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QUARTERLY PROGRESS REPORT

FY2022 YEAR 3, QUARTER I

October 1, 2021 – December 31, 2021

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

Bureau for Global Health

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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

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.

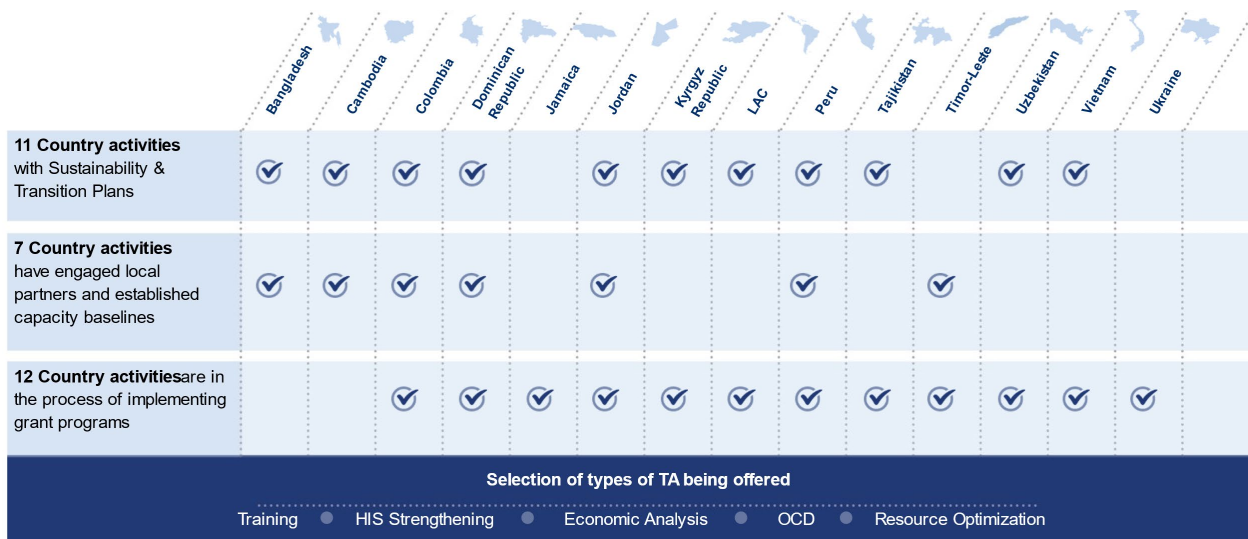
SCALE-UP OF LOCAL CAPACITY STRATEGY

LHSS country activities continued to implement strategies to strengthen capacity, and purposeful approaches to transition and sustainable outcomes. Notably, the LHSS Project team in Namibia received an orientation on the Scale-Up of Local Capacity Strategy and are developing a Sustainability and Transition Plan. In Colombia, LHSS developed and is piloting an outcome-harvesting monitoring, evaluation, and learning (MEL) technique to engage with local partners and track milestones in the health sector related to their Sustainability and Transition Plan.

In December 2021, LHSS convened the Semi-Annual Project-Wide Pause and Reflect session with USAID, which for the first time, included the participation of local partners. The meeting focused on the methods, impact, and experience of LHSS capacity development support in the context of transition and increased sustainability of results. The learnings from this pause and reflect session as well as ongoing monitoring and cross-learning among country teams will be reflected in the upcoming Sustainability and Transition Report. More on this is included below in the MEL section of this report.

Additionally, Year 3 revised Activity Monitoring, Evaluation, and Learning Plans (AMELPs) were updated to include CBLD-9, USAID’s capacity development indicator, to the extent appropriate because the project will be reporting against that indicator this year.

Figure 1. Status of LHSS Sustainability and Transition Plans, December 2021



Grants

LHSS continued to support partner countries in the management of current awards and significantly ramped up the grants program by issuing seven Requests for Applications (RFAs) that are anticipated to result in the awarding of 15 grants within the next quarter. Each grant supports the LHSS expected result of increased technical and administrative capacity of local organizations, specifically by working with local governments and organizations. The project issued RFAs in the following countries: Timor-Leste, Dominican Republic, Peru, Namibia, and Jamaica. The potential recipients of the grants will work with LHSS to achieve objectives focused on the following areas: increased access to COVID-19 vaccinations, and risk communication and community engagement work to counter misinformation about COVID-19 vaccinations, ensuring equitable access to quality health services, and improving quality of patient-centered services. Each grant will work closely with local governments and ensure that any capacity strengthening activity will be sustainable beyond the life of the grant.

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. During sessions this quarter, LHSS covered governance, leadership, and policy as they relate to GESI and facilitated use of the gender-transformative framework to elevate GESI integration in ongoing activities. All project staff are invited to participate in these sessions, and materials are available on the GESI Channel in Teams for all to access. On December 17, LHSS published a GESI-focused exploring the importance of rethinking the term “vulnerable groups” and continuously defining who the target audience is in order to be intentional. GESI highlights from country activities include:

- LHSS hosted an event entitled “Violencias Basadas en Género, migración y políticas públicas, un encuentro para promover la interseccionalidad en las políticas públicas,” in **Colombia** on December 3 to explore the intersectionality of gender-based violence and public policy. It was part of annual events honoring 16 days of activism against gender-based violence.
- LHSS produced a draft GESI Toolkit for Territorial Entities in **Colombia** to integrate GESI into their operations as well as a guidance document for GESI integration into health insurance enrollment.
- LHSS partnered with the Ministry of Health (MOH) in **Timor-Leste** to hold a training for 15 government health workers and 10 peer educator groups to improve the delivery of adolescent- and youth-friendly health services.

COMMUNICATIONS AND KNOWLEDGE MANAGEMENT

LHSS continued to promote activities and the project website on social media. Our followers on Twitter grew by 14.8 percent and on Facebook by 868 percent (from 15 to 155 followers). The LHSS website had a total of 6,489 unique page views from October 1 to December 31. Top

pages included the LHSS Homepage, the blog “Supporting Country Progress Towards Better Health Budget Execution,” the Resource Center page, the Our Mission page, and the Vietnam country page.

On December 1, LHSS hosted a webinar, “Implementing National Quality Policy and Strategy: A Focus on Stakeholder Engagement and Situational Analysis.” Ninety-four people attended. On December 12, LHSS participated in the global UHC Day campaign by creating a social media campaign that amassed over 10,000 impressions and over 250 engagements in a period of six days.

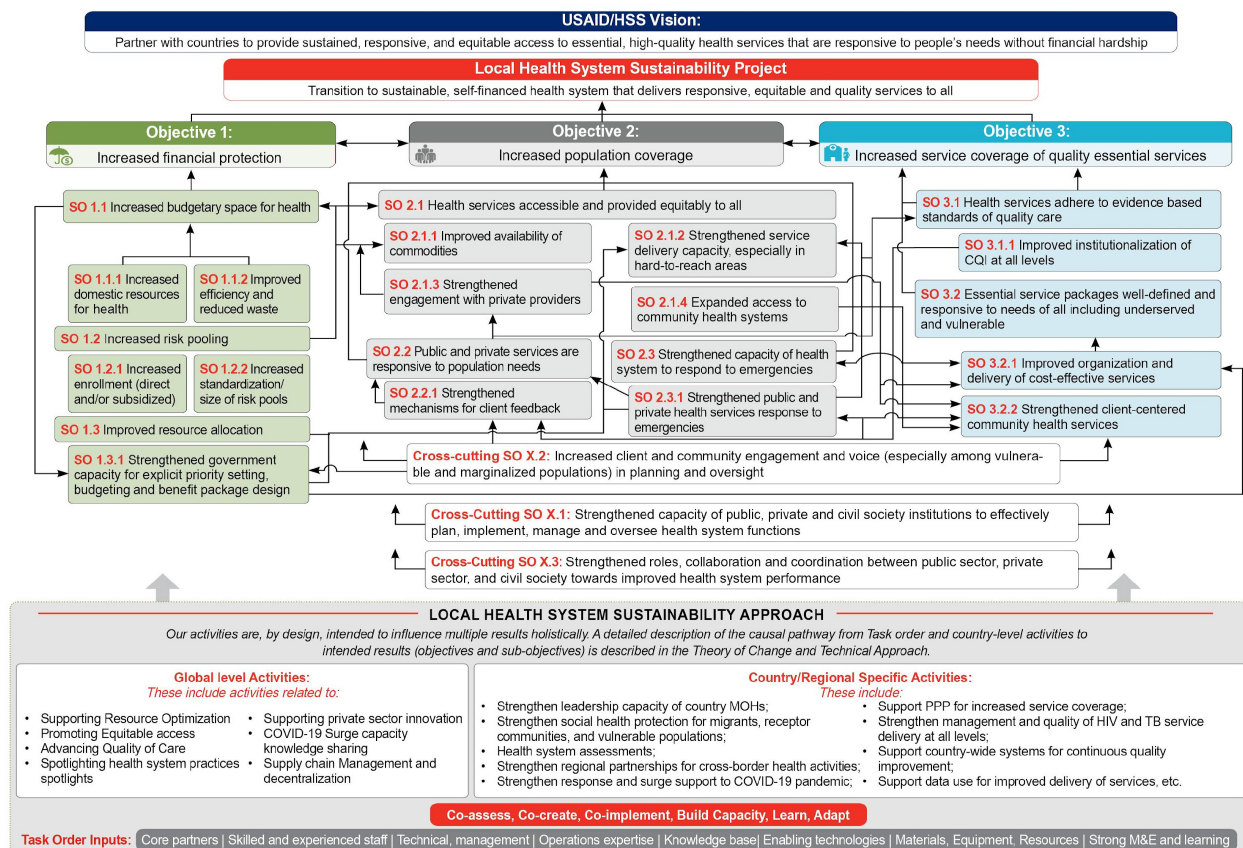
LHSS continued to host weekly virtual Technical and Learning Meetings for our global staff. LHSS staff lead the meetings, and topics are chosen in response to a recent staff survey. Topics this quarter included managing grants, organizational capacity development, pro-health taxes, governance, GESI 101, public financial management (PFM), and primary health care 101.

MEL AND PERFORMANCE

Results Framework

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

Figure 2. LHSS Results Framework



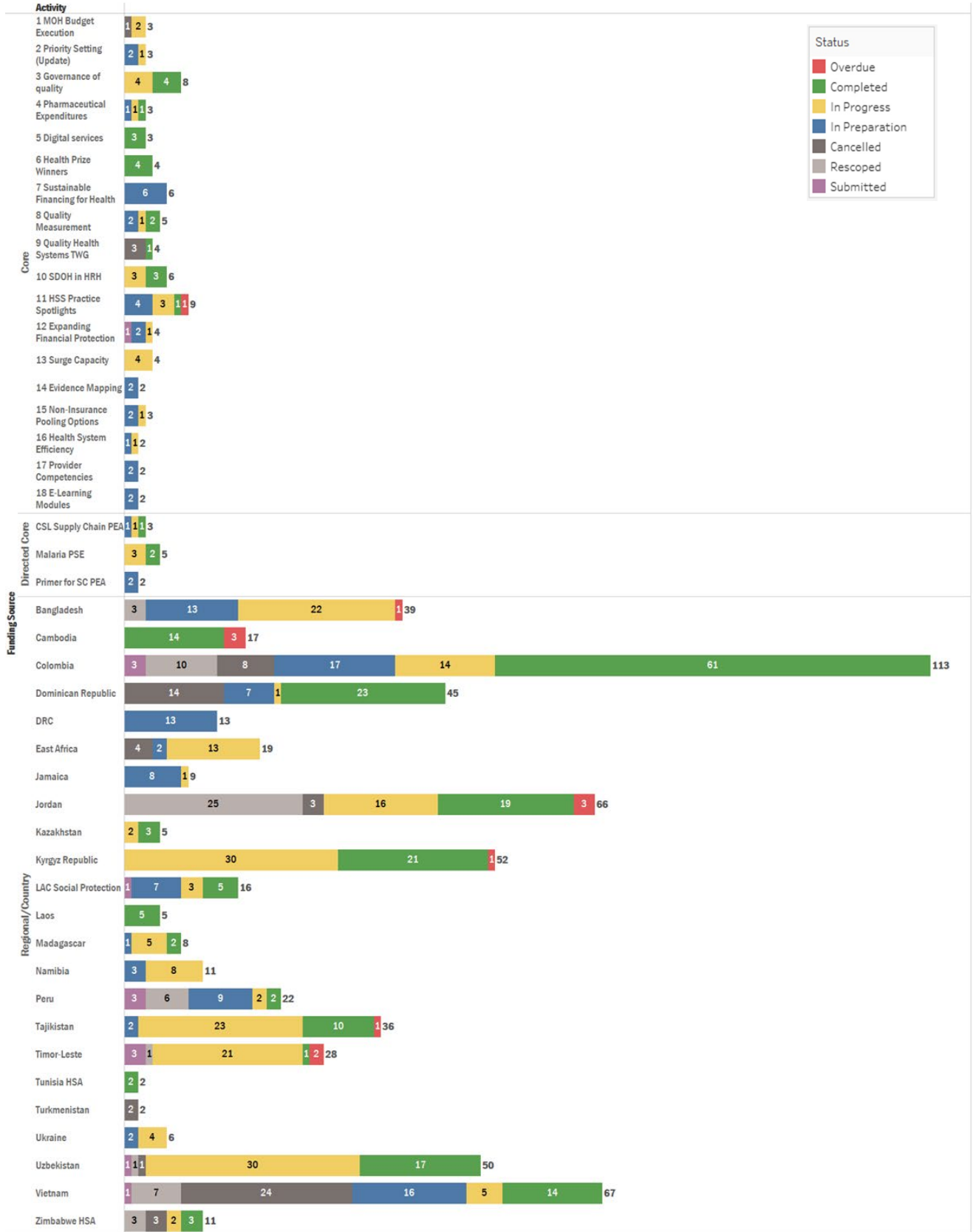
LHSS commenced its annual review of the Task Order MEL plan, following approval of the consolidated Year 3 (FY 2022) work plan, and proceeded to embark on annual reviews of all country activity MEL plans as contractually stipulated. These plans are in various stages of completion in consultation with the various USAID missions. LHSS also submitted the Annual Report, which the Contracting Officer's Representative (COR) accepted on November 30, 2021. A Report Launch and dissemination is planned for January 2022, in close collaboration with USAID's OHS Communications team.

Semi-Annual Project-Wide Pause and Reflect: On December 16, LHSS hosted this pause and reflect session and learning workshop for field and home office teams to reflect on learning during the first two years of the project. Discussions centered around sustainability, transition, and strengthening local capacity, with USAID missions and selected local partners in Jordan and Cambodia participating. Discussions examined how the project's activities are advancing the theme of "facilitating transitions to local partners" outlined in USAID's HSS 2030 Vision. The discussions explored the contextual factors affecting the transition to self-financed and locally sustainable interventions, and country ownership of sustainable outcomes.

To date, LHSS has worked on 45 work plans and completed 6. Laos COVID-19, Core Activity 5, and the Health Financing Forum activities were completed in Project Year (PY) 1. Core Activity 6, Kazakhstan COVID-19, and the Laos Pasteur Activity were completed in PY2. Thirty-seven work plans are active. Of the 45 total, 21 work plans are country activities, 19 are core-funded, 3 are directed core, and 2 are regional.

At the end of this reporting period, 37 percent of all deliverables were completed, with 38 percent in progress (see Figure 3).

Figure 3: Status of LHSS Activity Deliverables, December 2021



MANAGEMENT AND PARTNERS

In Quarter 1 (Q1), across LHSS country teams, staff continue to change from virtual work-from-home to in-person office work according to the changing status of COVID-19 in the country. Fortunately, LHSS is able to report very high levels of vaccination access for staff working around the world.

LHSS Partner Meeting: On October 28, Abt Associates hosted the quarterly LHSS partner meeting virtually. The meeting focused on discussions around localization approaches, following presentations from Avenir, Banyan, Institute for Healthcare Improvement (IHI), and Save the Children.

LHSS Staff Consultations: The project and technical directors held group sessions and a series of one-to-one conversations with LHSS program management staff to discuss roles, cross-cutting initiatives, professional development, and analytical support. Participants agreed on a series of actions aimed at making LHSS as efficient as possible in delivering the deliverables and objectives agreed with USAID across all project activities.

Chief of Party Retreat: LHSS hosted a virtual Chief of Party retreat that included two 2-hour sessions on December 2 and 6. The agenda was developed based on responses to a pre-meeting survey and included technical sessions as well as discussions on addressing management challenges with COVID-19, remote work, and return to office.

USAID/OHS Learning and Exchange: USAID Office of Health Systems (OHS) hosted a learning and exchange event, involving all global projects including the HSS Accelerator, The Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program, Promoting the Quality of Medicines (PQM+), and the Country Health Information Systems and Data Use project. The meeting was a very useful and welcome exchange and will complement other planned OHS facilitated exchanges with Integrated Health Systems Task Order holders.

LHSS opened new offices in three locations (Kyrgyz Republic, Namibia, and Peru). A total of 122 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

- The second and final Learning Exchange was held November 11 with participants from all eight country teams.
- Technical assistance plans were developed for Bangladesh, Lao People's Democratic Republic (PDR), and Peru based on country team requests, and requests for concurrence were submitted to USAID missions in each country. Mission concurrence was received from USAID Peru but was denied for Bangladesh and Lao PDR.
- A blog post titled Supporting Country Progress Towards Better Health Execution was published on the LHSS website.

Core Activity 2: Institutionalize Explicit National Health Priority-Setting Process

- LHSS finalized the list of eight country teams that will participate in the Joint Learning Network (JLN) learning exchange: Bangladesh, Ethiopia, Lao PDR, Malaysia, Philippines, Rwanda, South Africa, and Thailand.
- LHSS convened a virtual launch event of the JLN collaborative on December 8 with representatives from all eight participating countries.

Core Activity 3: Strengthening Governance to Improve the Quality of Health Service Delivery

- LHSS completed more than 14 key informant interviews in Rwanda and Zambia and began drafting a case study technical report.
- A webinar on stakeholder engagement and situational analysis was held on December 1 as part of national quality policy and strategy development and implementation.

Core Activity 4: Increasing Accuracy of Pharmaceutical Expenditure Data

- The Vietnam MOH's Department of Planning and Finance organized a launch meeting for the Vietnam pilot. During the meeting, LHSS presented an overview of the activity and agreed with the MOH on roles, responsibilities, and the timeline for the pilot.
- LHSS identified three local consultants who will support the collection and analysis of the pharmaceutical expenditure data in Vietnam and is working closely with them to begin data collection.

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

- LHSS awaits further guidance from USAID before starting.

Core Activity 8: Quality and Measurement

- Finalized landscape review report on quality-of-care measurement resources.
- Work plan approved for follow-on work as part of the AY3 core-funded activities.

Core Activity 9: Quality Health Systems Technical Working Group/Advisory Group

- Completed prior to this reporting period.

Core Activity 10: Social Determinants of Health (Human Resources for Health Focus)

- Received approval from Abt Associates Institutional Review Board (IRB) on a modified study protocol that reflects data collection and analysis methods for three country case studies in Côte d'Ivoire, Eswatini, and Nepal.
- Prepared and submitted IRB packages to local IRB boards in Nepal and Côte d'Ivoire.
- Finished analyzing data from online survey in 12 countries on efforts to integrate social determinants of health into health workforce education, training, and service delivery.

Core Activity 11: HSS Practice Spotlights

- LHSS submitted its two briefs in the Monitoring, Evaluation, Research, and Learning (MERL) HSS Practice Spotlight series: one on contribution analysis and one on outcome harvesting.
- LHSS began planning a webinar on the MERL Practice Spotlight briefs that will take place in Q2.

Core Activity 12: Expanding Financial Protection

- LHSS hosted a meeting with the USAID mission in Senegal to discuss and launch the case study.
- LHSS developed and refined a key informant interview guide and began a document review for the Senegal case study.

Core Activity 13: Surge capacity and knowledge sharing

- LHSS has begun preparing an RFA to identify a new partner to host a repository of surge capacity and capability materials. The Johns Hopkins Center for Health Security is no longer able to host.

Core Activity 14: Learning Agenda: Evidence mapping (Part 1)

- Workplan was approved by USAID as part of the new core-funded work for AY3.
- The team selected four priority learning questions from the USAID HSS Learning Agenda to focus on for the evidence mapping exercise.

Core Activity 15: Non-Insurance Scheme Pooling Options For UHC

- The team began activity implementation, including developing a plan for literature review.

Core Activity 16: Achieving Efficiency in Health Systems

- The team began activity implementation, including developing a plan for the literature review and a mock-up chapter outline for the catalogue of approaches.
- LHSS drafted an SOW for engagement with the JLN to initiate the learning exchange process.

Core Activity 17: Provider Competencies in Social Determinants of Health

- Work plan was approved by USAID as part of the new core-funded work for AY3.

Core Activity 18: E-Learning Modules on National Priority-Setting and MOH Budget Execution

- The team began planning for activity implementation, including beginning the process to identify a virtual learning platform to host the e-learning content.

CORE-DIRECTED HIGHLIGHTS

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

Primer for Supply Chain Political Economy Analysis (CSL Core-Directed)

- LHSS held a launch meeting with the USAID Office of Population and Reproductive Health's Commodity Security and Logistics division (CSL) to understand their expectations and to agree on the process for undertaking the development of the primer for political economy analysis.
- LHSS started a search and review of existing political economy analysis reports as well as relevant supply chain reporting that might not have been identified as formal political economy analysis. LHSS also prepared a template for recording learning from the reviews and from subsequent key informant interviews (KIIs).

CSL Supply Chain Political Economy Analysis (Core-Directed)

- LHSS and CSL held a launch meeting with USAID Côte d'Ivoire, to discuss roles and expectations for the political economy analysis, as well as the purpose of the political economy analysis.
- LHSS hired a local consultant in Côte d'Ivoire, who will provide support with mapping stakeholders and conducting interviews for the political economy analysis.

Malaria Private Sector Engagement (Core-Directed)

- Developed a draft toolkit intended to strengthen private sector engagement capacity in the President's Malaria Initiative (PMI) country offices and national malaria control programs.
- Finalized recommendation report outlining priority strategic opportunities for private sector partnerships based on the landscape analyses in Côte d'Ivoire, Democratic Republic of the Congo (DRC), Liberia, and Uganda.
- Presented a poster at the American Society of Tropical Medicine and Hygiene annual conference in November 2021. The poster was titled "Engaging the private sector in achieving Zero Malaria: country case studies from Côte d'Ivoire, DRC, Liberia, and Uganda."

COUNTRY AND REGIONAL ACTIVITY HIGHLIGHTS

During this period, LHSS worked in 18 countries, continued work in the Latin America and the Caribbean (LAC) and launched new activities in the East Africa region. LHSS continues to support USAID in its global response to COVID-19. In Q1, LHSS supported country-led responses to COVID-19 in 10 countries, with new funding provided through the American Rescue Plan Act (ARPA) 2021 in seven countries.

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 the Congo

- Implementation of activities has not begun yet.

LHSS East Africa Region

- USAID approved the LHSS East Africa work plan, and LHSS has hired and onboarded the local site team.
- LHSS held introductory kickoff meetings with the COR and project partners.
- Introductory kickoff meetings with the Intergovernmental Authority on Development and the East Africa Community are in progress.

LHSS Madagascar

- LHSS held the first organizational capacity workshop in December with the Ministry of Public Health's UHC Support Unit (*Cellule d'appui pour la mise en œuvre de la couverture sanitaire universelle*). Participants provided positive feedback on the LHSS approach, finding it and more collaborative than other partners' approaches.

LHSS Namibia

- Supported the Ministry of Health and Social Services (MOHSS) in conducting stakeholder mapping, which the ministry will use to engage various stakeholders in relevant structures and platforms established for the development of the UHC framework.
- Drafted an implementation plan to guide the MOHSS in the development of the essential health services package.

Tunisia Health Sector Assessment

- Conducted over 25 key informant interviews for phase two of the health system assessment with public and private sector stakeholders on three deep-dive topics: disease surveillance, health financing, and nutrition.

- Analyzed the collected data and presented main findings to USAID Tunisia, including key challenges and strategic opportunities for USAID investment across the three deep-dive topics.

Zimbabwe Health System Assessment

- LHSS conducted a virtual TDY to collect relevant data for the Health System Assessment (HSA) over a three-week period in December 2021.

ASIA/MIDDLE EAST

Bangladesh Urban Health and Financing Activity

- Finalized costing of the National Urban Health Strategy: 2020 Action Plan to improve urban health care services.
- Organized a stakeholder consultation workshop on private providers' data transfer to the national Digital Health Information System 2 to strengthen reporting from private health facilities.
- Supported follow-up for health standing committee meetings in three city corporations and seven municipalities to strengthen governance and coordination.

LHSS Cambodia

- With assistance from the LHSS activity in Cambodia, the Royal Government of Cambodia has approved an initial HIV fund allocation for subnational response, which will be used to strengthen the coordination activity of provincial AIDS committees, develop capacity of the provincial AIDS committees and local administration, and improve supervision. On top of this, additional funds will be mobilized from the local administration, which will be implementing HIV activities integrated into their annual commune investment plan. The Ministry of Interior, which is the parent organization of local subnational and local administrations, strongly supports the subnational ownership of HIV response.
- The National AIDS Authority's Secretariat plans to roll out the implementation of the SorChorNor#213 (policy measure) monitoring system, developed by LHSS, starting in January 2022 with technical assistance from LHSS. This roll-out plan includes a focus on an organizational capacity-development plan for the National AIDS Authority and the subnational SorChorNor#213 MEL cascade trainings of trainers targeting the four provinces with the highest HIV burden.

LHSS Jordan

- Results from post-evaluation training in post-laboratory quality management systems indicate that 25 laboratory quality control officers and supervisors gained significant knowledge.
- LHSS engaged in a post-campaign analysis of an IPC campaign targeting schools' employees, parents, and students returning to school in-person to continue practicing COVID-19 precautionary measures. Preliminary findings indicate the campaign encouraged 94 percent of respondents to practice these measures.

- LHSS completed the MOH's Licensing Professionals and Health Institutions Directorate (LPHID) data-cleaning exercise, creating an accurate report of the total number of health providers for the first time, disaggregated by professions and with national ID numbers.

USAID Health System Sustainability Activity in Timor-Leste

- LHSS successfully laid groundwork to form Timor-Leste's first network of civil society organizations working in the health sector. Through consultations and workshops with these organizations, the LHSS team secured buy-in to form the health network. This will support the goal of fostering member engagement in HSS through effective, evidence-based advocacy.
- The MOH invited the team to provide technical input into the MOH-led Joint Annual Health Sector Review meeting and Assessment of Decentralization of Health.
- LHSS successfully guided the National Midwifery Association through the process of reviewing draft competency standards, job descriptions, and performance evaluation criteria of their cadre, and clarifying the steps needed to enhance and finalize them. This approach will become a model for other health care cadres in the country.

LHSS Vietnam

- Provided advocacy support and technical assistance TA, contributing to the MOH's approval of a social contracting pilot with community-based and civil society organizations for HIV/AIDS service provision in nine provinces from January 2022 through 2024.
- Supported the National Centralized Drug Procurement Center and the Vietnam Administration of HIV/AIDS Control (VAAC) with antiretroviral (ARV) procurement via the social health insurance fund. People living with HIV (PLHIV) receiving ARVs increased from 35,167 in June to 108,748 in December 2021, reaching 99 percent of the VAAC's target.
- Provided TA to the National Lung Hospital to successfully procure (for the first time) six of eight first-line anti-tuberculosis (TB) drugs using the social health insurance fund and complete the Circular 04 revision. As a result, the MOH approved a new Circular 36 regulating TB examination, treatment, and reimbursement through the social health insurance fund.

CENTRAL ASIA

Kyrgyz Republic COVID-19 Response Activities and Vaccine Technical Assistance

- LHSS held a roundtable on October 29 to share findings from the initial COVID-19 response activities with the MOH, USAID, and other key partners. Sixty participants from the Ministry, heads of health care facilities, and representatives from development partners attended.
- LHSS worked with key domestic and international stakeholders to identify how the Activity's technical assistance for the Kyrgyz Republic's cold chain management system will be strategically deployed. LHSS provided support to two newly established technical

working groups (TWGs) within the MOH and the E-Health Center to review regulatory and operational processes of the cold chain system, develop standard operating procedures (SOPs) for effective vaccine management, and refine the existing information system on vaccination.

- In October, LHSS and the Republican Health Promotion Center adapted the United Nation's Children's Fund's (UNICEF's) current UNICEF trainers guide on building health care workers' interpersonal communication skills for routine COVID-19 vaccination. The training guide was tested with 25 health care workers at a pilot primary health care facility in Issyk-Ata District of Chuy Province on December 17 and 18, 2021.

LHSS Tajikistan

- LHSS supported capacity development of regional laboratory specialists through mentorship and supportive supervision visits by national-level laboratory specialists, in support of the Country Preparedness and Response Plan.
- LHSS helped the Ministry of Health and Social Protection of the Population (MOHSPP) to quickly resolve challenges associated with COVID-19 vaccine roll-out, such as lack of clarity about the cold chain national inventory, building the capacity of vaccinators, and addressing vaccine hesitancy.
- LHSS conducted a survey in 15 pilot districts of Khatlon to better understand vaccine hesitancy.

LHSS Uzbekistan

- The end-of-project virtual conference held on December 17, 2021 was attended by more than 90 participants from the MOH, USAID's mission in Uzbekistan, international partners, and other local stakeholders. The USAID mission director and the deputy minister of the MOH gave opening remarks. The USAID health lead and USAID activity lead also made remarks.
- LHSS led distance-learning training for 347 health care workers on World Health Organization (WHO) guidelines on COVID-19 intensive care case management. Another 250 health care workers from six regions that received ventilators from the US government were trained on the appropriate use of ZOLL ventilators and oxygen therapy. Some of these trainees will also serve as cascade trainers for future courses. Fifteen supply chain management specialists from national and regional government procurement divisions were trained on strategies to strengthen the current system.

LATIN AMERICA AND CARIBBEAN

LHSS Colombia - Venezuelan Response and Integration Office

- More than 300 health workers and 300 community leaders have been educated on COVID-19 vaccine promotion through training courses developed by LHSS and local partners.

- The 10 health institutions developing quality improvement projects under the *Ciencia de la Mejora en la Práctica* course continue to be engaged through coaching and learning sessions, with more than 100 participants across three different virtual sessions.
- More than 60 participants from health institutions and the MOH attended a dissemination event on the results of the mixed-methods study conducted last fiscal year to evaluate factors contributing to health worker stress and burnout. These results are being used to co-design public policies and strategies to address and prevent health worker fatigue.

LHSS Dominican Republic (PEPFAR)

- LHSS held consultation meetings with management staff of the HIV Service and Systems Strengthening Project to discuss the progress of the pilot study of HIV self-testing that the HIV Service and Systems Strengthening Project will implement in Q2.
- LHSS held consultation meetings with government agencies to discuss the scope of the feasibility assessment on incorporating family-based HIV services into the current policy framework and began identifying a local consultant to support this effort.

LHSS LAC Bureau Activity

- LHSS conducted a literature review and stakeholder interviews with relevant international development organizations to understand the context for expanding social health protection for women at risk of migration in Honduras.
- Two blogs on strengthening the health system in support of migrant women were published to LHSS website and promoted.

LHSS Peru (PEPFAR)

- LHSS completed the health system assessment and shared its findings through multiple stakeholder convenings. It was well received by the MOH and key stakeholders.
- LHSS worked with the MOH to develop a quantification report on HIV services and supplies needed for the Venezuelan migrant population and a forecasting tool to quantify health services, supplies, and inputs.
- LHSS released an RFA for a grant to support the National Observatory for Migrant Health and a proposal was received.

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 11,586 health workers and community leaders and assisted in the reporting of 6,749,609 vaccine doses to Colombia's expanded immunization program's website, called PAIWEB.
- LHSS completed and submitted the roadmap for the implementation of the Temporary Protection Statute for Venezuelan Migrants in the health sector, which will provide the MOH with strategic actions for ensuring migrants' inclusion in the health system and access to health care services within the framework of the new policy.
- LHSS hosted 16 enrollment days where 1,414 migrants enrolled into Colombia's General Social Health Insurance System or *Sistema General de Seguridad Social en Salud*, (SGSSS). One of these included a health services fair in Barranquilla that the vice minister of social protection, manager of Gerencia de Fronteras, and two territorial health secretariats attended. LHSS also participated in the Commemoration of the International Migrant Day in Chia (Cundinamarca), where migrants were also granted permits and enrolled into the SGSSS. The president of Colombia, the mission director of the International Organization for Migration (IOM) in Colombia, and territorial officials attended.

LHSS Dominican Republic (ARPA)

- Work plan was approved on November 21, 2021.
- Began working with the MOH to discuss the scope and develop our strategy to expand analysis of locally available COVID-19 data to identify subpopulations and geographic regions with lower levels of vaccine coverage to help inform future communication strategies.
- Published an RFA for a local organization to design and implement an e-learning respiratory care training for nurses on severe COVID-19 cases. Evaluation of applications has been completed and grant approval request is expected in Q2.

LHSS Jamaica (ARPA)

- LHSS conducted rapid start-up following workplan approval, including a series of meetings with USAID/Jamaica, the Ministry of Health and Wellness, and private sector providers; recruitment and onboarding of two in-country staff; and technical and operational preparations for private sector assessments. The assessments will be conducted in Q2.
- LHSS issued an RFA for vaccine administration and capacity-strengthening grants to private providers. LHSS received and evaluated 10 applications. Grants will be awarded in Q2.
- LHSS issued an RFA for vaccine administration and capacity-strengthening and received Health Connect Jamaica's application. The grant will be awarded in Q2.

LHSS Kazakhstan (ARPA)

- Following confirmation from USAID Kazakhstan regarding the placement of genomic sequencing materials, LHSS moved forward with seeking purchase approvals for Round

4.2, which includes an Illumina MiSeq genomic sequencing platform and starter kits, and Round 4.2.1, which consists of a computer workstation. As of the end of Q1, approvals were in process.

- LHSS also received a request to assess Omicron detection options from various vendors. The request for quotes (RFQ) for this round of procurements (Round 5) closed at the end of December, and LHSS is working with the USAID mission, the U.S. Centers for Disease Control and Prevention (CDC), and vendors to present PCR and next-generation sequencing detection options to the MOH. LHSS will determine purchase priorities based on the MOH's needs by mid-January 2022.

LHSS Kyrgyz Republic (ARPA)

- LHSS participated in the Republican Health Promotion Center's annual progress report meeting, where key development partners discussed health promotion and health communication interventions from 2021 and joint plans for the coming year. A joint action plan for 2022 was established that will integrate communication activities into the MOH communication plan.
- LHSS is supporting the treatment of severe COVID-19 cases, providing respiratory support, and treating post-COVID-19 conditions. An action plan, which includes online and in-person training, monitoring, and development of SOPs, was drafted and will be submitted to the MOH for approval. LHSS is drafting the terms of reference for national experts and trainers.

LHSS Peru (ARPA)

- Through a grant, LHSS selected an organization to take charge of developing and disseminating communication strategies, in coordination with health directorates and local health networks, to increase vaccination and adopt preventive measures in the Puno and Madre de Dios regions.
- In collaboration with the MOH, LHSS launched the development of a communications strategy to strengthen the national response to COVID-19 and prepared to conduct a rapid assessment of the information system for COVID-19 vaccination.
- All local staff for the activity were selected and hired, and LHSS completed activity inception meetings with MOH officials to initiate activities.

LHSS Tajikistan (ARPA)

- LHSS conducted on-the-job training with medical workers on how to correctly collect cold chain inventory data, during mentoring visits in five districts of the Gorno-Badakhshan Autonomous region and five districts of the Sughd region. A total of 125 medical workers were trained during the visits.
- During on-the-job trainings in the Sughd region, LHSS included information sessions on Pfizer COVID-19 vaccines, since the Khujand (Sughd region) has two ultra-low temperature refrigerators that will be used to store Pfizer vaccines.

USAID Health System Sustainability Activity Timor-Leste (ARPA)

- The Activity supported and monitored the MOH's vaccine rollout at 19 community deployment sites in Bobonaro municipality, which as of October 2021 had the third-lowest vaccination rate in Timor-Leste. More than 1,000 vaccines were administered as a result.
- The Activity issued an RFA from a civil society organization to increase vaccine uptake in local communities. The Activity has submitted the grant package for USAID approval, and implementation is planned to start in January 2022.

SECTION 2: QUARTERLY PROGRESS REPORTS FOR CORE-FUNDED ACTIVITIES

CORE ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights This Quarter

- The second and final Learning Exchange was held November 11 with participants from all eight country teams.
- Technical assistance plans were developed for Bangladesh, Lao PDR, and Peru based on country team requests, and requests for concurrence were submitted to USAID missions in each country. mission concurrence was received from USAID Peru but was denied for Bangladesh and Lao PDR.
- A blogpost titled Supporting Country Progress Towards Better Health Execution was published on the LHSS website.

Quarterly Activity Progress

On November 8, we held the second and final Learning Exchange meeting with participants from all eight Learning Exchange countries. The theme of the meeting was budget accountability, and presentations were featured from Ghana (on their Planning and Budgeting Management Information System), Liberia (on their annual public expenditure review process), Nigeria (on the country's Fiscal Responsibility Act), and Bangladesh (on the Integrated Budgeting and Accounting System and Annual Performance Agreements).

The team has begun developing the global knowledge product, which will incorporate learning from country scoping calls and questionnaires, the Activity launch event and two Learning Exchanges. It will also include learning generated from TA provided to a subset of the Learning Exchange countries.

LHSS worked with country teams to develop TA plans for countries. The proposed TA includes virtual workshops for participants from five countries (Bangladesh, Ghana, Lao PDR, Malaysia, and Peru), and will introduce two themes that countries requested: program-based budgeting and strengthening sub-national capacity for health budget execution. These virtual workshops will provide a common knowledge base and share international best practice for the participants, which will be complemented by in-country TA for three countries.

LHSS submitted requests for concurrence to USAID missions in Bangladesh, Lao PDR, and Peru. Although the scope of the TA request was defined by Learning Exchange participants

from the MOH, concurrence for Bangladesh was not obtained, with the mission citing existing MOH experience in the proposed TA theme (program-based budgeting). The Lao PDR mission did not provide concurrence for TA, citing the short-term nature of the TA. Concurrence was obtained for TA in Peru.

The Activity team redesigned the TA plan to ensure that the LHSS deliverable to provide five countries with TA could be met. The Activity team discussed with USAID the options to (i) expand workshops to include all Learning Exchange countries; and (ii) implement an additional workshop to address country concerns around capacity for advocacy and dialogue on PFM issues with ministries of finance. LHSS began the process of recruiting and engaging an international PFM expert to lead and host the virtual workshops, and a consultant in Peru for the in-country TA.

Challenges

- Implementation of TA for five countries has been delayed by a lengthy process to engage country teams from the Learning Exchange to understand TA needs and agree on proposed TA plans. The Activity has further been delayed by two mission concurrence denials.
- The Activity team has redesigned, and is moving forward with, an updated TA plan. Nevertheless, the Activity deliverable to deliver TA to five countries becomes a challenge because LHSS cannot provide TA to three (Malaysia, Bangladesh, Lao), and three countries did not request TA (Kenya, Nigeria, and Liberia). The latter could participate in the virtual workshops, but if the Activity team commits to using a demand-driven approach, this leaves two countries: Peru and Ghana.

Deliverables Submitted to USAID During this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No events planned.

Priorities Next Quarter

- Finalize the first draft of the global knowledge product.
- Finalize TA plans for all participating countries and initiate TA activities.
- Complete two additional blogposts.

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

Period of Performance: FY 2022 AY3, Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS finalized the list of eight country teams that will participate in the JLN learning exchange: Bangladesh, Ethiopia, PDR, Malaysia, Philippines, Rwanda, South Africa, and Thailand.
- LHSS convened a virtual launch event of the JLN collaborative on December 8 with representatives from all eight participating countries.

Quarterly Activity Progress

Activity 2 experienced a flurry of exciting progress in Q1. After reviewing the expressions of interest that country teams submitted, LHSS finalized the list of eight countries participating in the JLN learning exchange on institutionalizing explicit processes for setting national health priorities: Bangladesh, Ethiopia, Lao PDR, Malaysia, Philippines, Rwanda, South Africa, and Thailand. Team members are drawn from MOH planning and finance departments and from national health insurance agencies. These country teams completed a scoping questionnaire to provide information on their current priority-setting processes to the LHSS facilitation team. LHSS conducted follow-up “scoping calls” with the country teams to review the submitted information and fill in any missing information.

LHSS convened a virtual launch event for the JLN learning exchange on December 8th to orient participants to the JLN and the objectives of this endeavor. Representatives from all eight country teams participated and validated the LHSS team’s synthesis of what the team heard from countries in the questionnaire and calls. The group reached a consensus on the characteristics of a good, institutionalized process for setting national health priorities and selected topics for the two learning exchange meetings: (1) stakeholder engagement, including how to engage the general public and the private sector; and (2) ensuring that political and economic reality is taken into account to generate priorities that are reflected in plans and budgets. On December 16, 2021, LHSS received approval from USAID to extend Activity 2 through September 2022 to account for any unanticipated delays to the technical assistance intervention.

Challenges

- LHSS was unable to schedule a scoping call with the Bangladesh team before the launch event. The South Africa team was represented at the launch by an embedded advisor. LHSS will schedule a scoping call with the Bangladesh team before the first learning exchange event and will continue to engage the full South Africa team, including MOH staff.

Deliverables Submitted to USAID During This Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- First virtual learning event for the JLN collaborative, February 2022.
- Second virtual learning event for the JLN collaborative, March 2022.

Priorities Next Quarter

- Plan and convene the first and second learning events for the JLN collaborative.
- Begin drafting the resource that will be generated through the joint learning process and synthesize key lessons from country experience harvested through the exchange.
- Consult eligible countries about their needs for technical assistance to be provided through this activity.

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

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- Completed more than 14 key informant interviews in Rwanda and Zambia, and began drafting case study technical report.
- A webinar on stakeholder engagement and situational analysis was held on December 1, as part of national quality policy and strategy development and implementation.

Quarterly Activity Progress

In Q1, LHSS incorporated feedback from USAID on the Governance of Quality Health Care Analytical Lens. This final version was submitted and approved by USAID.

Following the submission of a preliminary summary report synthesizing findings from the online survey and literature review, LHSS worked on addressing the extensive feedback it received from USAID and WHO.

LHSS also conducted semi-structured interviews in the two selected case study countries, Rwanda and Zambia. Interviews were transcribed, coded, and analyzed for key themes. The first draft of the technical report based on the case studies was drafted and is currently under internal reviews, to be shared with USAID in early Q2.

Furthermore, LHSS collaborated closely with USAID to plan and host the second webinar under this Activity on stakeholder engagement and situational analysis. The event shared country learnings from Kenya and was attended by over 90 people from across 13 countries. LHSS also started preparations for the third webinar, scheduled for Q2, by confirming speakers and drafting a comprehensive agenda to define the session's objectives, intended audience, and structure.

In Q1, LHSS requested a no cost extension of this activity by one quarter, in order to have adequate time to finalize the case study report and host the final webinar. USAID approved the extension. This is the 3rd extension of this activity which was originally planned to be delivered in June 2021. This core activity is expected to be completed in Y3 Q2.

Challenges

- No challenges of note.

Deliverables Submitted to USAID during this Quarter

- Governance of Quality Health Care Analytical Lens. Submitted November 15, 2021.

- National Quality Policy and Strategy (NQPS): Unpacking the Process: A Focus on Stakeholder Engagement and Situational Analysis. Webinar hosted December 1, 2021.

Upcoming Events

- Webinar on financing for quality, March 2022

Priorities Next Quarter

- Complete incorporation of feedback received from USAID and WHO into summary report and submit the final version for approval.
- Complete technical report based on the case studies in Rwanda and Zambia. The report will capture key lessons in NQPS operationalization from both countries.
- Host third and final webinar on financing for quality, and feature survey and case study findings from Zambia.
- Establish a virtual repository of tools and resources on WHO's Global Learning Laboratory. The repository will include resources produced under this activity as well as any other useful tools identified from countries.

CORE ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- The Vietnam MOH Department of Planning and Finance organized a launch meeting for the Vietnam pilot. During the meeting, LHSS presented an overview of the activity and agreed with the MOH on roles, responsibilities, and the timeline for the pilot.
- LHSS identified three local consultants who will support the collection and analysis of the pharmaceutical expenditure data in Vietnam and is working closely with them to begin data collection.

Quarterly Activity Progress

LHSS presented an overview of the pharmaceutical expenditure tracking pilot at a launch meeting with the Vietnam MOH, in which various stakeholders asked questions and shared potential challenges for pharmaceutical expenditure data collection. The meeting was organized with support from LHSS Vietnam (which is providing support and TA for the overall Health Accounts exercise). The Vietnam Social Insurance Institute (VSS), which holds data on social health insurance expenditures, described the challenges with data quality and also mentioned challenges related to the time needed to extract pharmaceutical expenditure data. The MOH and LHSS discussed and agreed on roles and responsibilities for the pilot, and also agreed on a rough timeline for completing the pilot.

LHSS continued to engage with the health accounts team lead at the MOH in Vietnam to move forward the pilot on pharmaceutical expenditure tracking. LHSS and the MOH agreed on three local consultants with the appropriate skills for collecting, compiling, and mapping the pharmaceutical expenditure tracking data. LHSS hired these consultants and has started technical discussions with them to determine data collection parameters. The consultants have initiated contact with national target program managers as well as with VSS, to discuss and negotiate data collection parameters. LHSS consultants are also liaising with the MOH Health Accounts team lead to obtain the necessary official letters to obtain access to spending data.

LHSS also provided a brief progress update to WHO colleagues in Geneva, South-East Asia and Europe regional offices. This update included information on the timeline for data collection in Vietnam, as had been requested by WHO.

Challenges

- **Delays in accessing data.** During the launch meeting, VSS (which will supply pharmaceutical spending data from the social health insurance scheme) indicated that the volume of data in their database is large and will potentially require three months to extract. In order to avoid delays in the pilot, LHSS is in discussion with VSS to determine minimum data parameters that will be necessary and useful for pharmaceutical

expenditure tracking and will also be feasible for VSS to extract in the timeframe of the pilot. LHSS also obtained approval from USAID for extension of this activity to September 2022.

- **Delays in hiring consultants.** The MOH Health Accounts team is especially busy due to the COVID-19 situation and has needed extra time to move this pilot forward. This delayed the launch meeting as well as the negotiations for consultant selection (since the MOH chose to recommend consultants for LHSS to hire). In order to avoid further delays, LHSS began engaging with the consultants (on data collection) immediately after they were hired, and continues to engage with them on a weekly basis.
- **Postponing discussion on policy priorities.** LHSS intended to hold a meeting on policy priorities prior to data collection, as is customary for Health Accounts estimations and was agreed at the launch. The MOH Health Accounts team did not feel this was appropriate, given the lack of familiarity with pharmaceutical expenditure data among decision-makers. They suggested that policymakers could provide feedback once results are shared with them. LHSS agreed to this approach and where possible will consider potential policy priorities during data collection.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No events planned.

Priorities Next Quarter

- LHSS will continue to engage with Vietnam MOH Health Accounts team and stakeholders to determine reasonable data parameters and to access pharmaceutical expenditure data from VSS and national target programs.

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

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS awaits further guidance from USAID before starting.

Quarterly Activity Progress

USAID approved the work plan, and this activity's final scope and implementation plan depends upon finalization of 1) a landscape analysis already initiated by USAID; and 2) a common approach to sustainable financing for health to be developed by USAID's Office of Health Systems. LHSS work on this activity is awaiting the availability of these two documents.

Challenges

- LHSS originally anticipated receipt of USAID's landscape analysis and common approach in November 2019. However, we are awaiting further guidance from USAID on when we can expect these documents.

Deliverables Submitted to USAID during this Quarter

- No deliverables submitted this quarter.

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 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- Finalized landscape review report on quality-of-care measurement resources.
- Work plan approved for follow-on work as part of the AY3 core-funded activities.

Quarterly Activity Progress

In Q1, LHSS received and addressed comments from USAID on a landscape report synthesizing key global quality of care measurement tools and initiatives, as well as their respective intended utility in a health system. This report is now with USAID for final reviews. It will then be submitted for COR approval.

Furthermore, after the approval of the follow-on work plan for this activity, LHSS met with USAID and UNICEF to discuss potential opportunities for collaboration, particularly as it relates to further unpacking quality health systems and developing and testing measures of quality related to specific health system functions and/or service areas such as primary health care and community health.

Challenges

- No challenges to report.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No planned events.

Priorities Next Quarter

- Finalize selection of one or two countries with high-performing health systems in selected health system function/area.
- Conduct desk review to assess operationalization of quality health system in selected countries, including identification of health system processes that have contributed to high quality of care in that area.
- Submit final landscape review report on quality measurement resources for COR approval.

CORE ACTIVITY 10: SOCIAL DETERMINANTS OF HEALTH (HUMAN RESOURCES FOR HEALTH FOCUS)

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- Received approval from Abt Associates' IRB on a modified study protocol that reflects data collection and analysis methods for three country case studies in Côte d'Ivoire, Eswatini, and Nepal.
- Prepared and submitted IRB packages to local IRB boards in Nepal and Côte d'Ivoire.
- Finished analyzing data from online survey in 12 countries on efforts to integrate social determinants of health into health workforce education, training, and service delivery.

Quarterly Activity Progress

In Q1, LHSS made changes to the Activity's existing study protocol to incorporate the planned country case studies and submitted a modification request to the Abt IRB. This modified protocol was reviewed and approved.

Following mission concurrences, LHSS also developed IRB packages for local entities in Côte d'Ivoire, Eswatini, and Nepal. These were submitted for Côte d'Ivoire and Nepal, and Eswatini's package will be submitted in early Q2. LHSS anticipates receiving local approval in all three countries by February 2022.

LHSS developed an outline of the technical guidance report in Q1. LHSS also completed the survey data analysis, and drafted findings to incorporate into the technical guidance report.

Challenges

- Local IRB processes are generally slow, with review boards typically meeting once a month. LHSS is working closely with in-country counterparts to plan around scheduled review dates, promptly respond to questions, and address any other requests to facilitate these processes in the three case study countries and to start data collection as planned.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- Dissemination webinar for case study findings, date TBD.

Priorities Next Quarter

- Secure local IRB approvals in all case study countries (Côte d'Ivoire, Eswatini, and Nepal).
- Conduct semi-structured key informant interviews in Côte d'Ivoire, Eswatini, and Nepal to explore approaches to integrating social determinants of health along the health workforce development trajectory.
- Finalize the technical guidance report detailing results from the literature review, online survey, and country case studies. This report will also include the theory of change and resource map that USAID developed and approved in previous quarters.

CORE ACTIVITY 11: HSS PRACTICE SPOTLIGHTS

Period of Performance: FY 2022 AY3, Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS submitted its two briefs in the MERL HSS Practice Spotlight series: one on contribution analysis and one on outcome harvesting.
- LHSS began planning a webinar on the MERL Practice Spotlight briefs that will take place in Q2.

Quarterly Activity Progress

In Q1 LHSS finalized the first two briefs in the MERL HSS Practice Spotlight series on contribution analysis and outcome harvesting. Following internal quality assurance review and review by the MERL Practice Spotlights Advisory Committee and USAID, LHSS submitted both briefs to USAID in December. LHSS also began drafting a guidance document on the HSS Practice Spotlight brief production process for use by creators of future briefs; the document will be finalized and submitted to USAID in January 2022.

LHSS also began planning a webinar on the MERL briefs that is scheduled for Q2. LHSS produced the first Digital Square brief in September 2021 and expects to receive the second one in January 2022.

On November 2, 2021, LHSS received USAID approval for an extension on the activity in order to complete the MERL webinar, digitalization webinar, and second Digital Square brief by March 31, 2022. The webinar extensions were requested to allow for more time to finalize the briefs. The second digital health brief extension was requested due to delays in receiving the final, pre-production draft from Digital Square.

Challenges

- Submission of the guidance document on the HSS Practice Spotlight brief production process was delayed due to a COVID-19-related work interruption. This delay was communicated to USAID.

Deliverables Submitted to USAID during this Quarter

- HSS Practice Spotlight brief on contribution analysis. Submitted December 3, 2021.
- HSS Practice Spotlight brief on outcome harvesting. Submitted December 30, 2021.

Upcoming Events

- Webinar on contribution analysis and outcome harvesting approaches to MERL for HSS projects, on January 26, 2022.
- Webinar on digitalization approaches for HSS, February 2022 (tentative).

Priorities Next Quarter

- Plan and conduct two webinars: one on the MERL briefs and one on digitalization approaches for HSS.
- Submit guidance document on the HSS Practice Spotlight brief production process (January 2022).
- Publish the second Digital Square digital health brief in the Practice Spotlight template.
- Begin planning the third LHSS-produced brief as part of the FY2022 follow-on activity. The brief will address either a MERL or quality topic.

CORE ACTIVITY 12: EXPANDING FINANCIAL PROTECTION

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS hosted a meeting with the USAID mission in Senegal to discuss and launch the case study.
- LHSS developed and refined a key informant interview guide and began a document review for the Senegal case study.

Quarterly Activity Progress

LHSS developed a detailed interview questionnaire for the Senegal case study key informant interviews. The questionnaire dives into the different aspects of financial protection in Senegal. It has these sections: An Overview of Financial Protection Mechanism, Political Economy and Health Equity, Intervention Descriptions, Non-Financial Barriers, Community Involvement, Intervention Challenges and Enabling Factors, and Intervention Outcomes. LHSS also began a document review of country-specific studies and reports to inform the case study.

In December, LHSS presented Core Activity 12 to USAID’s mission in Senegal. With the mission’s input, LHSS finalized the stakeholder list for key informant interviews and the case study timeline. Key informants will fall into three 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

In preparation for the key informant interviews, LHSS team members completed the required Collaborative Institutional Training Initiative and submitted documentation to IRB, and subsequently received IRB exemption.

LHSS received USAID comments on the literature review titled Expanding Financial Protection to Underserved and Socially Excluded Populations: A Global Evidence Review. LHSS has

incorporated comments and awaits USAID's comment on the revised chapter format before finalizing the changes and submitting to the COR for review and approval.

Challenges

- LHSS experienced delays in connecting with the USAID mission in Senegal to discuss the case study and confirm the list of key informants and timeline. These delays pushed back the timeline for completing the country case study, and that has pushed back the timeline for completing the compendium report and dissemination of findings deliverables. Therefore, LHSS submitted a request for activity extension through June 2022 to the COR, which was approved on December 16, 2021.
- LHSS was informed that pursuing Kenya as a second case study country is not feasible. LHSS has exhausted the list of additional country case studies and proposed options in lieu of a second case study. LHSS awaits feedback from USAID on how to repurpose the second case study funds.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- There are currently no upcoming events.

Priorities Next Quarter

- Starting in January 2022, LHSS will begin conducting interviews with key informants in Senegal.
- The deliverable from the case study is expected to be completed in Q2.
- Agree on a task/deliverable to develop using the second case study funds.

CORE ACTIVITY 13: SURGE CAPACITY AND KNOWLEDGE SHARING

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS has begun preparing an RFA to identify a new partner to host a repository of surge capacity and capability materials. The Johns Hopkins Center for Health Security is no longer able to host.

Quarterly Activity Progress

In Q1, LHSS finalized the grant approval process for the Center for Health Security at Johns Hopkins University to host a repository of surge capacity and capability materials. The Center for Health Security was intended to serve as a permanent “home” for the resources that will be curated under this activity. However, the Center notified LHSS that they will not be able to accept the grant and pursue the partnership, due to internal staff changes and inability to identify a replacement lead for the work. LHSS and USAID discussed and agreed on the next steps to identify a new partner, and LHSS has begun preparing a new RFA.

Challenges

- Identifying and contracting an appropriate partner to support this activity has taken an extended amount of time. LHSS periodically connected with USAID to provide updates on these challenges and seek guidance. Given the Center for Health Security’s inability to move forward with the work during Q1, LHSS and USAID decided to reissue the solicitation notice and search for potential new partners. LHSS requested an extension of the activity until June 2022, which USAID approved this quarter.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No events planned.

Priorities Next Quarter

- Issue an RFA and identify a new partner that will be able to provide a long-term platform for the outputs of this activity
- Confirm thematic groupings and other aspects of the curated content with the to-be-determined partner.
- Continue sourcing additional surge capacity and capability materials as needed.

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

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- Workplan was approved by USAID as part of the new core-funded work for AY3.
- Selected four priority learning questions from the USAID HSS Learning Agenda to focus on for the evidence mapping exercise.

Quarterly Activity Progress

Following the work plan approval, LHSS held kick-off calls with USAID to discuss the scope, methods, and priorities for this first phase of the Activity. USAID also confirmed that learning questions 1, 2, 3, and 5 will be the focus of the Activity. These questions cover the following themes: systems thinking (#1), sustainability and scale (#2), measuring interactions and estimating HSS impact (#3), and locally-led solutions, equity, and participation (#5).¹ During Q1, LHSS also initiated the process to determine a dissemination platform for the final product of the Activity, and LHSS is exploring one such potential platform—GitHub—that builds on an existing framework used by USAID.

Challenges

- No challenges of note.

Deliverables Submitted to USAID during this Quarter

- No deliverables were planned for or submitted this quarter.

Upcoming Events

- No events planned.

Priorities Next Quarter

- Collaborate closely with USAID to make final selection of online platform for dissemination.
- Develop a mapping framework, including inclusion/exclusion criteria and methods, and work on mapping existing evidence for selected learning questions.
- Develop draft descriptive analysis of the identified evidence per learning question/theme as part of evidence matrix development.

¹ https://www.usaid.gov/sites/default/files/documents/Final_HSS_Learning_Agenda_.pdf

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

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- The team began activity implementation, including developing a plan for literature review.

Quarterly Activity Progress

This is a newly approved activity and is in the early stages of implementation. The purpose of this activity is to support country efforts to accelerate progress towards UHC by identifying feasible options for pooling risks and prepaid funds that do not include health insurance schemes.

The LHSS team is finalizing the literature review strategy to understand the range of options available for pooling arrangements and identify promising ones. The resulting options will be supplemented with a review of country implementation experiences through a scan of academic and gray literature.

Challenges

- No challenges were encountered.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No upcoming events.

Priorities Next Quarter

- Continue the desk review.
- Collaborate with USAID to identify key informants who will share information about country experiences and potential models for pooling health funds.
- Establish expectations for check-ins with Activity 15 USAID point of contact.

CORE ACTIVITY 16: ACHIEVING EFFICIENCY IN HEALTH SYSTEMS

Period of Performance: FY 2022 AY1 Q1 (September–December 2021)

Top Highlights this Quarter

- The team began activity implementation, including developing a plan for the literature review and a mock-up chapter outline for the catalogue of approaches.
- LHSS drafted a SOW for engagement with the JLN to initiate the learning exchange process.

Quarterly Activity Progress

LHSS drafted a literature review plan and incorporated USAID's feedback into the process. The LHSS team shared a draft outline with USAID of the catalogue of approaches to improving technical efficiency, for feedback. The team is also collaborating with USAID to identify key informants who will share successful country practices toward improving technical efficiency in health systems. LHSS drafted a scope of work for engagement with the JLN to initiate the process to establish a learning exchange focused on technical efficiency.

Challenges

- No challenges encountered.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No upcoming events.

Priorities Next Quarter

- Conduct desk-based review of peer-reviewed and gray literature.
- Select key informants and begin conducting interviews.
- Collaborate with the JLN for Universal Health Coverage to establish a learning exchange.

CORE ACTIVITY 17: PROVIDER COMPETENCIES IN SOCIAL DETERMINANTS OF HEALTH

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- Work plan was approved by USAID as part of the new core-funded work for AY3.

Quarterly Activity Progress

In Q1, LHSS launched this Activity by holding meetings with USAID and LHSS partners to discuss the focus of the Activity. LHSS also started preparing for a review of existing published and gray literature on provider competencies related to social determinants of health.

Challenges

- None.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No events planned.

Priorities Next Quarter

- Conduct rapid review of key relevant frameworks, resources, and documents related to social determinants of health provider competencies, and develop suggested list of competencies.
- Conduct modified Delphi review of suggested competencies.
- Draft social determinants of health provider competency brief.

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

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- The team began planning for activity implementation, including beginning the process to identify a virtual learning platform to host the e-learning content.

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. Therefore, we are working with USAID to identify and engage an e-learning platform that will ultimately host the e-learning content.

Challenges

- No challenges encountered.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No upcoming events.

Priorities Next Quarter

- Select and engage with an e-learning platform that will ultimately host the module(s) on institutionalizing explicit national priority-setting and improving MOH budget execution.

SECTION 3: QUARTERLY PROGRESS REPORTS FOR DIRECTED-CORE ACTIVITIES

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

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS held a launch meeting with the USAID Office of Population and Reproductive Health's Commodity Security and Logistics division to understand their expectations and to agree on the process for undertaking the development of the primer for political economy analysis.
- LHSS started a search and review of existing political economy analysis reports as well as relevant supply chain reporting that might not have been identified as formal political economy analysis. LHSS also prepared a template for recording learning from the reviews and from subsequent key informant interviews (KIIs).

Quarterly Activity Progress

LHSS had both an internal project launch meeting to discuss activity roles and responsibilities and a launch meeting with the USAID client. During the client meeting, the team discussed the final product and its purpose, process, expectations for inputs from CSL, and timing of updates. LHSS conducted online searches and reached out to our networks to identify any political economy analysis reports or studies of political economy in a supply chain context.

LHSS has obtained several political economy analysis reports and some additional complementary documents that discuss issues of governance and corruption in health commodity supply chains in LMICs. LHSS has also prepared a template for documenting learning from these reports, in which learning from KIIs/discussions with supply chain and political economy analysis experts can be documented. The learning in this template will inform the content of the primer.

Challenges

- **Identifying supply chain political economy analyses.** As had been discussed with CSL during the work plan development, the application of the political economy analysis process specifically for supply chain is fairly new. There are few examples of published supply chain political economy analysis reports. LHSS has identified a handful of reports that are political economy analyses with a supply chain component or are focused on political economy issues related to health commodity supply chains. Not all reports follow a political economy analysis framework, but LHSS will glean from them useful

learning for the primer, as appropriate. This desk review will be complemented by discussions with political economy analysis and supply chain experts, in order to ensure adequate and appropriate content for the primer.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No events planned.

Priorities Next Quarter

- LHSS will complete the desk review of identified political economy analyses and reports by documenting learning in the prepared template.
- LHSS will compile a list of supply chain and political economy analysis experts to interview during this quarter, along with a list of key questions for these experts.

CSL SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS (CORE-DIRECTED)

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS and CSL held a launch meeting with USAID Côte d'Ivoire, to discuss roles and expectations for the political economy analysis, as well as the purpose of the political economy analysis.
- LHSS hired a local consultant in Côte d'Ivoire, who will provide support with mapping stakeholders and conducting interviews for the political economy analysis.

Quarterly Activity Progress

LHSS conducted a desk review of Côte d'Ivoire's health commodity supply chain, which revealed some of the challenges faced in the system. These challenges were used to create a root cause diagram (also referred to as a mind map) to unpack the root causes of supply chain challenges, with the end goal of understanding which causes were more political in nature and would be the focus of the political economy analysis. In order to have additional context and focus on pertinent supply chain challenges, LHSS and CSL are reaching out to local and regional networks to better understand the political landscape in the health sector, which should help the team narrow down the specific supply chain issues to explore using political economy analysis.

In preparation for the Côte d'Ivoire PEA fieldwork, LHSS hired a French- and English-speaking local consultant with some understanding of the local supply chain as well as the soft skills needed to interview respondents for the political economy analysis. The consultant has been oriented on the political economy analysis process and is preparing to begin interviews once the political economy analysis problem has been defined. LHSS has also explored the need for IRB review/approval for this work and has determined that it is not necessary.

Challenges

- **Determining purpose and focus of the political economy analysis.** In the absence of a “complex” supply chain challenge identified by USAID's mission in Côte d'Ivoire, LHSS is using its own networks and analysis of supply chains in Côte d'Ivoire to begin mapping the political and economic context of the health sector and supply chains in the country, in order to narrow in on root causes of supply chain challenges.
- **Limited mission time and resources for political economy analysis.** While USAID's mission in Côte d'Ivoire is committed to implementing a political economy analysis, they have limited availability. Nevertheless, LHSS is adapting (with support from CSL) to move the activity forward. This includes identifying a local stakeholder to triangulate findings, and obtaining more information (through preliminary interviews with appropriate stakeholders) to determine the supply chain problem the political economy analysis will

help to address. CSL is also supporting LHSS in obtaining the necessary official letter from the MOH that will be needed to reach out to government stakeholders for the political economy analysis interviews. Because of slight delays related to these challenges, LHSS requested an extension of this activity until June 2022, and has obtained approval from the COR.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No events planned.

Priorities Next Quarter

- Conducting preliminary interviews with select local stakeholders to narrow in on root causes of supply chain challenges as an initial political economy analysis step is a priority. LHSS is also preparing a mapping of stakeholders to interview for the political economy analysis. After preliminary interviews, LHSS will finalize the lines of inquiry and start key informant interviews.

MALARIA PRIVATE SECTOR ENGAGEMENT (CORE-DIRECTED)

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- Developed a draft toolkit intended to strengthen private sector engagement capacity in PMI country offices and national malaria control programs.
- Finalized recommendation report outlining priority strategic opportunities for private sector partnerships based on the landscape analyses in Côte d'Ivoire, DRC, Liberia, and Uganda.
- Presented a poster at the American Society of Tropical Medicine and Hygiene annual conference in November 2021. The poster was titled “Engaging the private sector in achieving Zero Malaria: country case studies from Côte d'Ivoire, DRC, Liberia, and Uganda.”

Quarterly Activity Progress

In Q1, LHSS received and addressed comments from PMI on country-specific market segmentation documents. These were then reviewed and approved by the LHSS COR. The market segmentation documents outlined key private sector segments and key players within each segment, the impact of malaria on their businesses, and incentives for investment in malaria control.

LHSS also submitted a draft report that synthesizes key findings and learning from the landscape reviews in Côte d'Ivoire, DRC, Liberia, and Uganda, including drivers of private sector investment in malaria activities, challenges for increased private sector involvement in malaria programming, and priority private sector engagement opportunities, both short- and long-term.

Furthermore, LHSS developed and submitted the first draft of a private sector engagement toolkit that details, and provides resources for, the different steps involved in developing private sector engagement activities, including co-creation, co-implementation, and monitoring progress. The goal of the toolkit is to facilitate partnerships that mobilize private sector resources and scale-up implementation of effective malaria interventions as PMI counties seek to increase domestic resource mobilization for malaria.

LHSS requested and received approval for a time extension for this activity to finalize the private sector engagement toolkit and technical report post PMI reviews. The activity will now end in March 2022.

Challenges

- None.

Deliverables Submitted to USAID during this Quarter

- Final Activity Technical Report Draft. Submitted December 3, 2021.
- Toolkit for Private Sector Engagement in Malaria Draft. Submitted December 10, 2021.

Upcoming Events

- No events planned.

Priorities Next Quarter

- Incorporate USAID's feedback into the final recommendations report and submit for COR review and approval.
- Incorporate USAID's feedback into the draft private sector engagement toolkit and submit for COR review and approval.

SECTION 4: QUARTERLY PROGRESS REPORTS FOR COUNTRY AND REGIONAL ACTIVITIES

BANGLADESH URBAN HEALTH AND FINANCING ACTIVITY

Period of Performance: FY 2022 AY2 Q1 (October–December 2021)

Top Highlights this Quarter

- Finalized costing of the National Urban Health Strategy: 2020 Action Plan to improve urban health care services.
- Organized a stakeholder consultation workshop on private providers' data transfer to the national Digital Health Information System 2 to strengthen reporting from private health facilities.
- Supported follow-up for health standing committee meetings in three city corporations and seven municipalities to strengthen governance and coordination.

Quarterly Activity Progress

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

The LHSS team in Bangladesh has been working with the Financial Management Audit Unit in the Ministry of Health and Family Welfare (MOHFW) to establish a platform to advance PFM training for health managers at the national and sub-national levels. The team prepared an advanced PFM and procurement training module and a draft manual for public health care managers, a draft outline of the training curriculum for the health program management leadership, and a basic PFM module for the health workforce of local government institutions.

LHSS finalized costing for the National Urban Health Strategy: 2020 Action Plan and arranged a consultative workshop with development partners to collect recommendations and update the plan accordingly. LHSS also supported health standing committee meetings in three city corporations and seven district municipalities. As a result, LHSS has supported the restructuring of these committees to increase the participation of women, facilitated approval of the committee's terms of reference, and facilitated their validation of the findings of the primary health care gap analysis.

LHSS has been working with management information systems in the Directorate General of Health Services to improve reporting from private health facilities. In October 2021, both parties organized a national consultation workshop in which stakeholders agreed to develop rules and regulations under the 1982 Private Hospital Act. The workshop helped determine the relevant sets of data to be transferred and facilitated the capacity development needs of private hospitals for data transfer.

LHSS met with the National Academy for Planning and Development to identify areas of collaboration, especially related to the training of the health workforce of local government institutions on health program management, leadership, and basic PFM. The aim was to build local ownership and institutions to sustainably improve the capacity of local governments to deliver quality health care and strengthen governance.

Finally, in December 2021, the LHSS team participated in a UNICEF-supported Urban Health Coordination Committee meeting organized by the Health Services Division. In the meeting, LHSS agreed to the government's request to design and develop primary health care models for city corporations and municipalities and share the draft costing for the National Urban Health Strategy: 2020 Action Plan.

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

The director general of the Local Government Division and the LHSS team met to finalize the activity with the Ministry of Local Government, Rural Development, and Co-operatives. According to the signed meeting minutes, the LHSS team identified some overlapping areas with officials of the Urban Primary Health Care Service Delivery Project. The results of the meeting have been shared with local government divisions. The LHSS team will meet with the ministry to endorse the LHSS activity based on the assessment of overlapping areas.

LHSS held consultations with the Upazila health care department (dealing with urban health) under the Directorate General of Health Services in December 2021. Attendees discussed areas of collaboration, including USAID's support to design and develop primary health care models and later share the models with the MOHFW and the Ministry of Local Government, Rural Development, and Co-operatives.

LHSS is providing technical assistance to strengthen the procurement management systems of the Shasthyo Surokhsha Karmasuchi (SSK) Scheme (a social protection scheme) and the expansion of the scheme in five new sub-districts of Tangail district and Tangail Sadar Municipality in collaboration with the Health Economics Unit. Also with this unit, LHSS has prepared a request for proposals to support the expansion by developing a list of households below the poverty line. LHSS worked closely with this unit to celebrate International UHC Day by raising awareness on achieving UHC and quality health services for all by 2030.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

This quarter, the LHSS team in Bangladesh conducted their mandatory GESI focal point meeting. Furthermore, the LHSS team advocated for increased participation of female counselors in health standing committees by liaising with local government institutions. Next quarter, related activities such as the selection and participation of female counselors will take place. In addition, the LHSS team will provide technical assistance to the Health Economics Unit on how to incorporate a GESI lens during the census of households below the poverty line. Promoting the inclusion of female-headed households, families that include persons with disabilities, and economically vulnerable households will entitle them too to be beneficiaries of financial protection schemes that enable access to essential primary health care services.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

LHSS supported three standing committee meetings of city corporations and nine standing committee meetings of municipalities in Dhaka, Rajshahi, and Sylhet division. A total of 228 male participants and 56 female participants attended the meetings.

Lessons Learned/Best Practices

- LHSS needs concurrence from the Planning Wing of the MOHFW regarding PFM activities before working with the Financial Management Audit Unit.
- Going forward, LHSS should hold regular consultation meetings with development partners to identify collaboration and avoid duplication of urban health activities.
- LHSS should have received a direct response from local government institutions rather than from the Local Government Division to support health standing committee meetings and the facilitation of urban health activities.

Challenges

- The MOHFW does not support the capacity development and PFM components of the LHSS work plan. USAID is currently in discussions with the MOHFW to explore an alternative way to support their operational plan and improve financial management.
- Overlap of urban health-related activities among development partners means that more collaboration with development partners is required to ensure complementarity of activities.
- There was a delay in response from the Local Government Division, Ministry of Local Government, Rural Development and Co-operatives, and the Planning Wing of the Health Service Division, MOHFW regarding their concurrence with LHSS's urban health activities. LHSS contacted Line Director, Upazila Health Care Department under the Directorate General of Health Services, which deals with urban health care.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- January 2022, Dhaka, Costing dissemination workshop
- January 2022, Dhaka, LHSS inception workshop with the Health Services Division
- January 2022, Dhaka, Follow-up workshop on private provider data transfer to Digital Health Information System 2
- January 2022, Dhaka, Capacity-development training for the health workforce of local government institutions in partnership with National Academy for Planning and Development
- February 2022, Dhaka and Tangail, Consultation meeting on the urban scale-up of SSK

Priorities Next Quarter

- Design and develop innovative and sustainable primary health care models to share with the MOHFW and Ministry of Local Government, Rural Development, and Co-operatives to strengthening health care services in urban areas.
- Conduct trainings on health project management, leadership, and PFM for the health workforce of local government institutions.
- Support the scale-up of SSK to urban areas by providing technical assistance to identify households below the poverty line as beneficiaries.

LHSS CAMBODIA

Period of Performance: FY 2022 AY2 Q1 (October–December 2021)

Top Highlights this Quarter

- With assistance from the LHSS activity in Cambodia, the Royal Government of Cambodia has approved an initial HIV fund allocation for subnational response, which will be used to strengthen the coordination activity of provincial AIDS committees, develop capacity of the provincial AIDS committees and local administration, and improve supervision. On top of this, additional funds will be mobilized from the local administration (*commune/sangkat*), which will be implementing HIV activities integrated into their annual commune investment plan. The Ministry of Interior, which is the parent organization of local subnational and local administrations, strongly supports the subnational ownership of HIV response.
- The National AIDS Authority's Secretariat plans to roll out the implementation of the SorChorNor#213 (policy measure) monitoring system, developed by LHSS, starting in January 2022 with technical assistance from LHSS. This roll-out plan includes a focus on an organizational capacity-development plan for the National AIDS Authority and the subnational SorChorNor#213 MEL cascade trainings of trainers targeting the four provinces with the highest HIV burden.

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

Despite the ongoing COVID pandemic and the related constraints on travel and in-person meetings, the General Secretariat's National Social Protection Council (GS-NSPC) together with the team from Ernst & Young, the Cambodia Data Exchange, and the LHSS consultant developed a draft system architecture for integrated digital social (health) protection. Documents were presented to the GS-NSPC management at the end of December and will be submitted to the Technical Working Group on January 3 for approval including (1) a three-year implementation plan, (2) the as-is analysis report of social protection stakeholders, (3) the technical concept for the Digital Social Protection Platform, and (4) the technical concept note for the Social Protection Registry. Other MEL and research work has been delayed as recruitment for a successor to the embedded advisor continues.

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

The National AIDS Authority, with LHSS support, facilitated meetings in the four high-burden provinces of Battambang, Banteay Meanchey, Siem Reap, and Phnom Penh on work plan and budget development at the provincial level. The authority also supported subnational meetings

with the Ministry of Interior in workshops for communes/*sangkats* to be able to plan and budget HIV activities in their Commune Investment Plans.

LHSS provided technical assistance in the second joint initiative meeting for high-level, fast-track cities facilitated by the National AIDS Authority chair. LHSS also provided inputs to the authority's National Strategic Plan #5 Mid-Term Review, which is expected to inform the next strategic plan that will coincide with the next Global Fund grant process. LHSS joined the National AIDS Authority Policy Advisory Board and the National AIDS Authority Congress, which allowed stakeholders to see the progress of the HIV response and to propose increased efforts of the multisectoral approach to sustained HIV response. LHSS discussed rollout of the National AIDS Authority's monitoring system, organizational capacity-development plan, and SorChorNor#213 MEL training-of-trainers curriculum.

For TB, LHSS has worked with the World Health Organization and the National TB program to find appropriate modeling methods to estimate the subnational TB burden. These methods could be used to forecast the number of people with TB and map those numbers against existing coverage to assist in identifying missing cases.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

To achieve our goal of eliminating HIV as a public health threat, LHSS is supporting the National AIDS Authority's efforts to target key populations, so PLHIV know their status and get treatment. Community-based efforts seek to engage key populations as actors, not just clients, in the fight against HIV.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

A revised AMELP including new indicators and targets for AY2 will be submitted in January 2022.

Lessons Learned / Best Practices

- In AY1, the deputy director of the Battambang Provincial Health Department was a champion for the cause of subnational funding for HIV who was able to convince the provincial governor to agree to provide \$20,000 of provincial funds for HIV. In this quarter, three other provinces followed Battambang's lead to include the same amount for HIV in subnational funding. Getting the first provincial governor to agree was the key; others followed quickly afterward.

Challenges

- Finding a successor for the embedded advisor has been a challenge this quarter that limited progress in some areas of LHSS's work with the General Secretariat.

- LHSS's work with the National AIDS Authority has proceeded smoothly despite COVID-19 and consequent restrictions on travel and meetings. However, there is a concern that the continued economic effects of COVID-19 may slow the Royal Government of Cambodia's effort to scale up LHSS's current success in building a channel of domestic funding for HIV and health at the subnational level and the transition from donor to domestic funding.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter

Upcoming Events

- January 2022, the GS-NSPC Technical Working Group will endorse the LHSS-supported technical pilot in a "showcase" event. The pilot will demonstrate to the relevant social protection organizations, using a small test environment, what advantages an interoperable digital environment offers for the individual stakeholders and the documents mentioned under Objective 1 above.
- GS-NSPC digital strategy workshop with the German Agency for International Cooperation (GIZ) with technical assistance from LHSS to be held in mid-February.
- February 2022, Organizational capacity skills training for National AIDS Authority senior staff.
- February/March 2022, SorChorNor#213 MEL cascade training of trainers in the four high-burden provinces.

Priorities Next Quarter

- Remaining FY 2021/AY1 deliverables will be submitted in January 2022 except the deliverable associated with Task 1.3.1 (Draft Financial Analysis), for which the analysis is complete and is being written.
- Assist the General Secretariat's Technical Working Group with implementation.
- Successfully implement multiple trainings and workshops.
- Recruit an embedded advisor to take over MEL and Payment Certification Agency transition work.
- Draft concept notes for health target setting (for selected provinces).
- Draft concept notes for health/HIV/TB work planning and budgeting (for selected provinces)
- Continue discussion with the National AIDS Authority on providing further assistance in areas of private sector engagement, social contracting, key population engagement as actors not just participants, and policy formulation.

LHSS COLOMBIA - VENEZUELAN RESPONSE AND INTEGRATION OFFICE

Period of Performance: FY 2022 AY2 Q1 (October–December 2021)

Top Highlights this Quarter

- More than 300 health workers and 300 community leaders have been educated on COVID-19 vaccine promotion through training courses developed by LHSS and local partners.
- The 10 health institutions developing quality improvement projects under the *Ciencia de la Mejora en la Práctica* course continue to be engaged through coaching and learning sessions, with more than 100 participants across three different virtual sessions.
- More than 60 participants from health institutions and the MOH attended a dissemination event on the results of the mixed-methods study conducted last fiscal year to evaluate factors contributing to health worker stress and burnout. These results are being used to co-design public policies and strategies to address and prevent health worker fatigue.

Quarterly Activity Progress

This progress report provides updates on the interventions of the LHSS Colombia Activity that are funded by the Venezuelan Response and Integration Office (VRIO). LHSS Colombia receives funds from both VRIO and ARPA funding streams for its interventions. While LHSS reports on interventions according to each funding stream, interventions across funding streams complement each other and are managed and implemented as a single activity.

Strengthened governance and management of the migrant health response

LHSS has begun coordinating with the MOH to support the ministry's digital transformation processes. This will include evaluating the Integrated Social Protection Information System to identify how it can be redesigned to improve health information availability and exchange and ensure the inclusion of migrant health data. In addition to the initial planning meetings, LHSS is currently hiring a staff position that will support this intervention.

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

Based on the primary health care models developed in AY2, LHSS has developed the next phase of its methodology—the community action cycle—to establish linkages between health institutions and communities, including participation mechanisms for migrants. LHSS trained 32 community leaders and government authorities in La Guajira and Valle del Cauca on the methodology. Additionally, the activity is developing the scopes of work and methodologies for four of the tools to implement Colombia's Primary Provider Model under the primary health care strategy, including tools to evaluate provider networks, use telehealth for maternal-perinatal health services, and train primary health providers. The Directorate of Health's Workforce, Promotion and Prevention, and Service Provision has reviewed and approved these tools.

In coordination with the activity's health financing team, LHSS has been meeting with the MOH and the Santo Domingo Foundation, which will finance the maternal health package developed last fiscal year. LHSS has been developing the scopes of work for the technical assistance that will be provided to support the implementation of this package, including care management models.

As part of its support in implementing Colombia's National Healthcare Quality Plan, LHSS continued to offer IHI's Open School courses and Quality Improvement Practicum to develop primary care providers' capacity to deliver quality services in Bogota and Cundinamarca. LHSS is exploring with officials the possibility of expanding these course offerings to six other territorial entities. LHSS continued to support the 10 health institutions developing quality improvement projects under the *Ciencia de la Mejora en la Práctica* (Science of Improvement in Practice) course through virtual trainings, coaching, and grants, including a virtual coaching session held in collaboration with the MOH with 62 participants and a virtual learning session on the Science of Improvement in Practice with 30 health professionals.

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

LHSS has been working with the MOH to adapt the guidelines and data collection instruments for monitoring COVID-19 vaccination coverage, timeliness, and completeness. An initial draft of the adapted guidelines has been completed and is currently under review by the MOH. LHSS contributed to the development of the MOH's national guidelines on COVID-19 vaccination for children 3 to 11 years old. LHSS has also developed courses to educate health workers on COVID-19 vaccination promotion, as well as a separate course for community leaders, to improve access to and increase demand for COVID-19 vaccination. More than 300 health workers and 300 community leaders have participated so far. LHSS has been conducting interviews for the assessment of information needs, gaps, and asymmetries related to the COVID-19 vaccine, which will inform the development of health communication products and campaigns to be implemented in future quarters.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

LHSS has begun selecting a grantee to develop GESI capacity within health institutions. GESI capacity development will complement the quality improvement interventions being implemented in the same health institutions. This grantee will provide trainings on gender equity, human rights, and xenophobia for health providers and administrators to support the formulation of GESI strategies that can be implemented within the institutions. The ultimate goal is to create GESI-focused networks linking the health institutions and migrant communities.

Waste, Climate Risk Management

Not applicable.

Progress On Performance Indicators

As part of the interventions to strengthen the implementation of Colombia's Comprehensive Territorial Care Model to increase access to high-quality, appropriate health care services for migrants and receptor communities, LHSS supported the training of 10 health care professionals in quality improvement (Indicator #13).

Lessons Learned / Best Practices

- Stakeholder engagement continues to be crucial in supporting both implementation processes and in achieving long-term objectives. This has been important in ensuring that the quality improvement tools developed are appropriate, integrated into institutions' care models, and used daily and gaining support and political will for the Demonstration Health Centers. Stakeholder engagement has also proven to be key in increasing communities' trust in vaccination and facilitating the adaptation and deployment of the COVID-19 vaccination guidelines.

Challenges

- It has taken longer than expected to find a candidate who fits the qualifications needed for the digital transformation specialist. In consultation with an internal expert, LHSS has adjusted the job description to attract the appropriate candidates.

Deliverables Submitted to USAID during this Quarter

- Sample collection and case detection document. Submitted October 4 (Year 2 Work Plan).
- Workshops document. Submitted October 5 (Year 2 Work Plan).
- Technical reports on the expansion of community-based interventions for primary health care in La Guajira and Valle del Cauca. Submitted October 19 (Year 2 Work Plan).

Upcoming Events

- LHSS will host a second training in January on the community action cycle with community actors from Riohacha and Maicao in La Guajira and from Palmira and Cali in Valle del Cauca.

Priorities Next Quarter

- In coordination with the MOH and territorial authorities, identify health professionals who will be trained as quality managers and participate in the improvement collaboratives.
- Identify the territorial entities where the Demonstration Health Centers will be implemented and begin stakeholder engagement for related primary health care activities.
- Complete the identification of information needs, gaps, and asymmetries related to COVID-19 vaccination and conduct health communication trainings and campaigns.

LHSS DEMOCRATIC REPUBLIC OF THE CONGO

Period of Performance: FY 2022 A1, Q1 (October–December 2021)

Top Highlights this Quarter

- Implementation of activities has not begun yet.

Quarterly Activity Progress

The LHSS DRC team developed the work plan based on guidance received from USAID Washington, the USAID DRC Mission, a review of IHP project documents, and other relevant government documents and evaluations. It is a 12-month work plan covering January 2022 – December 2022. The work plan was officially approved on November 30, 2021. Project startup activities started this quarter, and the LHSS team has started identifying candidates for the local positions. However, funding for this activity had not been received as of December 31, 2021. Implementation is anticipated to begin as soon as funding is received.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

Implementation of activities has not begun yet.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

Implementation of activities has not yet begun.

Lessons Learned / Best Practices

- Implementation of activities has not yet begun.

Challenges

- Implementation of activities has not yet begun.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Priorities Next Quarter

- Implementation is anticipated to begin in FY2022, Q2.

LHSS DOMINICAN REPUBLIC (PEPFAR)

Period of Performance: FY 2022 AY2 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS held consultation meetings with management staff of the HIV Service and Systems Strengthening Project to discuss the progress of the pilot study of HIV self-testing that the HIV Service and Systems Strengthening Project will implement in Q2.
- LHSS held consultation meetings with government agencies to discuss the scope of the feasibility assessment on incorporating family-based HIV services into the current policy framework and began identifying a local consultant to support this effort.

Quarterly Activity Progress

Intervention 1.1 National policy framework updated for HIV self-testing

Intervention 1.1 will expand on efforts from USAID's HIV Service and Systems Strengthening (HS3) Project focused on HIV self-testing. Previously, LHSS and HS3 had engaged the MOH and civil society representatives to agree to move forward with a pilot study that would inform a regulatory decision on whether to proceed with introducing HIV self-testing to the national HIV program. During Q1, LHSS held consultation meetings with the project's management staff to discuss the progress of the HIV self-testing pilot study. The pilot study is estimated to start in the next quarter after HS3's implementation protocol is approved by the Directorate for the Control of Sexually Transmitted Infections and AIDS as the national counterpart overseeing the HIV self-testing pilot implementation and by USAID.

LHSS will conduct an open procurement in Q2 for a local consultant to a conduct desk review of international and national guidelines for the inclusion of HIV self-testing services and analyze the results from the pilot study once implementation starts. LHSS will continue with ongoing communication with the HS3 project team for the next steps and updates on the pilot study implementation to ensure LHSS can act in a timely manner with supporting analysis of results and start drafting an updated policy framework to include HIV self-testing following DIGECITSS guidelines. This activity will be ongoing through Q2 and Q3 as pilot implementation is expected to happen after approval of protocols is completed from USAID.

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

In early Q1, LHSS conducted an open procurement process to hire a local consultant to support this intervention.

LHSS held an initial coordination meeting with the Directorate for the Control of Sexually Transmitted Infections and AIDS (*Dirección de Control de las Infecciones de Transmisión Sexual y Sida*). The purpose of the meeting was to discuss the scope of the activity, agree on an approach for including additional national stakeholders to support the feasibility assessment,

and results expected from the intervention. LHSS also held consultation meetings with the General Directorate of Maternal, Child and Adolescent Health (*Dirección General de Salud Materno Infantil y de Adolescentes*) to assess the current state of HIV services for pediatric patients and improvements that could enhance the incorporation of family-based services within the national policy framework. LHSS will conduct additional consultation meetings and field visits early next quarter to summarize findings and develop the policy recommendation brief.

Intervention 1.3 Support Government of the Dominican Republic efforts to integrate ARVs into the family health insurance scheme

In 2019, USAID's SHOPS Plus project supported the Superintendent of Health and Occupational Risks in preparing a technical concept note for the creation of a special fund for priority public health programs and the inclusion of ARVs in the package of family health insurance benefits. This included engaging with the National Social Security Council to submit the technical concept note, hold technical discussions, and host advocacy events with stakeholders. SHOPS Plus also drafted a detailed plan to implement the potential resolution once approved.

Following the recent change of government and individual authorities, the proposed technical concept note is still under revision and is part of the National Social Security Council's pending agenda. LHSS kicked off this activity by hosting several meetings with the Superintendent of Health and Occupational Risks technical staff to determine the status of the proposal submitted to the National Social Security Council and to identify the next steps for its approval.

The Superintendent of Health and Occupational Risks team informed LHSS that all proposals to increase benefits under the family health insurance scheme, including the one to integrate ARVs, are halted. This is due to the national social security system's financial crisis, generated by the COVID-19 pandemic. The government has responded to the emergency situation by providing funds to close the system's budgetary gap, but resources are insufficient to add services to the current benefits package. The Superintendent of Health and Occupational Risks informed LHSS that the government will monitor the financial situation of the system to evaluate new benefits in the next fiscal year, but they stated very clearly that the inclusion of new benefits is not feasible in the short term. LHSS will discuss potential options with USAID to refocus the scope of the activity.

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

Following work plan approval, LHSS reached out to the General Directorate of Epidemiology to coordinate an initial meeting to discuss the scope of the activity. Another purpose of the meeting will be to identify technical leads from national counterparts to oversee and provide data access needed to evaluate and develop a strengthened surveillance system for COVID-19. Currently, LHSS is waiting for confirmation from national counterparts to hold the meeting and continue the coordination process to identify needs, platforms and data entry tools supporting COVID-19 surveillance. Once these are evaluated, LHSS will proceed to discuss findings and recommendations to improve COVID-19 surveillance with the General Directorate of Epidemiology.

LHSS also held an open procurement process to hire an epidemiology consultant to support this activity.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

Self-testing will help identify new HIV patients, especially in populations that traditionally are not reached through community testing programs or tests carried out in health centers. LHSS will continue to promote these activities to address gender-related constraints to seeking or receiving relevant care and incorporating a GESI lens throughout the implementation of LHSS Y2 interventions.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

LHSS is revising the AY1 AMELP to incorporate changes in the work plan that reflect AY2 interventions and results expected. LHSS will be submitting a revised draft of the AMELP early in Q2 for USAID's review and approval.

Lessons Learned / Best Practices

- Responding to COVID-19 is now the political priority in the country, and the pandemic's impact on the health system's financial situation is limiting the government's ability and willingness to dedicate resources to other health areas. In this context, new strategies and approaches will be needed to advance systems-level HIV interventions.

Challenges

- All proposals to increase benefits under the family health insurance scheme, including the one to incorporate ARVs, are halted. This is due to the national social security system's financial crisis, generated by the COVID-19 pandemic. LHSS will discuss options with USAID to refocus the scope of the activity.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- January 28, 2022, Delivery ceremony at the National Laboratory to deliver Zika equipment that LHSS procured in AY1.
- January 2022, Virtual meeting with USAID/Dominican Republic (DR) to discuss the revised AMELP.

Priorities Next Quarter

- Finalize the feasibility assessment for family-based HIV services (Task 1.2.2).
- Initiate coordination with national counterparts for interventions 2.1 human resources for plan for community services, 2.2 Updated client-oriented training curricula for the Government of the DR, and 2.3 Evaluation of the capacity of trainers of community services staff.

LHSS EAST AFRICA

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- USAID approved the LHSS East Africa work plan, and LHSS has hired and onboarded the local site team.
- LHSS held introductory kickoff meetings with the COR and project partners.
- Introductory kickoff meetings with the Intergovernmental Authority on Development and the East Africa Community are in progress.

Quarterly Activity Progress

On September 28, 2021, LHSS received notice of \$2,895,808 in funding for the East Africa Regional Activity; and management of the regional East African health portfolio has transitioned to the USAID Global Health Bureau in Washington, DC. As a result of these budget and client changes, LHSS planned for a period of performance from October 2021 to June 2023 and resubmitted its work plan and AMELP on October 29, 2021. LHSS received approval on November 29, 2021.

Since work plan approval, the LHSS team in East Africa has been working diligently to plan for both the inception and implementation periods of the activity. LHSS both hired and onboarded a chief of party and MEL technical lead this quarter. The finance and administration director accepted an offer this quarter and begins on January 12, 2022. The team conducted a series of kickoff meetings in December with the COR team and USAID/Kenya and East Africa Mission contacts, consortium partners, and stakeholders such as the Intergovernmental Authority on Development. The team also began communication with the East Africa Community. The meetings' purpose was to introduce the activity, coordinate in-person site visits, hold a collective virtual kickoff meeting with all stakeholders, and develop working relationships for the duration of the activity. The team has also begun developing the landscape analysis questionnaire and hiring cross-border health officer consultants to be located at the three Kenya/Uganda border sites in Year 1.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

GESI activities for the East Africa Activity are led by consortium partner Banyan Global. This quarter, Banyan oriented team members on the overarching LHSS GESI Strategy and the importance of integrating gender equity into implementation of the East Africa Activity. LHSS has also worked on integrating GESI components into the draft landscape analysis questionnaire, and will further review and refine the draft, which will be ready for use next quarter. Banyan will also begin conducting a GESI analysis for the activity next quarter through a Nairobi-based consultant.

Waste, Climate Risk Management

Not applicable.

Progress On Performance Indicators

LHSS received approval on the Year 1 AMELP on November 29, 2021. Per the LHSS contract, the team has 90 days after approval to revise and resubmit the plan to the client. This quarter, the team has onboarded its MEL technical lead, who will participate next quarter in various stakeholder meetings along the six cross-border sites and with regional intergovernmental organizations. The MEL technical lead will also provide revisions to the plan based on additional evidence from such meetings.

Lessons Learned / Best Practices

- Implementation of activities has not yet begun.

Challenges

- The Intergovernmental Authority on Development was not involved in the predecessor Cross-Border Health Integrated Partnership Project and thus has a learning curve for engagement. LHSS hopes to delicately manage the relationship and build trust gradually.
- LHSS is awaiting a response from the East Africa Community to hold an introductory meeting and launch the activity, as well as to make the necessary preparations for an in-person meeting with senior LHSS team members in mid-January. The response is delayed partly due to the holiday season and relevant staff being on vacation.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- January 2022: Introductory meetings with three cross-border sites and both regional intergovernmental organizations (the Intergovernmental Authority on Development and the East Africa Community)
- Early January 2022, LHSS team visit to three cross-border sites between Kenya and Uganda
- January 2022, Djibouti City, Djibouti, LHSS meeting with the Intergovernmental Authority on Development
- January 2022, Arusha, Tanzania, LHSS meeting with the East Africa Community
- February 2022: Virtual activity kickoff meeting with stakeholders
- January–February 2022: Comprehensive landscape analysis
- March 2022: Virtual stakeholder consultation meeting

Priorities Next Quarter

- Familiarization and relationship building with cross-border health sites: the LHSS team will travel to visit the three Kenya/Uganda cross-border sites, along with the one Kenya/Tanzania site next quarter.
- Introduction to and collaborative relationship building with regional intergovernmental organizations: LHSS plans to establish a strong foundation with both organizations and gather consensus on next steps and priorities.
- Completion of virtual kickoff meeting and consultation meeting with all stakeholders.
- Hiring of consultants: The team will finalize hiring of all consultants for the three cross-border sites and will review partner consultants' resumes as they are submitted.
- Data collection for comprehensive landscape analysis: Once the analysis is completed, LHSS will organize a consultation meeting with stakeholders to validate evidence and co-design interventions to update the work plan.
- Revise and submit activity work plan for USAID review and approval.

LHSS JORDAN

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- Results from post-evaluation training in post-laboratory quality management systems indicate that 25 laboratory quality control officers and supervisors gained significant knowledge.
- LHSS engaged in a post-campaign analysis of an IPC campaign targeting schools' employees, parents, and students returning to school in-person to continue practicing COVID-19 precautionary measures. Preliminary findings indicate the campaign encouraged 94 percent of respondents to practice these measures.
- LHSS completed the MOH's LPHID data cleaning exercise, creating an accurate report of the total number of health providers for the first time, disaggregated by professions and with national ID numbers.

Quarterly Activity Progress

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

In FY22 Q1, the 250 call center nurses continued addressing the increase in COVID-19 cases, with more nurses assigned to make day one calls and to follow up on day five, day 10, and vaccine adverse reaction calls. LHSS call center nurses made more than 800,000 calls from October to December. The MOH provided LHSS with a letter documenting the call center's impact on the COVID-19 situation in Jordan. The letter indicated the following:

The MOH's ability to contact confirmed cases expanded due to the call center efforts, from 20 percent before to 80 percent of cases after the call center initiation, with MOH investigation teams contacting more than 415,000 confirmed cases by the end of FY 2021.

LHSS with the MOH established a call center handover plan (e.g., a timeline and the capacity needs for those who will manage the center), including the 100 MOH nurses and allied HCPs who will continue call center activities. The MOH requested an extension of activities until April 2022 and requested that LHSS develop a report on trends identified based on analyzing the call center data.

LHSS also produced and distributed 3,000 IPC toolkits to 33 public hospitals, including field hospitals. The toolkit's aim was to train providers on the proper use of personal protective equipment (PPE). LHSS developed a PPE checklist for hospitals to use to develop a baseline, which LHSS will measure against in Q2. Additionally, LHSS conducted an evaluation of the school IPC media campaign, which broadcasted in September at the beginning of the school year on popular television channels during high-viewership programs and through radio advertisements on popular stations for a month. Preliminary findings indicate the campaign

encouraged 94 percent of respondents to change behaviors: main actions were related to wearing face masks in the correct way (91 percent), maintaining social distancing (83 percent), washing or sanitizing hands often (80 percent), and avoiding sharing of personal items with others (58 percent).

LHSS worked with the Jordanian Royal Medical Services to roll out a comprehensive training program this quarter with three clinical care sessions and one leadership and communication training. Additionally, the capacity development program with three MOH pilot hospitals started with two critical care courses and one mechanical ventilation and respiratory therapy training course. LHSS trained 149 providers (93 from the Royal Medical Services and 56 from the MOH), with the expectation to reach an additional 195 providers from the Royal Medical Services and 185 from the MOH next quarter. LHSS also issued a restricted eligibility RFA to the Health Care Accreditation Council to continue their program to train 40 providers to become trainers of their colleagues in Royal Medical Services hospitals.

The LHSS legal consultant continued meeting with members of the MOH working group to collect inputs needed to draft the legal framework for covering telemedicine services under insurance policies. LHSS conducted several handover meetings with the USAID Health Services Quality Accelerator Activity. LHSS will continue working with the four MOH hospitals to implement preparedness, action, and contingency plans and with the field hospitals on COVID-19 readiness, implementing the priorities identified in intensive care units (ICUs).

Objective 2: Strengthen Public Laboratory Systems

LHSS finalized the scope of work for the Royal Medical Services' training of trainers on PCR and rapid antigen testing and began identifying consultants for the private sector PCR training activity. LHSS finalized the quality management systems final training report, which showed major improvements in systems knowledge among the MOH quality control officers and supervisors who participated. LHSS also drafted the scope of work for the genomic sequencing training to train MOH and Royal Medical Services lab technicians on Torrent SARS-CoV-2 genome sequencing, related bioinformatics, and data analysis.

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

LHSS finalized the data cleaning exercise of health care providers' records, after which the MOH audited and approved the providers' cleaned data. The exercise, which began in May 2021 in partnership with the MOH's Electronic Transformation and Information Technology Directorate (ETITD), the LPHID, and the Ministry of Digital Economy and Entrepreneurship (MODEE), created an accurate report of the total number of health providers for the first time in Jordan. The report was disaggregated by professions and included national ID numbers. LHSS cleaned and verified 188,435 health providers' records and flagged 2,466 as death records, leaving 185,989 active records. For the 5,929 missing records, ETITD agreed to disable their profile from the LPHID system. To ensure the system does not produce the same errors as it has in the past, LHSS worked to link the system with government services, including the National Status Department, Directorate of Residence and Borders, Ministry of Higher Education, health syndicates, and health councils. Through LHSS efforts, the system will

produce a statistics report generated from the LPHID system, which will be published in collaboration between MOH and MODEE.

LHSS worked closely with the National Continuing Professional Development (CPD) Committee and the MOH on multiple subcommittees to engage health care providers on CPD requirements for relicensing and information technology (IT). The subcommittee on standards with MOH leadership developed terms of reference for a consultant to review existing standards in Jordan and other countries, and to draft national standards to be reviewed and endorsed by the MOH and the National CPD Committee. The MOH developed a National CPD Communication Plan and Strategy as part of their CPD partner government system grant with USAID and shared it with the National CPD Subcommittee on Communications to ensure consensus and roles and responsibilities across actors.

Furthermore, LHSS met with multiple syndicates to discuss the issue of unpaid dues among health care providers and identify appropriate syndicates to resolve this issue. LHSS shared a technical memorandum with USAID/Jordan identifying options syndicates are using or exploring. LHSS also began working with the National CPD Committee and MOH in planning the learning trips for FY 2022 Q2, making initial contacts to select the most appropriate country and stakeholders to visit.

LHSS also developed three RFAs to stimulate the private sector's engagement in CPD and increase health care providers' engagement and opportunities to pursue CPD for relicensing. These include two communication and outreach RFAs aimed at increasing engagement with providers on CPD in private hospitals, private clinics, and among allied health workers, and increasing online accredited CPD content to reach large numbers of providers. Finally, LHSS modified its global capacity-development framework to be applicable to CPD for relicensing.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

LHSS continues to ensure female participation in trainings and access to trainings across all governorates in the Kingdom. In FY 2022 Q1, LHSS trained participants on in-person case management topics and virtual webinars, with 36% and 47% being women, respectively. Moreover, 77% of the nurses supporting the MOH call center are women. The call center continues to provide employment opportunities for new graduates and unemployed licensed nurses, who are also largely women.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

At this time, the Jordan team is awaiting approval of the FY 2022 AMELP.

Lessons Learned / Best Practices

- Brief fellow USAID implementing partners working in the health sector on CPD for relicensing to ensure their support in the massive undertaking of relicensing for CPD.
- Prioritize the doctors, along with mechanical ventilation and respiratory therapists, for critical care trainings because they are the decision-makers in their hospital environments.
- Maintain flexibility in the call center nursing assignments, which is important to ensure responsiveness to COVID-19 waves and contact-tracing coverage.

Challenges

- The Jordan Pharmacy Association and Dental Association refused to share the information needed for LHSS to clean and link their data with the Jordan Medical Council and LPHID. The MOH issued official letters requesting them to share the data, and LHSS met with the Presidents of these organizations to address concerns and receive the needed information.
- The MOH disbanded the High Health Council that was in charge of CPD for relicensing all providers not covered by the Jordan Nursing and Medical Councils. LHSS and USAID immediately sought clarification on this dissolution letter affecting CPD. The MOH said the Council should pursue business as usual until the formal changes have been made, clarifying how the council's various responsibilities will be absorbed by other actors.
- The Central Public Health Laboratories requested an official letter from the MOH Security General to cooperate with LHSS, which created delays in LHSS's laboratory-strengthening tasks, which were scheduled to start this quarter.

Deliverables Submitted to USAID during this Quarter

- Provide technical assistance to develop an electronic CPD management system; LHSS provided support to the Information Technology and Digital Transformation Director to submit the bid documents to USAID.
- Assist with the development of an advocacy, information, and communication plan to promote CPD at all levels: MOH's Health Communication and Awareness Directorate submitted their advocacy, information, and communication plan to USAID this quarter, and progress on implementation was reported during biweekly meetings.

Upcoming Events

- January 16–March 3, 2022, MOH BLS Training in Amman and Aqaba, Jordan
- January 12, 2022, MOH CPD Taskforce Meeting in Amman, Jordan
- February 6–10, 2022, PCR/RAT TOT for Royal Medical Services laboratory personnel in Amman, Jordan

Priorities Next Quarter

- Update or create CPD baselines for the MOH directorates and councils to assess their readiness for CPD activities and areas for further development, including addressing the risks outlined by USAID Jordan in the MOH Partner Government System risk review.

- Train the MOH focal points on managing the call center, including orienting the 100 MOH nurses and allied HCPs to take on tasks for the call center.
- Execute a subcontract with the Jordanian American Physicians Association on the development of the fellowship program for adult critical care.

KYRGYZ REPUBLIC COVID-19 RESPONSE ACTIVITIES AND VACCINE TECHNICAL ASSISTANCE

Period of Performance: FY 2022 AY3 Q1 (September–December 2021)

Top Highlights this Quarter

- LHSS held a roundtable on October 29 to share findings from the initial COVID-19 response activities with the MOH, USAID, and other key partners. Sixty participants from the Ministry, heads of health care facilities, and representatives from development partners attended.
- LHSS worked with key domestic and international stakeholders to identify how the Activity's technical assistance for the Kyrgyz Republic's cold chain management system will be strategically deployed. LHSS provided support to two newly established TWGs within the MOH and the E-Health Center to review regulatory and operational processes of the cold chain system, develop SOPs for effective vaccine management, and refine the existing information system on vaccination.
- In October, LHSS and the Republican Health Promotion Center adapted the current UNICEF trainers guide on building health care workers' interpersonal communication skills for routine COVID-19 vaccination. The training guide was tested with 25 health care workers at a pilot primary health care facility in Issyk-Ata District of Chuy Province on December 17 and 18, 2021.

Quarterly Activity Progress

COVID-19 Response Activities

Dissemination event: National partners presented the main achievements of LHSS. This included improving health care worker capacity, enhancing laboratory and infection prevention and control services, and community outreach campaigns to combat vaccine misinformation. LHSS provided recommendations on strengthening multidisciplinary clinical approaches to address the expansion of the Universal Nurse model, and improvements to laboratory and surveillance systems, in response to COVID-19.

Vaccine Technical Assistance Activities

Cold chain management: LHSS provided technical inputs for three cold chain management SOPs: (i) monitoring the temperature of COVID-19 vaccines in storage facilities, (ii) procedures for receiving COVID-19 vaccine shipments, and (iii) proper temperature for storage of COVID-19 vaccines and diluent at the vaccine warehouse level. The MOH approved the SOPs on November 15, 2021. RCI are introducing the SOPs during visits to primary health care facilities and through online training. LHSS started mapping development partners' cold chain activities to coordinate these in an action plan for the MOH, which will be used to improve the cold chain system and strengthen vaccine deployment.

LHSS developed three electronic systems on cold chain management with the E-health Center and Republican Center for Immunization (RCI). These e-modules will maintain updated vaccine inventories (from central warehouse to district vaccination point) and will identify the availability of refrigeration equipment for storage. LHSS also drafted dashboards to analyze data from the e-modules. These dashboards will be integrated into the e-immunization system over the next few months. LHSS developed training materials, including users' manuals and video instructions on how to use the Refrigeration Equipment Inventory and Sizing Tool and Warehouse Accounting e-modules.

Enhancing health care workers' interpersonal communication skills: LHSS developed the health care workers trainer's guide on interpersonal communication and presented it to key stakeholders in December 2021. The guide was then successfully tested among Republican Health Promotion Center staff and health care workers (25 participants) from pilot health care facilities in mid-December.

Demand strategy: LHSS partnered with a local media company, Quasar, to develop a COVID-19 demand strategy and communications campaign for target groups including medical workers and key stakeholders.

Progress Removing Gender-Related Constraints, and Opportunities Pursued to Create Greater Gender Equity

LHSS Kyrgyz Republic ensured that both female and male health care providers participated equally in capacity-development measures, including trainings, where applicable.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

Two performance indicators showed progress this quarter. Three policies, protocols, and standards were developed or adapted, out of a target of five for this year. Twenty-five health care staff (three male and 22 female) were trained in interpersonal skills, against an annual target of 1,000. This was to pilot test training materials that had been adapted.

Lessons Learned / Best Practices

As many stakeholders are involved in vaccination efforts, it is best to frequently coordinate and communicate to avoid duplication of interventions and enhance outcomes. LHSS actively communicates with development partners through regular technical meetings and meets with national stakeholders to reconfirm planned activities and agree on joint implementation.

Challenges

- RCI's limited staff capacity and high levels of routine vaccination work led to delays in the approval of terms of reference for local consultants, and of interim products, such as SOPs for vaccine administration.

- The National Deployment and Vaccination Plan (NDVP) was recently revised with support from the WHO. The national communication strategy and action plan needs to align with the revised NDVP, but there is a lack of clarity and coordination among government ministries on how best to implement the communications plan, which affects LHSS's communication activities.

Deliverables Submitted to USAID during this Quarter

- Multidisciplinary team manual and laboratory assessment report for GeneXpert platform

Upcoming Events

- Meeting with MOH, E-health Center, RCI, and development partners to demonstrate the developed e-subsystems for the cold chain management system (February 20, 2022)
- Roundtable with MOH, RCI, and Republican Health Promotion Center to share the interim results of LHSS interventions and agree on the next steps (February 25, 2022)

Priorities Next Quarter

- Finalize mapping of development partners' contributions, identify key challenges and opportunities, and develop action plan to strengthen the cold chain management system.
- Revise and amend a questionnaire for rapid assessment of knowledge and skills in interpersonal communication of health workers and set up an assessment schedule in close coordination with Republican Health Promotion Center and RCI.
- Conduct rapid assessment of knowledge and gaps in interpersonal communication skills of health care workers in pilot Chuy Province.
- Finalize vaccine transportation tracking system, develop e-modules and analytical tool, and pilot these in selected regions of Bishkek City and Chuy Province.
- Conduct survey with medical workers of selected health care facilities in Bishkek on their perceptions and possible concerns related to COVID-19 vaccination. These insights will inform communications activities that are focused on target groups.
- Develop communication plan and supporting materials for demand strategy.

LHSS LAC BUREAU ACTIVITY

Period of Performance: FY 2022 AY2 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS conducted a literature review and stakeholder interviews with relevant international development organizations to understand the context for expanding social health protection for women at risk of migration in Honduras.
- Two blogs on strengthening the health system in support of migrant women were published to LHSS website and promoted.

Quarterly Activity Progress

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

Intervention 1.2. Support expansion of the standard package of health services to include migrant women

In November 2021, the government of the Dominican Republic launched a series of policies intended to curb irregular migration that negatively impacted LHSS's ability to implement work plan interventions in the country. These policies included preventing the entry of Haitian women who are six months pregnant or more unless they have medical insurance, raiding public hospitals and medical facilities to identify irregular migrants for deportation, and prohibiting irregular migrants' access to public health services except in case of emergency.²

LHSS met with the USAID LAC Bureau and COR team members to discuss the impact of government policies on the scope of work and agreed to pause Intervention 1.1 and Intervention 1.2, including the engagement of the intersectoral working group. LHSS developed a concept note with proposed modifications for the approved Year 2 work plan and submitted it to USAID for review on December 10, 2021. USAID provided feedback to LHSS, and LHSS will submit a revised concept note early in Q2.

² Adriana Peguero and Jhangeily Durán, "Gobierno limita acceso de haitianos ilegales a los hospitales del país," *La República* (Santo Domingo), November 3, 2021, <https://listindiario.com/la-republica/2021/11/04/695352/gobierno-limita-acceso-de-haitianos-ilegales-a-los-hospitales-del-pais>.

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

LHSS issued an RFP to identify a local partner in Honduras and published it on Reliefweb and the local website “Network for sustainable development” (*Red de desarrollo sostenible*). Following the initial submission, no local candidates were identified. The RFP will be re-released in English and in Spanish in the next quarter to allow additional time for the solicitation.

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)

LHSS continued the literature review and conducted stakeholder interviews with the IOM, UNICEF, and the United Nations High Commissioner for Refugees (UNHCR) to better understand the context for expanding social health protection for women at risk of migration in Honduras and identify relevant organizations working in the sector. Findings from the analysis will be included in the Honduras desk review that LHSS will submit to USAID during Q2.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

As part of the Honduras desk review, LHSS is paying special attention to the particular health needs of women at risk of migration, and gaps in social health protection coverage for those women. These findings will be considered in the future design of strategies to improve social health protection specifically for women. LHSS is also working through its consortium partner, Banyan Global, to identify opportunities to improve gender equity through program implementation.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

- LHSS disseminated two products on the LHSS website and an external newsletter with findings from the landscape analysis (Indicator #5): 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.” In addition, both blog posts were translated into Spanish, and LHSS developed a dissemination strategy that aims to publish the blog posts on several national channels in the Dominican Republic and on regional channels.
- The submission of the AY2 AMELP is pending due to the anticipated changes in the AY2 work plan because of the immigration policy changes in the Dominican Republic. Once the AY2 work plan is modified, the AMELP will be aligned with the new interventions and submitted.

Lessons Learned / Best Practices

- Flexibility and adapting to changing local environments is critical as LHSS is revising our scope due to recent and unanticipated changes in migrant policy in the Dominican Republic.

Challenges

- The Dominican government's implementation of immigration policies prevented LHSS from implementing Objective 1 activities in Q1. LHSS will continue to monitor evolving government policies and coordinate with USAID to agree on a modified scope of work for the current fiscal year.

Deliverables Submitted to USAID during this Quarter

- Furthering an Improved Social Protection Platform for Women Migrants in the Dominican Republic. Submitted to USAID on November 12, 2021.
- Humanitarian Assistance or System Strengthening? Both Are Needed for Migrant Health. Blog post published November 29, 2021.
- Five Steps to Strengthen Health Access for Migrant Women: A Locally Led Example from the Dominican Republic. Blog post published November 29, 2021.
- Sustainable Financing for Migrant Health: Learning from Colombia. Blog post submitted December 31, 2021.

Upcoming Events

- 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 Q2.

Priorities Next Quarter

- Modify the Year 2 work plan to align with new immigration policies in the Dominican Republic.
- Finalize topic and date for webinar #3 with USAID, focused on experiences of social health financing in the region.
- Begin work in Honduras through local partner Save the Children Honduras.

LHSS MADAGASCAR

Period of Performance: FY 2022 AY2 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS held the first organizational capacity workshop in December with the Ministry of Public Health's UHC Support Unit (*Cellule d'appui pour la mise en œuvre de la couverture sanitaire universelle*). Participants provided positive feedback on the LHSS approach, finding it more collaborative than other partners' approaches.

Quarterly Activity Progress

LHSS launched its activities with the Ministry of Public Health's UHC Support Unit this quarter. In December, the program facilitated a two-day workshop with 14 members of the UHC Support Unit where LHSS established its relationship with the UHC Support Unit, presented its project approach, and discussed mutual expectations on how LHSS and the UHC Support Unit will collaborate. Participants were engaged and actively participated in the workshop discussions. The Director of the UHC Support Unit immediately followed up with the next steps and timelines, to which LHSS responded. The Director's main requests were for the organizational reform of the UHC Support Unit, leadership and management strengthening, and the definition of a logical framework for the Unit.

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 the UHC Support Unit in Synthesizing UHC-Related Studies and Assessments and Interpret Its Alignment with the National UHC Strategy.

LHSS worked with the UHC Support Unit to conduct a desk review of Madagascar's UHC-related documents. Over 20 documents were studied, and five key documents³ were identified for an in-depth analysis to identify discrepancies, areas of clarification, and information gaps. The LHSS team discussed preliminary observations with the UHC Support Unit during the December two-day virtual workshop. The National Strategy for Universal Health Coverage is the key reference document that lays out the overarching vision of UHC. The other four documents align with the National Strategy and each focus on a different element of the National Strategy. Three points from the National UHC Strategy that are relevant to the other documents: 1) the

³ The National Strategy for Universal Coverage, the implementation plan of the National Strategy for Universal 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*).

setting up of an insurance mechanism (Dipositif d'Assurance Santé-DAS), 2) the role of the mutuelles in the DAS needs to be discussed and agreed upon, and 3) a feasibility study of the DAS mechanism must be undertaken. The first priority was addressed through the *Caisse Nationale de Solidarité en Santé*. The Implementation Plan of the National Strategy for Universal Coverage attempts to operationalize the National UHC Strategy but is currently too wieldy and outdated to be a helpful tool. The draft financial protection law⁴ lays out the legal and regulatory framework for the DAS and regulations for the mutuelles. However, the role of the mutuelles in UHC is still not clearly defined. Lastly, the proposed financial protection mechanism proposed by the World Bank as part of its latest nutrition project is operationally focused and proposes an approach for World Bank-funded regions only that would eventually combine a mutuelle, 'free services', and strategic purchasing.

Intervention 3: Strengthen the UHC Support Unit's Capacity to Define an Implementation Plan for the National UHC Strategy and Provide Organization Capacity Development Support.

LHSS developed a self-assessment questionnaire to measure the UHC Support Unit to measure its baseline capacity, and that will be used to measure endline capacity after the completion of LHSS support. This questionnaire is based on the capacity assessment tool that was originally developed under the USAID Health Systems 20/20 project and has been used and adapted in multiple countries over the past 10 years.

LHSS presented the preliminary results during the December 2021 workshop. Discussions revealed a need for a common vision and definition within the ministry's top leadership of the UHC Support Unit's goals and objectives, a clearer organizational structure with a clear mandate for the UHC Support Unit that is aligned with the Ministry of Public Health, supported by staff with the necessary skills. Assessing the capacity of the UHC Support Unit is an integral part of the institutional capacity building that will be provided by LHSS. LHSS also presented and discussed the stakeholder mapping exercise that will focus on perceptions of the UHC Support Unit from within and outside the MoH, to help address the position and mandate of the UHC Support Unit in relation to other parts of the ministry.

On December 9, upon the UHC Support Unit's request, LHSS helped the UHC Support Unit team prepare for and facilitate the validation workshop of the National Health Financing Strategy. LHSS collaborated and coordinated with the National Health Financing Strategy's technical working group. Supporting this workshop will enable LHSS to be better informed to help the UHC Support Unit update its UHC implementation plan. This was an opportunity for LHSS to help the UHC Support Unit strengthen its organizational capacity, such as engaging stakeholders for the workshop, facilitating an effective workshop, and developing sound and

⁴ 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*)

engaging presentations. LHSS also participated in the workshop to review the law on the financial protection of users of health services.

In October 2021, the COR obtained final approval for the updated LHSS work plan. LHSS submitted a no-cost extension to the COR to extend LHSS's activities in Madagascar to August 2022. The extension was approved on December 5, 2021.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

Two female leaders of the UHC Support Unit have expressed capacity challenges in leading and managing a team without the requisite experience and with high staff turnover. They have requested LHSS support in this regard, and LHSS has begun a coaching program that will support them in leading and managing the UHC Support Unit more effectively.

Waste, Climate Risk Management

Not applicable.

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 Support Unit staff appreciated that LHSS took the time to discuss the LHSS vision and approach, and this has helped foster a positive working relationship, where the UHC Support Unit is committing several hours with LHSS every week. The participative approach used by LHSS enabled the UHC Support Unit to share their opinion about their capacity and needs without hesitation and in confidence, which will be valuable to the capacity development plan.

Challenges

- The UHC Support Unit does not have the mechanisms in place to effectively coordinate with partners, due to insufficient knowledge about the interests and influence of its partners, lack of cohesion among staff in the UHC Support Unit, and lack of clarity about roles/responsibilities. These issues are being addressed through LHSS's efforts to help the Unit's Director assign staff to positions that reflect their capacities, to clarify roles and relationships, and to strengthen leadership skills across the UHC-Support Unit. The stakeholder mapping should provide greater insight regarding how the UHC Support Unit can better coordinate its partners.
- High turnover rates within the UHC Support Unit highlight the importance of LHSS support to ensure that the UHC Support Unit functions as a cohesive unit.
- Due to an increase of COVID-19 cases in Madagascar and increased border restrictions, the LHSS international consultant's travel to Madagascar was postponed and the December 2021 workshop had to be changed to a virtual one.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No events planned.

Priorities Next Quarter

- LHSS will host a series of follow-up workshops with the UHC Support Unit to discuss the five key UHC-related documents in more detail and identify areas that the UHC Support Unit needs to clarify with inputs from stakeholders. LHSS will complete a draft of the synthesis report summarizing the UHC-related studies, assessments, and analyses from Intervention 2, before sharing with the UHC Support Unit and USAID.
- LHSS will share the self-assessment results with the UHC Support Unit and guide the development of the UHC Support Unit's capacity development plan. The follow-up with each division of the UHC Support Unit on the results will lead to a team building workshop to consolidate the changes in structure and staffing.
- LHSS will provide supplementary coaching in organizational development to leaders of the UHC Support Unit until August 2022.
- LHSS will integrate the stakeholder mapping into Interventions 2 and 3 as a cross-cutting tool.

LHSS NAMIBIA

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- Supported the Ministry of Health and Social Services in conducting stakeholder mapping, which the ministry will use to engage various stakeholders in relevant structures and platforms established for the development of the UHC framework.
- Drafted an implementation plan to guide the Ministry of Health and Social Services in the development of the essential health services package.

Quarterly Activity Progress

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

The LHSS team in Namibia actively participated in regular meetings held by the recently revitalized UHC technical unit of the Ministry of Health and Social Services.

LHSS supported the UHC technical unit in mapping stakeholders who should be engaged in developing the UHC framework. The mapping highlighted the respective mandates and the relevant structures/platforms through which stakeholders should be engaged in the UHC discussions.

LHSS collaborated with USAID's mission in Namibia to coordinate technical support with WHO and their health financing consultant to support the Ministry's UHC efforts.

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

The LHSS team drafted an implementation plan for the development of an essential health services package for Namibia. A document review informed the identification of possible criteria for the prioritization of health services, as well as a comprehensive list of services for consideration in the essential health services package. Both documents still work in progress.

The team has also developed a research protocol for the costing of health and HIV services, which will inform the affordability of the package of services. Early in Q2, LHSS will share this research protocol for USAID's input before submission to the Ministry of Health and Social Services' research and ethics committee.

LHSS has issued an RFA for a grant to implement the costing study. LHSS will work in close collaboration with a local research institution to implement key components of the study. These components include data collection, data analysis, and reporting on the costing results. A primary objective of the grant is to build the capacity of the local organization for future costing studies to support health financing initiatives and refining the benefit package.

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

To support the Ministry of Health and Social Services in meeting the conditions precedent to their Global Fund grant, the LHSS team drafted a social contracting policy in close collaboration with the ministry. The team may provide additional support to develop this deliverable further into a comprehensive roadmap that will guide the introduction of social contracting arrangements in Namibia.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

In addition to incorporating GESI quality assurance of key deliverables, LHSS consortium partner Banyan Global will conduct an equity analysis based on the LHSS GESI strategy to ensure that appropriate equity considerations are priority criteria in developing the essential services package and defining resource allocation goals and processes.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

This quarter the AMELP was in the process of being finalized, with indicator targets and learning questions currently in discussion with the USAID mission. LHSS is making progress toward establishing routine engagements and collaborations with ministries (Indicator #1) and the essential health service plan implementation (Indicator #3).

Lessons Learned / Best Practices

Seizing of opportunities increases project quality: LHSS is supporting the Ministry of Health and Social Services in developing the social contracting policy required to meet the conditions precedent to their Global Fund grant and secure continued funding from this source. By supporting the Ministry of Health and Social Services, LHSS is building a relationship based on trust, reliability, and credibility, which will ensure the success of the activity.

Challenges

- Coordinating support with development partners has been a challenge. Support from WHO overlaps with the scope of LHSS regarding the UHC working group support. These issues of overlap and duplication have been raised with USAID/Namibia, and the team is working with WHO to improve future coordination and collaboration.
- Delays in securing the work permit for LHSS's senior health financing advisor who is embedded in the Ministry of Health and Social Services have limited direct engagement with the ministry. However, the embedded advisor is supporting the local LHSS team remotely, with virtual team meetings being conducted on a regular basis. The embedded advisor has also participated in key meetings of the UHC unit to facilitate engagement at

this level and has been introduced virtually to the Ministry's Director for Policy Planning and other relevant stakeholders.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted to USAID this quarter

Upcoming Events

- No events planned.

Priorities Next Quarter

- Once the embedded advisor has a valid work permit, he will work in close collaboration with the Ministry of Health and Social Services on a health financing capacity development plan for its Policy Planning and Human Resources Development Directorate. This task will involve supporting a self-assessment by the ministry in identifying its mandate and role with regards to health financing within the context of UHC, its available organizational and technical capacity in terms of resources and skills, and gaps in these areas.
- The embedded advisor will also work with the governance structures leading the UHC agenda to develop a process manual for the health financing technical working group.
- The LHSS team will work closely with the Ministry of Health and Social Services, in particular the Director of Primary Health Care, to facilitate stakeholder workshops. The workshops will enable stakeholders to reach consensus on the criteria for the prioritization and selection of health services that are to be included in the essential health services package.
- Making progress towards the implementation of the costing study will also be a priority for the next quarter, by securing approval of the research protocol and awarding a grant to a local research institution. The data collection phase of the study is expected to continue through Q3 of this fiscal year.
- Finalize Process Manual for the UHC Technical Working Group. Before the LHSS activity began, WHO's health financing consultant developed terms of reference for the Ministry of Health and Social Services, which include governance structures established to oversee and lead the country's UHC agenda. Specifically, the WHO consultant wrote the terms of reference for the various technical working groups including those focused on the health financing and the benefit package. The LHSS team has reviewed these terms of reference and provided input and feedback. The development of the process manual is behind schedule due to the aforementioned work permit delays but will be finalized in Q2.

LHSS PERU PEPFAR

Period of Performance: FY 2022 AY2 Q1 (October – December 2021)

Top Highlights this Quarter

- LHSS completed the health system assessment and shared its findings through multiple stakeholder convenings. It was well received by the MOH and key stakeholders.
- LHSS worked with the MOH to develop a quantification report on HIV services and supplies needed for the Venezuelan migrant population and a forecasting tool to quantify health services, supplies, and inputs.
- LHSS released an RFA for a grant to support the National Observatory for Migrant Health and a proposal was received.

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.

LHSS began work with the MOH to develop a capacity development plan with technical assistance from the Training Resources Group, an LHSS consortium partner. The plan will be completed in the next quarter.

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 Directorate for the Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis (DPVIH) and other MOH stakeholders, LHSS completed a quantification report of HIV services and supplies needed for the Venezuelan migrant population living with HIV.

A customized forecasting tool for quantifying health services, inputs, and supplies was designed and validated with the technical team of the DPVIH and teams from the health directorates and hospitals that provide ARV treatment.

LHSS then facilitated a forecasting tool workshop with 12 participants from hospitals providing ARV treatment to develop capacity related to HIV commodities forecasting. The next workshop will be scheduled for January 2022.

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

LHSS released an RFA for the Migrant Health Observatory grant program and received one application, currently under evaluation. The grant will be signed in the second half of February 2022. Meetings and interviews with key actors have also begun to inform a report on recommendations for the design and implementation of the Migrant Health Observatory. LHSS

met with the General Directorate of Strategic Interventions in Public Health of the MOH, the National Human Rights Coordinator, the Roundtable for the Fight Against Poverty, USAID, and United Nations agencies: UNHCR, UN Program on AIDS/HIV (UNAIDS), the Pan American Health Organization, and the International Labor Organization.

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.

The Health System Assessment Report was completed during the period. The findings and recommendations were discussed with a working group composed of MOH officials and other relevant stakeholders. The report was very well received and LHSS was asked to present its results at several convenings. This task was originally due in FY 2021 Q4, but LHSS requested and obtained approval for an extension to FY 2022 Q1.

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 and those who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ) or men who have sex with men are considered in the capacity development plan and in the Migrant Health Observatory that will be developed during Q2 of Year 2. LHSS also included GESI considerations in the health system assessment by disaggregating data by sex and analyzing the prevalence of HIV for women and men separately and including considerations of social norms and stigma related to migrant populations.

Waste, Climate Risk Management

LHSS Peru abided by its Waste Management Plan and by its Climate Risk Management Plan (approved with the Peru Year 2 Work Plan under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)) to ensure compliance with the Integrated Health Systems Improvement Project's initial environmental examination (GH-17-064).

Progress on Performance Indicators

LHSS submitted the draft AMELP for Year 2 to USAID Peru on December 17 and received concurrence on December 20, 2021. LHSS submitted the AMELP to USAID Washington on December 21 and is waiting for final approval. In Q1, LHSS achieved two milestones towards the establishment of an improved forecasting process (Indicator #3): 1) estimated the demand of inputs related to HIV care (e.g., antiretrovirals, tests) for the target population of migrants with HIV, and 2) developed a tool to estimate the services and inputs for migrants with HIV. Additionally, 12 participants from the MOH, Integrated Health Networks Directorates of Lima, and health facilities attended a training workshop hosted by LHSS on using the tool to quantify the demand for HIV care supplies (Indicator #2).

Lessons Learned / Best Practices

- LHSS worked in collaboration with other actors such as USAID, UNAIDS, UNHCR, the International Labor Organization, AIDS Healthcare Foundation, La Coordinadora Nacional Multisectorial en Salud (CONAMUSA), and others to inform the Health System Assessment Report. This coordination led to broader dissemination of findings and increased engagement across different actors to implement the strengthening plan.
- The use of an online survey for the health system assessment helped facilitate a rapid process to collect information from participants.

Challenges

- The response to the COVID-19 pandemic demanded the attention of different authorities and technical teams, including those of DPVIH and other MOH directorates, who often had to postpone their routine activities. This pressure led to cancellations of meetings and workshops, and delays in sending information.
- Political instability in the country has led to personnel turnover in the MOH, which has delayed activities.

Deliverables Submitted to USAID during this Quarter

- Quantification report of HIV services and inputs required for Venezuelan migrant population, December 16, 2021.
- Forecasting tool to quantify health services, supplies, and inputs, December 16, 2021.
- Health System Assessment Report, December 22, 2021.

Upcoming Events

- No events are planned for Q2.

Priorities Next Quarter

- Conclude the Capacity Development Plan for the MOH, including two Regional Health Directorates (DIREAS) and two Lima Health Directorates (DIRIS).
- Begin the implementation of the Capacity Development Plan for the MOH directorates.
- Launch of the Migrant Health Observatory grant program.

LHSS TAJIKISTAN

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS built the capacity of regional laboratory specialists through mentorship and supportive supervision visits by national-level laboratory specialists, in support of the Country Preparedness and Response Plan.
- LHSS helped the MOHSPP to quickly resolve challenges associated with COVID-19 vaccine roll-out, such as lack of clarity about the cold chain national inventory, building the capacity of vaccinators, and addressing vaccine hesitancy.
- LHSS conducted a survey in 15 pilot districts of Khatlon to better understand vaccine hesitancy.

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.

Procurement of materials to support Tajikistan’s COVID-19 response

LHSS led the installation of supply chain management software at eight sites in Bokhtar, Dangara, Dushanbe, Isfara, Istravshan, Khujand, Penjikent, and Qubodiyon. Ten participants, including regional warehouse managers and accountants, received training on how to use the hardware and software. LHSS also generated and purchased a comprehensive list of materials needed for genomic sequencing, including lab supplies, test kits, reagents, and equipment. Materials are anticipated to arrive in the country in January 2022.

Vaccine technical assistance

LHSS worked with development partners and the Republican Center for Immunization and Prevention (RCIP) to update the NDVP and 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 RCIP 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 support of capacity development, LHSS led three mentoring and monitoring visits in these districts. To support proper data entry and reporting in the pilot districts, LHSS procured computers and internet connectivity for each of the 15 sites. The districts also received 1,300 emergency first aid kits and 25,000 biomedical waste containers to support safe vaccination, waste management, and infection prevention and control.

Working with the RCIP, LHSS facilitated the adoption of guidelines for the transportation, storage, and use of Moderna and Pfizer vaccines. Guidelines were developed based on WHO recommendations. Vaccine certificates were also modified in accordance with new guidelines, and over 1.5 million COVID-19 vaccination certificates were printed and distributed with LHSS support.

Support for cold chain system

In December, LHSS, in conjunction with the MOHSPP, began collecting data on the cold chain system at the primary health care level in the Gorno-Badakhshan Autonomous (8 districts), Rayons under Republican Subordination (7 districts), Sughd (18 districts), Bokhtar (15 districts), Kulyab (11 districts), Dushanbe, and Rasht regions. The questionnaires were updated by LHSS technical staff and by WHO local and international staff based on the latest WHO recommendations for inventorying cold chain equipment at medical institutions responsible for providing immunization services. Over 3,100 medical institutions were assessed, including city and district immunization centers, polyclinics, and maternity hospitals. Data from these assessments will be compiled into a cold chain inventory report, which will inform the purchase and rollout of COVID-19 vaccines.

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

The LHSS Activity in Tajikistan made great strides in post-training support, including mentorship and supervision visits, as well as gathering information on cold chain assessment.

Lessons Learned / Best Practices

- In AY2 Q3 LHSS provided technical inputs during the revision of current graduate and postgraduate education curricula for medical laboratory specialists and technical staff at Tajik State Medical University. Curricula were adapted to address urgent training needs, including biosafety, PCR techniques, infection prevention and control, and waste management. In the next quarter, the new curriculum will be introduced for the undergraduate students of epidemiology. Curricula should be updated frequently to reflect changes in laboratory techniques and international standards.

Challenges

- Understaffing and increased workloads are an issue in many laboratories. For example, Qubodiyon laboratory is fully renovated and equipped with modern laboratory

equipment, consumables, and tests, but the laboratory is understaffed and has only one laboratory specialist. LHSS supported mentoring and monitoring visits with the laboratory head for the district, but understaffing of the laboratory remains an issue.

- Delay in start of cold chain inventory (started late November instead of early October) resulted in difficulties with data collection in remote districts due to winter conditions and closed roads.
- Determining the variant of COVID-19 for timely treatment remains a major challenge. LHSS will help to address this issue by purchasing laboratory materials and co-leading training for laboratory staff from the Tajik Research Institute on Preventive Medicine. This will ensure that they are able to correctly use equipment for genomic sequencing.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted.

Upcoming Events

- No events are planned.

Priorities Next Quarter

- Genome sequencing training and accompanying mentoring and monitoring visits for laboratory specialists.
- Calibration and certification of genome sequencing analyzer, under guidance from an international engineer.
- Revision of NDVP to include the latest WHO recommendations.
- Build knowledge of health care workers on COVID-19 vaccination guidelines, specifically administration and management of side effects.
- In-person and online genotyping training for laboratory specialists.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

Period of Performance: FY 2022 AY2 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS successfully laid groundwork to form Timor-Leste’s first network of civil society organizations working in the health sector. Through consultations and workshops with these organizations, the LHSS team secured buy-in to form the health network. This will support the goal of fostering member engagement in HSS through effective, evidence-based advocacy.
- The MOH invited the team to provide technical input into the MOH-led Joint Annual Health Sector Review meeting and Assessment of Decentralization of Health.
- The Activity successfully engaged with the National Midwifery Association and led technical discussions to review, improve, and finalize the draft competency standards, job descriptions, and performance evaluation criteria for midwives. The approach and process the Association uses to finalize its competency standards will become a model for associations of other health cadres in the country, such as nurses and doctors.

Quarterly Activity Progress

Objective 1: Strengthen health governance and financing

In Q1, LHSS continued to implement the three assessments that will inform future interventions and the capacity-development action plan. These are the health financing landscape analysis, the institutional capacity assessment, and the data analysis capacity assessment. LHSS and the General Directorate of Corporate Services co-developed data collection tools to complete the health financing landscape analysis, which will help define capacity-development focus areas in the future. LHSS collected primary and secondary data to inform the landscape analysis, including data from the MOH on budget planning and execution; available reports on municipality health decentralization; and information collected in interviews with municipality health services directors, the director of planning at the municipality level, and the head of community health centers (CHCs). The Directorate and LHSS are working together to establish a health financing unit in the MOH, which has included drafting terms of reference and identifying potential members. Another sign of LHSS’s close collaboration with the MOH is that the MOH invited LHSS to provide technical input into the MOH-led Joint Annual Health Sector Review meeting and Assessment of Decentralization of Health.

LHSS developed tools for the institutional capacity assessment and is planning the next phase of data collection. Additionally, LHSS received ethical clearance from the National Institute of Health to conduct the data analysis capacity assessment. The assessment will identify capacity-development needs for using health management information system (HMIS) data for evidence-based decision-making at the national and municipal levels. See below for information on challenges LHSS has encountered during implementation of this assessment.

Objective 2: Strengthen health sector workforce management

In collaboration with the National Directorate of Human Resources, LHSS reviewed government policies and practices on recruiting and retaining rural and remote staff. The team reiterated recommendations from its desk review of rural health incentives and findings from the GESI analysis, such as the need to retain male and female health workers in remote health facilities by strengthening existing interventions and to implement the remote area subsidy per existing decree laws. The LHSS team supported the Human Resource Planning unit in the National Directorate of Human Resources to develop health worker staffing plans for community health centers and health posts to increase access to health care.

LHSS assisted the National Midwifery Association (APTL) in reviewing midwives' draft competency standards, job descriptions, and performance evaluation criteria. We supported revisions and identified the steps APTL needs to take to enhance and finalize these documents. The approach and process APTL uses to finalize the competency standards for midwives will serve as a model for other healthcare cadres, such as nurses and doctors.

LHSS made progress in developing the first comprehensive training strategy for the health sector with key staff from the National Institute of Health and the MOH by completing a review of existing training policies and practices.

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

The LHSS team worked closely with the MOH on multiple social and behavior change (SBC) initiatives. Together, LHSS and the MOH are analyzing key maternal and child health indicators. In Q1, LHSS and the MOH trained 15 government health workers and 10 peer educator groups to improve the delivery of adolescent- and youth-friendly health services in Ainaro municipality. To ensure sustainability, the team trained two MOH staff to be trainers in the future.

Objective 4: Improve civic engagement

LHSS and the Timor-Leste Non-Government Organization Forum (FONGTIL), the national forum of CSOs, successfully facilitated the discussion that secured unanimous agreement from key civil society organizations to develop a Health Advocacy Network in Timor-Leste which will bring together civil society organizations to collectively advocate for citizens' rights to essential quality health services and health products. LHSS facilitated the development of the terms of reference for a technical working group that will be responsible for creating the Health Advocacy Network.

Through national and municipal level workshops, the team collaborated with FONGTIL to help civil society organizations reflect on issues and barriers they felt were essential to improve their ability to engage in evidence-based advocacy. In the process, LHSS co-assessed civil society organizations' capacity-strengthening needs and solicited ideas from civil society organizations on mechanisms to improve their engagement with the government. LHSS has engaged 25 out of 34 national and local civil society organizations working in the health sector.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

LHSS finalized its action plan for enhancing GESI across all workplan objectives. The purpose of the GESI action plan is to provide specific and achievable recommendations for LHSS to mainstream gender and social inclusion across its interventions. The team began prioritizing GESI recommendations for integration into ongoing work and will continue to form specific plans for integration in Q2.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

As a result of the collaboration with the National Directorate of Human Resources and the National Institute of Health, the activity has supported 12 percent of targeted health workforce managers, so they are using accurate human resource information system data in routine reporting or review meetings. The team has identified two health workforce training priorities with the National Institute of Health, and there are now two operational units adopting improved health care competencies and standards.

Lessons Learned / Best Practices

- Most health-focused CSOs in Timor-Leste are donor-oriented and rely on grants to deliver services. The MOH invites CSOs to participate in project-specific technical working groups, it does not systematically solicit CSOs' engagement in policy development or policy discussions. To address this imperative, the Activity is collaborating with MOH and CSOs to create mechanisms to enhance CSOs' engagement in health system strengthening at the policy level as well as in technical discussions.
- Further, many CSOs are unaware of the importance of broader advocacy and system strengthening approaches. We are addressing this gap by using a coaching approach, organizing discussions and workshops to sensitize CSOs about the opportunities for and benefits of engaging in and advocating for health system strengthening. The Activity is including the systems approaches in the requests for application (RFAs) it issues to identify CSOs for grants. When appropriate and possible, we also sensitize the MOH (including staff of its various directorates) on concepts of health system strengthening and the critical intermediate outcomes of equity, quality, efficiency, and resource optimization.

Challenges

- The number of positive cases for COVID-19 in Timor-Leste began to decline in mid-October 2021. Around this time, the Prime Minister appealed to all government officials to travel to municipalities to increase vaccine uptake in communities. This limited MOH officials' availability for collaborating with the Activity team on planned areas. The Activity was thus unable to complete the final step of data collection for the health financing

landscape assessment. Hence, the health financing landscape assessment will now be completed in Q2 instead of Q1.

- The Activity was also not able to complete the data analysis capacity assessment by the end of Q1 as planned. The delay here was caused by multiple factors, including a government policy prohibiting third-party access to District Health Information Software (DHIS2), COVID-related travel restrictions limiting technical experts' ability to travel to Timor-Leste to support the assessment, and reluctance shown by the HMIS department. The team is discussing the next steps with USAID/Timor-Leste, including additional engagement strategies or an alternative scope.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted during this quarter.

Upcoming Events

- January 2022: Workshop with FONGTIL and the MOH to raise health-focused CSOs' awareness of essential, quality health services and health products.
- February 2022: Validation workshop to review mechanisms for enhancing CSOs' engagement with MOH.
- March 2022: Validation workshop of Participatory action research (PAR) conducted on SBC for inclusive reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCHAN) in six municipalities and dissemination of findings to key stakeholders.
- January 2022: organizing and facilitating meeting of MOH technical working group on health promotion.
- March 2022: Workshop to orient health CSOs on the SBC grant application.
- March 2022: Ceremony for the launch of the CSO health network (REBAS-TL).

Priorities Next Quarter

- Launch of the CSO health network in Timor-Leste.
- Finalization of assessments and submission of reports to USAID, including institutional capacity assessment, political economy analysis, health financing landscape analysis, and PAR.
- Technical assistance to the National Directorate of Human Resources to conduct a mapping exercise to classify rural areas as remote, very remote, and extremely remote per the decree-law no 20/2010 of 1 December article 15.
- Finalization of PAR and utilization of its findings to develop an SBC plan.
- Engagement of CSOs for healthy behavior promotion through SBC grants.

TUNISIA HEALTH SECTOR ASSESSMENT

Period of Performance: FY 2022 AY2 Q1 (October–December 2021)

Top Highlights this Quarter

- Conducted over 25 key informant interviews for phase two of the health system assessment with public and private sector stakeholders on three deep-dive topics: disease surveillance, health financing, and nutrition.
- Analyzed the collected data and presented main findings to USAID Tunisia, including key challenges and strategic opportunities for USAID investment across the three deep-dive topics.

Quarterly Activity Progress

Following the selection of disease surveillance, health financing, and nutrition as priority topics for additional analyses in the previous quarter, the LHSS Project in Tunisia developed an interview guide and a stakeholders list for each topic in Q1. LHSS also worked to secure the necessary in-country approvals required for holding key informant interviews with the identified stakeholders. These interviews aimed to gather additional information on the status of the three deep-dive areas and to identify opportunities for USAID support based on existing needs and priorities. More specifically, for disease surveillance, the interviews focused on better understanding the existing disease-specific surveillance systems and challenges and opportunities for integration. For nutrition, the interviews aimed to better understand the current state of child nutrition and factors that influence women's role in household decisions for food purchases and other related practices such as breastfeeding. For health financing, the interviews explored perceptions of the current health financing mechanisms and plans to further expand access to care and enable coverage of health services in the private sector. Finally, the team conducted a rapid desk review of existing published and gray literature on gender/GESI as a determinant of health outcomes in Tunisia.

The LHSS team developed a comprehensive slide deck synthesizing findings from these additional analyses and outlining concrete recommendations for USAID investment as part of future health programming in Tunisia. LHSS presented a summarized version of this slide deck to USAID/Tunisia at the end of Q1.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

LHSS incorporated gender, urban/rural, and wealth quantile dimensions in the nutrition deep dive (where data allowed) given the significant disparity in nutritional status and challenges among the population and the need to tailor interventions accordingly. Gender and social inclusion were captured as cross-cutting factors more broadly through the desk review of relevant literature on health and gender in Tunisia. The literature review highlighted, among others, the impact of gender norms on health, regional inequities in the accessibility and

availability of reproductive health care, women's lower access to social protection due to low labor market participation, and lack of timely health care for survivors of gender-based violence.

Waste, Climate Risk Management

No progress to report.

Progress on Performance Indicators

Given the scope, the activity doesn't have a separate Monitoring, Evaluation, and Learning Plan and related performance indicators. LHSS tracked progress through weekly internal meetings and periodic calls with the Mission. The activity has been completed in line with performance expectations.

Lessons Learned / Best Practices

Prior to starting the key informant interviews phase of the assessment, LHSS formally introduced the activity to the Tunisian MOH and obtained concurrence. While this process was time-consuming and had implications for the activity timeline, it ultimately facilitated access to key stakeholders for the interviews and contributed to USAID's visibility in the health sector.

Challenges

The LHSS team ran into several unanticipated protocol requirements before being able to schedule key informant interviews, which delayed the activity's timeline. The team worked closely with the MOH and USAID/Tunisia to quickly respond to all requests and appropriately follow established procedures to secure the required approval.

Deliverables Submitted to USAID during this Quarter

- LHSS Tunisia Health System Assessment Intervention 2_PowerPoint and GESI Review Report were submitted on December 17, 2021. LHSS received COR approval on these deliverables on January 14, 2022.

Upcoming Events

- No events planned.

Priorities Next Quarter

- This Activity is now completed.

LHSS UKRAINE

Period of Performance: FY 2022 Q1 (October–December 2021)

Top Highlights this Quarter

- The deputy minister and eHealth state-owned enterprise have agreed with LHSS's proposal to establish a TWG focused on establishing a national telemedicine platform in Ukraine, with a launch meeting happening in Q2.
- LHSS provided inputs to the MOH's draft 10-year eHealth Strategy to inform priorities around telemedicine upon the request of the eHealth state-owned enterprise. The LHSS team has established close working relations with this counterpart.
- LHSS supported the MOH by drafting an official order to establish the telemedicine technical working group; this order will likely be published in early 2022. LHSS also drafted terms of reference and a membership list for the TWG.

Quarterly Activity Progress

USAID approved the LHSS Activity in Ukraine Year 1 Work Plan on October 8, 2021. The LHSS team immediately began recruiting project staff, such as a telemedicine technical advisor, and holding several consultations to introduce the project to key stakeholders.

The LHSS team introduced the project's goals to key government and non-government counterparts and solicited perspectives and priorities that should be included in the shared vision for telemedicine in Ukraine. Informed by these discussions, LHSS supported the MOH in drafting an order to establish the telemedicine technical working group. This is a necessary precursor to holding the first convening of the working group and drafting its terms of reference. Lastly, in response to a request from the MOH, LHSS provided suggested language to include in the MOH's draft 10-year eHealth strategy. LHSS helped the MOH focus its telemedicine objectives to prioritize access for vulnerable and underserved patient populations, education of health care providers on telemedicine, and an effective IT approach that is accessible across a variety of platforms and devices.

Progress Removing Gender-Related Constraints, and Opportunities Pursued to Create Greater Gender Equity

LHSS structured its request for proposals to conduct a landscape analysis of telemedicine to ensure that the analysis considers the needs and challenges of vulnerable groups. LHSS also emphasized the need for the MOH to prioritize access to telemedicine for vulnerable groups in its suggested inputs to the draft 10-year eHealth Strategy. Lastly, LHSS has discussed expanding access to telemedicine for vulnerable groups in its conversations with stakeholders to ensure that this is a primary focus for the telemedicine TWG.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

The LHSS activity in Ukraine received approval of its AMELP on October 8, 2021. LHSS focused on start-up this quarter but intends to make significant progress on performance indicators in Q2. In Q1, LHSS supported the MOH in drafting an official order for the technical working group and fostered a relationship with the eHealth state-owned enterprise. As a result, the LHSS team in Ukraine is prepared to contribute to indicators around policies, access to vulnerable groups, and the TWG consultation meetings for Q2.

Lessons Learned / Best Practices

- Through several meetings with stakeholders, LHSS learned some areas to prioritize through further investigation as the activity continues. For example, stakeholders have painted a picture of the telemedicine market in Ukraine as supply-driven, likely leading to an inefficient use of the limited resources available for telemedicine development. Moreover, the lack of clear rules and requirements, trained personnel, and a system of incentives has caused health care providers to view telemedicine negatively, which inhibits its development. Still, stakeholders are aware of the opportunities and benefits of telemedicine services.

Challenges

- MOH officials are eager for the LHSS team in Ukraine to begin implementation. As the MOH is moving rapidly on its eHealth strategy, including telemedicine, LHSS has needed to provide rapid responses to ad hoc MOH requests, including inputs to the draft 10-year eHealth Strategy.

Deliverables Submitted to USAID during this Quarter

- LHSS Ukraine FY 2022 Work Plan. Draft submitted September 22, 2021; revised version submitted October 22, 2021. Approved October 8, 2021.
- LHSS Ukraine Y1 AMELP. Draft submitted September 22, 2021; revised version submitted October 22, 2021. Approved October 8, 2021.

Upcoming Events

- Telemedicine TWG meeting will be held in Q2.

Priorities Next Quarter

- Hold kick-off for TWG and share draft vision for TWG review.
- Conduct landscape analysis of telemedicine in Ukraine and prepare findings for the TWG to inform its activities.
- Begin analysis of recent international experiences and lessons to inform the development of Ukrainian telemedicine.
- Complete hiring and onboarding of all Kyiv-based staff.

LHSS UZBEKISTAN

Period of Performance: FY 2022 AY 3 Q1 (October–December 2021)

Top Highlights this Quarter

- The end-of-project virtual conference held on December 17, 2021 was attended by more than 90 participants from the MOH, USAID’s mission in Uzbekistan, international partners, and other local stakeholders. The USAID mission director and the deputy minister of the MOH gave opening remarks. The USAID health lead and USAID activity lead also made remarks.
- LHSS led distance-learning training for 347 health care workers on WHO guidelines on COVID-19 intensive care case management. Another 250 health care workers from six regions that received ventilators from the US government were trained on the appropriate use of ZOLL ventilators and oxygen therapy. Some of these trainees will also serve as cascade trainers for future courses. Fifteen supply chain management specialists from national and regional government procurement divisions were trained on strategies to strengthen the current system.

Quarterly Activity Progress

Digital solutions for distance learning: In collaboration with the MOH, LHSS completed the mobile application for distance learning, which includes modules on mechanical ventilation and oxygen therapy for severe COVID-19, intensive care for severe cases of COVID-19, epidemiological surveillance of COVID-19, and practical solutions for managing logistics systems during a pandemic. The mobile application is being transitioned to the MOH.

Maintained strong relationships with key MOH stakeholders: During this quarter LHSS continued to support epidemiologic surveillance and COVID-19 related supply chain TWGs. Members of these TWGs include key MOH staff to encourage collaboration and acceptance. In addition, an IT TWG and ICU mentor network were established. LHSS recruited at least 24 mentors (two for each of the 12 regions and many others) to take part in the ICU mentor’s network.

Assessed existing clinical capacity deficits to inform decisions: In close collaboration with USAID and the MOH, LHSS completed the 14-remaining facility-level assessments, bringing the total number of health facilities assessments to 25. The assessments were conducted to assess the optimal and appropriate placement of mechanical ventilators donated from the MOH. The report provided information on existing clinical capacity deficits among health care workers and infrastructure considerations for facilities.

Developed frameworks to strengthen surveillance and rapid response and supply chain management: LHSS worked closely with MOH counterparts through TWGs to assess gaps in the current surveillance and rapid response and supply chain system for infectious disease. LHSS developed a report on the current state of Uzbekistan’s surveillance system, including the country’s capacity to forecast/plan, laboratory efficiency, and communication infrastructure

among government departments, along with recommendations to strengthen the system. A narrative report along with recommendations for strengthening the supply chain management system was drafted and will be submitted by the end of Q2.

Progress in Removing Gender-Related Constraints, and Opportunities Pursued to Create Greater Gender Equity

LHSS seeks to ensure that both female and male health care providers participate equally in capacity-development measures. This is dependent on the gender balance (or lack thereof) in a health profession.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

Overall, LHSS achieved and at times surpassed all indicator targets. The team completed the remaining training activities during this reporting period, with a total of 27 people (against a target of 27) trained on surveillance and rapid response for COVID-19, 32 MOH staff trained on Supply Chain Management (against a target of 32), and 250 health care workers deployed as Intensive Care Unit mentors trained on how to use ZOLL ventilators (against a target of 12).

Lessons Learned / Best Practices

Due to constraints posed by the pandemic, shifting to distance learning via mobile application was the most viable option to negotiate constraints around both time and resources. Distance learning offers various benefits, including allowing materials to be accessed regardless of location or time, personalization of training, ease of communication between teachers and students, and the ability to access a wide variety of materials. While distance learning is not without its drawbacks, the Activity found many strengths in this approach. For successful implementation of distance learning, teachers and mentors would benefit from trainings on how best to deploy content via distance learning, improving the quality of content, and how best to engage students. Distance learning modules should be accompanied by an “open” library with protocols, curriculum, guides, and references, to ensure accessibility and strengthen course learning.

Deliverables Submitted to USAID during this Quarter

- Facility-Level Assessments report (submitted to USAID’s mission in Uzbekistan on December 23, 2021).

Upcoming Events

- No events are scheduled.

Priorities Next Quarter

- Monitoring delivery of Rounds 3.2 and 3.3 ZOLL consumable delivery through Reliance Group.
- Round 3.2 (ZOLL ventilator consumables): LHSS consistently communicates with Reliance Group. Per Reliance Group, Round 3.2 is in the country and is being cleared at customs. Delivery is expected in early to mid-January and LHSS is following this closely. Once Reliance Group clears the shipment and delivers to end users, delivery notes will be provided to LHSS to close out the procurement.
- Round 3.2 (ZOLL ventilator consumables #2): LHSS received confirmation of the no-cost extension and is in the process of purchasing this tranche. The original quote and distribution list (prepared by LHSS and Darya) are in the process of being re-validated with the Reliance Group, and the purchase will be finalized by mid-January. LHSS will follow the shipment closely and will provide USAID with an estimated time of arrival.
- Submit final key deliverables to USAID for supply chain management, epi-surveillance and rapid response.
- Submit end-of-project report.
- Official transition of all distance learning materials to the MOH, including training curriculum and materials, job aids, and mobile application.
- Activity close-out.

Period of Performance: FY 2022 Program Year/Project Year 3, Q1 (October–December 2021)

Top Highlights this Quarter

- Provided advocacy support and TA, contributing to the MOH's approval of a social contracting pilot with community-based and civil society organizations for HIV/AIDS service provision in nine provinces from January 2022 through 2024.
- Supported the National Centralized Drug Procurement Center and the VAAC with ARV procurement via the social health insurance fund. PLHIV receiving ARVs increased from 35,167 in June to 108,748 in December 2021, reaching 99 percent of the VAAC's target.
- Provided TA to the National Lung Hospital to successfully procure (for the first time) six of eight first-line anti-TB drugs using the social health insurance fund and complete the Circular 04 revision. As a result, the MOH approved a new Circular 36 regulating TB examination, treatment, and reimbursement through the social health insurance fund.

Quarterly Activity Progress

The LHSS Project team in Vietnam made considerable progress toward sustainability, local ownership, and capacity development, categorized by objective as follows:

Objective 1: Support the Government of Vietnam in strengthening PFM systems for public health and achieving greater efficiencies in social health insurance.

LHSS submitted a draft report to USAID on the potential to increase revenue from pro-health taxes in December 2021. The findings indicate room to increase these taxes, which can help the government increase budgetary revenue and reduce the consumption of harmful products to improve health outcomes. Additionally, LHSS worked with the national health account team to organize and import health-related data into the System of Health Accounts 2011 and provided technical inputs to the draft report for 2018-2019. This report is expected to be complete in mid-2022.

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

LHSS provided advocacy support and TA that resulted in the MOH issuing Decision No. 5466/QĐ-BYT, approving the proposal to pilot social contracting with community-based and civil society organizations for sustainable provision of HIV/AIDS services in nine provinces through 2024. LHSS is refining the costing results of selected HIV service packages based on consultations with 22 of these organizations, which took place in December 2021. LHSS also released four editions of the Social Health Insurance policy newsletter that incorporate news about social health insurance, HIV-related regulations and issues, and other health system sustainability information. Newsletters are available on the LHSS website.

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

LHSS supported MOH's National Centralized Drug Procurement Center and VAAC in preparing procurement documents and price negotiation options to expedite the two-year price negotiation of social health insurance-covered ARV drugs to treat approximately 150,000 PLHIV in 2022 and 2023. In addition, the project organized a capacity-strengthening workshop on bidding and international procurement for 20 staff from the MOH's National Centralized Drug Procurement Center. Participants gained knowledge on bidding principles and policies and how to address issues in practical bidding and centralized drug procurement, particularly for ARV drugs.

Objective 4: Support the Government of Vietnam in integrating TB services into Social Health Insurance

LHSS provided policy support and TA to the National Lung Hospital/National TB Program to conduct centralized procurement of first-line TB drugs, including policy guidance, drug quantification, and bidding document preparation. The National Lung Hospital procured six out of eight first-line anti-TB drugs using the social health insurance fund for the first time. LHSS collaborated with the MOH's Department of Health Insurance and relevant stakeholders to revise Circular 04, regulating TB examination, treatment, and reimbursement through social health insurance, via team meetings and three regional workshops. MOH leadership approved the revised circular on December 31, 2021 (now Circular 36/2021/TT-BYT). Finally, LHSS assessed readiness for social health insurance integration among TB treatment facilities in seven provinces and proposed tailored actions for each province to complete the integration based on assessment results.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

LHSS completed an internal GESI assessment report and drafted a feasible action plan that aligns with work plan activities for implementation starting in Q2.

Waste, Climate Risk Management

LHSS developed and abided by the USAID-approved Environmental Mitigation and Monitoring Plan (EMMP) to ensure compliance with the Integrated Health Systems Improvement Project's initial environmental examination.

Progress on Performance Indicators

Progress against annual targets: Indicator 1: Number of laws, policies, regulations, or standards formally proposed, adopted, or implemented as supported by USG assistance (actual: three, target: five); Indicator 2: Percent of USG-assisted organizations with improved performance (actual: 11 percent, target: 74 percent); Indicator 10: Number of advocacy workshops in relevant topics conducted (actual: one, target: four); and Indicator 15: Percentage of PLHIV receiving ARV through Social Health Insurance (actual: 70 percent, target: 75 percent).

Lessons Learned / Best Practices

- LHSS applied lessons from ARV procurement to TB drug procurement including mapping TB treatment facilities and advocating for MOH bidding and procurement approval. As a result, TB drugs were procured in six months compared to 18 months for ARVs.

Challenges

- LHSS faced challenges supporting the National TB Program's procurement of TB drugs. Specifically, the National TB Program had to reorganize the tender selection for two first-line TB drugs covered by social health insurance, isoniazid 300 mg and ethambutol 400 mg, because (1) the winning bidder expressed inability to supply isoniazid to health facilities nationwide, and (2) ethambutol's name was corrected to be ethambutol hydrochloride per the MOH's guidance. The bidding process must be repeated and will take an estimated two months to complete.

Deliverables Submitted to USAID during this Quarter

- Technical report on a market analysis of potential private sector contributions to HIV commodity supply including recommendations to the Government of Vietnam on opportunities for procuring high-quality HIV commodities. Submitted to Mission on 12/15/21.
- Draft application dossiers for ARV marketing authorization registration or extension. Submitted to Mission on 12/15/21.
- Supply plan for tenofovir, lamivudine, and dolutegravir. Submitted to COR team on 12/30/21.
- Technical report on the potential to increase the allocation of revenue from pro-health excise taxes to the health sector. Submitted to Mission on 12/31/21.

Upcoming Events

- January, virtual, "Technical Workshop to Guide TB Treatment Facilities in Long An Province on Social Health Insurance Integration and Eligibility for the Provision of Social Health Insurance-Covered TB Drugs."
- January, virtual, "Kick-Off Workshop to Roll Out the Social Contracting Pilot."
- February, Hanoi, "Experience-Sharing Workshop with ARV Drug Suppliers and Health Facilities for an Update on the Supply and Provision of ARV Drugs."

Priorities Next Quarter

- Complete a technical report summarizing the MEL system to monitor social health insurance claims for the diagnosis-related group payment mechanism.
- Work with the Vietnam Social Security Administration and the National TB Program to develop the demonstration version of the upgraded Electronic Logistics Management Information System (eLMIS), including a TB drug management module and a cost management module for social health insurance-covered drugs.

- Work with the VAAC and related partners to develop detailed implementation guidance and a monitoring tool for the social contracting pilot.
- Support the VAAC and National Centralized Drug Procurement Center to expedite or complete the ARV procurement process using the social health insurance fund, ensuring that those drugs are available at HIV treatment facilities for distribution to patients in March 2022.

ZIMBABWE HEALTH SYSTEM ASSESSMENT

Period of Performance: FY 2022 AY3 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS conducted a virtual TDY to collect relevant data for the Health System Assessment (HSA) over a three-week period in December 2021.

Quarterly Activity Progress

In Q1, LHSS prepared for a data collection trip to Harare to collect new information on the health system, the impact of COVID-19, and development partner priorities. To prepare, the team finalized interview guides that covered the seven modules of a health system assessment, as well as cross-cutting questions related to the impact of COVID-19 on the health system. Given that the government has not provided concurrence for the assessment, the team only collected data from development and implementing partners; the assessment will be an internal document to inform future donor support to the health system.

The trip, which was planned for December 2021, was cancelled due to COVID-19-related travel restrictions. As a result, the team quickly pivoted to a virtual TDY approach. For this virtual TDY, the LHSS team maintained Zimbabwe working hours and scheduled meetings accordingly. LHSS team members based in Harare either attended meetings in person or virtually (depending on partner preferences), and the team members based in Washington joined meetings virtually. By the end of the three-week virtual TDY, LHSS had conducted approximately 30 meetings with development and implementing partners and had collected relevant documents and data necessary to complete the assessment.

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.

Waste, Climate Risk Management

On August 26, 2021, LHSS submitted a request for an exemption from an EMMP to USAID/Zimbabwe. LHSS included a draft EMMP in its work plan submission on August 31, 2021, in case it did not receive an exemption.

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

- The team’s virtual TDY was an effective approach to conduct the necessary interviews and collect relevant data for the HSA. Nearly all partners approached for a meeting responded positively. There were few internet connectivity issues and partners were engaged and willing to share information with the team.
- Future virtual TDYs should be limited to 1.5–2 weeks, as it would be difficult for virtual team members to maintain the necessary working hours (1 am–9 am Eastern Time) for a longer duration.

Challenges

Due to the focus of the HSA on development partners and implementing partners, the absence of government involvement poses the following challenges:

- There is the potential for “donor bias” in the HSA findings. Potential solutions that LHSS is pursuing include interviewing or informally reaching out to long-serving Ministry of Health and Child Care staff who are now retired. LHSS may also schedule meetings with non-government stakeholders that regularly work with the Ministry of Health and Child Care, such as the Community Health Working Group and additional civil society organizations recommended by PEPFAR.
- LHSS does not have access to various government data sources such as District Health Information Software (DHIS2) and sources of human resources for health data. LHSS will attempt to fill in government data gaps by collecting relevant information from development and implementing partners (e.g., information from PEPFAR, the Clinton Health Access Initiative (CHAI), USAID, and UNICEF).

Deliverables Submitted to USAID during this Quarter

- Interview Guides. Submitted January 7, 2022

Upcoming Events

- Virtual TDY Debrief Meeting with USAID and the UK’s Foreign, Commonwealth, and Development Office (FCDO), January 2022

Priorities Next Quarter

- Convene small group meetings with partners to validate findings and develop recommendations to guide future development partner support to the health system. These meetings will occur in February 2022 and will be held virtually or in-person, depending on the travel restrictions in place at the time.
- Draft and finalize the HSA report.

SECTION 5: QUARTERLY PROGRESS REPORTS FOR ARPA-FUNDED ACTIVITIES

LHSS COLOMBIA (ARPA)

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- The vaccination management teams trained 11,586 health workers and community leaders and assisted in the reporting of 6,749,609 vaccine doses to Colombia's expanded immunization program's website, called PAIWEB.
- LHSS completed and submitted the roadmap for the implementation of the Temporary Protection Statute for Venezuelan Migrants in the health sector, which will provide the MOH with strategic actions for ensuring migrants' inclusion in the health system and access to health care services within the framework of the new policy.
- LHSS hosted 16 enrollment days where 1,414 migrants enrolled into Colombia's SGSSS. One of these included a health services fair in Barranquilla that the vice minister of social protection, manager of Gerencia de Fronteras, and two territorial health secretariats attended. LHSS also participated in the Commemoration of the International Migrant Day in Chia (Cundinamarca), where migrants were also granted permits and enrolled into the SGSSS. The president of Colombia, the mission director of the IOM in Colombia, and territorial officials attended.
- LHSS identified the Santo Domingo Foundation as a private sector actor who can finance the maternal health package in Barranquilla and has been coordinating with them and the MOH to move forward with its implementation.

Quarterly Activity Progress

This progress report provides updates on the ARPA-funded interventions of the LHSS Colombia activity. LHSS Colombia receives funds from both VRIO and ARPA funding streams for its interventions. While interventions are reported according to each funding stream, interventions across funding streams 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

The 15 vaccination management teams have continued to support territorial entities in implementing the national vaccination plan. The teams have trained 11,586 health workers and community leaders in topics such as vaccine promotion and surveillance, assisted in the reporting of 6,749,609 vaccine doses to PAIWEB, and supported 266 technical assistance

activities, such as assisting municipalities with micro-planning strategies, vaccine supplies tracking, and guideline adherence. LHSS is coordinating with the MOH and local health authorities to expand the teams to four new territorial entities. LHSS completed and submitted to USAID a document with recommendations for strengthening PAIWEB to improve electronic vaccination tracking. As part of its support for a vaccine communication strategy, the activity worked with local stakeholders to develop five factsheets and eight scripts for radio messages and videos to promote vaccine confidence and access to vaccine services.

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

LHSS completed a roadmap for the implementation of the Temporary Protection Statute in the health sector in collaboration with the MOH, holding seven roundtables to validate its components. LHSS will continue to support the MOH in implementing the roadmap, which details strategic actions that the MOH can take to ensure the inclusion of migrants in the health system and improve their access to care while considering their migratory status within the framework of the Temporary Protection Statute. As part of its support for a multi-country subregional strategy for migrant health, LHSS has been meeting with the MOH to define its initial objectives, including a proposal to integrate the Migrant and Health Observatory with the Forum for the Progress and Development of South America (*Foro para el Progreso y Desarrollo de América del Sur*, PROSUR). LHSS started strengthening of the National Observatory of Migration and Health, mainstreaming the migrant approach within the health observatories included in the Integrated Social Protection Information System, and developing a community-based methodology for the participation of the migrant population in the formulation of the Ten-Year Public Health Plan (2022–2031). LHSS has continued to support the 11 territorial entities prioritized in Year 2 in implementing their capacity-development plans. This included creating two working groups on migrant health in Patios and Cucuta to promote the integration of migrants in the SGSSS, enabling the coordination among territorial entities and community-based organizations to align actions on migrant integration, and assisting the territorial entities in collecting and analyzing data on migrant health to improve decision and policy making in synergy with the objectives and milestones detailed in the capacity-development plans.

Promote sustainable financing of health services for migrants and receptor communities

LHSS completed an analysis and report of the sources available for financing migrant health care in territorial entities, and recommendations to improve efficiency and identify new sources. The results indicated that provider billing and auditing procedures need to be improved so that the MOH can have more-comprehensive information on the cost of migrant care. This analysis will inform the strategies for improving auditing procedures within territorial entities developed in Year 3. The activity has also finalized the methodology for an analysis to explore potential areas for optimizing resources within the SGSSS and the scope for the support that will be provided to the MOH to strengthen the monitoring of financial resources for health care services for migrants. To continue supporting the MOH in leveraging private sector resources, LHSS hosted

a workshop on public-private partnerships with 70 health sector stakeholders and presented the draft financing mechanisms developed in Year 2 to relevant government authorities. LHSS identified the Santo Domingo Foundation as a private sector actor who can finance the maternal health package in Barranquilla and has been coordinating with them and the MOH to move forward with its implementation. LHSS has continued to conduct enrollment campaigns, supporting 16 enrollment days throughout 11 municipalities where 1,414 migrants have enrolled in the SGSSS. These campaigns were complemented by a set of videos the activity developed to promote enrollment, which will be published on the MOH's website.

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

To continue supporting Colombia's COVID-19 response and the implementation of the Sustainable Selective Testing, Tracking, and Isolation Program, LHSS worked with the MOH and territorial entities to develop job descriptions for an epidemiologist and a health care quality expert to support 14 prioritized territorial entities in monitoring COVID-19 cases and operationalizing tools, procedures, and checklists. Twenty-four Rapid Response Team professionals had been deployed as of December 31, 2021.

Progress Removing Gender-Related Constraints, and Opportunities Pursued to Create Greater Gender Equity

LHSS ensured the integration of a GESI approach into the roadmap for implementing the Temporary Protection Statute in the health sector. The roadmap includes components on gender-based violence, training health workers on gender equity and human rights, and sexual and reproductive health and mental health topics. The activity is also working with the MOH to include GESI in the development of Colombia's 10-year public health plan by ensuring that representatives of vulnerable communities, including women, people with disabilities, and members of the LGTBQ community, and racial and ethnic groups, are included in participatory mechanisms. Additionally, the first draft of the GESI capacity-development toolkit for territorial entities has been completed, with dissemination expected in January 2022. LHSS prepared a document with GESI actions that can be incorporated into the territorial entities' enrollment strategies and conducted a GESI training for the activity's finance and operations team.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

LHSS Colombia developed and disseminated 18 communication products (Indicator #6), including products related to the activity's participation in the 2021 United National Climate Change Conference; a webinar on gender, policy, and migration; and messaging to promote enrollment on International Migrants Day. As part of the rapid response teams, LHSS supported the deployment of 24 health professionals to territorial entities (#15) and trained 1,848 health workers on surveillance (#16) and 3,016 community leaders on infection prevention and control and hygiene (#17). They also provided technical assistance to four new outpatient institutions

(#19). The vaccine management teams trained 11,586 people on COVID-19 vaccine-related topics (#25) and provided vaccine-related technical assistance to 282 institutions (#26). Indicator data is preliminary. Values reported are as current as of the writing of this report.

Lessons Learned / Best Practices

- Stakeholder engagement continues to be crucial in supporting implementation processes and in achieving long-term objectives. Involving Colombia's immigration agency, Migración Colombia, in enrollment campaigns has helped to increase the number of migrants enrolling in the SGSSS. This has also increased communities' trust in vaccination and facilitated the standardization and deployment of surveillance and public health guidelines related to COVID-19 across the territorial entities. The leadership of national-level officials and coordination with the different units within the MOH facilitated the development of the roadmap for the implementation of the Temporary Protection Statute in the health sector, although additional time would have allowed more-efficient coordination and involvement of health key stakeholders, such as the territorial entities and health facilities.

Challenges

- Financial resources from other partners to support the financing of health benefit packages for migrants are scarce and have been difficult to identify. LHSS is working with the Santo Domingo Foundation to finance the implementation of the maternal health benefits package on a small scale by starting in Barranquilla.
- There has been an increase in the number of regularized migrants who need to be enrolled in the SGSSS because of the Temporary Protection Statute. LHSS is coordinating with the MOH on a plan to scale up and increase the number of enrollment campaigns conducted and the technical assistance being provided to territorial entities to improve enrollment processes.
- Community-based organizations have been important partners in information dissemination, policy making, and migrant enrollment. However, many organizations need support in obtaining full legal operational status in Colombia, as well as improving their financial and administrative management and knowledge of the health system. Therefore, LHSS's capacity development and health financing teams are working together to develop these organizations' capacities so that they can further support implementation.

Deliverables Submitted to USAID during this Quarter

- Recommendations document for strengthening PAIWEB. Submitted on December 21.
- Roadmap for the transition process towards the implementation of the ETPV in the health sector. Submitted on December 27 (Year 2 Work Plan).
- Executive summary of analysis of sources available for migrant health care in territorial entities. Submitted on December 29 (Year 2 Work Plan).

Upcoming Events

- Continued enrollment campaigns throughout various territorial entities.

- LHSS will participate in a meeting to consolidate PROSUR's observatories into a single network to promote the knowledge exchange on regional health and human mobility across.
- LHSS will host a workshop with territorial officials on strategic leadership for migrant inclusion in the SGSSS.

Priorities Next Quarter

- Advance the development of the capacity-development strategy in the 11 new territorial entities prioritized for Year 3 and define the regulatory mechanism to implement the roadmap for the implementation of the Temporary Protection Statute in the health sector.
- Conduct the study on optimizing health system resources and launch the grants process for community-based organizations that will support enrollment and donation mobilization.
- Expansion of the rapid response teams and vaccination management teams to the new prioritized territorial entities for Year 3 (Necoclí, Medellín, Bucaramanga, and Ipiales for the rapid response teams; Cundinamarca-Soacha, Bogota, Cartagena, Riohacha, and Cúcuta for the rapid response teams).

LHSS DOMINICAN REPUBLIC (ARPA)

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- Began working with the Ministry of Health (MOH) to discuss the scope and develop our strategy to expand analysis of locally available COVID-19 data to identify subpopulations and geographic regions with lower levels of vaccine coverage to help inform future communication strategies.
- Published a Request for Applications for a local organization to design and implement an e-learning respiratory care training for nurses on COVID-19 cases. Evaluation of applications has been completed, and a grant approval request is expected in Q2.

Quarterly Activity Progress

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

LHSS conducted a meeting with the Vice Minister of Collective Health, technical staff from the vice-presidential cabinet unit that oversees the COVID-19 decision-making process and surveillance, and the manager of the Expanded Immunization Program, who oversees the coordination, data collection, and analysis of COVID-19 vaccination uptake. As a result of this meeting, the MOH appointed points of contact for LHSS, and agreed on scheduling the next meeting with technical staff and to give all support and information required to move forward with the activity.

As agreed, a technical meeting will be scheduled to address information systems in use and databases and discuss next steps for the data collection process and initial development of the comprehensive surveillance system for vaccination uptake. After available information systems and databases are identified, LHSS will begin analyzing and triangulating the data to initiate the design and development of the tool and coordinate technical meetings as needed with national counterparts to exchange information, evaluate pilot design of the tool, and incorporate suggestions and changes as required. Activity will continue implementation and achieve completion by Q2.

LHSS held an open procurement process to hire two consultants with expertise in healthcare economics, health information technology, and experience supporting public health policies and working with national counterparts to support the implementation of this activity. The hiring process was completed after work plan approval.

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

This intervention is going to be implemented through a grant with a local organization, which will have oversight and technical guidance from LHSS and the National Health Service. During this quarter, LHSS worked on preparing the grant strategy and a request for applications, including a structured program description with objectives, requirements, and considerations. An open procurement process was conducted to receive applications. LHSS completed the evaluation process and negotiations in late December and plans to submit the grant approval request to USAID early in the next quarter.

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

LHSS held an open procurement process to select a subcontractor to support the implementation of the activity. Evaluation of proposals was completed, and the selection process closed late in December. Coordination with national counterparts to initiate site-level implementation will start in mid-January 2022. LHSS is engaging with the MOH to confirm up-to-date national protocols and incorporate changes to the training curriculum as needed.

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

LHSS held an open procurement process to select a subcontractor to support the implementation of the activity. Evaluation of proposals was completed, and the selection process closed in late December. Coordination with national counterparts to initiate site-level implementation will start in mid-January 2022. This effort will serve to update the dashboards and systems that LHSS supported in the last project year and revise indicators to accommodate current national COVID-19 scenario.

Progress in Removing Gender-Related Constraints, and Opportunities Pursued to Create Greater Gender Equity

Program descriptions for the training subcontracts and grants were encouraged to include GESI considerations such as asynchronous training and sustainability plans to account for more-flexible schedules for participants. In addition, LHSS will make efforts to incorporate GESI considerations throughout the implementation of activities related to data management at the site level.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

The activity is revising the Year 1 AMELP to incorporate changes in the work plan to reflect Year 2 interventions and results expected. LHSS will be submitting a revised AMELP draft to USAID early in Q2 for review and approval.

Lessons Learned / Best Practices

- Implementation has just begun. No lessons learned to report.

Challenges

- No challenges to report.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- Coordination meetings with national counterparts to select prioritized hospitals for COVID-19 trainings
- Training sessions for health providers on clinical COVID-19 case management guidelines

Priorities Next Quarter

- Design a Business Intelligence Tool that will process several available databases to provide information on the location of unvaccinated populations.
- Submit grant package to USAID for approval on intervention 2.1
- Coordinate with national counterparts to select prioritized hospitals and launch training sessions on clinical case-management guidelines.
- Initiate technical assistance to prioritized hospitals to increase capacity of the DR health system to collect, analyze, and use relevant COVID-19 data.

LHSS JAMAICA (ARPA)

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- Conducted rapid start-up following workplan approval, including a series of meetings with USAID/Jamaica, the Ministry of Health and Wellness, and private sector providers; recruitment and onboarding of two in-country staff; and technical and operational preparations for private-sector assessments. The assessments will be conducted in Q2.
- Issued an RFA for vaccine administration and capacity-strengthening grants to private providers. LHSS received and evaluated 10 applications. Grants will be awarded in Q2.
- Issued an RFA for vaccine administration and capacity-strengthening grant to Health Connect Jamaica. LHSS received Health Connect Jamaica's application, and the grant will be awarded in Q2.

Quarterly Activity Progress

USAID approved the Year 1 Work Plan in October 2021. Following this, LHSS began hiring local staff and taking steps to finalize entity registration. LHSS hired a finance and grants manager as well as a health specialist/technical officer to provide in-country support to the activity and is currently recruiting for a part-time technical consultant. Start-up activities will be completed in early Q2.

In support of the Ministry of Health and Wellness's Outsourcing of Vaccine Administration Plan, LHSS issued an RFA for vaccine administration and capacity-strengthening grants to private providers with which the Ministry of Health and Wellness current contracts to administer vaccines. The activity team presented at two vaccine administration program meetings with the Ministry of Health and Wellness to orient eligible providers to the LHSS grant process and facilitated a question-and-answer session with prospective applicants. LHSS received and evaluated 10 applications, nine of which were deemed satisfactory. Grants will be awarded to the nine qualifying private providers in early Q2.

In addition, LHSS issued an RFA to Health Connect Jamaica for a grant to oversee vaccine administration among its existing network and other interested, qualified private providers. The grant will also cover COVID-19 case management trainings for participating private providers, participation in LHSS-led capacity-strengthening activities, development of a surge support plan for private providers, and creation of a database of private providers trained in COVID-19 response. This scope was informed by a series of discussions that LHSS held with USAID/Jamaica, the Ministry of Health and Wellness, and Health Connect Jamaica. This grant will also be awarded in Q2.

LHSS also began preparing for rapid assessments of Health Connect Jamaica and of private sector capacity to respond to COVID-19 and future large-scale health interventions. These assessments, to be conducted in Q2, will inform LHSS's capacity-strengthening support to grantees in Q2–Q4. LHSS will also work closely with the Ministry of Health and Wellness,

Health Connect Jamaica, and other private sector partners to develop a communication strategy to address vaccine hesitancy and increase vaccine uptake in Q2.

Lastly, in Q1, LHSS received approval to use ARPA funds to support procurement of reagents for the laboratory at the University of the West Indies in order to strengthen its whole genome sequencing capacity. The procurement process will begin in Q2.

Progress Removing Gender-Related Constraints and Opportunities Pursued to Create Greater Gender Equity

The LHSS RFA for all grants required that each grantee's proposed approach consider gender and vulnerable segments of the population including PLHIV, men who have sex with men, sex workers, and transgender people in developing their vaccine administration strategy to promote equitable access to vaccines at their facility. LHSS also intends for its two upcoming rapid assessments to consider the needs of these key populations that seek services in the private sector. Similarly, LHSS will incorporate gender equality and social inclusion considerations in the development and implementation of its communication strategy to address factors influencing vaccine hesitancy.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

LHSS focused on start-up in Q1 and beginning activity implementation, so it is well-positioned to contribute to its performance indicators in Q2. LHSS's progress toward issuing grants to private providers and Health Connect Jamaica will lead to progress on indicators around COVID-19 vaccination and case management in the coming quarters. In addition, LHSS's preparation of a communications strategy will inform training of health providers in communications and risk management. Lastly, as LHSS received approval to support procurement of reagents at the University of the West Indies, it will be able to start the process to procure and deliver these supplies next quarter.

Lessons Learned / Best Practices

- The stakeholders in Jamaica's health system are closely intertwined and communicate with each other frequently. It is important to consider these long-standing relationships and dynamics when introducing LHSS's approach and seeking feedback. This includes holding regular and inclusive calls with relevant stakeholders and establishing open lines of communication to secure buy-in from all stakeholders, ensure everyone is in agreement throughout implementation, and jointly problem-solve as needed.

Challenges

- Given the timeline and rapid nature of the activity, LHSS had a limited pool of candidates available to serve as full-time senior health sector advisor. In response, LHSS developed and posted a scope of work for a consultant to conduct aspects of this role while

continuing recruitment for a full-time position. This is intended to allow the work to proceed without delay while increasing the pool of eligible candidates.

- Stakeholder views on how to best engage private providers and Health Connect Jamaica to support the Ministry of Health and Wellness's vaccine efforts evolved rapidly during Q1. As needed, LHSS pivoted quickly to incorporate stakeholder inputs while maintaining progress and deadlines. LHSS increased the frequency of periodic communication with stakeholders to receive and address feedback early and systematically.

Deliverables Submitted to USAID during this Quarter

- Year 1 Final ARPA Work Plan, submitted October 19, 2021
- Year 1 Final AMELP, submitted October 19, 2021

Upcoming Events

- February 2022 (tentative), Kickoff ceremony to announce vaccine administration and capacity-strengthening grant awards to private providers

Priorities Next Quarter

- Issue vaccine administration and capacity-strengthening grants to selected private providers and to Health Connect Jamaica.
- Conduct rapid baseline assessment of Health Connect Jamaica to inform capacity-strengthening support.
- Conduct rapid assessment of private sector capacity to respond to COVID-19 and support future large-scale health interventions to inform capacity-strengthening support.
- Develop a 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 Q1 (October–December 2021)

Top Highlights this Quarter

- Following confirmation from USAID Kazakhstan regarding the placement of genomic sequencing materials, LHSS moved forward with seeking purchase approvals for Round 4.2, which includes an Illumina MiSeq genomic sequencing platform and starter kits, and Round 4.2.1, which consists of a computer workstation. As of the end of Q1, approvals were in process. There is a prioritized support to SARS-CoV-2 Next Generation Sequencing (NGS) in the national laboratories to extend advanced detection in Kazakhstan. NGS is strengthening public health surveillance capacity allowing for earlier detection and precise investigation of outbreaks. The NGS data could 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 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 contribute to the global database.
- The rapid spread of the Omicron variant has led to an increase in COVID-19 transmission, infection incidence has increased 19.6 times in Kazakhstan. Considering a need to meet this challenge, LHSS received a request to assess Omicron detection options from various vendors. The RFQ for this round of procurements (Round 5) closed at the end of December, and LHSS is working with the USAID mission, the CDC, and vendors to present PCR and next-generation sequencing detection options to the MOH. LHSS will determine purchase priorities based on the MOH's needs by mid-January 2022.

Quarterly Activity Progress

LHSS Kazakhstan is focused exclusively on procurements to 1) support the deployment of vaccines, and 2) support Kazakhstan's national laboratories through the procurement of genomic sequencing unit(s) and consumable reagents.

Round 4.2 and 4.2.1 are in the process of being approved for purchase. Round 5 (Omicron detection materials) is currently under technical discussion. Purchases are being expedited at all opportunities.

Progress In removing gender-related constraints, and opportunities pursued to create greater gender equity

Not applicable under this activity.

Waste, Climate Risk Management

Interventions under LHSS Kazakhstan qualify for categorical exclusion according to LHSS' indefinite delivery, indefinite quantity contract. This exclusion means an Environmental Mitigation and Monitoring Plan and accompanying reports (Climate Risk Management, Waste Management plans) are not required.

Progress on Performance Indicators

While no progress has been recorded on the performance indicators in this reporting period, a series of planning meetings and approvals for procurement of genomic sequencing units and consumable reagents took place during this period.

Lessons Learned / Best Practices

- Lessons learned and best practices will be shared once procurements are completed.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No events are scheduled.

Priorities Next Quarter

- Finalize procurement of Illumina MiSeq genomic sequencing platform.
- Identify Omicron detection materials and initiate purchase of materials.

LHSS KYRGYZ REPUBLIC (ARPA)

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS participated in the Republican Health Promotion Center’s annual progress report meeting, where key development partners discussed health promotion and health communication interventions from 2021 and joint plans for the coming year. A joint action plan for 2022 was established that will integrate communication activities into the MOH communication plan.
- LHSS is supporting the severe COVID-19 cases, providing respiratory support, and treating post-COVID-19 conditions. An action plan, which includes online and in-person training, monitoring, and development of SOPs, was drafted and will be submitted to the MOH for approval. LHSS is drafting the terms of reference for national experts and trainers.

Quarterly Activity Progress

In August 2021, LHSS Kyrgyz Republic was notified that additional funding was available through ARPA. This funding is building upon and expanding LHSS’s current scope in the Kyrgyz Republic. The period of performance is September 1, 2021, to August 31, 2022.

Social and behavior change for COVID-19 vaccinations

In November, LHSS met with the Republican Health Promotion Center to agree on LHSS’s continuing support of the National Communications Strategy for Vaccination, with a particular focus on health care workers. As a first step, LHSS will support the establishment of a communications TWG. Members of the TWG will be responsible for reviewing communications products at the design phase.

Health care worker training

LHSS activities were shared with implementing partners and UNICEF, and next steps for introducing the adapted trainers guide on interpersonal communication were identified.

LHSS continues to support the expansion of the Universal Nurse model to additional departments in pilot hospitals, including a new hospital in the Osh region. Pilot regions for the expansion were agreed with government and development partners.

Based on an agreement with the World Bank’s Enhancing Resilience in Kyrgyzstan project, LHSS is supporting the development of an oxygen therapy training curriculum for ICU doctors. LHSS drafted an action plan, key deliverables, and geographical scope.

Strengthening the cold chain system

During coordination meetings with RCI, the E-health Center, WHO, and UNICEF, LHSS confirmed its support for enhancing the cold chain system through revision of regulatory and operational processes, development and introduction of SOPs, and launching LHSS-developed electronic database systems.

Improving laboratory data

LHSS met with the E-health Center and National Virology laboratory to discuss challenges with COVID-19 data collection. LHSS discussed support to improve data recording systems in five new virology laboratories and prepared for future meetings with USAID's Cure TB project to determine how to optimize and possibly integrate COVID-19 lab data in the national laboratory data management information system.

Progress in Removing Gender-Related Constraints, and Opportunities Pursued to Create Greater Gender Equity

LHSS is exploring what gender and social norms may influence health care workers' interpersonal communication on vaccination, consent, and safety awareness and hesitancy to vaccinate. This data will serve as a basis for the development of information and communication materials for health care workers.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

For this reporting period, there hasn't been measurable progress on performance indicators recorded. Most activities focused on collaborative planning and adapting training materials to be used in future sessions.

Lessons Learned / Best Practices

- LHSS met with key partners and participated in TWGs to discuss and reconfirm activities under the ARPA workplan, which also helped LHSS identify priority interventions, such as the development of an oxygen therapy training curriculum for ICU doctors. These meetings with international partners are essential to identifying which partners will lead interventions to minimize duplication of efforts.

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 planned events.

Priorities Next Quarter

- Develop information and education communication materials and counseling job aids for health care workers to use to address vaccine hesitancy and launch training sessions on interpersonal communication in pilot regions.
- Revise and adapt regulatory and operational processes for cold chain management system and finalize the action plan based on district-level rapid-assessment results.
- Finalize grants program concept note and initiate selection process for grantees.
- Complete and test digital tools for epi surveillance and immunization systems for COVID-19.
- Review and adapt the training materials on intensive care and assessment tools for oxygen ecosystem.
- Launch the clinical mentoring and supportive supervision process for multidisciplinary teams.

LHSS PERU (ARPA)

Period of Performance: FY 2022 AY1 Q1 (September–December 2021)

Top Highlights this Quarter

- Through a grant, LHSS selected an organization to take charge of developing and disseminating communication strategies, in coordination with health directorates and local health networks, to increase vaccination and adopt preventive measures in the Puno and Madre de Dios regions.
- In collaboration with the MOH, LHSS launched the development of a communications strategy to strengthen the national response to COVID-19 and prepared to conduct a rapid assessment of the information system for COVID-19 vaccination.
- All local staff for the activity were selected and hired, and LHSS completed activity inception meetings with MOH officials to initiate activities.

Quarterly Activity Progress

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

LHSS began collaboration with the MOH to develop a rapid assessment of the vaccination information system. Based on the assessment, LHSS will develop recommendations to strengthen the MOH's capacity to generate and use the information for effective vaccine deployment. LHSS coordinated with the vice minister of public health and the Directorate of Interventions in Public Health to elaborate the scope of work and hire a consultant.

Task 1.1.2 Strengthen MOH capacity to develop, adapt, and implement communication strategies to address vaccine hesitancy and disseminate emerging information

LHSS began assistance to the MOH to develop a communications strategy for the national response to COVID-19 and the guidelines for the communication policy in response to public health emergencies, including a proposal for the formal approval of the policy guidelines and strategy. LHSS coordinated with the Communications Office of the MOH to draft a scope of work and recruit a local consultant for this effort.

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

LHSS worked with the MOH to select two regions, Puno (Andes) and Madre de Dios (Amazon), for a grant program to develop and disseminate communication strategies to increase vaccination uptake and adopt preventive measures. The organization that will run the grant has been selected, and LHSS is currently in the negotiation phase.

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

LHSS worked with the MOH to select two regions of the central Andes of Peru, Ayacucho, and Huánuco, using epidemiological and management criteria, for supportive activities aimed at strengthening surveillance, prevention, and care of COVID-19 cases. LHSS, in coordination with the MOH, contacted the Regional Health Authorities to initiate technical assistance for this effort.

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

LHSS has prepared a scope of work and begun recruitment for two local consultants who will carry out rapid assessments and evaluate use of the platforms. The first consultant will focus on the IT component, while the second one will examine existing telemedicine initiatives and platforms and propose preliminary recommendations to improve the MOH's telemedicine system.

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 and those who identify as LGBTQ. This GESI approach will help ensure that technical assistance activities to improve the quality of health services are responsive to these groups' specific needs. LHSS included GESI considerations in the design of interventions, such as seeking out local consultants that incorporate a GESI approach in their work.

Waste, Climate Risk Management

LHSS Peru abided by its Waste Management Plan and by its Climate Risk Management Plan (approved with the Peru Year 2 ARPA Work Plan) to ensure compliance with the Integrated Health Systems Improvement Project's initial environmental examination (GH-17-064).

Progress on Performance Indicators

LHSS submitted the draft AMELP for Year 2 to USAID's mission in Peru on December 17, 2021, and received concurrence on December 20, 2021. LHSS submitted the AMELP to USAID/Washington on December 21, 2021, and is waiting for final approval. In Q1, LHSS made progress towards its objective of improving access to and delivery of safe and effective COVID-19 vaccinations, by beginning the grants process for the grantee that will develop and disseminate vaccine-related messaging in the next quarter.

Lessons Learned / Best Practices

- The participation of the Office of the Vice Minister of Public Health has been key to ensuring that the directorates in charge of the technical cooperation in the COVID-19 component integrate LHSS support into their priority agenda. One of the advisors to the vice minister of public health has been assigned the role of focal point to follow up on project activities.
- LHSS worked with the MOH to develop a prioritization methodology to identify the two regions in which the project will provide direct technical cooperation. The methodology comprises three dimensions:

- An index based on the estimation of the Z score of two indicators directly related to the project objectives in the regions: vaccination coverage against COVID-19 cases, and COVID-19 lethality.
- A perception of governance conditions and institutional stability in Regional Health Directorates (DIREAS) and regional governments.
- The absence of similar interventions by other USAID cooperation partners.

Challenges

- Some MOH directorates are more willing than others to engage with the project. The strategic vision of the Vice-Ministerial Office of Public Health to collaborate with LHSS to strengthen the directorates' capacity will be important to generate more support for technical assistance and implementation of recommendations.
- Political instability in the country has led to personnel turnover among LHSS's counterparts in the MOH, which has delayed activities.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted this quarter.

Upcoming Events

- No upcoming events.

Priorities Next Quarter

- Develop report with recommendations to improve the MOH's capacity to generate and use data for effective COVID-19 immunization deployment.
- Assist the MOH to draft a communication strategy, and guidelines for the public health communication policy, in response to the COVID-19 pandemic, including a proposal for the formal approval of the policy guidelines and strategy.
- Elaborate an action plan to expand access to and improve the MOH telemedicine system, including a costing estimate for its implementation.
- Initiate technical cooperation with Regional Health Authorities in Ayacucho and Huánuco.
- Execute grant to reduce vaccine hesitancy and promote preventive measures for COVID-19 in Puno and Madre de Dios.

LHSS TAJIKISTAN (ARPA)

Period of Performance: FY 2022 AY1 Q1 (October–December 2021)

Top Highlights this Quarter

- LHSS conducted on-the-job training with medical workers on how to correctly collect cold chain inventory data, during mentoring visits in five districts of the Gorno-Badakhshan Autonomous region and five districts of the Sughd region. A total of 125 medical workers were trained during the visits.
- During on-the-job trainings in the Sughd region, LHSS included information sessions on Pfizer COVID-19 vaccines, since the Khujand (Sughd region) has two ultra-low temperature refrigerators that will be used to store Pfizer vaccines.

Quarterly Activity Progress

In August 2021, LHSS Tajikistan was notified that additional funding was available through ARPA. This funding builds upon LHSS's current scope of work in Tajikistan, including laboratory strengthening and vaccine technical assistance. The period of performance is September 1, 2021 to August 31, 2022.

Vaccine technical assistance: LHSS continued to map development partners, their contributions, and the LHSS implementation support area to avoid duplication of efforts. The activity met with 18 directors from 15 districts in the Bokhtar region to address how to complete the updated COVID-19 immunization forms correctly. In LHSS-supported districts, 63 percent of the population had received their first dose of the vaccine.

Laboratory technical assistance and procurements: In October, LHSS assessed two newly established laboratories in Bokhtar and Dangara using the WHO-approved assessment tool. The tool includes sections on equipment, infrastructure, specimen collection, management, and test kits. The assessment is under final review and a final report will be submitted in Russian and English. Based on the results of the assessment, LHSS will launch a mentorship program in both laboratories to ensure that internal and external quality control measures are in place. In the following quarter LHSS will also lead trainings for laboratory staff on PCR diagnostics and proper implementation of quality management, such as internal and external quality control, transportation, biosafety and biosecurity, and infection prevention and control.

LHSS is assessing the feasibility of purchasing a viral RNA extractor and consumables for two laboratories. The MOHSPP finalized and approved the list of equipment, and LHSS announced the tender and collecting bids. Based on results and prices, the list might be amended in agreement with the MOHSPP and USAID.

The activity introduced a supply chain management tool in eight laboratories. An online introductory training on the supply chain management tool was held with 12 laboratory specialists. LHSS distributed laptops and printers to these laboratories so that they can connect to the supply chain management system.

The Isfara laboratory in Sughd region was fully equipped and organized with support from the CDC and LHSS. LHSS supported installation of equipment and on-the-job training with engineering and virologist consultants from the Tajik Research Institute of Preventive Medicine. On-the-job training for seven laboratory workers included sessions on PCR diagnostics (RNA detection, and amplification and interpretation of results) Isfara laboratory can now conduct PCR tests for COVID-19.

Progress in Removing Gender-Related Constraints, and Opportunities Pursued to Create Greater Gender Equity

LHSS is working with RCIP and RCFM to strengthen their ability to effectively communicate with different target populations about the benefits and importance of COVID-19 vaccination. This includes strengthening vaccine confidence in local communities, with a focus on women groups as women are often the main medical decision-makers for their families and can influence the uptake of positive health behaviors in their communities.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

LHSS Tajikistan made good progress on 8 indicators this quarter, including supporting multisectoral coordination mechanisms, training 267 health workers on COVID-19 vaccine-related topics, and 33 health workers on testing and conducting mentoring and monitoring visits.

Lessons Learned / Best Practices

- ARPA interventions were initiated in Q1 and none have been completed. The activity will continue to identify lessons learned and best practices as interventions progress.

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

- Adapt and install supply chain management software (Procurement tranche 1C: medicine).

- 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 Sanitary and Epidemiological Service (SES) Khujand, Bokhtar, Dangara, Tursunzade, Istaravshan, Isfara, Penjikent) on PCR, genome sequencing, and enzyme-linked immunosorbent assay (ELISA).

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY TIMOR-LESTE (ARPA)

Period of Performance: FY 2022 AYI Q1 (October–December 2021)

Top Highlights this Quarter

- The activity supported the deployment of MOH healthcare workers and the monitoring of COVID-19 vaccination efforts at 19 community deployment sites in Bobonaro municipality, which as of October 2021 had the third-lowest vaccination rate in Timor-Leste. More than 1,000 vaccines were administered as a result.
- The activity issued an RFA from civil society organizations to support increased vaccine uptake in local communities. The activity identified a candidate among applicants and has submitted the grant package for USAID approval, and implementation is planned to start in January 2022.

Quarterly Activity Progress

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

The Activity supported and monitored the MOH's vaccine rollout at 19 community deployment sites in Bobonaro municipality (highlighted above), interventions to increase vaccination rates included providing transportation for more than 50 health care workers to vaccination sites; conducting health promotion activities at vaccination sites; and supporting and monitoring local health professionals' community mobilization efforts. Through the Activity's support, 1,057 people were vaccinated in Bobonaro with the Vaxzevria COVID-19 vaccine, including 729 people receiving their first dose and 328 receiving their second dose.

In Q1, the Activity also solicited and reviewed grant applications to implement interventions to support the national COVID response. The proposed approaches included using role models at the village and sub-village level to disseminate health information and decrease COVID-19 vaccine hesitancy. The Activity engaged the MOH in the application review process to ensure that the grantee's work would align with the MOH's COVID-19 response. The Activity, together with MOH subcommittee leaders, reviewed the target areas and interventions included in grant proposals and selected a national civil society organization called HAMNASA (short for Hamutuk Nasaun Saudavel, which means 'Together a Healthy Country') as the grant recipient; pending COR approval, implementation is expected to begin in January 2022.

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

In close collaboration with the National Institute of Health, the Activity is strengthening municipal health care worker knowledge and skills around COVID-19. The Activity and the National

Institute of Health identified training gaps needed for municipality health care workers in two training areas: laboratory diagnostic management training for COVID-19 testing and detection at the sub-national level, and emergency care during COVID-19 for health care workers at hospitals. In response to these identified gaps, the Activity helped the National Institute of Health identify the need for training curricula enhancement to address training needs in these areas. The Activity provided technical support to the National Institute of Health to develop a detailed implementation plan for the training.

The Activity has been coordinating with the WHO to support the MOH's health management information system of the MOH to ensure vaccine deployment efforts are monitored and health services information is entered and submitted to the system in a timely and comprehensive manner. This will help improve site-level data collection, entry, and submission, in turn enhancing the government's ability to monitor vaccination campaigns and health services information. The support includes ongoing capacity development along with providing health management information system focal points with phone credits to ensure they have consistent access to the online system. To secure the sustainability plan for providing phone credits, the Activity has engaged HMIS and MOH leadership in discussions to subsequently absorb the phone credits expense into MOH's annual budget.

Progress in removing gender-related constraints, and opportunities pursued to create greater gender equity

LHSS supported grants to proactively integrate gender, female empowerment, and social inclusion into all activities. The Activity included GESI requirements in the grant RFA issued in Q1. The grantee is expected to: identify any specific strategies for targeting vulnerable groups; ensure that the role model group includes enough women, as well as youth and people with a disability if possible; when conducting workshops, include focused discussions on the needs of vulnerable groups and perceived barriers to vulnerable groups accessing health services. The grantee is required to use these approaches to ensure high participation from all sections of society, with a focus on women and other vulnerable groups.

Waste, Climate Risk Management

Not applicable.

Progress on Performance Indicators

As a result of the project team's support to the MOH, 1,057 residents of Bobonaro municipality were administered an approved COVID-19 vaccine; 729 people received their first dose, and 328 people received their second dose.

Lessons Learned / Best Practices

- Helping the MOH and National Institute of Health increase vaccination rates by prioritizing interventions that align with efforts of other stakeholders proved particularly helpful due to the many stakeholders working in the same areas on the same issues. The Activity initially saw instances where multiple partners were duplicating work while

other work remained unaddressed. Through focusing on this alignment of donor efforts, the Activity supported the MOH in prioritizing efforts. As a result, the MOH focused on supporting hard-to-reach areas during vaccination campaigns and identifying community leaders who can mobilize and encourage community members to receive the COVID-19 vaccine.

- The Activity has emphasized to the MOH, UNICEF, and other development partners the importance of frequent and open coordination between the MOH, development partners, and civil society organizations, given the important role each entity plays in responding to the pandemic. As the pandemic evolves, the Activity must continue to support the MOH in identifying gaps in the national response, avoiding duplication of effort among partners, and using various stakeholders' unique capacities to mount an effective and lasting COVID-19 response. One consequence of this is the need to reprogram the previously planned infection prevention control training (Task 1.B.4 in the COVID-19 response plan) to avoid duplication and align with the training priorities identified by the Activity and National Institute of Health (laboratory diagnostics management training and emergency care related to COVID-19 in referral and regional hospitals).

Challenges

- Better coordination is needed between the MOH, development partners, and civil society organizations. This is evident in some areas where organizations are duplicating while other areas go altogether unaddressed. The Activity has actively reached out to the government officials leading the various key pillars of the COVID-19 response, and to key partners (including UNICEF, WHO, and Australia's Department of Foreign Affairs and Trade), to optimize resources for community mobilization efforts and avoid any duplication. The Activity has also identified municipalities in need of increased community mobilization based on information on existing gaps in vaccinations and interventions by various agencies. The Activity has collated this information and shared it with HAMNASA to better target its activities.

Deliverables Submitted to USAID during this Quarter

- No deliverables were submitted during this quarter.

Upcoming Events

- Q2: The Activity will organize a grant ceremony to formally launch the grantee's work on community mobilization for COVID19 vaccinations.
- Q2: The Activity will organize a ceremony to launch its planned trainings (on laboratory diagnostics management and on emergency care for COVID-19). Both sets of trainings will be conducted at multiple locations.

Priorities Next Quarter

- Monitor the implementation of activities by HAMNASA in the target municipalities.
- Support the implementation of National Institute of Health-led trainings for healthcare workers on laboratory diagnostics management and emergency care for COVID-19 in hospitals (subject to USAID concurrence).

- Strengthen municipalities' capacity for timely reporting and monitoring of health services and COVID-19 related information by securing internet connectivity for their HMIS staff.