD findings to the MOH and to the three Councils in June 2022.
- Training sessions on quality safety and risk management training of trainers with management teams from the three selected MOH hospitals in May-June 2022.

PRIORITIES NEXT QUARTER

- Finalizing the organizational capacity development for CPD reports and action plans for the MOH and the three Councils
- Finalizing procurement for: Advanced Cardiac Life Support training center, private sector PCR training organization, MOH Quality Safety and Risk Management training of trainer's organization

- Developing a competency framework for an inter-disciplinary team working within the ICU, expanding LHSS's work within the MOH hospitals on ICU training

LHSS KYRGYZ REPUBLIC

Period of Performance: FY 2022 AY3 Q2 (January- March 2021)

TOP HIGHLIGHTS THIS QUARTER

- LHSS contributed to the digitalization of the cold chain management system by completing development and testing of a set of electronic sub-systems to update vaccine inventories and administration. The E-health Centre and Republican Center of Immunophylaxis demonstrated the developed digital tools to relevant partners and committed to extend this system to routine vaccinations.
- A rapid assessment revealed that only 27.3% of doctors and 16.3% of nurses are convinced that the vaccine will reduce the risk of death from the disease. Additionally, 38.6% of physicians and 53% of nurses believed that receiving the COVID-19 vaccine would make them sick with COVID-19.
- LHSS partnered with the MOH to launch a media campaign to raise public awareness on vaccination against COVID-19

QUARTERLY ACTIVITY PROGRESS

LHSS led interventions under the Vaccine Technical Assistance work plan (March 6, 2021–April 6, 2022) which focused on the provision of technical assistance for vaccine rollout. This will be the last quarterly report under this work plan.

Vaccine Technical Assistance Activities: LHSS conducted a rapid assessment of the regulatory and administrative processes of the cold chain system for COVID-19 vaccines at the national level. The results of the rapid assessment will be used to revise standard operation procedures for effective vaccine management. LHSS mapped cold chain activities and developed Action Plan, which will be finalized and submitted to the Ministry of Health.

Three information sub-systems/modules on cold chain management and tracking system for vaccines shipments and transportation were finalized and tested by LHSS at Family Medicine Centers in Bishkek. In March, the E-Health Centre and the Republican Center of Immunophylaxis demonstrated the developed information sub-systems for key stakeholders and shared next steps. LHSS will provide additional support for finalizing the sub-systems after the pilot testing.

LHSS participated in a series of technical meetings with the key stakeholders, UNICEF and WHO missions on the revision of the National Vaccination Deployment Plan for COVID-19 Vaccines. LHSS provided additions to the cold chain management, communication, and demand strategy sections of the plan.

Support the development of demand strategy: LHSS partnered with the MOH to launch a media campaign to raise public awareness on vaccination against COVID-19. Based on the

rapid assessment of perceptions and concerns related to COVID-19 vaccination among medical workers in family medicine centers in Bishkek and the desk review of available data on COVID-19, LHSS developed a comprehensive communications strategy and a media plan and identified its key messages and target audiences. The rapid assessment involved 378 respondents, including 176 (46.6%) doctors and 202 (53.4%) nurses. The survey's key findings included:

1. Only 27.3% of doctors and 16.3% of nurses are convinced that the vaccine will reduce the risk of death from the disease. 38.6% of physicians and 53% of nurses believed that receiving the COVID-19 vaccine would make them sick with COVID-19.
2. The Ministry of Health was the main source of up-to-date information about COVID-19 vaccinations.
3. Healthcare providers cited the following reasons for people's reluctance to get vaccinated: 1) distrust (42.2%), 2) misinformation (19.4%), and fear of side effects (16.1%).

A review of social media data and behavioral insights research conducted by the WHO and CAREC in the Kyrgyz Republic revealed that between the period of December 2020 and March 2021:

1. The percentage of respondents willing to be vaccinated decreased from 59% to 40%; in turn, the percentage who categorically refuse vaccination increased from 29% to 37%.
2. Up to 44% of respondents think vaccinations are unnecessary because COVID-19 is no longer particularly common.
3. The main and most common reason for not vaccinating is fear of side effects.
4. Prevention and treatment recommendations from the Ministry of Health regarding COVID-19 are trusted by 72% of respondents in seven countries, including Kyrgyzstan.

Within the framework of the communications strategy and media plan, LHSS held a public health event which consisted of an information tent located on the main square of Bishkek. The purpose was to raise awareness about the importance of vaccination against COVID-19. Two-hundred and fifty-two respondents were interviewed before the consultation and 248 after (women: 132, men: 120). As a result, 68% of respondents noted that the information received during the event transformed their attitudes towards vaccines against COVID-19. In April 2022, LHSS will participate in the Jaz Demi Run, a marathon, where it will provide consultations to attendees; on April 14, 2022, LHSS will conduct a press café with the involvement of the Ministry of Health.

LHSS developed the Guide on Interpersonal Skills based on the Guidelines for Interpersonal Communication on Routine Vaccination and WHO recommendations. The aim of the guide is to build the capacity of health workers and provide high-quality and comprehensive information on COVID-19 vaccination. LHSS led trainings based on the guide. During trainings participants relayed that this information and guidance was critical, and that the trainings and information would have been useful to have at the beginning of the pandemic and again when vaccines were available. Improvements in the competencies of healthcare professionals in the areas of interpersonal communication and their hesitancy regarding vaccines, consent, safety awareness increased their confidence to engage patients.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS, AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS interviewed medical workers, the majority of whom were women, to capture insights on their perceptions and concerns related to COVID-19 vaccination that will feed into the development of the information and communication strategy aimed to improve reliability of information on COVID-19 for decision making and acceptance of vaccines.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

Three performance indicators showed progress this quarter. These include indicators number 15, 17 and 20, which focus on a functional M&E (Monitoring & Evaluation) system on stock and cold chain management for COVID-19 vaccines at the Ministry of Health, people reached through USAID-supported mass media with COVID-19-related messaging, and there were five meetings conducted within COVID-19 vaccine multisectoral coordination mechanisms that meet regularly with USAID.

LESSONS LEARNED / BEST PRACTICES

- LHSS aligned communication activities with the Ministry of Health and the Republican Center for Health Promotion and Mass Communication as no proper coordination has been achieved between the two agencies, which enabled LHSS to avoid duplication.

CHALLENGES

- As no proper coordination was established between the Ministry of Health and the Republican Center for Health Promotion and Mass Communication, LHSS had to ensure that the messages disseminated by the Activity had been cleared with both agencies, which caused delays in activity implementation.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Trainer's guide on interpersonal communication on COVID-19 vaccination on April 8, 2022.

UPCOMING EVENTS

- No upcoming events. Activities under this work plan ended on April 6, 2022.

PRIORITIES NEXT QUARTER

- Activities under this work plan ended on April 6, 2022.

LAC REGION

Period of Performance: FY22 AY 2 Q2 (January-March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS submitted a proposal to USAID with modifications to the LHSS LAC Bureau Activity Year 2 Work Plan in the DR aligned with the “Roadmap for Strengthening Social Health Protection Platform” developed by LHSS in Y1 in collaboration with high-level technical staff and decision-makers from the DR government, private sector, and civil society.
- USAID reviewed the above proposal, and per USAID guidance, the Work Plan changes are awaiting results of a key stakeholder meeting in the DR to assess their willingness to support and move forward with the Work Plan. The decision to continue with the implementation of the Activity will come following a meeting in mid-May with the Intersectoral Working Group, LHSS, USAID and other development stakeholders, facilitated by local LHSS partner, Two Oceans. The meeting will be conducted in Q3.
- In Honduras, a local partner was selected to carry out Intervention 2.1. Strengthen the capacity of the government of Honduras to adapt, implement, and finance SHP for women at risk of migration.

QUARTERLY ACTIVITY PROGRESS

[Y1] Intervention 2.5. Explore a non-traditional financing approach for expanding and sustaining the social health protection platform for women migrants (Year 1 Work Plan)

In coordination with local partner, Two Oceans, LHSS finalized and submitted a report on March 31, 2022, on possible non-traditional financing mechanisms for expanding social health protection for women migrants in the Dominican Republic (DR). USAID LAC Bureau shared feedback on the report. Given recent changes in the country context, LHSS and USAID agreed to seek clarity on the target audience for this report’s recommendations during key stakeholder meeting on May 19th. USAID has asked that the project wait to address their earlier feedback until after that meeting. During the stakeholder meeting, participants will assess the feasibility of SHP-strengthening activities for migrant populations.

[Y2] Objective 1: Strengthen SHP mechanisms to increase access to high-quality health services for migrants in the Dominican Republic

In response to recent government policies in the DR that restrict migrants access to public health facilities, LHSS proposed modifications to the Y2 work plan for LHSS DR. The modifications included additional support for local partners to develop and pilot a mechanism for financing and delivering health services to undocumented migrants, with the goal of expanding and integrating the mechanism into the health system in the future when the political context allows. The proposed work plan modifications were reviewed by the USAID LAC Bureau and DR Mission in March 2022. Per USAID recommendations, LHSS is convening a key stakeholder meeting in the DR in May to assess the political will to move forward with the proposed work.

Intervention 1.1. Support multisectoral coordination and oversight of implementation of the strategic roadmap to improve social health protection for migrant women in the Dominican Republic and Intervention 1.2. Support expansion of the standard package of health services to include migrant women

In Q2, USAID reviewed and provided feedback to LHSS' proposed modifications to the Y2 LAC Bureau activities in the DR as they related to Intervention 1.1 and 1.2, however, approval has not yet been granted. Under the proposed approach, LHSS will support local partners to develop and pilot a mechanism for financing and delivering health services to undocumented migrants with the goal of expanding and integrating the mechanism into the health system in the future, when the political context allows. LHSS is developing additional approaches based on the challenges and entry points identified in the Y1 "Roadmap for Strengthening Social Health Protection for Migrant Women in the Dominican Republic". The decision of which strategy to use going forward will be based on the needs and priorities mutually agreed upon by stakeholders at the meeting on May 19. This meeting will convene the Intersectoral Working Group, LHSS, USAID, and invite other development stakeholders. LHSS will seek the participation of additional development partners such as the International Organization for Migration (IOM), Pan American Health Organization (PAHO)/World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), and Inter-American Development Bank (IDB), among others.

Objective 2: Strengthen SHP mechanisms to increase access to high-quality health services for women at risk of migration in Honduras

In Honduras, Save the Children Honduras has been selected as a local partner to conduct Intervention 2.1: Strengthen the capacity of the government of Honduras to adapt, implement, and finance SHP (Social Health Protection) for women migrants. Starting in April 2022, the local partner will establish communications with USAID Honduras, the Honduran government, local partners in the private sector and civil society, among other key stakeholders such as the Mesa Interagencial, Intersectorial de Salud y Migración (Interagency, Intersectoral Board of Health and Migration), to evaluate the needs of women at high risk of migration and to co-design a process to sustainably increase the existing SHP mechanisms. The Mesa Interagencial, Intersectorial de Salud y Migración is a board ratified by the Honduran government with more than twenty-four participating entities that coordinate the response to the needs of migrants and those affected by migration in Honduras, with the aim of strengthening access to comprehensive healthcare, aligned with the guidelines of the Ministry of Health. On April 19, 2022, LHSS was invited to a Mesa plenary session to present an overview of LHSS Global and LHSS LAC Bureau work in Honduras. Additionally, LHSS has been invited to participate in biweekly Honduras Board of Directors Mesa monthly general sessions. LHSS presented the LHSS LAC Bureau work plans in Honduras on April 26, 2022, during the Board of Directors meeting. The Mesa shared its strategic plan and LHSS will identify potential areas of collaboration in alignment with the approved LHSS work plan. These opportunities for collaboration will be presented to USAID for concurrence. Collaboration with Mesa de Salud representatives and board of directors will provide a unique opportunity for LHSS and the local partner Save the Children Honduras to communicate with the appropriate stakeholders to develop work plan interventions.

Intervention 2.1. Strengthen the capacity of the government of Honduras to adapt, implement, and finance social health protection for women migrants

LHSS re-issued an RFP in both English and Spanish to identify a local partner in Honduras. Two applications were received, and LHSS selected the successful applicant, Save the Children Honduras, which will initiate work in Q3.

Objective 3: Increase awareness of efforts to expand access to SHP for women in high migration contexts

Intervention 3.1 Strengthen the capacity of an origin country to adapt, implement, and sustainably finance social health protection for women at risk of migration (Year 1 Work Plan)

There were no knowledge management deliverables developed during this quarter. LHSS is planning a webinar and a blog post for Q3.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

Findings from the Honduras desk review will be considered in the future design of strategies to improve social health protection specifically for women, with special focus on the gaps in social health protection coverage to address the health needs of women at risk of migration. LHSS is also working through its consortium partner, Banyan Global, to identify opportunities to improve gender equity throughout program implementation.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

- LHSS disseminated two products on the LHSS website with findings from the landscape analysis (Indicator #6): Blog post 1, “Systems Strengthening,” and Blog post 2, “Five Steps to Strengthen Health Access for Migrant Women: A Locally Led Example from the Dominican Republic.” Both blog posts were also published on several national channels in the DR and on regional channels including Revista Medica and Diario de Salud as of March 27, 2022.

LHSS developed one dissemination product related to SHP and migration (Indicator #6): a blog post, “Sustainable Financing for Migrant Health: Learning from Colombia.”

LESSONS LEARNED / BEST PRACTICES

- Continuous communication with local partners has been effective to facilitate engagement efforts and provide clarity on next steps. It is necessary to be continually flexible and able to adapt given the complexity of the issues involved in the local context.

CHALLENGES

- A series of policies launched by the new government of the DR to curb irregular migration have the potential to negatively impact LHSS's ability to implement work plan interventions in the country. In response to this challenge, LHSS prepared a concept note for USAID's consideration with a workplan modification proposal to support local partners to develop and pilot a mechanism for financing and delivering health services to undocumented migrants according to the roadmap developed by the Intersectoral Working Group in 2021. In consultation with USAID, LHSS is exploring other entry points to address some of the challenges and seek solutions to strengthen social health protection platforms identified in the Y1 Roadmap. At a high-level stakeholder meeting on May 19, 2022, participants will have the opportunity to provide and assess suggestions of what it is feasible and valuable to implement in the DR given the changed context.
- The RFP issuing process for the DR was placed on hold after receiving guidance from USAID on December 3, 2021, to pause Task 1.1., "Support multisectoral coordination and oversight of implementation of the strategic roadmap to improve social health protection for migrant women in the Dominican Republic". A specific RFP was developed in March 2022 to organize the May 19, 2022 high-level stakeholder meeting as suggested by USAID.
- Low response rate on the RFP to perform work in Honduras has delayed Activity implementation, given LHSS's strategy of heavy engagement of local partners for implementation. At the end of the RFP period in March 2022, LHSS received only two proposals, one from Save the Children Honduras, and another from a private consulting firm in Honduras. After reviewing the proposals LHSS decided to move forward with contracting Save the Children Honduras.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Sustainable Financing for Migrant Health: Learning from Colombia, Blog post. Submitted to USAID January 13, 2022. Revised draft submitted March 24, 2022.
- Expanding Social Health Protection for Women at Risk of Migration in Honduras. Submitted February 4, 2022. Revised draft submitted March 31, 2022.
- Exploration of Financing Mechanisms for Expanding and Sustaining a Social Health Protection Platform for Women Migrants in the Dominican Republic. Submitted March 31, 2022

UPCOMING EVENTS

- May 19th, 2022 - Key stakeholder meeting led by Two Oceans with Intersectoral Working Group, LHSS, USAID and other suggested stakeholders. The meeting will provide a forum to discuss the feasibility to implement a selection of activities identified in the "Roadmap for Strengthening Social Health Protection for Migrant Women in the Dominican Republic (2021)" and other proposed activities that may be identified by the participants during the meeting.
- June 2022 - Webinar to share lessons learned and experiences from the LAC Bureau Activity. LHSS and USAID will agree on the date and topic at the beginning of Q3.

PRIORITIES NEXT QUARTER

- In collaboration with local actors, LHSS, in collaboration with USAID, will assess the feasibility of piloting interventions that benefit vulnerable groups including migrant women and their families.
- USAID decision expected on proposed modifications to the Y2 work plan, as well as a Y3 work plan proposal related to activity implementation in the DR.
- Initiate local partner work in Honduras. Save the Children Honduras will focus on understanding the context around health and migration in Honduras, key stakeholders (e.g., connecting with Mesa de Salud members, and board of directors), SHP platforms, and opportunities to collaborate with existing intersectoral groups.
- Webinar related to the LHSS interventions and SHP for migrant women and children in Honduras.
- The submission of the AY2 Activity, Monitoring, Evaluation, and Learning Plan (AMELP) is pending due to the anticipated changes in the AY2 work plan. Once the AY2 work plan is modified, the AMELP will be aligned with the new interventions and submitted.

LHSS MADAGASCAR

Period of Performance: FY22 AY2 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS facilitated five technical sessions with members of the UHC unit to discuss key UHC-related documents and strategies and submitted the Synthesis Report to the USAID mission.
- LHSS provided capacity development on organizational, institutional, management and communication topics to the UHC unit through coaching and a team-building workshop.
- LHSS began facilitating discussions on the Implementation Plan of the UHC National Strategy and the National Health Financing Strategy (SNFS).

QUARTERLY ACTIVITY PROGRESS

Intervention 1: Develop Terms of Reference for Supporting UHC Action Plan and Organizational Capacity Development

LHSS completed this intervention in FY 2021 Q4.

Intervention 2: Support UHC's Unit (*Cellule d'appui pour la mise en œuvre de la CSU (CA-CSU)*) to Synthesize UHC-related Studies and Assessments and Interpret its Alignment with National UHC Strategy.

LHSS conducted a detailed analysis of five key¹ UHC-related documents and identified areas that the UHC unit needs to clarify and develop further, with input from the stakeholders that contributed to the UHC National Strategy. Starting with an overview session in January, LHSS facilitated five virtual sessions focusing on the key documents and related topics, based on the unit's requests. The objectives of the sessions were to enhance the unit's understanding of the UHC framework and placement of the key documents within this framework, to identify discrepancies between the documents and how to address them, and to help the unit make appropriate decisions. The session on the *mutuelles* aimed to inform the unit on local and global knowledge and best practice on using health *mutuelles* as a strategy to achieve access to UHC.

Additionally, LHSS developed and submitted the Synthesis Report of UHC-related Studies and Assessment to the USAID mission in March. The analysis found that the documents are well aligned with the framework of the National UHC strategy and are consistent with wanting to cover individuals who cannot pay or contribute. However, the major technical issues to be addressed are the role of the *mutuelles* in the national health insurance scheme, the role of strategic purchasing in the proposed national insurance scheme, the definition of beneficiaries whose insurance premiums will be subsidized, and the benefit package. The analysis also found that the non-functional UHC steering committee is impeding the process with implementing the UHC National Strategy.

¹The National Strategy for Universal Health Coverage; the implementation plan of the National Strategy for Universal Health Coverage; the National Health Financing Strategy; the draft law on Financial Protection of Health Services Users (*Projet de loi sur portants sur la protection financière des usagers des services de santé*); and a proposed mechanism for financial protection (*Modèle de mécanisme de protection financière santé*).

Intervention 3: Strengthen CA-CSU's Capacity to define an Implementation Plan for National UHC Strategy and Provide Organization Capacity Development Support.

Implementation Plan for the National UHC Strategy: LHSS supported the UHC unit in finalizing the National Health Financing Strategy by providing detailed written feedback and suggestions on the latest draft. LHSS also shed light on the positioning of *mutuelles* in relation to the SNFS and the government's new orientation to develop *mutuelles*. Following the finalization of the SNFS, LHSS began facilitating discussions with the unit on the Implementation Plan of the SNFS, which is a key part of the Implementation Plan of the UHC National Strategy. However, more information and sensitization need to be done toward the higher levels of the government on UHC and the important role of SNFS within UHC, so that the implementation of the SNFS is not hijacked by political priorities. The UHC unit's current capacity renders it less effective in informing or influencing the Minister than would be expected for a unit that is responsible for coordinating the implementation of UHC reforms. LHSS is supporting the UHC unit to ensure that (i) the SNFS process (that was developed collaboratively and provides sound technical direction) is respected while (ii) responding to political priorities such as the recent request to promote *mutuelles*. LHSS is supporting the UHC unit to present the *mutuelles* through the lenses of UHC and/or the SNFS with the Minister, in order for the SNFS to remain the cornerstone of UHC implementation.

Organizational and Institutional Capacity Development: Following the self-assessment exercise in Q1, each division of the UHC unit held internal group discussions to analyze the results of the questionnaire. The findings of the analysis were shared and discussed during a team-building workshop in March to identify priority areas for the structural reform of the unit and to inform the development of an institutional capacity development plan. LHSS organized and facilitated a three-day team building workshop (March 23-25) to improve the UHC unit's cohesion and productivity in implementing its 2022 work plan. Participants included 18 of the unit's 19 staff members and a doctor who will soon join them. The team-building workshop aimed to 1) revitalize motivation and team spirit of the UHC unit, 2) allow members to express their specific skills, 3) improve communication and team synergy, and 4) strengthen work performance. The UHC unit appreciated the LHSS approach, and a smaller group was formed to lead follow-up activities after the workshop concluded. During the workshop, the UHC unit team reflected on and drafted a common vision, values, staff objectives, and new structure, and position of the UHC unit in the Ministry in the future to guide the organizational reform of the unit. A small group was created to continue to work on the reform and the capacity development plan with the support of the LHSS team.

To respond to short term needs, LHSS provided management and organizational coaching sessions nearly every week to two key leaders of the UHC unit to help them improve the management of short-term activities, respond to the constantly evolving context of UHC, and improve collaboration with stakeholders. During the team-building workshop in March, LHSS extended coaching support to the whole unit's team through targeted group sessions on management, relationships, communication, and coordination. As one of the outputs, the team was able to jointly identify the challenges and solutions to better organize and collaborate between the unit's administration staff and unit technical heads to ensure harmony in achieving the unit's objectives.

Stakeholder Mapping: LHSS began integrating the stakeholder mapping within the UHC unit's mission. During the March team-building workshop, LHSS discussed the methodology of the

stakeholder mapping and coordination process. UHC Stakeholders are people or groups who are directly or indirectly affected by UHC vision, objectives and actions, as well as those with interests in the UHC implementation and/or the ability to influence its outcomes, either positively or negatively. Stakeholders may be internal, intermediaries and external of the UHC Unit. The unit identified potential stakeholders and their respective level of involvement in UHC. They also discussed the potential impact of these stakeholders' involvement on the unit's work plan and activities. The unit created another small group to analyze stakeholders and their interventions in the implementation of the UHC strategies.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS provided weekly management and organizational coaching sessions to key female leaders of the UHC unit. During the March team-building workshop, LHSS extended the organizational development coaching sessions to all the UHC unit members, which included 12 female and 6 male members.

WASTE, CLIMATE RISK MANAGEMENT

LHSS Madagascar is committed to carrying out environmentally responsible operations. The activity ensured compliance with conditions set out in the IEE, mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Madagascar FY22 Annual Work Plan, and host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

Due to the limited time and scope, this activity does not have a separate MEL plan. Performance will be assessed through routine reporting and meetings.

LESSONS LEARNED / BEST PRACTICES

- The UHC-related studies sessions were more productive when the director of the UHC unit participated, as she was able to answer participants' questions and provide additional context. Her frequent absence and travel are impacting the internal organization and communication of the UHC unit. To mitigate this, LHSS is providing coaching to the Director of the UHC unit so she can better delegate her tasks e.g. the Director recently delegated a work trip to another team member, so that the Director could remain with her team to identify the way forward with *mutuelles*. LHSS learned that the unit technical heads should participate in technical sessions and focusing on strategic planning rather than simply executing.
- For capacity strengthening and team building sessions, LHSS used approaches based on collaborative work to balance comprehensiveness and efficiency, and to ensure that skills are transitioning to local partners.

CHALLENGES

- There is a misalignment between the departments or "services" of the UHC unit, which leads to overlapping responsibilities and confusion among partners. Additionally, the unit's operational services' level of technical capacity is limited and there needs to be more focus on strategic planning at the technical heads' level.

- The lack of clarity around the UHC unit's work plan may pose a challenge for potential partners to support and engage with the unit's activities.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS submitted the Synthesis Report of UHC-related Studies and Assessment to the USAID mission in March.

UPCOMING EVENTS

- LHSS will provide technical and management support to the UHC unit for an upcoming workshop on the Implementation Plan for the National Health Financing Strategy.

PRIORITIES NEXT QUARTER

- LHSS will finalize and translate the Synthesis Report on UHC-related Studies and Assessments. The team will submit the report to USAID Washington for approval and share it with the UHC unit.
- LHSS will facilitate technical sessions with the UHC unit focused on supporting them in drafting the Implementation Plan for the National Health Financing Strategy.
- LHSS will support the UHC unit in developing the Institutional Capacity Development plan, which will serve as an advocacy tool to negotiate support with partners for capacity development support in the future.
- LHSS will support the UHC unit to finalize the stakeholder mapping and use it to better understand their stakeholders, to identify the most appropriate roles for them for the UHC Implementation Plan, and to engage with each of them more strategically.

LHSS NAMIBIA

Period of Performance: FY22 AY1 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- Supported the Ministry of Health and Social Services (MoHSS) with driving the UHC planning process forward. This included providing technical input and guidance for: 1) the terms of reference and the process manual for the health financing technical unit; and 2) the roadmaps for developing the essential health service package and the UHC policy.
- Drafted a catalogue of possible services, to which the prioritization criteria will be applied for the essential health services package.
- Revised the costing research protocol to include the full Activity-Based Costing approach for selected health, HIV, and community-level services, and submitted the protocol to the MoHSS Research and Ethics committee.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Support the Ministry of Health and Social Services to operationalize and implement the high-level UHC framework

LHSS continued to actively participate in fortnightly meetings led by the MoHSS UHC technical unit, while engaging with the ministry's team regularly to provide additional support as required. To strengthen health financing decision-making capacity within the MoHSS, LHSS supported the UHC technical unit with drafting the terms of reference for the health financing technical working group, including detailed processes and procedures to guide its operations. Incorporating best practices, these terms of reference will be used as the template and adapted across other technical working groups of the UHC technical unit. LHSS supported the UHC technical unit to draft terms of reference for additional support to the MoHSS from ACT-Accelerator to assess the status and challenges experienced with program-based budgeting in Namibia.

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

LHSS provided continued support for the development of the essential health service package. This included drafting a detailed roadmap for developing the essential health services package, providing technical support towards developing the terms of reference for a consultant to assess the current package of services, and compiling a catalogue of services to be included in the prioritization process for possible inclusion in the essential health service package.

LHSS worked in close collaboration with USAID Namibia, the Office of HIV/AIDS, the Office of the Global AIDS Coordinator and Health Diplomacy (OGAC), and PEPFAR's chief economist to finalize the costing approach, incorporating lessons learned in other countries and ensuring the approach is comprehensive and consistent. The research protocol was revised to include the full Activity-Based Costing approach for selected health, HIV, and community-level services. Corresponding data collection tools were developed for all these services. A local research institution was selected to carry out the costing exercise, with the aim of strengthening local capacity in costing. The research protocol was submitted to the MoHSS Research and Ethics committee in March 2022.

LHSS is supporting the Government of the Republic of Namibia to maximize the efficiency of the country's resources and reduce waste, thereby contributing to the adequacy of sustainable domestic financing, including for sustained HIV epidemic control. To this end, LHSS began documenting existing inefficiencies to inform: 1) how domestic funding can be freed up to finance health services sustainably; 2) how the MoHSS can ensure that money is spent equitably; and 3) how to reduce inequities in health financing.

Objective 3: Improving private sector engagement leading to increased access to care and strengthened stewardship by the Government of the Republic of Namibia

On February 16, LHSS participated in a meeting held by the social contracting TWG. This TWG is responsible for exploring approaches to contracting civil society and private sector organizations to improve efficiency in the utilization and allocation of domestic resources and developing the capacity of these organizations as active providers in the public health response. The LHSS team presented the draft social contracting policy, which the team helped develop in Q1. To build on the consensus reached during the meeting, LHSS is working with a smaller team to refine and finalize the terms of reference for this social contracting technical unit, including the scope of secretariat services.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

Banyan Global, an LHSS consortium partner, is supporting the equity analysis that will be conducted for the essential health package, ensuring that gender, equity, and social inclusion considerations are incorporated into the essential health services package. Banyan Global started to create a brief outlining key gender, equity, and social inclusion considerations. The brief highlights prevailing inequities in Namibia including racial and income inequities, and inequities resulting from regional distribution, user fees for public health services, and gender-based violence.

WASTE, CLIMATE RISK MANAGEMENT

LHSS Namibia is committed to carrying out environmentally responsible operations. The activity ensured compliance with conditions set out in the IEE, mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Namibia FY22 Annual Work Plan, and host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

The AMELP plan was approved by USAID on February 1, 2022. Three UHC technical unit meetings were conducted in this reporting quarter, demonstrating progress towards Indicator #1 (routine engagements and collaborations with other ministries). LHSS requested the MoHSS to grant access to the data required for Indicator #4 (average of the service gaps) in March 2022. LHSS also provided technical support to the ministry's social contracting TWG, contributing to Indicator #5 (engagements and collaborations between public and private sectors). Please refer to Objective 3 above.

LESSONS LEARNED / BEST PRACTICES

There has been limited progress on the essential health services package activity because the Director of Primary Health Care is still burdened with the COVID-19 response. Despite this, regular communication on the essential health services package was key in maintaining

momentum on this activity. LHSS's offer to provide additional operational support was appreciated by the Directorate and will contribute to a more streamlined process for the activity.

CHALLENGES

- Delayed issuance of the work permit for the embedded health financing advisor delayed implementation of work, even though efforts were made to engage virtually with the ministry counterparts on a regular basis. The official work permit was issued at the end of March and the embedded health advisor is expected to be in Namibia in April.
- The costing research protocol submission occurred later than planned due to delays with the finalization of the costing approach as a result of numerous changes to the approach/methodology from OGAC.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Terms of reference and process manual for the TWG, March 2022.
- Requested an extension for the submission of an analysis report on current inefficiencies and misalignment of resources with health needs due to delays in the issuance of the embedded advisor's work permit, which has prevented effective engagement with the MoHSS. Deliverable submission to be shifted from March to June 2022.

UPCOMING EVENTS

- Essential health services package workshop: securing consensus on the prioritization criteria, April 2022.
- Essential health services package workshop: applying prioritization criteria to selected health services for inclusion in the package, June 2022.

PRIORITIES NEXT QUARTER

- Together with the MoHSS's Policy Planning Directorate, LHSS will conduct an assessment of the Directorate and its staff's capacity, which will in turn inform the development of a detailed capacity development plan. To foster the relationship with the ministry, it was decided that this assessment should be done in person once the embedded advisor is able to work in Namibia.
- Data collection for the costing of health, HIV, and community-level services will start once the research protocol has been approved by the MoHSS.
- The team will work closely with the Director of Primary Health Care to co-facilitate the aforementioned stakeholder workshops for the development of the essential health services package. LHSS will work closely with the ministry's team to plan and prepare for the facilitation of these workshops.
- LHSS will use the documentary review on inefficiencies in Namibia's health sector to inform policy directives for the health financing components of the UHC Policy and work with the MoHSS to identify approaches to address identified inefficiencies. The draft report focusing on the literature review will be finalized by the end of April 2022 with follow-up work and intensive engagement with the MoHSS.
- Continued engagement with the MoHSS through the UHC technical unit and the social contracting TWG.

LHSS PERU (PEPFAR)

Period of Performance: FY22 AY 2 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS Peru presented activity updates, preliminary data/results, lessons learned and areas of unmet need to the PEPFAR COP/ROP 2022 Virtual Planning Meetings Western Hemisphere Region – South America Venezuela Regional Crisis on March 29, 2022.
- LHSS submitted to the Mission the Recommendations Report for the Design and Implementation of a National Observatory for Migrant Health on March 31, 2022.
- LHSS facilitated a second forecasting tool workshop on February 11, 2022, with 18 participants from health facilities providing ARV treatment to develop capacity related to HIV commodities forecasting.

QUARTERLY ACTIVITY PROGRESS

Task 1.1.1: Consult with MOH to co-create and implement a capacity development plan based on health system assessment findings and implement selected recommendations.

Due to changes in MOH authorities and a reduced number of MOH personnel due of COVID-19, LHSS experienced delays in the necessary coordination with the Directorate for the Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis (DPVIH) to co-create the capacity development plan. Consequently, USAID has approved an LHSS request to submit the Plan in Q3. Currently, LHSS is coordinating with the DPVIH to work with the prioritized regional health directorates on the most pressing issues identified for the capacity development plan. In March, LHSS met with the National School of Public Health (ENSAP) to understand the detailed requirements and timeline for producing an online course on its training platform and agreed to collaborate for the implementation of the Capacity Development Plan.

Task 1.1.2 Technical support to the MOH to develop forecasting and planning capacity for services using inputs including, but not limited to, ARVs and supplies.

In collaboration with the DPVIH, LHSS facilitated a second workshop to train health providers to use the forecasting tool and improve HIV commodities forecasting. Eighteen participants, from facilities providing antiretrovirals (ARV)s attended the workshop on February 11, 2022.

Task 1.1.4 Support the design of a national observatory to strengthen information for migrant health.

LHSS released a RFA for the Migrant Health Observatory grant program and selected Universidad Peruana Cayetano Heredia (UPCH) as the grantee. The grant was signed on March 18, 2022. LHSS is exploring the possibility of signing a Memorandum of Understanding (MOU) between the University and the MoH for data sharing purposes in the future which will contribute to the observatory's sustainability, once the LHSS Peru Activity concludes in September 2022.

LHSS met with the Director of Strategic Interventions in Public Health and the head of the Migrant Unit of the MoH, to present the Grantee for the Migrant's Health Observatory and concur on the collaborative work to be done with them.

Additionally, LHSS finalized and submitted to USAID, the Recommendations Report for the Design and Implementation of a National Observatory for Migrant Health.

Task 1.1.5 Analyze data, summarize findings, and develop recommendations in the assessment report to be shared with USAID and other international partners supporting the health sector migrant response.

In response to comments received from USAID on the Health System Assessment Report, LHSS revised the report and resubmitted. USAID COR approved the report on February 18, 2022.

Task 2.1.1 Conduct a joint review of existing health information system policies, regulations, and practices within regional and sub-regional intergovernmental organizations and countries.

LHSS prepared a scope of work for this task and is currently in the process of hiring a consultant to conduct the review of cross-border information sharing and benefit portability systems.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

As LHSS Peru works to strengthen HIV services for Venezuelan migrants, an intersectional gendered lens is used to ensure that specific constraints facing women living with HIV, those who identify as LGBTQ, and men who have sex with men are included in the capacity development plan and in the Migrant Health Observatory during this quarter.

WASTE, CLIMATE RISK MANAGEMENT

N/A

PROGRESS ON PERFORMANCE INDICATORS

In Q2, LHSS held a workshop to train 18 participants as the last milestone towards the establishment of an improved forecasting process (Indicator #3): the second to the workshops participants comprised of the MOH, Integrated Health Networks Directorates of Lima, and health facilities from different regions on using the tool to quantify the demand for HIV care supplies was held by LHSS (Indicator #2), with which the goal of 30 participants in these workshops is met.

LESSONS LEARNED / BEST PRACTICES

- Incorporating the user's voice in the HSA was important to understand the real functioning of the system and to identify barriers to access healthcare services.
- Involving stakeholders in the HSA has been valuable to enrich the evaluation and disseminate results, facilitate the identification of areas of collaboration for the MOH, and create alliances to implement recommendations
- An online survey, that we used to obtain information from a large number of HIV providers in the HSA, proved to be an efficient way to obtain valuable information in a short time and at low cost.

CHALLENGES

- Political instability in the country has led to personnel turnover in the MOH, which has delayed activities. Since the new government started on July 28th, Peru has had 4 prime

ministers, 2 health ministers, 3 vice ministers of Public Health, 2 heads of the National Center of Health Strategus Resources - CENARES, and 2 Directors of Strategic Interventions in Public Health.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Forecasting tool to quantify health services, supplies, and inputs. Q1 deliverable re-submitted in Q2 after addressing Mission's comments. Submitted January 30, 2022.
- Quantification report of HIV services and inputs required for Venezuelan migrant population. Q1 deliverable re-submitted after addressing Mission's comments. Submitted January 30, 2022.
- Health System Assessment Report. Q1 deliverable re-submitted in Q2 after addressing Mission's comments. Submitted January 30, 2022.
- Recommendations Report for the design and implementation of a national observatory for migrant health. Submitted March 31, 2022.

UPCOMING EVENT

- Meeting with technical health officers and health information systems experts from MOH and multilateral partners, representatives of selected regional/subregional platforms and NGOs to discuss and prioritize core health information tracking needs, recording, and reporting approaches, priority HIV and health service indicators to be tracked and reported.
- Launching event of the national observatory for migrant health, that will provide relevant information to enhance data-based decision making at the MOH and relevant stakeholders.

PRIORITIES NEXT QUARTER

- Complete the capacity development plan for MOH, including DIRIS, and DIRESAS
- Initiate implementation of the capacity development plan
- Launch National Observatory for Migrant Health
- Report on existing cross-border information sharing and benefit portability efforts

LHSS TAJIKISTAN

Period of Performance: FY 2022 AY 3 Q2 (January–March 2022)

TOP HIGHLIGHTS THIS QUARTER

- The national laboratory system is now capable of identifying and reporting COVID-19 variants, such as Delta and Omicron, as a result of LHSS support for procurement, maintenance and training on the Analyzer 3500 genomic sequencing machine
- National Deployment and Vaccination Plan (NDVP) has been updated to include WHO-approved guidelines regarding boosters and inclusion of adolescents in the target population.
- National guidelines and instructions for health care providers on other WHO approved vaccines were developed. Vaccine certificates were modified in accordance with new guidelines and use for booster doses, and over 600,000 COVID-19 vaccination certificates and 6,000 guidelines for COVID-19 vaccination were printed and distributed.
- The web-based tool for vaccine cold chain Inventory Gap Analysis was completed this quarter. Over 3,100 medical institutions were assessed. Based on the analysis, UNICEF procured and installed nine ultra-cold chain freezers, capable of storing Pfizer COVID-19 vaccines.

QUARTERLY ACTIVITY PROGRESS

LHSS is leading interventions under two work plans: Work Plan A (March 30, 2020–April 6, 2022), which includes COVID-19 response activities that are focused on supporting the implementation of Tajikistan’s national laboratory response strategy, and Work Plan B (March 6, 2021–April 6, 2022), which focuses on the provision of technical assistance for vaccine rollout. This will be the last quarterly report under these work plans.

Procurements and trainings to support Tajikistan’s COVID-19 response: LHSS procured laboratory commodities for a genomic sequencing machine and hired a ThermoFisher engineer to conduct maintenance on the Analyzer 3500 genomic sequencing machine. Financial and logistical support was also provided for a training MOHSPP. With this work completed, LHSS supported online and offline training on genomic sequencing of COVID-19 variants in early March. Six laboratory specialists from the Tajik State Research Institute of Preventive Medicine, learned how to analyze, record, and report sequencing results. The lab specialists also learned how to maintain the sequencer and other equipment. The national laboratory system is now capable of identifying and reporting COVID-19 variants, such as Delta and Omicron.

Vaccine technical assistance: LHSS worked with development partners and the Republican Center of Immunoprophylactic to update the National Deployment and Vaccination Plan (NDVP) to include new WHO-approved guidelines regarding boosters and inclusion of adolescents in the target population. LHSS continued working at the national level and more extensively in 15 districts of the Khatlon region. LHSS and the Republican Center of Immunoprophylactic trained health care workers from Khatlon on COVID-19 vaccine planning, storage and handling of vaccines, reporting and recording, monitoring coverage, and supportive surveillance. For continued capacity-building support, LHSS led three mentoring and monitoring visits in 15 districts.

Working with the Republican Center of Immunoprophylactic, LHSS facilitated the adoption of instructions for the storage and use of Moderna and Pfizer vaccines. With support from LHSS the “*National guidelines and instructions for health care providers on other WHO approved vaccines*” were developed. Vaccine certificates were also modified in accordance with new guidelines and use for booster doses, and over 600,000 COVID-19 vaccination certificates and 6,000 guidelines for COVID-19 vaccination were printed and distributed with LHSS’s financial support.

Support for cold chain system: The vaccine cold chain Inventory Gap Analysis web-based tool was completed this quarter. Over 3,100 medical institutions were assessed, including city and district immunization centers, polyclinics, and maternity hospitals. According to the survey data, a total of 2,949 institutions out of 3,114 were involved in the vaccine supply chain and routine immunization, which accounted for 94.7% of institutions, however, all 3,114 medical institutions participated in the vaccination against COVID-19.

LHSS with the WHO and Republican Center of Immunoprophylactic completed data entry and analysis. Data from these assessments will be compiled by WHO into a cold chain inventory report, which will inform the purchase and rollout of COVID-19 vaccines and will enable the country to make informed decision about cold chain rehabilitation.

Based on the analysis, UNICEF procured and installed nine ultra-cold chain freezers, capable of storing Pfizer COVID-19 vaccines. LHSS supported the training of two national experts on the development of instructions for the transportation, storage of vaccines and developed standard operating procedures on ultra-cold chain freezer use and administration of the Pfizer vaccine. The ultra-cold chain freezer is installed at the regional warehouses in Kulob, Bokhtar, and Sugd, while six ultra-cold chain freezers were installed at the national vaccine store.

Support to revise and adapt guidelines and instructions for health care providers on other WHO approved vaccines as needed: With the support of the Republican Center of Immunoprophylactic, the “Guidelines for vaccination against COVID-19 in the Republic of Tajikistan” were developed. These guidelines were approved by the Ministry of Health and Social Protection of the Population and are recommended for use by primary healthcare workers, city and district hospitals, and medical students, to improve their knowledge of the epidemiological surveillance of infectious diseases.

PROGRESS IN REMOVING GENDER-RELATED CONSTRAINTS, AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS Tajikistan ensures that both female and male health care providers participate equally in capacity-development measures, including trainings conducted this quarter.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

LHSS made good progress in two of their indicators relating to genome sequencing tests. During the reporting period, 20 laboratory materials were provided to the country to support genome sequencing and additionally, 14 genome sequencing tests were carried out against an annual target of 150.

LESSONS LEARNED / BEST PRACTICES

- Close collaboration with key partners in regard to laboratory strengthening continues to be a best practice. Collaboration helps avoid duplication of efforts and address challenges that were identified during mentoring and monitoring visits, capacity building, procurement, implementation of genome sequencing.
- Timely analysis and forecasting of cold chain inventory cannot be completed unless it is supported by hardware procurements, such as computers.

CHALLENGES

- Delay in the start of data entry for cold chain inventory (started late February instead of early January) resulted in difficulties with data collection in remote districts due to winter conditions and closed roads.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Guidelines for vaccination against COVID-19 in the Republic of Tajikistan (March 31, 2022).

UPCOMING EVENTS

- No events are planned. Non-ARPA work plan activities end on April 6, 2022.

LHSS TIMOR-LESTE

Period of Performance: FY22 AY2 Q2 (January–March 2022)

TOP HIGHLIGHTS OF THIS QUARTER

- The Activity and FONGTIL (Timor-Leste NGO Forum) co-implemented a learning session to improve civil society organizations' (CSOs') knowledge about the health system and the role CSOs can play in health system strengthening.
- A health financing landscape analysis was finalized and submitted to USAID Timor-Leste. Based on recommendations of the analysis, we are working with the MOH to establish a Health Financing Unit.
- The Health Promotion technical working group (TWG) was revitalized and will facilitate coordination between the MoH and its key partners (development partners, implementing partners, and CSOs) working to improve healthy behaviors for inclusive reproductive, maternal, newborn, child, adolescent health plus nutrition (RMNCAH+N) and beyond.
- Nearly 80 workshop representatives from 30 CSOs attended two workshops to disseminate the key findings and recommendations from the 2021 review of SBC interventions in Timor-Leste.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Strengthen health governance and financing

The USAID Health System Sustainability Activity continued to closely collaborate with the MoH on interventions to build a robust health system. The MoH is taking ownership of the interventions which directly address the priority areas identified in the National Health Sector Strategic Plan II 2020–2030. To advance the joint effort, the MoH issued an official letter of approval for the terms of reference of the Health Financing working group. The Cabinet of Policy, Planning, and Cooperation at the MoH also signed and distributed a notification, instructing MoH units to participate in assessments being conducted by the Activity. A key achievement during the quarter was the formation of the Health Financing working group to support the GoTL on health financing. The Cabinet of Policy, Planning, and Cooperation leads the TWG and the Director-General of Corporate Services, Director of Budget and Financial Management, and Director of Human Resources provide technical guidance, decision-making support, and endorsement of plans.

To further our work to increase the government's ability to generate data to inform health policy, the Activity trained staff from the *Servico Autonomo de Medicamentos e Equipamentos de Saude* (SAMES) on the data collection tool KoBoToolbox to capture quantitative and qualitative data from surveys and interviews.

The Activity finalized and submitted the health financing landscape analysis. One of the recommendations in this report which the Activity is carrying out, is to support the MOH to establish a Health Financing Unit. To this end, the Activity worked with the MOH to finalize a terms of reference for this Unit.

The Activity continues to collect data at the municipality level for the Political Economy Analysis. The government, with support from the Activity, established a working group consisting of four senior MoH officials. The group provides technical guidance and support for the Institutional

Capacity Assessment (ICA). The Activity expects to complete data collection and data analysis for the ICA and PEA by the end of June 2022.

Objective 2: Strengthen health sector workforce management

Working in collaboration with the National Directorate of Human Resources (NDHR), the Activity drafted the performance management policy and tools for health workers and presented these to the MoH's technical team. The policy and processes will support improvement of health workforce management at the municipal level. To ensure ownership and sustainability of the exercise, the MoH has established a performance evaluation development technical team. The Director of the Quality Cabinet, chief of departments from the NDHR, national directors at the central service level and selected health professionals will lead technical discussions on the performance management policy and tools to ensure that performance management indicators developed incorporate all health professional category needs.

The Activity participated in a development partner meeting NDHR organized to discuss the MoH's human resources for health (HRH) priorities. A key outcome of the meeting was that the Activity will help develop HR manuals - to be used by the NDHR in managing human resources of the MoH - and job descriptions for positions to work at the primary health care level. Job descriptions will help the MoH in the recruitment and retention of health professionals in rural areas. HR manuals will help managers of health facilities to manage their staff and their performance. The Activity has begun work on the initial draft of job descriptions and recruitment manuals as part of the HR manuals in consultation with the MoH's technical team.

Outside of the Activity's workplan, the Activity responded to a request from the NDHR to develop tools and templates to verify overtime payment requests that the Director of HR is currently making to staff.

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

The Activity provided technical support to the MoH to revitalize the Health Promotion technical working group (TWG). The MoH has approved the TWG's term of reference and team composition. The TWG will facilitate coordination between the MoH and its key partners (development partners, implementing partners, and CSOs) working to improve healthy behaviors for inclusive reproductive, maternal, newborn, child, adolescent health plus nutrition (RMNCAH+N) and beyond. The Activity supported the Health Promotion TWG in conducting a two-day consultative workshop with TWG members, MoH staff, and key partners on developing a human-centered design approach for the Social and Behavior Change (SBC) National Action Plan for inclusive RMNCAHN in Timor-Leste.

The Activity organized two workshops to disseminate the key findings and recommendations from its 2021 review of SBC interventions in Timor-Leste. There were 79 workshop participants, mostly representatives from 30 CSOs.

Finally, the Activity received ethical clearance from the National Institute of Health on the protocol for formative research to investigate community perspectives on SBC interventions. The Activity completed focus group discussions with four MoH directorates and key informant interviews with UN agencies and other international organizations.

Objective 4: Improve civic engagement

The Activity and FONGTIL co-implemented a health system workshop for 20 CSOs to raise awareness about the building blocks of a health system, Timor-Leste's health system, and how CSOs can support health system strengthening through evidence-based advocacy. The Activity provided technical support to and held consultations with CSOs to finalize the terms of reference of the Health Advocacy Network of Timor-Leste (REBAS-TL), expected to launch in April 2022.

The Activity maintained a strong working relationship with the MoH's Department of Partnership and Cooperation and has discussed the need to engage CSOs in health system strengthening. At the request of the MoH, the Activity reviewed and provided technical inputs into the 'Health Sector Partnership and Cooperation Procedure' manual. The manual serves as a strategic document for MoH's partnership with Timor-Leste health CSOs in health system strengthening.

Also, the Activity developed a policy brief on how to increase engagement between the government and health CSOs in Timor-Leste. The Activity will share the brief with the MoH's Partnership and Cooperation Department and CSOs in Q3.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

The Activity finalized a GESI action plan across all its workplan objectives. The GESI action plan provides specific and achievable recommendations for the team to mainstream gender and social inclusion across its interventions. The team has begun prioritizing and integrating the GESI recommendations into its ongoing work. In our engagement with the MoH, the Activity has encouraged the capture of sex-disaggregated data in all community health services. Disaggregated data by gender helps stakeholders understand the proportion of women availing health services in comparison to men, and partners can plan interventions to address any large gaps.

WASTE, CLIMATE RISK MANAGEMENT

N/A

PROGRESS ON PERFORMANCE INDICATORS

The Activity key focus was formation of TWO Technical Working Group one on Health Financing to strengthen overall governance and another on Health Promotion to improve community health systems and promote healthy behavior. These working groups are a link between the health system and the community and act as a pillar for long term improvement and sustainability. In addition, the Activity conducted three workshops for around 100 participants with a focus on review of SBC interventions and engage CSO on health system strengthening.

LESSONS LEARNED / BEST PRACTICES

- The MoH currently has a limited understanding and vision about the role CSOs can play in health system strengthening. Hence, more advocacy with the MoH is needed to leverage CSOs for a broader engagement and not restrict them to only implementation of disease-specific health programs.

CHALLENGES

- Several activities were delayed as the MoH focused on the dengue outbreak and the launch of COVID-19 boosters. The presidential campaign and election also slowed progress on activities involving the government. To make up for the delays and increase the pace of implementation, the Activity increased the level of involvement from international technical advisors.
- Leadership changes took place in FONGTIL, the Department of Partnership and Cooperation in the MoH, and the *Serviço de Apoio à Sociedade Civil e Auditoria Social* (SASCAS) in the Office of the Prime Minister. This required the Activity to again invest time in introducing its civic engagement approaches to key stakeholders.
- The MoH places all technical documents under high confidentiality. Therefore, it took the Activity more than four months to gain access to the MoH's draft partnership and cooperation manual, which is key to guide the strategic partnership between the MoH and stakeholders including CSOs. Such delays in gaining access prove challenging for CSO engagement. Among the lessons learned related to this challenge is that the Activity will involve the government more closely in interventions, and update them regularly, to ensure they are aware of the entire process and aware of their roles and deadlines.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Health Financing Landscape Analysis (submitted to USAID/Timor-Leste on 31 March 2022)

UPCOMING EVENTS

- April 2022: Workshop on CSO Health Network and Health System Strengthening for health CSOs
- April 2022: Workshop with Municipal Health Service Directors to discuss performance evaluation
- April 2022: Launch of the Health Advocacy Network of Timor-Leste (REBAS-TL)
- May 2022: Validation workshop of key findings and recommendations of formative research for SBC in inclusive RMNCAHN
- TBD in Q3: Stakeholder consultation workshop on action plan and development of an SBC strategy for inclusive RMNCAHN

PRIORITIES FOR NEXT QUARTER

- Complete and validate the capacity development action plan, and the data analysis capacity assessment.
- Support the NDHR in implementing its HRH priority activities for 2022, including developing job descriptions, performance evaluations, and a recruitment manual.
- Develop performance evaluation indicators for midwives, doctors, nurses, and pharmacists in the primary, secondary and tertiary health care level in collaboration with the performance management development technical team from the MoH.
- Draft training and professional development policy for the Ministry of Health.

- Finalize report of participatory action research (PAR) by involving community members to discuss solutions to issues related to RMNCAH+N.
- Finalize the ToR for the CSO Health Network - REBAS-TL.

LHSS UKRAINE

Period of Performance: FY22 AY1 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS supported the Ministry of Health (MOH) with technical assistance including stakeholder interviews, drafting of an agenda, and other advice to establish an inter-agency working group with 34 participants focused on expanding access to telemedicine. LHSS and the MOH brought these participants together for the first time to discuss key priorities and challenges for telemedicine in Ukraine.
- LHSS conducted a rapid desk review and drafted a brief on use of telemedicine in conflict, disaster, and post-conflict settings to inform the Government of Ukraine (GOU)'s telemedicine strategy during the conflict. This will be submitted to GOU and USAID in Q3.
- In order to respond to urgent MOH needs, LHSS began providing technical assistance after the invasion on selecting and prioritizing telemedicine solutions proposed by donors and others.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Strengthen Telemedicine Governance and Policies

The MOH officially approved the creation of an inter-agency working group on telemedicine through a decree on February 11, written with assistance from LHSS. The decree signaled national support for strengthening the governance and accessibility of telemedicine services, and with support from LHSS, on February 22 the MOH held a kick-off meeting for this group. The Deputy Minister of Health of Ukraine chaired the meeting, which included representatives from the MOH, National Health Service of Ukraine, eHealth State Enterprise, World Bank, USAID, academic, private and NGO sectors, as well as health facility managers. Meeting participants discussed the importance of telemedicine, the current state of the telemedicine system, key challenges to its growth, and next steps. Agreement was reached to develop a concept and implementation plan to roll out a national telemedicine network between 2023 and 2025. During this time LHSS also began desk research for its review of international best practices in telemedicine, onboarded its chief of party, and issued an RFP and selected a local partner to conduct a landscape analysis of telemedicine in Ukraine.

On February 24, Russia invaded Ukraine. LHSS prioritized the safety and well-being of its in-country team and paused contracting of local partners and all consultants. The team then quickly re-engaged with the MOH, the eHealth State Enterprise, and other relevant stakeholders regarding the use of telemedicine to maintain access to health services – particularly as doctors leave the country and as Ukrainians are not advised to travel into larger cities to see specialists.

Through these talks, LHSS created a list of proposed new and expanded activities to support the MOH and eHealth State Enterprise to leverage telemedicine during the conflict. During a

meeting on March 25, LHSS proposed these ideas to USAID Washington and the MOH, and after receiving the go-ahead from USAID Washington, LHSS discussed these ideas with the Deputy MOH, representatives from the eHealth State Enterprise, and USAID Ukraine. The Deputy MOH agreed with the proposed activities and emphasized that LHSS should keep its initial commitment to developing a national telemedicine system concept and implementation plan. LHSS then began work plan revisions and will submit a revised work plan for USAID approval early in Q3.

LHSS rapidly responded to the crisis and priorities of the MOH by modifying the emphasis of international telemedicine review to focus on the use of telemedicine in conflict/disaster and post-conflict settings. LHSS completed the desk review and began drafting the brief in Q2, for submission in Q3.

Objective 2: Advance Access to Telemedicine Health Services in an Inclusive, Sustainable, Manner

Work has not yet begun under Objective 2.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS structured its RFP to ensure that the analysis considers the needs and challenges of vulnerable groups. In addition, LHSS discussed expanding access to telemedicine for vulnerable groups during the inter-agency working group kick-off meeting. Since the war began, LHSS has continued to maintain a focus on supporting telemedicine access for vulnerable groups in the development of new and expanded work plan activities.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

In Q2, LHSS held the first inter-agency working group meeting, which contributes to *Indicator 5: Number of TWG coordination meetings held*. LHSS also made progress on reviewing international best practices around telemedicine and rapidly tailored this review at the onset of the war to focus on conflict/disaster and post-conflict settings, contributing to *Indicator 4: Documented evidence demonstrating “at scale” telemedicine interventions for vulnerable groups from international experiences*. Due to Russia’s invasion, and changing MOH priorities, some interventions were paused. The project team will submit a revised work plan in Q3 acknowledging MEL considerations.

LESSONS LEARNED / BEST PRACTICES

- Telemedicine is a critical need to maintain access to health services during the war in Ukraine. With some doctors leaving the country and citizens discouraged from travelling to larger cities to see specialists, telemedicine is already being employed in certain regions to link doctors with specialists both inside and outside the country.
- Inter-agency working group members are very interested in developing a national telemedicine platform, despite the ongoing war. Specifically, they are interested in considering the role of medical information systems (which are usually run by the private

sector) in implementing the national telemedicine network and how the medical services provided via telehealth will be paid for by the National Health Service of Ukraine.

- The GOU wants to continue strengthening the health system in the current reform continuum, such as the MOH seeking to regulate telemedicine to ensure quality. LHSS will thus consider both short- and medium-term activities, as appropriate.
- MOH and eHealth State Enterprise officials recognize the value of telemedicine during the war but are overwhelmed by the outpouring of telemedicine solution proposals they have received during this time. Officials are concerned about quality of care, cost, technical feasibility, and use of these proposals. They are thus eager for support to manage these offers and determine which are the most beneficial for Ukraine at this time.
- Telemedicine services in the ‘doctor-to-doctor’ format appear to be highly in demand by doctors in rural and remote areas. The Odessa Oblast Telemedicine Center has addressed this need by rapidly adapting its telemedicine network to establish a Center for Rapid Response. This approach can be implemented in other regions of Ukraine.
- During conflict and likely post conflict environments, the capacities, priorities, and needs of the health sector evolve rapidly. The LHSS project scope and work plan should remain as flexible as possible to be responsive to the changing priorities and needs of the Government of Ukraine under the circumstances of unforeseen developments due to the war and humanitarian crisis in the country.

CHALLENGES

- Russia’s invasion of Ukraine has been incredibly challenging and taxing for LHSS staff based in and around Ukraine. LHSS continues to prioritize the team’s safety and security above all other matters.
- Some LHSS work plan activities are no longer a priority in the short term and are facing capacity constraints given reduced staff levels at the MOH due to the war. In response, LHSS spoke with several key stakeholders to understand the Government of Ukraine’s current needs and interest around telemedicine. LHSS is revising its work plan accordingly.
- LHSS was unable to provide basic work equipment such as computers to its two staff who remain in Ukraine because the war prohibited the vendor from completing the order. Consequently, these staff continue to work using their personal devices.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Submit revised work plan.
- Upon USAID approval of work plan, increase staff capacity and begin rapid implementation with the establishment of the call center as the immediate priority.
- Complete and submit review of the use of telemedicine in conflict/disaster and post-conflict settings.

- Begin assessing and test telemedicine solutions offered to the MOH.
- Launch grant program to local partners to implement telemedicine solutions.
- Increase communications to USAID on activity progress.

ZIMBABWE HEALTH SYSTEM ASSESSMENT

Period of Performance: FY22 AY3 Q1 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS conducted a second TDY, in- country, to validate findings, identify priorities, and develop recommendations for ways development partners can support the health system.
- LHSS conducted a series of virtual meetings to supplement the in-person TDY. This included debrief meetings with USAID and the Foreign, Commonwealth & Development Office (FCDO), and data collection and validation with key HIS informants.
- LHSS synthesized its findings in a final report package that includes a PowerPoint presentation with key findings and recommendations, an Executive Summary, and a PowerPoint “reference document” with the complete findings from the health system assessment (HSA).

QUARTERLY ACTIVITY PROGRESS

In Q2, LHSS continued conducting virtual meetings with development and implementing partners to collect and validate data on the health system, the impact of COVID-19, and development partner priorities. Areas that development partners identified as priorities included human resources for health attrition, underfunding of the health sector, and partner coordination. Afterwards, the team drafted preliminary findings which they presented to USAID on January 18th.

During the week of February 21st, an LHSS team conducted an in-person TDY to validate draft HSA findings and develop recommendations with key development and implementing partners including PEPFAR, UNICEF, UNDP, Crown Agents, and the Clinton Health Access Initiative. During the virtual and in-person TDYs, the LHSS team met with more than 30 different partners and held more than 40 different meetings. After the TDY, the team captured findings and recommendations in a report package that includes a PowerPoint presentation with key findings and recommendations for future development partner support to the health system; an Executive Summary narrative; and a PowerPoint reference document consisting of the complete findings and data collected. The LHSS team presented key findings and recommendations to the Health Development Partners Group meeting on March 23, 2022; discussion from the meeting helped to further refine the HSA findings and recommendations. Due to the additional meetings conducted in Q2, LHSS requested an activity extension through April 2022; this was approved by the COR on April 1, 2022.

Integrated HSS recommendations from the assessment include:

- Increase GOZ allocation and expenditure on health by working through senior level development partner advocacy with MOFED, Parliament, and CSOs to raise engagement in the President's Office and increase GOZ funding support to primary and preventive health care
- Increase development partner impact by moving development partner and implementing partner collaboration from evidence sharing to integrated programming
- Strengthen sub-national institutions' capacity to coordinate, manage, lead, and implement monitoring and oversight functions

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

The LHSS interview guides included questions that reflect a GESI focus. Data collected included indicators and topics with GESI relevance, including the large youth population; the high maternal mortality, which may reflect gender disparities in access; and the intersection between gender and the use of voluntary community health workers. GESI-related findings are captured in the final report package.

WASTE, CLIMATE RISK MANAGEMENT

LHSS Zimbabwe is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, mitigation measures contained in the CRMP, and WMP/SOP sections of the approved LHSS Zimbabwe FY22 Annual Workplan, and host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

The Zimbabwe HSA does not have a MEL Plan due to the activity's focused scope and size. Performance is assessed through routine reporting and meetings.

LESSONS LEARNED / BEST PRACTICES

- After completing an in-person and a virtual TDY, the team learned important lessons about the benefits and challenges of the virtual approach. While the virtual TDY was an effective alternative when an in-person trip is not possible, it should not be recommended as a like-for-like replacement for an in-person TDY. The special circumstance of not having to interview government stakeholders or conduct sub-national visits made a virtual TDY feasible. It is unlikely that participation of a high number of national and sub-national government stakeholders in virtual meetings would have been acceptable. Furthermore, working for more than two weeks on Zimbabwe time from the U.S. to accommodate additional interviews would be an unreasonable ask of the virtual TDY team. Finally, conducting meetings in-person allows for a depth of engagement that is not possible in a virtual format.

CHALLENGES

- Due to not having the Ministry of Health (MOH) and Child Care's concurrence for the HSA, and therefore not being able to engage government staff to determine their objectives, the findings and recommendations are framed for the development partner audience. The absence of government involvement poses challenges including the potential for donor bias

in the findings on the root causes of system challenges, and the absence of key data sources such as District Health Information Software (DHIS2) and human resources for health data. LHSS has taken measures to minimize the effects of these challenges, such as engaging partners that work closely with government counterparts and collecting relevant data from partners that may fill the data gaps.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Preliminary findings PPT. Submitted January 18, 2022.
- HSA Report. Draft Submitted to USAID/Zimbabwe on March 31, 2022.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- Incorporate USAID and FCDO comments on the draft report and submit the final report package.

SECTION 5: QUARTERLY PROGRESS REPORTS FOR ARPA-FUNDED ACTIVITIES

LHSS COLOMBIA (ARPA)

Period of Performance: FY 2022 AY 2 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- The vaccination management teams trained 8,828 health workers and community leaders and assisted 317 institutions on the National Plan for Vaccination against COVID-19's guidelines, in this quarter.
- LHSS supported 47 mass enrollment campaigns in Quarter 2 that enrolled 38,965 migrants in health insurance.
- Supported the MOH to launch a Health Equity Observatory to analyze health inequities by gender and migration status.

QUARTERLY ACTIVITY PROGRESS

This progress report provides updates on the ARPA-funded interventions of LHSS Colombia, which receives funds from both VRIO and ARPA funding streams for its interventions. While LHSS reports on interventions according to each funding stream, these interventions complement each other and are managed and implemented as a single activity.

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

LHSS vaccination management teams have continued to support 19 territorial entities in implementing the national vaccination plan. This quarter, the vaccination response teams trained 5,286 health workers, parents, educators, and community leaders on the importance of vaccines, assisted 197 institutions with the National Plan for Vaccination against COVID-19's guidelines, and participated in 24 COVID-19 vaccine multisectoral coordination mechanisms. The Activity completed a communications toolkit of infographics, videos, and radio spots that will be shared with territorial entities to promote vaccination and mitigate disinformation. LHSS submitted the final evaluation guidelines for the timely coverage of COVID-19 vaccination, adapted to rural areas and vulnerable populations (ethnic groups, migrant populations, among others) to USAID Colombia.

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

Strengthened governance and management of the migrant health response

This quarter, LHSS continued strengthening the National Migration and Health Observatory by constructing the data extraction requirements for indicators for the Office of Information and Communications Technologies in the MOH, developing several indicator dashboards, including one to analyze health inequities by gender and migration status, and officially launching the Observatory in a meeting with the USAID mission director and the deputy ministers of the MOH.

LHSS, in partnership with the MOH, held seven participatory meetings with the Venezuelan migrant population for the formulation of the Ten-Year Public Health Plan in Barranquilla, Medellín, Cúcuta, Villa del Rosario, Cali, Soacha, and Riohacha with the participation of 127 migrant representatives.

LHSS has continued supporting territorial entities to implement capacity-development plans. Support included the creation of a working group in Villa del Rosario to promote the integration of the migrant population into the General Social Health Insurance System and assisting health secretariats with analyzing health information, formulating indicators, and capacity development for community-based organizations. In Soacha, LHSS supported the creation of a territorial health board and a binding mechanism that allows for the participation of foreign community-based organization representatives with regular migration status in community health committees.

Promote sustainable financing of health services for migrants and receptor communities

This quarter, LHSS began designing and costing a comprehensive service package for irregular and pendular migrants with HIV. LHSS also assisted territorial entities and Migration Colombia to conduct 47 mass enrollment campaigns in Quarter 2 that enrolled 38,965 migrants in insurance, an increase from 1,414 in Quarter 1.

Strengthen health system resilience for responding to current and future shocks, including the COVID-19 pandemic

In coordination with the MOH, LHSS contracted rapid response teams members to fill vacant positions supporting territorial entities to implement Colombia's COVID-19 testing, tracing, and isolation strategy. LHSS developed and implemented a technical assistance plan for clinical guidelines for pediatric acute respiratory infections and COVID-19 in outpatient centers and hospitals in the 14 prioritized territories. The Activity also reviewed and documented the systematization of the public health surveillance strategy in the 14 prioritized territories to strengthen health professionals' technical capacities and knowledge for addressing COVID-19 patients.

The Health Secretariat of Bucaramanga adopted the COVID-19 surveillance processes and procedures developed by the Rapid Response Teams as part of its own processes, which contributes to the sustainability of the strategy in that territory.

In Arauca, Bogotá, Bucaramanga, Soacha, and Medellín, LHSS supported the implementation of a public health surveillance strategy that included activities such as mapping key local actors and establishing priorities for intervention to empower them to identify and report COVID-19 cases. A total of 113 people representing community organizations, health service providers, and the government's secretary of health, education, and social integration, participated.

LHSS provided technical assistance to the Colombian MOH to adapt and adjust technical guidelines for the community-based mental health rehabilitation strategy based on feedback from local stakeholders and topics identified from the health action plans. The project then held a workshop with 54 professionals from 8 prioritized territorial entities on a methodology for preparing investment projects that the territories will use to seek sustainable financing for the implementation of the community-based mental health strategy in the framework of the COVID-19 pandemic.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS took a GESI approach in Colombia's 10-year public health plan by ensuring participation from the migrants. Additionally, the Activity is working with Community Based Organizations on GESI-related topics by conducting GESI trainings and creating a GESI toolkit for their use. LHSS completed a GESI capacity-building toolkit for territorial entities and met with leaders in Cúcuta to start the first implementation pilot, with dissemination to the rest of prioritized territorial entities expected in June 2022. LHSS held a pause and reflect session with the project's rapid response and vaccination teams to explore and understand GESI strategies for their work with migrant populations. As a result of this session, LHSS created a document with lessons learned and best practices for GESI integration in COVID-19 activities which will be shared with the territorial entities to be incorporated into their enrollment strategies.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

During the quarter, 2% of the public and private entities prioritized by LHSS institutionalized a health policy strategy for the assistance of Venezuelan migrants (Indicator #1, Annual target: 30%). LHSS hosted four GESI trainings in Bogotá, La Guajira, Valle del Cauca, and Norte de Santander with 10 community-based organization representatives to promote the inclusion of gender issues and human rights in their activities (Indicator #3, Annual target: 5). The Activity developed and disseminated 50 communication products (Indicator #6, Annual target: 40). LHSS formalized an alliance with Propacífico in Valle del Cauca that seeks to strengthen the technical capacity of hospitals in the region. (Indicator #8, Annual target: 1). As part of the rapid response teams, LHSS supported the deployment of 1 health professional in addition to the 24 deployed in Q1 (Indicator #15, Annual target: 26) and trained 3,634 health workers on COVID-19 surveillance (Indicator #16, Annual target: 3,370) and 10,782 community leaders on infection prevention, control, and hygiene (Indicator #17, Annual target: 4,500). LHSS also provided technical assistance to 88 inpatient institutions and 129 new outpatient institutions (Indicators #18 and #19, Annual targets: 200 and 150). The vaccine management teams trained 8,828 people on COVID-19 vaccine-related topics (Indicator #25, Annual target: 21,000) and provided vaccine-related technical assistance to 317 new institutions (Indicator #26, Annual target: 600).

Since LHSS began, the Activity has supported more than 46,000 migrants to enroll in health insurance through 141 enrollment events in ten territorial entities. Seven entities have institutionalized enrollment processes and tools through administrative acts formalizing checklists and official guidelines to monitor and facilitate the enrollment process. In Q2, LHSS supported the enrollment of 38,965 new individuals from 47 mass enrollment days in Norte de Santander, Valle del Cauca, Antioquia, Magdalena, Atlántico, Santander, Bogotá, La Guajira, and Bolivar.

LESSONS LEARNED / BEST PRACTICES

- Collaboration with the MOH, Border Management, Migration officials, and territorial entities has been essential to promote enrollment days where Temporary Protection Permits are distributed to migrants. This collaboration helps facilitate the process of actively searching for migrants eligible to enroll.
- Identifying and working through existing frameworks facilitated LHSS's support to the MOH. For example, LHSS advanced significantly on supporting the MOH to engage the private sector and improve donation management by identifying an existing legal framework for the MOH to engage with private entities and structuring the assistance to the MOH around the existing framework.

CHALLENGES

- Changes in government and counterparts at the MOH have delayed some activities, including defining the scope of the legal analysis of roadmap for the implementation of the Temporary Protection Statute in the health sector and its communications strategy. LHSS is making an additional effort to ensure that new points of contact at the MOH have all the necessary context and information about activity implementation to limit the disruption to the timely completion of deliverables.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- LHSS will continue providing technical assistance and support for the special enrollment days convened by Migración Colombia in the 10 cities prioritized by USAID.
- LHSS will hold 4 participatory meetings with the Venezuelan migrant population for the formulation of the Ten-Year Public Health Plan (PDSP) 2022-2031 in Bogotá.
- LHSS will launch a resource mobilization strategy and policy framework between the MOH and the private sector to support the country's migration response.
- LHSS will organize an event with the territorial entities and the MOH to sign an agreement supporting initiatives implementing a community-based mental health rehabilitation in response to the COVID-19 pandemic.

PRIORITIES NEXT QUARTER

- Support the MOH in strengthening the Transactional Enrollment System, to incorporate the functionalities required to streamline follow-up to the enrollment process and retain migrants in the insurance system
- Carry out legal analysis, define a proposal for normative instruments to implement the roadmap, and propose an implementation strategy at the level of the territorial entities.
- Present a dashboard for monitoring post-COVID-19 mental health actions at the territorial level and recommendations for improvement and sustainability.

LHSS DOMINICAN REPUBLIC (ARPA)

Period of Performance: FY22 AY2 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS trained 699 service providers from 16 hospitals on COVID-19 case management. The service providers represented hospitals from the public health sector nationwide.
- LHSS developed a health map dashboard to identify hotspots of COVID-19 unvaccinated populations at the neighborhood level and began handover to national stakeholders. LHSS presented the results and a short live demo to USAID/Washington's Office of HIV/AIDS and implementing partners in mid-March. LHSS also presented results to USAID DR and national stakeholders.

QUARTERLY ACTIVITY PROGRESS

Intervention 1.1 Analyze locally available COVID-19 vaccine data to identify sub-populations and geographic regions with lower levels of vaccine coverage to help inform future communication strategies

Following kick off meetings in Q1, LHSS began engaging with Expanded Immunization Program's management staff and the technical staff from the vice-presidential unit that oversees the COVID-19 vaccination plan, the Neuralgic Center (in Spanish, *Centro Neurálgico*). This unit was LHSS's primary national counterpart in developing a business intelligence tool to process government data and identify hotspots of unvaccinated individuals.

In coordination with the Neuralgic Center, LHSS identified several government databases relevant to this effort that would provide information to pinpoint members of the unvaccinated population down to neighborhood location. The project included data from the National Civil Registry, the Expanded Immunization Program, and the Unique Beneficiary System of Social Programs. Using de-identified batch data to protect personally identifiable information (PII), LHSS constructed a set of dashboards that cross reference information between the data repositories and used the extracted data to generate lists of vaccinated and unvaccinated populations. Taking advantage of the richness of the three national databases, the tool provides targeted data, including neighborhood, as well as the distribution of comorbidities such as diabetes, hypertension, HIV, and tuberculosis among vaccinated and unvaccinated populations. The Neuralgic Center management staff are using the tool to update databases, run analysis, and coordinate efforts with other national stakeholders. LHSS also made recommendations to national counterparts about how to use data generated by the tool to design future localized public health strategies. This includes coordinating efforts with Provincial Health Directorates and Primary Health Care Centers to increase vaccination uptake and potentially use the tool for other health programs.

The project held demo and interactive sessions with the technical and management staff of the Neuralgic Center to ensure they have the capacity to export, manage and process data from the tool (based on QlikView Developer). On March 30, LHSS presented the tool and results to date to USAID/DR, the Collective Health Vice Ministry, Vice Presidency Cabinet, the Expanded Immunization Program, and other national stakeholders. In the next quarter, LHSS will continue to meet with the Information and Technology Manager of the Neuralgic Center to assess the implementation and data generated from the tool. The Neuralgic Center will continue updating the source databases and generating weekly lists of unvaccinated populations so that national

stakeholders can build on this effort and use the processed data to design new strategies to close the gap of unvaccinated populations, develop focalized communications campaigns, work with Health Provincial Directorates to reach population in hotspots areas, and cross reference additional information to support other health programs. LHSS will report on how this data is being used in next quarter's report. USAID/Washington's Office of HIV/AIDS also invited the project to present to the Office's implementing partners on March 17.

Intervention 2.1 Design and implement an e-learning respiratory care training for nurses on severe COVID-19 cases, including management of supplemental oxygen

LHSS provided a grant to a local organization, Medical Care and Research Center (in Spanish, Centro de Atención e Investigación Médica), this quarter. The grantee developed and LHSS reviewed a training plan and an outline of the training curriculum. The curriculum includes anatomy and physical evaluation, management of non-invasive and moderately invasive respiratory therapy, and management of COVID-19 cases in hospitals and home-based settings. The grantee has started developing educational support materials for the trainings, including videos and questionnaires, and delivered the first draft of materials to LHSS for review at the end of March. Training participants take a pre-test of 20 questions before accessing a training unit and take a post-test after completing the unit. Additionally, during the units, brief questions or statements related to the content appear alongside the training videos. Links to bibliographical sources and related topics are available for each topic unit as well as figures and images to support knowledge discussion. LHSS and the grantee team are in contact with the Hospitals Directorate Team of the National Health Service to validate proposed hospitals for the training, materials, and field visits. Trainings will start in May 2022 and aim to include 200 nurses representing 12 facilities in 10 provinces. After the trainings are complete, LHSS will share a compendium of the content with the National Health Service.

Intervention 2.2 Conduct training sessions for health care staff from 12 second-level prioritized hospitals on clinical case-management guidelines

In coordination with the National Health Service, LHSS worked to select hospitals for trainings, identify an oversight committee, and develop up to date COVID-19 case management guidelines based on existing national protocols which will be submitted in Q3. Trainings were conducted in 16 public sector hospitals nationwide, including adult and pediatric hospitals across eight provinces: Azua, La Romana, Monseñor Nouel, San Cristóbal, Sánchez Ramírez, Santiago, Santiago Rodríguez y Santo Domingo. LHSS will share the training materials with the hospital management teams.

In March 2022, LHSS trained 699 health workers on COVID-19 case management and infection, prevention and control during 4- or 5-hour sessions. The LHSS Monitoring and Evaluation team will check the quality of the pre- and post-training knowledge assessment data and analyze the results to calculate the level of knowledge retention.

Intervention 2.3: Provide TA to increase the capacity of the DR health system to collect, analyze, and use relevant COVID-19 data for the decision-making process among seven prioritized hospitals

In coordination with the National Health Service, LHSS selected seven hospitals to implement the dashboard across 6 provinces: Bonao, Juan Sanchez Ramirez, La Altagracia, Mao, Santiago and Santo Domingo. LHSS is currently working with the Information and Technology unit of the National Health Service to validate data collected at the central and hospital levels to propose five new indicators related to vaccination, gender, complications, and comorbidities on patients with COVID-19 at the hospital level. LHSS will also develop a revised information dashboard compatible with the national counterpart system. The project assessed the information and

technology capacities in selected hospitals to accommodate a data collection strategy and identify gaps that might affect implementing the information dashboard.

LHSS met with the management staff of selected hospitals to introduce the activity, present the previous dashboard, identify points of contact, and coordinate site visits that will be conducted in Q3 for data collection. LHSS will also instruct the teams how to use the dashboard and create discussions on the results and identify improvement areas. LHSS will coordinate with the Hospitals Directorate once the dashboard is completed to monitor results from the hospitals' use of the tool and inform efforts to institutionalize and scale it.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

The LHSS team monitored GESI considerations in COVID-19 case management trainings for health workers. Of the 699 health workers trained, 570 (81%) were female. As most of the health workforce is female, this may be proportional to the gender composition of the health staff at the site level, as similar results have been reported in previous trainings implementation.

WASTE, CLIMATE RISK MANAGEMENT

N/A

PROGRESS ON PERFORMANCE INDICATORS

LHSS developed a comprehensive surveillance database tool to strengthen vaccination uptake and delivered it to national counterparts. LHSS conducted training on COVID-19 case management and IPC in 16 hospitals, reaching 699 health workers, based on preliminary data, against an annual target of 680.

LESSONS LEARNED / BEST PRACTICES

Efforts to strengthen data generation and use for COVID-19 programs have the potential to also inform better targeting and monitoring of health services in other non-COVID areas, such as HIV/AIDS. While the Neuralgic Center is currently using the tool developed under Intervention 1.1 for COVID-19 vaccination mapping, the Center reports to coordinate with Provincial Health Directorates to localize identified populations by health region and determine how to implement the tool for other health programs. These coordination efforts are still in the early-stage discussions about specific opportunities.

CHALLENGES

- Engaging with high-level national counterparts took longer than expected, due to limited availability to meet with National Health Service management staff. LHSS worked around the needs of the National Health Service to implement interventions when counterparts were available to discuss LHSS proposed activities, identify additional points of contact, coordinate work at the site level, and have meetings to follow up on progress.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Health map with the identification of unvaccinated individuals by region, province, and geographic health area. Submitted to USAID on March 31, 2022.

UPCOMING EVENTS

- E-learning respiratory care training in selected hospitals. Tentative date May 2.

PRIORITIES NEXT QUARTER

- LHSS will provide respiratory care training for COVID-19 cases to nurses in selected hospitals.
- Analyze results on pre/post evaluations of COVID-19 case management trainings.
- Develop a revised COVID-19 information dashboard and implement it in selected hospitals.

LHSS JAMAICA (ARPA)

Period of Performance: FY22 AY1 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS hosted an event in partnership with USAID and the Ministry of Health and Wellness (MOHW) to introduce the LHSS grant program in Jamaica. Approximately 35 people attended, including USAID mission, Ministry, and private provider grantee representatives.
- Eight private sector grantees began administering COVID-19 vaccines in support of MOHW vision and priorities.

QUARTERLY ACTIVITY PROGRESS

In Q2, LHSS Jamaica Activity made considerable progress toward sustainability, capacity development, and local ownership. To support the MOHW's Outsourcing of Vaccine Administration Plan, LHSS issued vaccine administration and capacity-strengthening grants to eight private providers, who were previously selected by the MOHW to administer COVID-19 vaccines. LHSS worked with USAID/Jamaica and MOHW to organize and host a launch event to announce the provision of these grants on February 25, 2022. The USAID mission representative, Ministry representatives, and private providers delivered remarks highlighting the historic partnership. There was a ceremonial signing and a photo-op for the media, who were also in attendance. Approximately 35 people attended.

All eight grantees began administering vaccines in March 2022. LHSS supported the grantees, as well as 10 private facilities that are under contract with MOHW, through site visits to monitor implementation and troubleshoot challenges. LHSS supported 26 Public Health Registered Nurses, who work part-time at grantee and MOHW-contracted facilities to participate in Ministry-sponsored vaccine administration trainings. LHSS also helped a grantee develop policy, procedure, and inventory management manuals, and connected the grantee to a local firm for support to improve its accounting processes, which will be important in positioning for future funding opportunities.

LHSS also prepared a grant for Health Connect Jamaica to oversee vaccine administration via its network of private providers and others who may be interested and meet set criteria. Among other tasks, the grant will also support COVID-19 case management trainings for participating providers and development of a private provider surge plan. The grant agreement was issued in March 2022 and will begin implementation in Q3.

LHSS is preparing two deliverables that will be submitted in Q3. The project conducted desk research and key informant interviews as part of a rapid private sector assessment and drafted a communication strategy to support its grantees to address vaccine hesitancy. The project team will implement the final communication strategy beginning in Q3. Finally, LHSS worked with The University of the West Indies laboratory and two vendors to procure reagents that will strengthen the lab's genomic sequencing capacity.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS is considering gender and the needs of vulnerable segments of the population that seek services in the private sector — including people living with HIV, men who have sex with men, sex workers, and transgender people — in developing the rapid private sector assessment. Attention is given to the role that the private sector, especially civil society, plays as a safe space for vulnerable populations and how private sector access to these groups can be leveraged to support public health interventions. In addition, LHSS has incorporated GESI considerations in its communication strategy. LHSS plans to hold a GESI training in Q3 to build LHSS grantees' interpersonal communication skills to promote vaccine uptake. The training will cover social and cultural influences on health-seeking behaviors including gender, age, sexual orientation, religion, and socioeconomic background.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

In March 2022, LHSS began supporting 18 private providers to administer vaccines (8 with grants; 10 through technical assistance). By March 31, these providers administered 3,634 doses — 70 percent by LHSS grantees, who achieved 37 percent of their monthly target, *as some only started fully implementing their grants at the end of the month*. LHSS's grant to Health Connect Jamaica will lead to further progress on indicators around COVID-19 vaccination and case management in Q3. In addition, LHSS's finalized communication strategy will inform provider training in communications and risk management. Lastly, LHSS will complete procurement of reagents for The University of the West Indies from two vendors in Q3.

LESSONS LEARNED / BEST PRACTICES

- It's important to tailor communication strategies to the type of private sector partner to support their existing work most effectively. Larger private actors have more resources to implement mass marketing, including radio. Smaller private providers rely on social media and word of mouth to attract new clients. Private partners identified one-on-one outreach and community events to be useful in building trust and promoting vaccines.
- Most private healthcare practitioners in Jamaica's health system either have little or no experience with vaccine administration and cold chain management. Public Health Nurses are

best suited to administer vaccines based on their exposure to vaccination efforts in the public sector. Private facilities have to rely heavily on Public Health Nurses; however, they are often unavailable due to long work hours in the public sector, creating a strong need to increase training and certification for private providers in these areas.

- Building a good relationship with the Ministry allowed for rapid start-up of the grant program. The Ministry brought potential applicants to the table from day one, reducing the time needed to advertise the grant, develop applicant criteria, and identify and select eligible applicants. This introduction also fostered trust between the applicants and LHSS and helped LHSS replicate successful aspects of the MOHW's program.

CHALLENGES

- As Health Connect Jamaica is housed at The University of the West Indies, representatives from multiple departments at The University requested to review the grant agreement before signing. As a result, the grant will not be signed until Q3, delaying three deliverables due in Q2, including the Health Connect Jamaica capacity assessment. USAID approved extending deadlines for these deliverables to Q3. This delay may limit the amount or degree of capacity development support LHSS can provide to Health Connect Jamaica due to the reduced implementation timeline.
- Due to demands on the Ministry, some grantees were delayed in receiving required training and site approval to start vaccinations. One grantee did not receive approval until March 21, and another did not receive full approval at its six sites until March 31.
- Jamaica's national infection rate averaged 4.5 percent in March 2022. This is a sharp decrease from the infection rate throughout the pandemic thus far, which was between 45 and 55 percent. Consequently, there is a perception among health sector authorities and private providers of increased complacency related to the lower infection rates.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables submitted during this quarter

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Implement vaccine administration and capacity-strengthening grant for Health Connect Jamaica
- Conduct rapid baseline co-assessment of Health Connect Jamaica to inform capacity-strengthening support
- Submit report on rapid assessment of private sector capacity
- Finalize communication strategy to address vaccine hesitancy and begin support to private providers to implement this strategy
- Proceed with the reagent procurement process to strengthen sequencing capacity at The University of the West Indies laboratory

LHSS KAZAKHSTAN (ARPA)

Period of Performance: FY 2022 AY1 Q2 (January-March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS completed one procurement round focused on Omicron research and detection (Round 5) and confirmed the dispatch of next generation sequencing materials (Round 4.2 and 4.2.1).
- In mid-January 2022 LHSS received confirmation that the Illumina MiSeq platform (Round 4.2) and associated laptop workstation (Round 4.2.1) had been manufactured. LHSS worked with Albiogen on preparing shipping documents, liaised with CDC and MOH to determine import and single-entry requirements and, in consultation with Albiogen, finalized the suggested installation and training program.
- At the close of the last reporting period, USAID requested the urgent procurement of reagents for Omicron variant sequencing and research; LHSS proceeded with a competitive procurement, based on all necessary scientific requirements and TIB MolBiol was selected. A joint scientific call was held between USAID/CDC/LHSS and TIB MolBiol to select Omicron detection options, and the TIB MolBiol tranche was delivered in full to the National Laboratory on March 14, 2022.

QUARTERLY ACTIVITY PROGRESS

LHSS is focused exclusively on procurements to support Kazakhstan's national laboratories by procuring genomic sequencing unit(s) and consumable reagents. Procuring Omicron research reagents and platforms for next generation sequencing are strengthening public health surveillance capacity and allowing earlier detection and precise investigation of COVID-19 variants. Next generation sequencing research data can be used to understand the basis of re-infection or reactivation of the virus, provide an opportunity to study the correlation between variants and virulence, and obtain information on post-vaccination infections. In both a COVID-19 pandemic and post-pandemic context, timely receipt of genome-based information, according to WHO recommendations, is critically needed to inform disease control efforts. The information gathered on SARS-CoV-2 variants will also contribute to the global database.

Progress on remaining Procurement Rounds

Round 4.2: At the close of this reporting period, a joint call between USAID, CDC, MOH, LHSS, and Albiogen confirmed that all documentation and preparations for the export and receipt of the Illumina MiSeq sequencing platform are complete. The MiSeq platform was prioritized in late 2021 as the MOH's preference for genomic sequencing platforms and this tranche contains both the platform and starter reagent kits. The greenlight has been provided for dispatch and the goods are expected to arrive at the laboratory (door to door customs clearance and delivery) by the end of April 2022 or early May 2022. The installation and training program will take place in May 2022 in cooperation with Albiogen, CDC, MOH and LHSS.

Round 4.2.1 (laptop/workstation) is enroute from the United States. This is a laptop compatible with the MiSeq platform and is being delivered by Logenix to the MOH end user. Delivery is expected by the end of April.

Round 5 (Omicron detection materials) have been delivered and deployed at the national laboratory.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

Not applicable under this Activity.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

LHSS delivered Round 5 items, which included materials for detecting Omicron (Indicator #1: Number of diagnostics tests and auxiliary diagnostics supplies were procured and delivered (GH COVID-19, 3.3).

LESSONS LEARNED / BEST PRACTICES

- Global supply chains are severely disrupted in terms of both manufacturing and shipping. This is particularly true for COVID-19 related materials.
- Ensuring that all partners (USAID, MOH, CDC, LHSS) and the suppliers (TIB MoIBiol, Albiogen, Logenix) are jointly informed, coordinating, and planning from the outset. This allows the team to use delays in manufacturing or supply lead time to prepare for installation, calibration of materials, and training to take place immediately upon arrival of goods.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS delivered Round 5 items for the detection of Omicron

UPCOMING EVENTS

- No upcoming events

PRIORITIES NEXT QUARTER

- Customs clearance and installation of Illumina MiSeq instrument.
- Monitor Albiogen's training of 5-7 laboratory technicians in partnership with CDC and MOH. Follow-up with national laboratory to collect impact statement on the use of Omicron research reagents delivered this reporting period.

LHSS KYRGYZ REPUBLIC (ARPA)

Period of Performance: FY 2022 AY1 Q2 (January – March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS partnered with the Ministry of Culture and the Republican Center for Health Promotion and Mass Communication to launch communication campaigns that aim at reducing vaccine hesitancy among medical workers and the public.
- LHSS trained 125 national-level trainers and 179 primary healthcare workers from Chui oblast on how to improve their interpersonal communication skills for COVID-19 vaccination. This will enable them to provide effective and scientifically grounded information both to the public and their healthcare counterparts.
- LHSS enhanced the capacity of multidisciplinary teams by providing training and monitoring so they could actively improve consultations with patients with severe COVID-19 cases. Three-hundred and forty-one multidisciplinary team members were trained in new, evidence-based diagnostic and treatment methods.

QUARTERLY ACTIVITY PROGRESS

Expand Vaccine Promotion and Increase Demand Generation: LHSS partnered with the Republican Center for Health Promotion and Mass Communication to address gaps in communication materials targeted towards medical workers. The Center identified key healthcare segments – endocrinologists, tuberculosis specialists, and cardiovascular specialists with whom LHSS will be actively working to increase the number of vaccinated populations.

Strengthen Vaccine Administration Readiness: LHSS and the Republican Health Promotion and Mass Communication Center conducted Train the Trainer programs with 125 specialists from local health promotion centers and immunologists. The program's modules were developed to better assimilate knowledge and interpersonal skills and inform the population about vaccination safety and effectiveness. This training was brought to 179 primary health care workers in Chuy oblast. According to the MOH data, as of March 2022, Chuy oblast has the lowest rates of people receiving the second dose (36%) of the COVID-19 vaccine.

Strengthen COVID-19 Clinical Case Management: LHSS continues to work on capacity development and strengthening multidisciplinary teams, which were provided with information on new strains and treatments of COVID-19, based on updated WHO recommendations. In total, 343 members were trained. During monitoring, members analyzed severe COVID-19 case histories and made recommendations to improve patient case management. An updated remote training program for national and regional multidisciplinary teams on COVID-19 was developed, based on the Train the Trainers model, considering: a) the analysis and assessment of needs and lessons learned from phases I-II of training, and b) the priority of vaccination. The multidisciplinary teams model has been well-received by the Ministry of Health and has potentially reduced mortality and costs.

Risk Communication and Community Engagement: LHSS initiated the Risk Communication and Community Engagement grant process. A request for applications was released, and the Activity identified several strong potential grantees who can lead COVID-19 education and outreach work to help strengthen vaccine-related communication and community engagement.

The Grantee will adapt and disseminate Information, Education and Communication materials, to increase knowledge of COVID-19 vaccines and increase vaccination coverage in three districts. To ensure more equitable and widespread access to vaccines for rural areas, the Grantee(s) will organize mobile vaccination campaigns, in partnership with the local health authorities or healthcare facilities.

PROGRESS IN REMOVING GENDER-RELATED CONSTRAINTS, AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

In the Kyrgyz Republic, women account for 83 percent of the healthcare workforce.[Even though the majority of primary healthcare workers are women, LHSS ensured that men also participated in the interpersonal skills trainings for primary healthcare workers. Participants were drawn from Chuy, Osh, Jalal-Abad, Batken, Issyk-Kul and Naryn oblasts and Bishkek (city).

LHSS ensured that the materials used for the training on interpersonal skills to increase COVID-19 vaccine uptake considered the context of each oblast and were available in both Kyrgyz and Russian. The use of context-appropriate materials will help primary healthcare workers better communicate with patients. These include women living in rural areas, typically with lower literacy rates, less access to continuing education, and higher rates of early marriage. These women can lack access to verified, correct information regarding COVID-19 vaccines.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

At least two performance indicators showed progress this quarter. First, 304 primary healthcare workers (4 male and 300 female) were trained in interpersonal skills in Q2, resulting in a cumulative total of 329 people trained to date against an annual target of 1,000 (Indicator 18). In addition, 430 health workers (112 male and 318 female) were trained on COVID-19 case management (Indicator 25), resulting in a cumulative total of 1,195 people trained to date against an annual target of 600.

For the interpersonal skills to increase COVID-19 vaccine uptake training, 304 (100 percent) of the training participants in Q2 met the level of proficiency (defined as a score of 80 percent and above) on post-training assessments. Additional analysis of pre and post-tests indicated that the average pretest score was 50 percent, whereas post-test scores were 89 percent among primary healthcare workers from Bishkek and Osh, Batken, Jalalabad, Issyk-kul, Naryn and Chuy oblasts. The net change in the average score of healthcare workers was 39%

LESSONS LEARNED/BEST PRACTICES

- Frequent interaction with government partners and discussion of upcoming events yields positive results. For example, the materials and interpersonal communication training for medical workers, which led to an increase in vaccination rate, were carried out in close cooperation with the Republican Center for Health Promotion and Mass Communication, and was essential to the training's success. Healthcare workers noted that they were the first to be

trained on the interpersonal skills during the COVID-19 vaccination and believe that this training will help expand vaccination coverage. According to the pre and post-tests, average knowledge on vaccines and their efficacy increased from 58% to up to 95% among participants of the interpersonal training conducted in Chuy oblast.

- As a result of recruiting consultants and improving their capacity, the cascade and Train the Trainers program on interpersonal communication skills were successfully delivered to primary healthcare workers.

CHALLENGES

- The Ministry of Culture and the Republican Center for Health Promotion and Mass Communication – two main state agencies responsible for awareness-raising and COVID-19 vaccine demand – lack proper coordination. LHSS partnered with these two Ministries and Ministry of Health to better coordinate awareness-raising and demand strategies.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- Handover ceremony for donated IT and laboratory equipment (Gene-Xpert lab platform) for lab and epidemiological surveillance, rapid response, and case investigation (April).
- Jaz Demi Run to celebrate International Day of Healthcare Workers (April 10).
- Press café with journalists, mass media representatives, and NGOs (April and May).
- Roundtable to discuss the results of the Universal Nurse model pilot (June).

PRIORITIES NEXT QUARTER

- Continue the cascade training on interpersonal communication skills training in the northern part of Kyrgyzstan. In total, the aim is to reach 500 people via trainings on interpersonal communication.
- Lead capacity development measures for health care providers on the treatment and diagnosis of COVID-19 (distance learning sessions, revision and introduction of clinical guides, MDT approach, Oxygen therapy and intensive case management)
- Continued support to the Republican Center for Immunoprophylaxis to strengthen vaccines cold chain management system through revision of Standard Operating Procedures (SOP), and the finalization and introduction of digital vaccination sub-systems at the national level.
- Help Risk Communication and Community Engagement grantee initiate activities
- Expand the Universal Nurse pilot model to the target hospitals.
- Complete and analyze results of assessment of knowledge and gaps in the interpersonal communication skills of health workers in Chui region.
- Develop and disseminate key messages identified in the Communications Strategy. Target audiences are broad and include (but are not limited to): state employees, non-governmental and private employees, rural populations, and youth ages 18 to 25 years old

LHSS PERU (ARPA)

Period of Performance: FY22 AY1 Q2 (January - March 2022)

TOP HIGHLIGHTS THIS QUARTER

- In close collaboration with five regional governments (Puno, Madre de Dios, Arequipa, Moquegua, and Tacna), LHSS developed a regional Communication Strategy to address COVID-19 vaccine hesitancy and to disseminate emerging information in vaccines and prevention
- LHSS signed a grant to develop and disseminate communication interventions for COVID-19, in coordination with health directorates and local health networks to increase vaccination and adopt preventive measures in the Puno and Madre de Dios regions.
- LHSS evaluated the vaccination information system, in collaboration with the MOH and regional health directorates, with whom the results were discussed.

QUARTERLY ACTIVITY PROGRESS

Task 1.1.1 Strengthen MOH capacity to generate and use information for effective vaccine deployment

In collaboration with the MOH, LHSS conducted a rapid assessment of the vaccination information system and detailed recommendations. LHSS presented the findings in a meeting with the Vice Minister of Public Health and other MOH advisors, as well as the head of the immunization program, the head of the information management office, and the head of the Office of Strategic Interventions in Public Health. MOH officials were very interested in those findings, and their comments supported the final recommendations.

Task 1.1.2 Strengthen Five Regional Governments' capacity to develop, adapt, and implement communication strategies to address vaccine hesitancy and disseminate emerging information

Due to changes in MOH authorities and their priorities, LHSS reoriented the scope of the communications strategy for COVID-19 response from the national to regional level, including the Arequipa, Madre de Dios, Moquegua, Puno, and Tacna regions. LHSS coordinated with regional health officials to define the different components of the communication strategy and held seven workshops (three in-person and four virtual) to co-design it, with the participation of officials from the communications, immunizations, health promotion, and education sectors. The final version of the strategy will be presented to the Regional Health Directors in April.

Task 1.1.3 Support community-based organizations in developing and disseminating communication strategies to increase vaccination and adopt preventive measures

LHSS released an RFA for implementing the grant program, "Communication to increase vaccination coverage against COVID-19 in Madre de Dios and Puno", and selected CONACCION a research and evaluation firm, as the grantee. The grant was signed on March 09, 2022, and LHSS approved the work plan. They will be introduced in April to the officials of the Regional Health Directorates of Madre de Dios and Puno to start activities.

Task 2.1.1 Strengthen MOH surveillance and monitoring systems to improve data-based decision making

LHSS posted the scope of work for a consultant to perform a rapid assessment and compile recommendations to improve COVID-19 surveillance and monitoring systems and is evaluating candidates.

Task 2.1.2 Strengthen laboratory capacity to improve testing availability and accuracy

LHSS released a request for proposals (RFP) on April 1, 2022, to recruit an international subcontractor for the line of effort: “Strengthening laboratory capacity to improve the availability and accuracy of COVID-19 diagnosis in Peru.”

Task 2.1.3 Strengthen COVID-19 case management at health facilities, isolation centers, and community oxygen supply centers

An LHSS consultant initiated a case management assessment at the community level (temporary isolation and follow-up centers and temporary oxygenation centers) and another is assessing the hospitalization and ICU levels. The assessments are currently ongoing.

Task 2.1.4 Support two Regional Health Directorates (DIRESAs) in strengthening COVID-19 services at the regional level

LHSS presented the proposed interventions to the regional health directors of Ayacucho and Huánuco and selected LHSS advisors for those regions. This work is currently underway, and the team is currently developing a rapid diagnosis to identify the weaknesses in COVID-19 management.

Task 2.1.5 Enhance digital health platforms to ensure equitable access to health services

LHSS initiated the rapid assessment and evaluation of the use of MoH telehealth platforms. This work is ongoing.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

As LHSS Peru works to strengthen the national response to COVID-19, it applies an intersectional gendered lens to address the specific constraints facing women in the regional communications strategy and the activities of the grantee.

WASTE, CLIMATE RISK MANAGEMENT

N/A

PROGRESS ON PERFORMANCE INDICATORS

In Q2, LHSS reoriented the communications strategy for the COVID-19 response from national to regional scope (Indicator #10) and organized several workshops with officials from 5 regions to facilitate the development of a regional communications strategy. LHSS also began activities with the grantee that will develop and disseminate vaccine-related messaging in Q3 (Indicator #11). Finally, the project started activities related to technical assistance for case management in Ayacucho and Huánuco regions with 2 regional advisors (Indicator #15).

LESSONS LEARNED / BEST PRACTICES

- Timely identification of opportunities and the adaptation of the implementation strategy from the national to the regional level has proven to be successful in addressing the objectives of the activity
- Participation of the Regional Health Directors has been key to ensuring that the officials in charge of the communication strategy are engaged in its development.
- An important factor in adapting to changes in MOH authorities has been the background experience of the country team that facilitated the collaboration with and from the MOH.

CHALLENGES

- Coordinating with 5 Regional Health Directorates to expand the communications strategy was a challenge that required the participation of all members of the LHSS team.
- Since the new government started on July 28, 2021, Peru has had 4 prime ministers, 2 health ministers, 3 vice ministers of Public Health, and 2 Directors of Strategic Interventions in Public Health. Political instability in the country has led to personnel turnover in the MOH, which has delayed implementation of some interventions.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Rapid Assessment of the MOH COVID-19 Vaccine Information System in Peru. Submitted March 31, 2022.

UPCOMING EVENTS

- No upcoming events this quarter

PRIORITIES NEXT QUARTER

- Proposal of a communication strategy for the regional COVID-19 response covering five regions
- Development of communication campaigns through the communication grant
- Prepare recommendations for improving COVID-19 surveillance and monitoring systems
- Guidelines to improve COVID-19 case management at health facilities, isolation centers and community oxygen supply centers
- Action plan to expand access to telemedicine platforms, including for underserved groups
- Training plan to improve COVID-19 laboratory sampling and diagnosis

LHSS TAJIKISTAN (ARPA)

Period of Performance: FY22 AY1 Q2 (January–March 2022)

TOP HIGHLIGHTS THIS QUARTER

- LHSS supported trainings for 18 medical workers from immunization centers with COVID-19 boosters and micro-planning (counting the number of people in each target group, the number of teams, and the number of vaccines and injectable materials available?) for the 12- to 17-year-olds target group in the Bokhtar region.
- The Tursunzade laboratory was fully set up with technical support from LHSS's regional laboratory expert and national laboratory coordinators of the Ministry of Health and Social Protection of the Population (MHSP). The laboratory has begun COVID-19 diagnostics.
- LHSS held a national meeting to discuss laboratory practices related to COVID-19 and presented their achievements with a database creation activity, which resulted in creating a list of supplies needed to conduct COVID-19 testing for ten regional (pilot) laboratories. There were 20 participants from the WHO, CDC, UNDP, Global Fund, USAID mission and MOHSP

QUARTERLY ACTIVITY PROGRESS

Vaccine technical assistance: The Activity met with directors from 15 districts in the Bokhtar region for training in completing the updated COVID-19 immunization forms for the vaccine booster dose.

With the support of LHSS, the Republican Center of Immunoprophylaxis, the Republican Center Family Medicine, and Tajik State Medical University developed the national guidelines on “*Surveillance and treatment on side effects after immunization*” and submitted to the Ministry of Health and Social Protection of the Population for final review and approval.

Laboratory technical assistance and procurements: LHSS conducted monitoring and mentoring visits to focus on quality control at four laboratories, in Tursunzade, Bokhtar, Dangara, and Qubodiyon, using approved MOHSP monitoring tools. The tools are used to assess equipment, infrastructure, specimen collection, management, and testing in laboratories. In addition, engineering and virologist consultants from the Tajik Research Institute of Preventive Medicine conducted on-the-job trainings for 11 laboratory specialists at the Tursunzade, Bokhtar, Qubodiyon, and Dangara laboratories. Training included sessions on polymerase chain reaction diagnostics and biosafety, and biosecurity (RNA detection and amplification and interpretation of results). Laboratory equipment was also installed in the Tursunzade laboratory, which is now fully set up and has begun COVID-19 diagnostics.

PROGRESS IN REMOVING GENDER-RELATED CONSTRAINTS, AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS partnered with USAID's Healthy Mothers Healthy Babies project to conduct a knowledge, attitudes, and practices survey on COVID-19 for mothers of children under two, as well as mothers-in-law and husbands living in the same household in 12 districts of Bokhtar zone of the

Khatlon Region. While 96% of mothers answered positively that the vaccine is necessary, only 51.8% indicated they had received a COVID-19 vaccination. Among the mothers interviewed, 48.2% of interviewed expressed that they had not gotten vaccinated due to a variety of reasons, including a fear of side effects. Based on these findings, LHSS will make recommendations to the MOHSPP for targeted awareness raising campaigns. The campaigns would target key populations, such as mothers of young children, and cover topics such as possible adverse reactions after vaccination, combating myths, and the effectiveness and safety of COVID-19 vaccinations.

WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

PROGRESS ON PERFORMANCE INDICATORS

LHSS trained 335 people on COVID-19 vaccine related topics and is on target to reach 2,000 by the end of FY22. The Activity has also trained 50 health workers on COVID-19 testing against a target of 90.

LESSONS LEARNED / BEST PRACTICES

- Close collaboration with key partners such as WHO, CDC, UNDP GF, MOHSP and others and holding timely national meetings is an identified best practice that ultimately helps to strengthen the laboratory system for timely and high-quality diagnosis of COVID-19 using PCR, ELISA and genome sequencing methods.

CHALLENGES

- No significant challenges were encountered in this quarter.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

UPCOMING EVENTS

- No upcoming events.

PRIORITIES NEXT QUARTER

- Provide in-person training for data collectors and laboratory specialists responsible for supply chain and data management; national and regional managers; heads of laboratories; and accountants.
- Support training of key staff in data entry into the national and regional supply chain management database.
- Support mentoring program and on-the-job training for eight laboratories (Tajik Research Institute of Preventive Medicine, oblast SES Khujand, Bokhtar, Dangara, Tursunzade,

Istaravshan, Isfara, Penjikent) on PCR, genome sequencing, and enzyme-linked immunoassay testing.

- National and subnational meetings with key partners to discuss lab intervention and vaccine rollout.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY TIMOR-LESTE (ARPA)

Period of Performance: FY22 AY1 Q2 (January–March 2022)

TOP HIGHLIGHTS OF THIS QUARTER

- On March 29, the Activity hosted a grant opening ceremony for a local civil society organization (CSO) — HAMNASA (*Hamutuk Nasaun Saudavel*/ ‘Together a Healthy Country’). HAMNASA has begun working to improve uptake of COVID-19 vaccinations and other healthcare services in selected municipalities with low vaccine coverage.
- HAMNASA supported the MoH to administer COVID-19 vaccines, including first and second dose vaccines to school-aged children and booster shots to the general population in Ainaro, Bobonaro, Ermera, and Liquica municipalities. In total nearly 17,000 people were vaccinated, including 14,800 children who received their first dose.
- The Activity partnered with the *Institute Nasional da Saude* (INS, National Institute of Health) to train 92 healthcare professionals, including doctors, nurses, midwives, public health officers, and laboratory technicians, on laboratory diagnostics, emergency care, and vaccine management.

QUARTERLY ACTIVITY PROGRESS

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

Through HAMNASA, the Activity supported the MoH in conducting door to door visits, awareness campaigns, in-school vaccine camps, and community education visits to increase uptake of COVID-19 vaccines and promote booster doses among the eligible population in four municipalities (Ainaro, Bobonaro, Ermera, and Liquica). These were selected because they were reporting the lowest vaccination rates among 13 municipalities in Timor-Leste as of February 2022. During this reporting period, the Activity’s efforts contributed to the administration of COVID-19 vaccines to 16,953 individuals.

As a first step toward strengthening the capacity of community role models to improve vaccination uptake, HAMNASA held coordination meetings with the MoH and other development partners, including WHO, UNICEF, and the Department of Foreign Affairs and Trade. The discussions aligned stakeholders’ training and vaccine promotion activities with the MoH’s plans; this resulted in the decision to have vaccine promotion be role models’ key activity, with a focus on three key approaches: 1) addressing vaccine hesitancy through education, 2) promoting information about when, where, and how to get vaccines, and 3) motivating and reminding people to show up for their vaccination appointments. HAMNASA coordinated closely with municipality health services

and identified 60 role models and influencers to engage with community members. The role models are typically between the ages of 25 and 50 years old, with existing knowledge of COVID-19 and vaccines, prior experience leading groups, and are known influencers in the community. The role models include people in leadership or service roles including village and sub-village chiefs, women's group leaders, church and religious leaders, health providers, teachers, government officials, youth leaders, and disability or other advocacy group leaders or members.

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

The Activity partnered with MoH, the National Institute of Health (INS), and municipality health services to launch a training program for healthcare workers. Based on consultations, four competency areas were identified as necessary to improve overall COVID case management and quality of general health services. The Activity trained 191 health workers on four key topics: 1) laboratory diagnostics and COVID-19 case management, 2) emergency care and management of COVID-19 cases, and 3) COVID-19 vaccine information, and 4) essential maternal and child health clinical services.

PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

The Activity is proactively integrating gender, female empowerment, and social inclusion into all its grant activities. For training on emergency care and management there is a higher participation of females (62%) than males (38%). In addition, the Activity used specific strategies like vaccinating close to schools where mothers visit, community-level mapping, and identifying left-out females to increase female participation in vaccination. Out of all people who received their first dose of the vaccine, 54% were female.

WASTE, CLIMATE RISK MANAGEMENT

N/A

PROGRESS ON PERFORMANCE INDICATORS

Since the launch of the Activity's vaccination interventions in February 2022, the Activity has directly contributed to the vaccination of 16,953 individuals, including 14,800 school children. The Activity reached 10,384 people through its mass and social media interventions with COVID-19 vaccine-related messaging.

The Activity trained health workers on four topics: 1) laboratory diagnostics and management for COVID-19 cases, 2) emergency care and management of COVID-19 cases, 3) COVID-19 vaccines, and 4) essential maternal and child health clinical services. Twenty-five laboratory technicians (14 male and 11 female) from community health centers (CHCs) and hospitals in the municipalities of Bobonaro, Liquica, and Ermera received training on laboratory diagnostics. Sixteen doctors, nurses, and midwives, (6 male and 10 female) from the Baucau Regional Hospital received training in COVID-19 emergency care and management. One hundred and fifty healthcare professionals (76 male and 74 female) working in CHCs and health posts in the Bobonaro municipality received training on COVID-19 vaccine related topics.

LESSONS LEARNED / BEST PRACTICES

- Though improving, the Activity continued to notice duplication of activities implemented by development partners in the targeted municipalities. Constant coordination through regular meetings with the MoH and clear demarcation of overlapped activities with relevant partners helped align stakeholders' activities and improve planning.
- The Activity held meetings at schools with parents and teachers before starting the vaccination camps. These meetings strengthened communication between public health officials and the community, decreased vaccine hesitancy, and increased the level of consent for parents to allow their children to be vaccinated.

CHALLENGES

- HAMNASA's implementation plan needed concurrence from and close coordination with the MoH for its work to begin. This delayed the initial rollout of implementation, though the implementation plan was approved by the MoH after a meeting on February 22, 2022.
- The Activity included new areas of training in the training plan. This required approval from MoH, preparation of training materials and resources to conduct training. These required additional time and delayed the launch of the training to February.
- The team had to postpone several training sessions due to the government activating the COVID-19 prevention measures such as social distancing and disallowing group gatherings. Additionally, a number of trainers were infected with the Omicron variant in late January 2022. The first batch of training could only be started in late February 2022.

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted.

UPCOMING EVENTS

- Continuing ongoing municipal vaccination campaigns.
- Complete trainings for role models.

PRIORITIES NEXT QUARTER

- Submit the package of deliverables containing: i) HAMNASA's plan of action to identify and train role models at the village level, ii) Summary of the training support provided to health workers, and iii) Summary report on the community-wide healthcare issues.
- Roll out training on risk communication to role models and community influencers in collaboration with INS (from April 2022 onward).
- Complete trainings of healthcare professionals on vaccine management in four municipalities, Laboratory diagnostic and management of COVID-19 cases in nine municipalities and Emergency Care and management of COVID-19 in four referral hospitals.
- HAMNASA will support the MoH to increase the coverage of first, second, and booster doses in children 12-17 years of age. HAMNASA will do this through the continuation of ongoing interventions, including community outreach and vaccination camps in schools.