HEALTH SYSTEMS STRENGTHENING ACCELERATOR

YEAR 3 ANNUAL REPORT

About the Accelerator

A global health system strengthening initiative, funded by the United States Agency for International Development (USAID) with co-funding from the Bill & Melinda Gates Foundation (the Foundation), that supports local partners as they find their own pathways to meaningful and lasting health systems change.

Program Name	Health Systems Strengthening Accelerator (Accelerator)
Reporting Period	Fiscal Year 2021 (October 1, 2020 – September 30, 2021)
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Prime Implementing Partner	Results for Development
Cooperative Agreement Number	7200AA18CA00037
Accelerator Partners and Funders	CERRHUD Health Strategy & Delivery Foundation ICF
	Bill and Melinda Gates Foundation U.S. Agency for International Development

Cover Photo: Newly formed PCP Network members sit to develop their network profile – Atebubu Amantin. Photo Credit: The Accelerator

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Acronym List

Accelerator	Health Systems Strengthening Accelerator
ACS	African Collaborative for Health Financing Solutions Project
ANHSS	Asia-Pacific Network for Health Systems Strengthening
AOR	Agreement Officer Representative
APO	Asia Pacific Observatory
ASC	Agents de Santé Communautaire
BMGF	Bill and Melinda Gates Foundation
CDC	US Center for Disease Control
CERRHUD	The Centre de Recherche en Reproduction Humaine et en Démographie
CHAG	Christian Health Association of Ghana
DGS	*Direction Générale de la Santé*
DHIMS 2	District Health Information Management System
DMP	Deputy Ministry of Planning, Research and Development
DRG/EI	USAID's Center of Excellence on Democracy, Human Rights, and Governance
DSC	Directorate of Community Health
EE/CA	Eastern Europe/Central Asia
EHSP	Essential Health Service Package
EPHS	Essential Package of Health Services
Exemplars	Exemplars in Global Health
FARA	Fixed Amount Reimbursement Agreement
Flagship	Harvard T.H. Chan School of Public Health
FNLS	National HIV Fund
FPP	Full Portfolio Planning
Gavi	Gavi, the Vaccine Alliance
GCC	Global Challenges Corporation
GHS	Ghana Health Service
GHS-ERC	Ghana Health Service Ethics Review Committee
GOG	Government of Ghana
HeFRA	Health Facilities Regulatory Agency
HF	Health Financing
HFU	Health Financing Unit
HIP	Health Insurance Providers
HIS	Health Information Systems
HSPRI	Health Systems and Policy Research Institutions
HSS	Health Systems Strengthening
IA	Institutional Architecture
ILO	International Labour Organisation
JFKMC	John F. Kennedy Medical Center
JLN	Joint Learning Network for Universal Health Coverage
JSI	John Snow, Inc.
KIIs	Key Informant Interviews
KOFIH	Korea Foundation for International Healthcare

KPIs	Key Performance Indicators
L4UHC	Leadership for Universal Health Coverage
LHEF	Liberia Health Equity Fund
LMICs	Low- and Middle-income Countries
LWVF	Leahy War Victims Fund
M&E	Monitoring and Evaluation
MEL	Monitoring Evaluation and Learning
MFDP	Ministry of Finance and Development Planning
MHPSS	Mental Health and Psychosocial Support
MOH	Ministry of Health
MOHPH	Ministry of Health and Public Hygiene
MSC	Most Significant Change
NCDs	Non-communicable Diseases
NDS	National Drug Service
NGO	non-governmental organization
NHIA	National Health Insurance Authority
NoP	Networks of Practice
OH	Outcome Harvesting
OHS	Office of Health Systems
P4H	Partnership for Health
PC	Presidential Coordinator
PCP	Primary Care Provider
PLHIV	People Living with HIV
PNCFS	*Plateforme Nationale de Coordination pour le Financement de la Santé*
PNLS	National AIDS Control Program's
PNSC	*Plan National de Santé Communautaire*
POP	Prioritized Operational Plan
PPME	Policy, Planning, Monitoring and Evaluation
R4D	Results for Development
RDD	Research Development Division
RDF	Revolving Drug Fund
RECO	Relais Communautaires
RFP	Request for Proposals
RIP+	*Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH*
S4H	Systems for Health
SA	Social Accountability
SBC	Social Behavior Change
SDG	Sustainable Development Goals
SIA	Supplementary Immunization Activities
SORMAS	Surveillance, Outbreak Response Management and Analysis System
SPARC	Strategic Purchasing Africa Resource Center
SPMDP	Society of Private Medical and Dental Providers
STAIP	Strategic Technical Assistance for Improved Health System Performance and Health Outcomes
TA	Technical Assistance

ToC	Theory of Change
TOR	Terms of Reference
TWG	Technical Working Group
UGMC	University of Ghana Medical Centre
UHC	Universal Health Coverage
VOT	Victims of Torture Fund
WA/RHO	West Africa Regional Health Office
WHO	World Health Organization

Executive Summary

In its third year, the Health Systems Strengthening Accelerator (Accelerator) deepened working relationships with governments and non-governmental partners who are tackling complex health system challenges, and continued developing new relationships for an expanded set of challenges. Applying innovative approaches to technical assistance for health system strengthening, the Accelerator has helped these partners to generate new evidence, analyze root causes of poor outcomes from systems, design home-grown solutions and adapt others from international peers, and deliberately learn and adapt as those designs for health system change meet real-world implementation challenges.

Virtually all system change processes that the Accelerator supports are owned, and in many cases institutionalized with, actors who have a long-term stake and role to play in their systems—from Ministries of Health to small, civil society organizations. That means that the necessary first steps toward achieving equity, quality, and financial risk protection that the Accelerator supports directly within the project's lifetime will more likely be sustained by those actors through necessary and increasingly sufficient steps in the future.

As the Accelerator continues to apply this theory of complex systems change, it now actively facilitates systems strengthening efforts in Cote d'Ivoire, Georgia, Ghana, Guinea, Liberia, Togo, and across several countries in Asia. In the past year, for example, the Accelerator has helped enable:

- Government and civil society partners in **Cote d'Ivoire, Guinea, and Togo** to advance multifaceted changes in governance, financing, and social accountability mechanisms required for community health and universal health coverage policies—plans that aim to improve coverage and quality of care for family planning, maternal and child health, and HIV treatment.
- The Ministry of Health and a non-government organization in **Georgia** to begin tackling the fragmentation and precarious sustainability of rehabilitative services, finding the most efficient and effective ways to integrate such services with other primary, secondary, and specialty health services.
- All the major health sector agencies of **Ghana**—the Ministry of Health, Ghana Health Service, National Health Insurance Authority, and the Health Facilities Regulatory Agency—to scale-up innovative and equity-enhancing models of primary health care delivery, improve regulatory functioning for quality of that care, optimize funding of that care through strategic purchasing, and to navigate the Covid pandemic's direct and indirect risks to Ghana's health system and economy.
- The JFK Medical Center in **Liberia**, the country's premiere primary-to-tertiary care facility, with assistance from the Ministry of Health, to overhaul JFKMC's systems for financial management, commodity management, and quality assurance for maternal care.
- Eight institutions dedicated to Health Policy and Systems Research (HPSR) in **Afghanistan, Bangladesh, India, Indonesia, and the Philippines**, alongside the WHO Alliance for HPSR several global health funders of training and learning platforms, to co-create a shared regional vision and country-specific action plans to strengthen the HPSR ecosystem in Asia.

The Accelerator also aims to advance global knowledge on innovative approaches to health system strengthening that can be applied by diverse global, regional, and country health system leaders. For example, the Accelerator has generated evidence and learning on how:

- External support for health system strengthening can be provided in a way that assesses and deliberately strengthens countries' own **capacity to drive similar system changes** in the future—a principle that leverages the Accelerator's "institutional architecture for HSS" framework and aligns with USAID's principles for locally-led development.
- **Implementation research** can be used during the piloting and scale-up phase to improve national health system improvement strategies, such as Guinea's professionalization of community health workers and Ghana's creation of primary care provider networks.
- **Immunization** campaigns have strengthened (and how they could better strengthen) routine immunization systems.
- **Financing for rehabilitation services** is structured in low and middle-income countries, and how policymakers can increase coverage of such services by better integrating that financing with primary health care systems in post-conflict settings
- Insights and approaches from the **social and behavior change field and the social accountability** field can be brought together to help countries advance their health systems change goals

The Accelerator and partners work on these immediate challenges while simultaneously developing and codifying next generation approaches to supporting country health systems change processes. These approaches represent an important shift from more traditional technical assistance models that focus on delivering pre-defined technical solutions to narrowly defined challenges to a more facilitative, holistic and adaptive approach that is grounded in country-led processes, informed by deep analysis of underlying systems issues and advanced through facilitation of co-creation processes where multi-stakeholder groups use in-country, regional and global learning to create country-owned solutions that are adapted to the local context. The Accelerator's monitoring, evaluation, and learning plan guides active tracking and learning from the project's application of these approaches, yielding lessons that will increasingly be shared with the broader global health community.

The Accelerator's third year of work occurred during the ongoing global COVID-19 pandemic, which clearly limited travel, in-person meetings and workshops, and the time, energy, and resources that health system leaders and practitioners could devote to myriad health challenges. The Accelerator team greatly appreciates the dedication of change agents throughout the world who have managed the dual responsibility of responding to near term effects of COVID-19, while continuing to strengthen systems for sustainable improvements in health over the long term. Alongside their efforts, the Accelerator has successfully transformed business-as-usual (and mostly in-person) modes of partnership into virtual ones that are safe, efficient, and still responsive. A silver lining to this transformation has been, in at least some cases, increased and likely more equitable participation in health system strengthening processes. For example, the Accelerator was able to increase the number of virtual convenings to discuss applications of research on social accountability that allowed a more diverse array of national, district, and community level actors across Guinea, Cote d'Ivoire and Ghana to participate. Similar methods allowed for highly efficient and equitable co-creation at a regional level in Asia.

We are grateful for the generous support of USAID and the Bill and Melinda Gates Foundation that enabled this work. Together with the Health Strategy and Delivery Foundation (HSDF), ICF, CERRHUD, GCC, RIP+, and new partners in new countries who are joining just as this report is being written, we look forward to continuing to innovate and advance progress toward stronger health systems and improved health outcomes in a fourth year and beyond.

Nathan Blanchet, ScD, on behalf of the entire Accelerator team

Accelerator Project Director

Results Framework and Program Goals

The Accelerator's technical assistance model is designed to flexibly address a wide variety of key, current health systems challenges—from national financing strategies to systemic approaches for specific diseases or health needs, including:

- Organizational primary care service delivery and workforce to improve quality, including at the community level
- Management capacity-building in decentralized contexts
- Risk pooling and strategic purchasing
- Resource allocation and improving efficiency
- Private sector engagement and regulation
- Furthering self-reliance in the context of gradual country transition from dependence on donor financing
- Responsiveness to epidemiological transitions and dual burdens of disease
- Health security and systems resilience

In addition to these specific themes, the Accelerator can also address several cross-cutting areas of need, such as generating and using data for decision making; developing evidence and learning capacities; improving institutional capacities to manage health systems change; strengthening primary care as the foundation of the health system; and advancing progress towards universal health coverage (UHC).
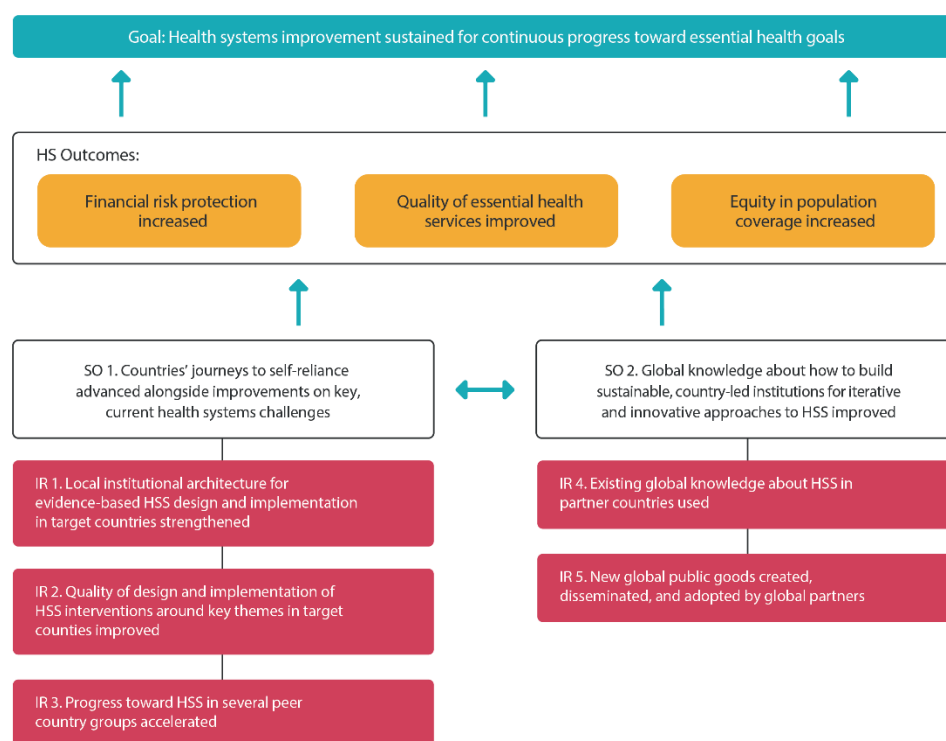

Figure 1: Accelerator Results Framework

Cross-Bureau Activities Summary and Results

Activity 1: Integrated Health Systems Strengthening Support to Improve Community Health Outcomes in West Africa

The Accelerator is partnering with countries in West Africa to provide integrated health systems strengthening (HSS) support to improve community health outcomes and strengthen universal health coverage (UHC). This support responds to challenges with community-level health outcomes as a result of low government spending on health, infectious disease outbreaks, and complex systems constraints.

The Accelerator is working with USAID Missions, country leaders, communities, and development partners in three focus countries—Togo, Guinea, and Côte d'Ivoire—to prioritize systems-level barriers hindering community health outcomes and UHC, understand entry points for change, and apply integrated systems improvement approaches. The vision is to complement and support—but not duplicate—countries' existing health strategies through facilitation of country-led and owned participatory processes.

In Y3, the Accelerator made significant progress in all three countries. In Togo, the team helped the government make progress toward UHC by integrating components of the various UHC programs and strategies, developing a capacity strengthening plan for local civil society, and launching the process for developing a national and regional UHC learning agenda. In Guinea, the team implemented a series of thematic co-creation workshops resulting in action plans aimed at improving the rollout of the National Community Health Policy and began implementing components of those action plans. In Côte d'Ivoire, the team developed the National Community Health Policy and finalized an interactive resource mapping tool to support community health priorities, in collaboration with the Directorate of Community Health (DSC).

Key Achievements:

Togo
1. Concluded a six-part, multi-stakeholder co-creation process aimed at advancing UHC in Togo, including drafting of a UHC action plan for implementation by the Ministry of Health, Public Hygiene and Access to Universal Care (MSHPAUS) in collaboration with the Accelerator and other partners
2. Co-created an integrated UHC plan incorporating the co-creation action plan, the national health roadmap, and related strategies and plans to ensure coherence and promote collaboration between key stakeholders of UHC in Togo
3. Co-created, with two Togolese civil society platforms, a capacity strengthening plan to increase civil society involvement in the UHC decision-making space in Togo

4. Received ministerial approval to support the rollout of the new national policy on free services for pregnant women and newborns (including postpartum family planning) by documenting best practices and promoting cross-country/cross-regional learning
5. Launched development of national and regional UHC learning agendas

Guinea
1. Completed thematic group co-creation process on the sources of financing and mechanisms for funding flows, including developing an action plan to support sustainable financing for community health and initiated implementation of key activities
2. Completed thematic group co-creation process on decentralized roles and responsibilities for community health, including developing an action plan
3. Built strong relationships with local civil society organizations (CSOs) and provided technical assistance for participation in national funding mechanisms and in crafting advocacy messaging and strategies for improved community health financing and social accountability

Côte d'Ivoire
1. Completed a comprehensive community health situational analysis and report
2. Completed and validated a National Community Health Policy in consultation with key stakeholders
3. Led a national-level survey and collected data from 90% of regions in Côte d'Ivoire for a community health resource mapping tool
4. Developed an interactive, online community health resource mapping tool and database including GPS coordinates pinpointing the types of community health interventions, actors, and donors across Cote d'Ivoire, and validated the tool with the Director-General of Health, USAID, and other stakeholders

Sub-activity 1: Togo

In Y3, the Accelerator concluded the co-creation series for addressing key challenges in Togo's UHC rollout in partnership with the African Collaborative for Health Financing Solutions (ACS) project and *Centre de Recherche en Reproduction Humaine et en Démographie* (the Center for Research in Human Production and Demography or CERRHUD). Participants established a Task Force to finalize the UHC action plan and to continuously convene to monitor implementation. Outcome harvesting conducted in Togo highlighted the value of the co-creation process.

> *"The Accelerator is truly launching the country on the road to implementation of universal health coverage. The process involved higher-level actors who can make decisions, which made it easier to ensure good alignment with government policies."*
>
> - CSO representative

At the Ministry of Health's (MOH) request, the Accelerator facilitated the creation of a national integrated UHC plan, integrating the co-created UHC action plan with the national health roadmap, the World-Bank funded "Services de Santé Essentiels de Qualité pour la Couverture Sanitaire Universelle" (Essential, Quality Health Services for UHC or SSEQCU) project, and related strategies to ensure coherence between all UHC stakeholders. The plan has four key elements: (i) Improve access to primary and basic health care; (ii) Strengthen the health workforce; (iii) Define and implement UHC; and (iv) Achieving prerequisites for the successful implementation of the health roadmap in the areas of governance, monitoring and evaluation, and resource management. The Accelerator's work centered around the fourth strategy, specifically the creation of a monitoring and evaluation (M&E) framework and related indicators and promoting increased accountability in the UHC space.

The Accelerator started working with two civil society platforms, *Union des ONG du Togo* (Union of Togolese NGOs, or UONGTO) and the International Network for Social Protection Rights-Togo (*INSP!R-Togo*), to build staff competency in advocacy techniques, accountability, knowledge of UHC, and M&E. The team developed a tool to assess baseline competencies then created a 12-month capacity strengthening plan. The platforms comprise multiple member organizations, which will increase the Accelerator's reach and impact in addressing a key challenge identified during the co-creation process.[1]

In Y3 Q4, the Accelerator planned and facilitated the first of a series of workshops to elaborate national and regional UHC learning agendas. These agendas will promote the application of UHC knowledge and highlight best practices. They will cover different themes, including Togo's new program for free maternal and newborn health services (including postpartum family planning). The Accelerator collaborated with ACS and two Burkina Faso-based organizations on the regional learning agenda workshop to foster cross-regional knowledge translation and experience sharing among UHC stakeholders in West Africa.

Finally, the Accelerator served as the lead to promote collaboration and ensure synergy among USAID Regional Health Office implementing partners working on capacity strengthening in West Africa. In this role, the Accelerator hosted a meeting in April 2021. Partners presented their activities, challenges, and opportunities for collaboration. Participants also expressed an interest in ensuring the sustainability of activities, maximizing resources available, and discussing further social and behavior change approaches – a topic that will inform the Accelerator's work with civil society in Togo.

Sub-activity 2: Integrated HSS Support in Guinea

In Y2, in collaboration with the Directorate of Community Health and Traditional Medicine (DNSCMT), the Accelerator identified three key challenges in the implementation of Guinea's *Politique Nationale de Santé Communautaire* (National Community Health Policy, or PNSC) that served as the basis for virtual co-creation thematic groups. These include:

1. Sources of financing and mechanisms for funding flows
2. Decentralized roles and responsibilities

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[1] During co-creation, weak political commitment around the UHC agenda was highlighted as a significant challenge. To address this challenge, the action plan proposed strengthening civil society involvement and role in the decision-making process for UHC in Togo.

3. Implementation research and learning

In Y3 Q1, the Accelerator completed implementation of the financing co-creation, which concluded with the development of a community health financing action plan, which focused on improving financial execution and achieving sustainable financing for community health. The co-creation successfully convened diverse government, donor, partner, and civil society stakeholders who often work in siloes to tackle complex financing issues. The DNSCMT demonstrated their commitment and ownership by integrating the action plan into their annual operational plan. The Accelerator also supported the DNSCMT to advocate for increased, sustainable financing for community health through their participation of the [International Community Health Conference](https://) (ICHC) in April. The Director of the DNSCMT presented during a session on the multi-sectoral action for community health and during a donor investment round table.

The Accelerator began implementing priority workstreams. The Accelerator took a collaborative approach, working closely with the DNSCMT and CSOs to develop a community health advocacy strategy that will be used with the National Assembly, the Ministry of Budget, and other national stakeholders to secure sustainable domestic financing for community health and ensure that the government honors its funding commitments. During a three-day hybrid workshop CSO representatives and the DNSCMT convened to develop the advocacy strategy. The DNSCMT shared insights on the priorities, concerns, challenges, and current state of implementation of the PNSC in Guinea, which helped the group develop advocacy messaging and identify key actors and stakeholders that need to be involved and targeted. The group also arranged to have an advocacy simulation to help practice and build the skills of advocating for their needs and priorities.

The Accelerator convened civil society representatives and the Directorate of Community Health and Traditional Medicine to develop an advocacy strategy for sustainable domestic resource mobilization for the National Community Health Policy. Photo credit: The Accelerator

To further support community health financing, the Accelerator supported over 20 CSOs to ensure their priorities were included in the country's proposal for the Global Fund COVID-19 Response Mechanism (C19RM), in close collaboration with Guinea's country coordination mechanism (CCM). Guinea's proposal was ultimately successful in receiving $20 million in funding from the C19RM and the CCM acknowledged the Accelerator's critical support.

In Y3, the Accelerator completed a second co-creation process centered on decentralized roles and responsibilities in the implementation of the PNSC. The PNSC calls for the decentralization of funding and decision-making for community health to the regional, prefectural, and community levels. Accelerator analysis revealed that this power remains concentrated at the central level because decentralized levels often do not have the information, budgetary and legal authority or resources needed to implement their own community health priorities. The co-creation resulted in a country-owned action plan on decentralized roles and responsibilities focusing on two primary strategies and solutions: improving the transfer of resources and decision-making powers to decentralized levels of the health system and strengthening social accountability and citizen engagement.

Implementation of the decentralized roles/responsibilities was in process at the tail end of Y3, but along with the learning agenda co-creation thematic workshop, several activities have been delayed due to the September 5, 2021, coup in Guinea. These activities require strong collaboration and ownership by MOH stakeholders, who have been occupied with more pressing challenges post-coup. Our contacts at the Ministry have noted that these activities remain high priority and we anticipate gaining more traction in Y4 once the political situation in-country has stabilized.

Sub-activity 3: Côte d'Ivoire

In Y3, the Accelerator implemented two activities to support community health priorities in Côte d'Ivoire: a national community health policy and accompanying situational analysis and an interactive community health stakeholder mapping tool (or geoportail in French) and database.

The goal of the community health policy is to clearly articulate the country's vision for community health, the roles, and responsibilities of community health actors at each level of the system, and to promote a standardized implementation approach. The live interactive mapping tool will allow the DSC to have a comprehensive view of all activities, actors, and sources and levels of funding for community health in each region and district with the end goal of identifying potential duplication of efforts and gaps in community health coverage to inform reallocation of resources.

In Q1, the Accelerator recruited in-country experts and identified a focal point at the DSC to support each of the activities. The experts also led documents review and created two multistakeholder groups to guide the design and implementation of each of the activities: (1) a working group of key representatives of the government to advise and support the development of the community health policy and (2) a technical secretariat including 15 members from the Ministry of Health, national health information system experts, and technical and financial partners to guide the resource mapping tool.

National Community Health Policy

In Q2, the Accelerator finalized the interview guide for the situational analysis to inform the development of the national community health policy. The Accelerator interviewed 15 different

stakeholders including members of the national government, decentralized government actors, technical and financial partners, and civil society to gather information on community health; the results of the interview and document review were used to develop the situational analysis.

In Q3, the Accelerator presented the first draft of the national community health policy in a workshop with the technical working group. The Ministry of Health requested that the Accelerator include additional components into the policy to align it with the newly developed "*plan de développement sanitaire 2021 – 2026* (national health development plan). The Accelerator incorporated those inputs and submitted the final policy to the DSC. The Accelerator also developed recommendations for the policy's dissemination and operationalization. In Q4, the Accelerator met with the DSC to align on the next steps and jointly agreed to develop a concrete operational plan for the community health policy in Y4.

Community Health Stakeholder and Resource Mapping Tool

In Q2, the team finalized the methodology for community health resource mapping tool data collection. The team proposed a comprehensive national data collection and identified 136 regional and district-level points of contact (the total number of regions and districts in Côte d'Ivoire) to facilitate virtual data collection. In Q3, The Accelerator conducted a series of trainings for the points of contact, which greatly facilitated the quality and completeness of the data collected; data were received from 90% of the regions. These data were used to develop the interactive resource mapping tool and accompanying survey report.

Participants attend the national community health resource mapping validation workshop. Photo credit: The Accelerator

In Q4, the Accelerator presented a first draft of the report in a national workshop attended by the technical secretariat including Director General of Health, government stakeholders, decentralized

government actors, technical and financial partners, and members of the USAID Mission. The team presented the survey results and demonstrated the features and functionality of the resource mapping tool. Participants provided key inputs and the Accelerator will take into consideration their comments and finalize the report in the next quarter.

Figure 2: Screenshot of the community health resource mapping tool and downloaded map.

The Accelerator organized a demonstration session with the USAID Mission during which the consultants presented resource mapping tool. The USAID Mission expressed interest in sharing data in districts and regions with data gaps and also requested access to the tool. Next quarter, the Accelerator will train members of the DSC on updating the geoportal and will continue to engage with the Mission to integrate their data.

Deliverables

In **Togo**, the team completed the following deliverables:

- UHC co-creation workshop final report
- Cocreated UHC action plan (Excel) and narrative
- RHO partners synergy table
- "How Togo recharted its path to universal health coverage amid COVID-19" blog
- National integrated UHC plan and narrative
- Terms of reference for the UHC integrated UHC plan workshop, days 1 and 2
- Civil society capacity evaluation tool
- Civil society capacity strengthening tool and plan (Excel)
- Presentations for the RHO capacity strengthening partners' April 2021 meeting
- Terms of reference for the national UHC learning agenda workshop session 1
- PowerPoint deck for the national UHC learning agenda workshop

- Terms of reference for the regional UHC learning agenda workshop session
- PowerPoint deck for the regional UHC learning agenda workshop

In **Guinea**, the team completed the following deliverables:

- Implementing Guinea's National Community Health Strategy Blog for International UHC day
- Financing co-creation deliverables:
  - PowerPoint deck from financing co-creation session 1
  - PowerPoint deck from financing co-creation session 2
  - PowerPoint deck from financing co-creation session 3
  - Lessons learned from Liberia's experience on financing its community health program brief, produced by Exemplars in Global Health for the Accelerator
  - Final report from the financing co-creation process
  - Validated co-creation financing action plan
  - PowerPoint slide deck to discuss collaboration and next steps on financing co-creation action plan with financial and technical partners
  - PowerPoint slide deck summarizing key recommendations for next steps on implementation of the financing action plan and aligning donor/partner priorities
  - Workshop materials for community health financing advocacy workshop with civil society (PowerPoint slide deck and advocacy strategy template)
- Presentation to the multi-sectoral stakeholder platform on the co-creation process
- Presentation to the Third Global Flagship Convening in CHW-Focused Investments
- Decentralized roles and responsibilities co-creation deliverables:
  - PowerPoint deck from co-creation roles/responsibilities session 1
  - PowerPoint deck from co-creation roles/responsibilities session 2, including cross-country resources on decision space and completed root cause analysis
  - Roles and responsibilities agenda and slides for Session 3
  - Roles and responsibilities workshop report
  - Validated roles and responsibilities co-creation action plan
- Report from CSOs on the Global Fund COVID-19 Response Mechanism funding priorities
- ICHC deliverables (two presentations and one poster)
  - Investment roundtable presentation
  - Multi-sectoral action for community health: presentation on child-friendly communities
  - Systems thinking and co-creation for addressing community health challenges in Guinea poster

In **Côte d'Ivoire**, the team completed the following deliverables:

- PowerPoint deck on the objectives and methodology for the national community health policy and resource mapping tool presented to the DSC
- Situational analysis interview guide (six guides adapted to different stakeholders)
- Questionnaires for resource mapping tool data collection
- PowerPoint presentation on the Accelerator's activities in Côte d'Ivoire for USAID Mission, March 2021
- Community Health Situational Analysis

- [National Community Health Policy](#)
- [Community Health Policy Consultancy Report](#)
- [Community Health Policy Validation Workshop Report](#)
- [Update to the USAID Mission on the Accelerator's activities in Côte d'Ivoire (PowerPoint deck), August 2021](#)
- [Community health resource mapping tool demonstration to USAID PowerPoint presentation](#)

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
Sub-activity 1: Integrated HSS support in Togo				
1.1 Completion of co-creation workshop process (XB funds)	X			
1.2 Packet of deliverables from co-creation workshops (XB funds)	X			
1.3 Packet of work plans from co-creation workshops (XB funds): co-creation action plan and workshop report	X			
1.4 Packet of knowledge briefs and PowerPoints (XB funds)	X	X		
1.5 Coaching plans and coaching provision (XB and West Africa Regional funds)			X	X
1.6 Tools to support action plan implementation, including engagement of private sector and civil society (XB and West Africa Regional funds)			X	X
1.7 1-2 deliverables arising from action plan implementation (XB and West Africa Regional funds): integrated UHC plan developed				X
Sub-activity 2: Integrated HSS support in Guinea				
2.1 Conclusion of co-creation meetings*				X
2.2 Packet of work plans from co-creation workshops: financing and roles and responsibilities action plans				X
2.3 Packet of knowledge briefs created for the thematic groups	X			
2.4 1-2 deliverables arising from thematic groups' action plan implementation: ICHC presentations, civil society report to CCM for CR19 proposal, and civil society advocacy workshop materials			X	X
Sub-activity 3: Catalytic investment in Côte d'Ivoire				
3.1 A finalized national community health policy document			X	
3.2 Situational analysis of community health in Côte d'Ivoire and constitution of a community health working group comprised of key stakeholders		X		
3.3 A resource mapping tool highlighting technical and financial implementers and partners in community health				X
3.4 A final report on the resource mapping highlighting gaps in community health coverage and recommendations to the DSC team				X

*The learning co-creation workshop was delayed due to the coup in Guinea. Pending go-ahead from the DNSCMT/MOH, this will take place in Y4 Q1.

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
Togo	
Delegated Minister for Access to Universal Health Care's team less available to ensure the adoption and implementation of the co-creation plan as well as the workshop to develop the UHC integrated plan, due to the MSPAUS' focus on rolling out the new program for financing pregnant women and newborns' health services and initiating the SSEQCU project.	The Accelerator offered technical support to roll out the government's new program for financing pregnant women and newborns' health services, and to develop an integrated UHC plan including the SSEQCU workplan. The Accelerator also organized and facilitated a workshop to develop a learning agenda for UHC.
Continued need for individual meetings with stakeholders in Togo to promote uptake of the plan.	Continued individual outreach to key partners.
Delay in finalizing the scope of work, budget, and draft agreement for the Accelerator's Country Engagement Partner (CERRHUD) resulting in a delay in submitting an AOR request to sign the agreement.	The Accelerator organized weekly meetings with CERRHUD to finalize the documents and started onboarding informally some members of the CERRHUD team. The Accelerator's Management Team communicated the delays to the AOR, and the request was submitted and approved in Q4. The subaward with CERRHUD was executed in Q4.
Guinea	
A military coup in September 2021 delayed activities as the country works to put in place a new constitution and government. This has particularly disrupted work with the Ministry of Health.	The Accelerator is regularly checking in with key stakeholders. The project is moving forward with work that is not as impacted by the coup, such as the collaboration with CSOs on community health advocacy.
Côte d'Ivoire	
The DSC and Accelerator consultants proposed a comprehensive, nationwide data collection methodology, which needed to be adapted for virtual collection due to COVID-19 and resource constraints. There were some delays in receiving data from all districts and regions	The Accelerator held several training sessions to ensure that MOH focal points understood the data collection methodology and regularly followed up to ensure all data were received. The Accelerator provided communication credits to facilitate data collection and follow up. The Accelerator

due to competing priorities such as bed net distribution campaigns.	consultants also conducted targeted field visits to districts experiencing slower data transmission rates.

Priority Activities for Next Quarter

Togo

In Togo, next quarter, the Accelerator will:

- Develop tools to support UHC action plan implementation such as an M&E plan and indicators,
- Implement the capacity strengthening plans with the two civil society platforms with a view to build civil society capacity and engagement in UHC decision-making,
- Participate in the West Africa RHO Implementing Partners Meeting and Work planning Discussions
- Finalize national UHC learning agenda, and
- Initiate the new PEPFAR-supported activity focused on laying the groundwork for Togo's UHC policy changes to integrate the HIV response

Guinea

Key priorities in Guinea in the next quarter fall into three main categories and are outlined below:

Strategy, Advocacy, and Accountability for Financing

- Finalize advocacy messages, including documents and presentations, for CSOs to use tailored to government audiences for other advocacy opportunities
- Disseminate advocacy tools and messages to decentralized levels for adaptation and broader use

Leadership, Planning, and Management

- Ensure regular meetings and support agenda-setting of community health coordination platform
- Simplification, clarification, and translation of PNSC guidelines to be disseminated to communities

Learning:

- Complete the learning and implementation research co-creation series and develop a learning agenda for community health

Côte d'Ivoire

Key priorities in Côte d'Ivoire in the next quarter include:

- Finalize community health resource mapping report
- Ensure the sustainability of the resource mapping tool by training DSC staff
- Recruit consultant to develop community health operationalization plan

- Initiate draft of operationalization plan
- Engage with the USAID Mission to integrate additional data into the resource mapping tool
- Present the resource mapping tool during an Office of Health Systems brownbag

Administration

Togo

The AOR approved the Accelerator's request to sign a subaward agreement with CERRHUD in August 2021. As the Accelerator's country engagement partner and lead implementer of activities in Togo, CERRHUD supports our efforts to increase civil society engagement in UHC advocacy and decision-making, strengthen the technical capacity of UHC implementers, and promote adaptive learning for UHC. Members of the CERRHUD team, including Dr. Kefilath (Kéfi) Bello, have been consultants on the Accelerator since 2019 and are familiar with the context, key local stakeholders, and the Accelerator's workplan.

Human Resources

Togo

Loriade Akin-Olugbade joined the team in January 2021 when Emily Adams transitioned off the team. The Accelerator also welcomed an intern, Isabeaux (Beaux) Kennedy Mitton, who is a master's student in the Global Health program at Duke University in May 2021. She worked full-time until August 2021 and will continue to support the team part-time until May 2022.

Activity 2: Strengthen Institutional Architecture for Continuous Health Systems Strengthening

This activity was completed in Year 2. The Accelerator now utilizes funds under various field support activities to apply the Institutional Architecture (IA) framework in partner countries where relevant.

Activity 3: Applying Improved Technical Assistance Model for Sustainable Health Systems Strengthening

Key Achievements:

1. Conducted virtual learning series to facilitate systematic learning on HSS approaches, resulting in finalized synthesis report and prioritization of three topics for further systematic learning:
   - Co-creation methods to drive health system change
   - Institutional Architecture framework application
   - Health systems integration to improve efficiency, accountability, and sustainability of priority programs
2. Completed the first phase of multi-country learning on pandemic coordination, resulting in a synthesis of practical lessons for country leaders and action plans to adapt the lessons into local contexts in four countries (Bangladesh, Ethiopia, Kenya, and Senegal) (Foundation-funded)
3. Developed and launched the coaching database of HSS experts, increasing the number of regional and country experts in the coaching database from 107 in the original interim database to 337 individuals and 35 institutions (Foundation-funded)
4. Launched the coaching process facilitation e-learning module, with 95 users completing the module (Foundation-funded)
5. Launched the remote coaching e-learning module, with 67 users (Foundation-funded)

In Y3, the Accelerator built on the foundational work of Y1 and Y2 to develop and apply several improved technical assistance (TA) models for HSS and systematically learn about what is working well or not among new TA approaches. These experiences were captured and shared through a virtual learning series among Accelerator and USAID staff and partners. To support deeper systematic learning, the Accelerator continued to make progress in applying its Monitoring, Evaluation, and Learning (MEL) plan, using "outcome harvesting" to capture more details on the change processes used to lead toward particular HSS outcomes. The Accelerator continued to build and draw upon a community of locally and regionally based expert "coaches" that guide, facilitate, and mentor local partners through HSS and health systems change processes.

Activity 3 efforts received supplemental funding from the Bill and Melinda Gates Foundation dedicated to enhanced learning about the Accelerator's approaches, development of a coaching database and e-learning modules, and the use of cross-country collaborative learning. For the latter, the Foundation's supplemental funding supported a multi-country collaborative on the national coordination of pandemic response in partnership with the Joint Learning Network for Universal Health Coverage (JLN). The virtual collaborative supported senior leaders from eight countries to learn from one another on priority topics such as citizens' compliance to public health measures, integrating data sources for pandemic management, and coordinating the COVID-19 vaccine roll-out, resulting in a set of country action plans, a synthesis product, and a blog series. Methods and lessons about how to best implement cross-country

collaborative learning are applicable for the Accelerator's Asia regional health policy and systems research (HPSR) ecosystem strengthening activity and an upcoming cross-country learning activity on integrating rehabilitation services and universal health coverage.

Sub-activity 1: Facilitate multi-stakeholder forum on how new TA models are advancing HSS across Accelerator activities

In December 2020, the Accelerator hosted the Virtual Learning Series to reflect on the project's work to date and engage in systematic learning on HSS topics and effective approaches to address challenges around the following priority topics:

- Achieving sustainable and equitable financing for UHC
- Improving efficiency, effectiveness, and sustainability of priority programs through health systems integration
- Health systems' journey to self-reliance: Assessing and strengthening institutional architecture for HSS

The Accelerator synthesized learnings from the series into a concise synthesis report shared with USAID. Findings from the Learning Series also informed discussions between the "Pause-and-Learn" exercise between the AOR and the Accelerator in February and March 2021. The series also resulted in the prioritization of three topics for further systematic learning, including:
- Co-creation methods to drive health system change
- Institutional Architecture framework application
- Improving efficiency, effectiveness, and sustainability of priority programs through health systems integration

The Accelerator will further document its experience with these three topics and systematically learn through outcomes harvesting and other upcoming Accelerator MEL activities.

Sub-activity 2: Apply and further develop coaching approach through e-learning modules and database (Foundation-funded)

With support from the Foundation, the Accelerator is developing the coaching approach in collaboration with the [Strategic Purchasing Africa Resource Center (SPARC)](). The program developed two new e-learning modules that share practical tips on effectively facilitating country-led health systems change through a coaching approach. The program also developed a global database of experts to increase the visibility of regional and country experts (individuals and institutions) in Africa and Asia. The Accelerator is leveraging and adapting these global public goods to support field-supported activities and work with the Asia Bureau to strengthen Asia's health systems and policy research ecosystem.

e-Learning modules

The Accelerator launched two new Coaching e-learning modules on Designing and Facilitating Effective Processes (launched in April 2021) and Remote Coaching (launched in July 2021). These modules are featured on The Coaching Approach landing page: https://r4d.org/thecoachingapproach/. The team

also migrated all of the coaching approach modules to an easier-to-use e-learning platform called LearnWorlds: https://coaching-approach.learnworlds.com/home.

The program actively worked to drive interest and traffic to the new learning site through social media and other communications channels of the Accelerator, USAID (HSS list serv), SPARC, and R4D. The most popular post featured a video excerpt from the e-learning modules. The Coaching Approach and e-learning modules were also featured in an op-ed by R4D's Dr. Chris Atim on Devex highlighting five ways to decolonize global health: https://www.devex.com/news/opinion-5-ways-to-decolonize-global-health-and-build-greater-equity-100240

This promotion has resulted in:

- 95 enrollments in the Designing and Facilitating Effective Processes e-learning module, with 30 earning certificates of completion
- 67 enrollments in the Remote Coaching e-learning module, with 3 earning certificates of completion
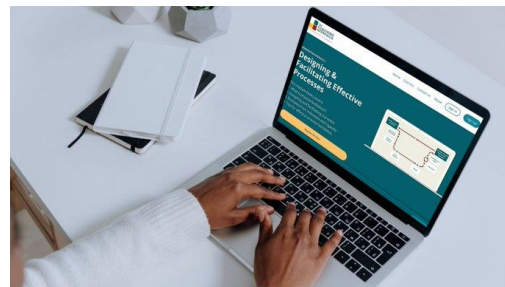
Coaching database: Increasing the visibility of regional and country experts

R4D launched the Foundation-supported Experts Database. The database includes 337 experts and 35 institutions. Most of the experts in the database have over fifteen years of technical expertise in supply chain management, benefits package design, qualitative and quantitative analyses, and health management information systems. The most common languages spoken among the experts are English, French, and Spanish. While most experts continue to come from and/or work in countries primarily in Sub-Saharan Africa, more individuals are signing up from Asia and Latin America.
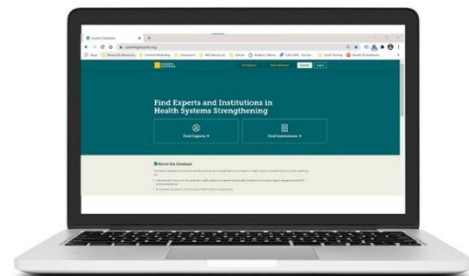
Following the official launch, the Accelerator began connecting Accelerator activities and the Coaching database more explicitly and systematically. The Accelerator will now search the database and connect with the coaching team any time an Accelerator activity is seeking an expert consultant/coach, such as a Y3 need for an immunization financing expert in Guinea and Togo. Whether sourced from the database or not, all new experts will also be provided with the e-learning modules and encouraged to complete relevant certifications as part of their work through the Accelerator.

Sub-activity 3: Evaluation and learning on the effectiveness of systems strengthening approaches applied through the Accelerator (USAID and Foundation-funded)

The Accelerator continued to make progress in applying its Monitoring, Evaluation, and Learning (MEL) plan, capturing more details on the change processes used to lead toward particular HSS outcomes using "outcome harvesting." The MEL team used the customized outcome harvest tools to systematically learn about the Accelerator's co-creation approach through the implementation of the Asia regional health policy and systems research (HPSR) activity. Preliminary findings, substantiated in Q4, demonstrated the approach as effective in supporting multi-stakeholder consensus in creating a shared vision and action plan for strengthening HPSR to address knowledge translation gaps. The Accelerator is currently using the co-creation approaches applied in Togo, Guinea, and Asia regional activities to conduct a comparative analysis to look for patterns of change, similarities, and differences of this approach.

All Accelerator activities have completed theories of change and have begun to use them in an iterative way for learning and adaptive management to systematically plan and assess their work and their progress beyond the building blocks of health systems strengthening. In addition, teams also connected their activity processes and goals with the overall Accelerator key performance indicators (KPIs). In the coming year, Accelerator activity teams will continue to refine the expected system change goals of their ToC that Accelerator interventions can directly (or indirectly, but with a clear pathway) contribute to over the life of the Accelerator and triangulate their ToCs with innovative MEL methods and synchronize with their respective activity MEL plans and performance indicators. The MEL team began working with teams to support implementation and track progress against the theories of change. The Accelerator will continue to refine and customize its M&E efforts, offering teams many resources to actively track and test assumptions in their theories of change, learning and adapting as activities progress to triangulate data and other results information to inform HSS more broadly.

Deliverables

- Final report synthesizing learnings from the Virtual Learning Series
- The Experts Database: https://coachingexperts.org
- Designing and Facilitating Effective Processes e-learning module: https://coaching-approach.learnworlds.com/author/course?courseid=processfacilitation
- Remote Coaching e-learning module: Remote Coaching (learnworlds.com)

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
Sub-activity 1: Multi-stakeholder forum on how new TA models are advancing HSS in existing Accelerator activities				

1.1 Facilitate six virtual sessions among Accelerator activity teams and partners	X			
1.2 Finalize the synthesis product of the Virtual Learning Series		X		
Sub-activity 2: Foundation-funded: Further develop coaching approach through e-learning modules and database				
2.1 Develop two new e-learning modules (process facilitation and remote coaching)	X	X	X	X
2.2 Identify regional and country experts to support country activities and expand the pool of expertise captured in the global database of experts	X	X	X	X
2.3 Adapt and use coaching modules to orient regional and country experts		X	X	X
2.4 Capture and disseminate lessons learned from applying the coaching approach		X	X	X
Sub-activity 3: USAID and Foundation-funded: Evaluation and learning on the effectiveness of systems strengthening approaches applied through the Accelerator				
3.1 Update and enrich learning component of Accelerator MEL plan	X			
3.2 Develop and implement orientation of all Accelerator activity teams to operationalize strengthened learning component	X	X		

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
Foundation support for these activities ended in July 2021	The Accelerator will attempt to continue learning about new TA approaches for HSS through its MEL plan (funded by allocable share from activities' budgets) and explore new funding opportunities for systematic learning and coaching with USAID and the Foundation.

Priority Activities for Next Quarter

1. Complete Phase 2 (implementation learning) of national coordination of pandemic response collaborative, to provide structured collaborative and adaptive learning support to 3 countries to adapt and implement key lessons from Phase 1 (JLN and Foundation-funded)
2. Discuss with USAID and develop more detailed work plan for new USAID-funded work on reimagining technical assistance (new obligation received at end of Year 3 for use in Year 4).

Administration

According to the approved budget, work plan, and implementation timeline, the Accelerator expended nearly all funding for and finalized the implementation of all activities planned in Year 3. Remaining funding will be dedicated to the new scope of work focused on the re-imagining technical assistance agenda.

Activity 4: Integrating Implementation Research to Improve Community Health Outcomes in Guinea

The effectiveness of many HSS efforts in Guinea and elsewhere are limited by insufficient use of practical implementation research and ongoing design adaptation based on evidence. Some evidence generating activities require prohibitively large budgets, which limits their scale and the frequency of use. Others are inadequately responsive to questions that decision-makers need answered within limited timeframes.

The Accelerator is working to address these common challenges by conducting targeted implementation research to assess strategies and services at early stages and inform decision making for promising, scalable solutions. This implementation research will support decision-makers to iteratively adapt the community health policy and implementation.

In Guinea, the Accelerator is applying implementation research and adaptive learning methods to provide evidence on the effectiveness of the Politique Nationale de la Santé Communautaire (National Community Health Policy or PNSC) in delivering the essential package of services, meeting the needs of the population, and effectively and appropriately developing, communicating, and implementing roles and responsibilities among decentralized governmental actors, in alignment with cross-bureau Activity 1. Activity 1 is focused on strengthening the implementation of the PNSC in areas such as financing, decentralized roles, and responsibilities, and setting an overall implementation research and learning agenda. Activity 4 is augmenting that work by conducting implementation research exploring several of these thematic areas in more depth.

Key Achievements:

1. Collaborative design of implementation research questions and protocol with USAID and the MOH
2. Obtained approval from the USAID AOR team on the full package of study materials: research protocol, data collection tools, and informed consent form
3. Submitted package of materials to the local ethics committee in Guinea and Harvard University's institutional review board for their review by the end of September 2021

By the end of Q1, the Accelerator, in collaboration with the DSC and the Research Division within the MOH in Guinea and USAID, finalized two key research questions for this activity:

1. To what extent is the essential package of integrated services provided by RECOs (community mobilizers, or Relais Communautaires) and supervised by the ASC (Community Health Workers, or Agents de Santé Communautaire) effective in meeting the health needs of populations at the community level in Guinea?
2. What is the level of knowledge among local government actors on their roles and responsibilities, and are the available resources adequate for implementing the community health policy?

In Q2, the Accelerator recruited the study team, led by Dr. Alexandre Delamou and colleagues from the Gamal Abdel Nasser University of Conakry and the *Centre National de Formation et de Recherche en Santé Rurale de Maferinyah* (Maferinyah Center) in Guinea, with support from Dr. Thomas Bossert from Harvard University's T.H. Chan School of Public Health.

Throughout Q2 and Q3, the study team focused on developing the research protocol and data collection tools using a decision space approach. The protocol uses a mixed-method, multi-level design, sampling from communities where the PNSC is implemented or not implemented, which provides a control group for comparison. The data collection will be conducted sequentially, with the quantitative survey being launched first. The findings from the quantitative data collection will inform the qualitative questionnaires that will be launched in the second round of data collection by highlighting unexpected findings and areas into which the Accelerator team and USAID would like to delve further.

During the protocol development, the Activity 4 team continued close collaboration with the Activity 1 team and DSHTM, particularly in the co-creation series focused on decentralized roles and responsibilities, whose sessions provided valuable insights that informed the implementation research design. Dr. Alexandre Delamou also presented on the objectives, approach, and methodology for this research at the [Institutionalizing Community Health Conference](), held in April 2021. He spoke to how these findings can be used by the Ministry of Health and other stakeholders.

In Q3, the team submitted the research protocol and data collection tools to the MOH, who provided feedback and shared data on the PNSC implementation status. Following MOH approval, the team submitted the protocol to the USAID AOR team and Guinea Mission in Q3. The team addressed this feedback and integrated suggestions into the protocol and data collection tools and received approval on the full package from USAID in Q4.

The Accelerator submitted the study package to the local ethics committee in Guinea, which received conditional approval during their September 2021 review meeting. The team is working to address minor comments from the ethics committee before resubmitting for full approval. The team also submitted the package of materials to the institutional review board through Harvard University's T.H. Chan School of Public Health. The team anticipates full review and approval at the start of Y4.

Deliverables

- [Presentation from the Institutionalizing Community Health Conference]()
- [Profile on Dr. Alexandre Delamou, lead consultant and principal investigator]()
- [Final research protocol, set of data collection tools, and informed consent form, approved by USAID]()
- [Full package submitted to the local IRB in Guinea]()

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
Preparation				
Prioritize 1-2 key implementation research questions with stakeholders	X			

Drafting of research protocol and data collection tools	X		
Submission of protocol and data collection tools to USAID for review and approval		X	
Submission of protocol and data collection tools to Guinea's MoH and local IRB for review and approval			X
Implementation Research*			
Conduct data collection and analysis			X
Reporting*			
Technical report that presents all data collected and synthesizes key findings from the implementation Research in Guinea			X
Research brief that discusses recommendations based on the research findings and highlights cross-country learning			X

*Due to delays and the sequencing of quantitative data collection before qualitative data collection, these activities will continue into Y4.

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
In early September 2021, there was a coup in Guinea. Although the full impact of the coup is yet to be determined, it currently seems like the biggest changes in government personnel in Guinea will occur at higher levels of the central government.	The team does not anticipate the coup will affect data collection, which is not planned at the national level for the first phase of data collection (quantitative). The second phase of data collection (qualitative) will target some national stakeholders, but with our sequenced approach, the time delay allows for the likelihood that by the point of qualitative data collection, the situation will be stable, and we will be able to proceed as planned. The team will continue monitoring the situation closely and will adapt the research protocol as needed to accommodate for any changes in government staffing and respondent types for our surveys.

Priority Activities for Next Quarter

After the Accelerator receives approval from the ethics committee, we will move into data collection. This will begin in Q1 of Y4 with the recruitment of a team of data collectors. Once contracts are executed with the data collection team, they will be trained on the rationale and objectives of the study, ensuring a uniform approach to data collection, preparation for field work, interviewing techniques, ethics, and data quality. They will pilot the quantitative survey, which will be launched as the first phase of data collection. After any necessary adjustment of the tools during the pilot, the team will begin data collection. After the quantitative data collection is complete, the team will conduct a preliminary analysis of the quantitative survey findings, which will inform the second phase of data collection, which consist of qualitative data collection. The team will identify unexpected findings from the quantitative data and will tailor the qualitative surveys to investigate those findings and questions more deeply.

Administration

No updates this quarter.

Human Resources

No updates this quarter.

Activity 5: Improving Equity in Coverage and Financial Protection through Ghana's Preferred Primary Care Provider Networks

Equity in health is the absence of systematic health disparities between social or economic groups. Equity is one of the core concepts underlying Ghana's UHC agenda and a key objective of the country's HSS reforms. However, equity is rarely studied. Promoting equitable access to essential health services is one of the three core objectives of the Government of Ghana's (GOG) Primary Care Provider (PCP) Network initiative. This activity aims to generate new knowledge on the role PCP Networks can play in promoting Ghana's equity objectives and contribute to the global understanding of equity-enhancing strategies.

The activity applies implementation research and adaptive learning methods to understand if and how PCP Networks can meet the GOG's equity objectives and how context affects the initiative's implementation. The results of this implementation research will provide actionable evidence for the government about how they can integrate equity-enhancing initiatives into PCP Network design as the model is scaled up nationally. The Accelerator will support the GOG's efforts to apply evidence to the implementation of equitable programs and policies at the primary health care (PHC) level.

Key Achievements:

1. Finalized the key findings, their implications, conclusions, and recommendations components of the study
2. Disseminated study results among key stakeholders in Ghana and co-created recommendations with PCP Network practitioners, district and regional health managers, and policy makers
3. Identified recommendations to reflect as network design and implementation features in the next version of the PCP Network operations manual
4. Developed and submitted technical report of the study for USAID review

Sub-activity 1.1: Enhance understanding of equity in healthcare within communities served by PCP Networks through implementation research

In Year 3, the Accelerator provided technical and financial support to the researchers from the Ghana Health Service (GHS) and the Equity expert from the Institute of Statistical, Social and Economics Research (ISSER) and the University of Ghana to collect and analyze data, interpret, and refine findings, disseminate findings to key stakeholders in Ghana and finalize the technical report.

In Q1 and Q2, quantitative and qualitative data was collected from South Tongu and South Dayi districts in Ghana. The quantitative data was cleaned and analyzed by the Equity expert from ISSER. Qualitative data was transcribed and coded by data collectors and GHS staff under the guidance of GHS researchers and analyzed by lead researchers from the GHS. The Accelerator and GHS convened technical and

consultatory meetings among the research team and Ghanaian health policy experts to formulate key findings, preliminary discussion points and conclusions of the study. In Q2, the preliminary findings were presented to USAID and additional feedback received to further refine study components. The Accelerator facilitated numerous additional technical meetings among the GHS researchers and the Equity consultant to discuss feedback and refine the technical product accordingly.

In Q4, the Accelerator worked with the GHS to update the content of the study presentation and finalize the first draft of the study for dissemination. A preliminary report was developed on findings and emerging conclusions. The Accelerator also consulted with the GHS about the need and scope for additional analytical exercises, to estimate the effect of PCP Networks on equity in service utilization at the district level.

The efforts to disseminate the findings to the global health community are underway as well. The Accelerator supported GHS in submitting an abstract for a plenary presentation of the study at the 6th Scientific Conference of the African Health Economics and Policy Association to be held in Kigali, Rwanda in March 2022. The research team will continue to identify presentation opportunities in global health fora. GHS has expressed interest in pursuing a peer-reviewed publication of this work and the Accelerator will continue to provide technical support to this and other dissemination efforts.

Sub-activity 1.2: Promote equity in health through adaptive learning and application of equity-enhancing techniques to PCP Networks

The Accelerator supported GHS to hold a forum to disseminate the findings and emerging conclusions from the implementation research in the Volta region on July 28th, 2021. Forum participants included network practitioners, district and regional managers from the GHS and National Health Insurance Scheme (NHIS), the core research team that presented the research findings, and technical experts supporting PCP Networks development in Ghana.

This forum was also used to formulate practical recommendations on the scale-up of PCP Networks for a more equitable service provision and utilization in Ghana. Recommended approaches included the following:

- Educate clients and communities about PCP Networks and leverage the role of communities in supporting Network implementation
- Review, revise and implement norms and practices that align with PCP Network objectives – including staffing and referral guidance at the PHC levels
- Designate a model health center as the hub in every network. Equip and staff existing hubs to provide the required range of basic service.
- Align Network practices and policies, especially on the NHIS credentialing
- Provide a functional definition of equity and its indicators for all providers of health services
- Routinely assess functioning of the PCP Networks and as the Networks are scaled up, and
- Commission more implementation research to understand the effect of PCP Networks on the availability and quality of services and continuously refine implementation approaches of this innovative service delivery model

The study and dissemination forum reports have been circulated among technical experts supporting PCP Network implementation in Ghana, as well as key policy makers at the national level. A number of recommendations from the study will be reflected in the next version of the operational manual of the PCP Networks. This document sets out key principles of the design, launch and implementation of the Network approach during the scale-up in other regions. These include recommendations on definition and monitoring of equity among Networks, user education and empowerment and strengthening the role and leveraging the potential of community leaders and local stakeholders in the PCP Network implementation.

In accordance with the study findings and recommendations, the GHS and the Accelerator are preparing for additional implementation research on the role of PCP Networks in improving service availability and quality in Ghana. This effort will be supported by the field-support activity of the Accelerator in Ghana. The Accelerator, GHS, and USAID are discussing additional efforts to measure networks' equity enhancing potential.

Deliverables

- Finalized presentation with preliminary findings and emerging conclusions, presented to key stakeholders in Ghana
- Workshop report outlining key recommendations emerging from stakeholders in Ghana on equity-advancing techniques recommended for PCP Network scale-up
- Final report outlining results from implementation research, stakeholder consultations, and related learnings on the role the PCP Network model could play in advancing equity in health service utilization and delivery

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
I. Presentation on preliminary findings and emerging conclusions from the implementation research				
• Complete data collection and analysis for implementation research	X	X		
• Develop a preliminary report on findings and emerging conclusions			X	
II. Workshop report outlining key recommendations emerging from stakeholders in Ghana on equity-advancing techniques recommended for PCP Network scale-up				
• Finalize study findings and conclusions				X
• Convene a workshop and facilitate a discussion on recommendations				X
III. Final report outlining results from implementation research, stakeholder consultations, and related learnings on the role the PCP Network model could play in advancing equity in health service utilization and delivery				X

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
Availability of GHS to finalize the study according to the set timelines	Flexibility of schedule and responsiveness to the availability of lead researchers from the GHS. Close consultation even during busiest periods and division of labor to ensure GHS leadership is maintained, while the project work is finalized within the given workplan period.

Priority Activities for Next Quarter

In Y4 Q1, the Accelerator will work with the GHS research leads and USAID to develop a scope for additional research to measure PCP Networks ability to improve equity in service delivery and utilization in Ghana.

Administration

No updates this quarter

Human Resources

No updates this quarter

Activity 6: Improving the Linkages between Social Accountability and Social Behavior Change

There is significant evidence on social accountability (SA) to advance health system goals. Extensive work has also been undertaken in the area of social and behavior change (SBC). However, less common is work that explicitly acknowledges the overlap of these two areas and unites them within specific approaches or strategies to improve health and health systems. The knowledge gap is both foundational and operational requiring more detailed validation of whether and how social and behavior change approaches can aid social accountability for health and vice versa.

This activity aims to identify and support promising opportunities for collaborative social accountability and social and behavior change efforts. The sub-activities align to phases given the ways the activity has expanded. Phase I consisted of research and data collection focused on the linkages between social accountability and social behavior change in Côte d'Ivoire, Guinea, and Ghana undertaken in Y2. Phase II and Phase III are on-going in Y3 and focus on engaging with key stakeholders at both national and sub-national levels to discuss and apply the findings from SA-SBC linkages study.

Note: The workplan for this activity expanded in Y3, Q3 given additional funding. The expansion includes a reorganization of work under sub-activity 6.3 as well as the addition of sub-activities 6.4 and 6.5. It is anticipated that the activity will carry over into Y4 Q1 and Q2.
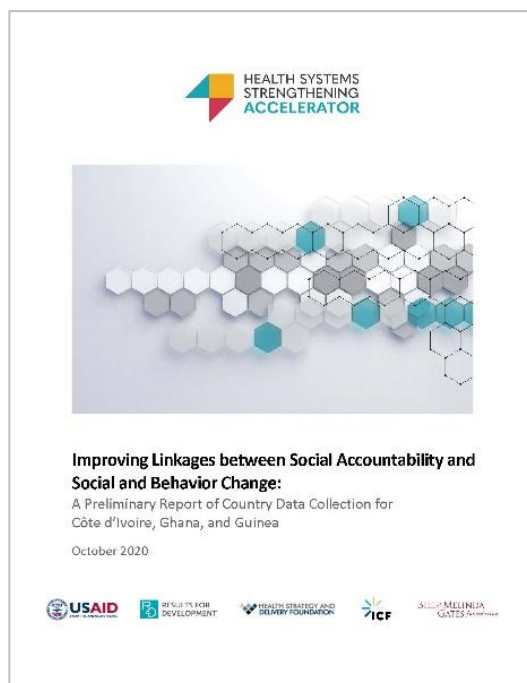
KEY ACHIEVEMENTS:

1. A total of 12 presentations were given to discuss the findings from the SA-SBC linkages study, including small, tailored presentations, being part of a panel at USAID's Global Health Science and Practice Technical Exchange (GHTechX), country-specific webinars for national-level stakeholders, and data utilization events for sub-national stakeholders
2. Engaged subnational actors through two fora in Côte d'Ivoire and two in Guinea and substantively discussed local initiatives designed to strengthen social accountability in communities and how a behavior change lens can be applied
3. Developed a set of recommendations based on findings from the SA-SBC linkages study, which were a central component in the presentations under sub-activities 6.1 and 6.2
4. Two country-level engagements, in Guinea and Togo, were launched in Q3 in collaboration with local experts to generate specialized tools and approaches for applying a behavior change lens in citizen engagement efforts

Sub-activity 6.1: Collaborative Analysis and Reporting

In Y2, the Accelerator undertook a study, including virtual data collection with health sector stakeholders in Côte d'Ivoire, Ghana, and Guinea, and produced a report summarizing findings from this study entitled *Improving Linkages between Social Accountability and Social and Behavior Change.* The aim of the study was to investigate social accountability work, the successes and challenges, and the extent that certain actions and behavior facilitate or impede success.

In Y3, the Accelerator presented the findings from the study through several small, tailored presentations and country-specific webinars for national-level stakeholders between November 2020 – April 2021. Each event was designed to facilitate discussion around insights and recommendations for applying what was learned through the study, as follows:

- USAID Mission in Côte d'Ivoire
- USAID Mission in Guinea
- USAID Regional Mission for West Africa, Regional Health Office
- Government and non-governmental health stakeholders in Ghana
- USAID-Washington social accountability and social and behavior change experts
- Government and non-governmental health stakeholders in Côte d' Ivoire
- Government and non-governmental health stakeholders in Guinea
- USAID's Global Health Science and Practice Technical Exchange (GHTechX)

Recordings from the country-specific webinars are available as follows:

Ghana: The recording of the webinar can be viewed here and the PowerPoint presentation here

Côte d'Ivoire: The recording of the webinar can be viewed here and the PowerPoint presentation is here

Guinea: The recording of the webinar can be viewed here and the PowerPoint presentation is here.

Sub-activity 6.2: Sub-national Data Utilization Engagements

In Y3, the Accelerator held four sub-national data utilization engagements, with plans for an additional four engagements in Y4, as follows:

Sub-national events undertaken in Y3	Sub-national events planned for in Y4
Mamou, Guinea	Kindia, Guinea
Kankan, Guinea	N'Zerekore, Guinea
Grand Bassam, Côte d'Ivoire	TBD, Ghana
Duékoué, Côte d'Ivoire	TBD, Ghana

Note: The events in Kindia and N'Zerekore has been planned for Y3 Q4; however, due to recent political events in Guinea in September, the events were postponed.

While the SA-SBC linkages study largely surveyed national-level stakeholders, this sub-activity sought to engage and capture the perspectives at the sub-national level. Sharing findings from the study at a sub-national level is an important avenue for moving information through a decentralized system and fostering ways for sub-national stakeholders to connect the data to their own context.

In Y3, the Accelerator sought to organize two sub-national events per country. The first two sessions were held in Guinea in Q3 with the support of an in-country consultant. The MOH actively supported the process and selected the two regions: Mamou and Kankan.

The sub-national event for Mamou was held virtually on June 24, 2021, and was attended by 31 individuals including the regional director, the mayor of Mamou, women association representatives, and members of the USAID mission. All participants agreed that social accountability is considered a priority in Guinea, though they noted that communities are not generally involved in seeking solutions to problems and the need to increase communication from national to sub-national actors.

The sub-national event for Kankan was held virtually on June 30, 2021, and was attended by 20 individuals including the general director of the Strategy and Development Office. Participants noted the need for inclusion of all actors in decision-making, and continued attention to prioritize social accountability.

In both sessions there was substantive discussion around what facilitates and what hinders social accountability in Guinea. This type of discussion is an important entry point for further consideration of the role of behavior mapping work to inform citizen engagement strategies.

The General Director of the Strategy and Development office of the MOH requested additional sessions in different regions, and the Accelerator agreed to hold two more sessions. While the sessions were planned for Y3 Q4, due to Guinea's political events in September 2021 and competing health priorities, they were pushed into Y4 Q1.

Similarly, in Q4, the Accelerator organized two semi-virtual sessions in two regions of Côte d'Ivoire: Duékoué and Grand-Bassam. The Duékoué session was attended by 61 participants and Grand-Bassam by 40 participants including Dr. Kadja Francoise, the community health directorate, district directors, mayors, women's associations, and civil society representatives. Dr. Kadja highlighted the need to

further integrate social accountability in community health activities, and participants expressed frustration with the roll-out of the recent national health insurance scheme in Côte d'Ivoire. Suggestions to improve social accountability and behavior change include: 1) strengthen feedback loops between national and local actors 2) implicate traditional and local leaders in community and financing activities 2) delineate roles and responsibilities of local government actors and 4) strengthen the *Comités de gestion,* COGES, the regional management committees that function as a social accountability mechanism.

In Y4, the Accelerator will conclude the additional Guinea sessions and hold two sessions in Ghana. The Accelerator will also produce a report of lessons from the sub-national engagement.
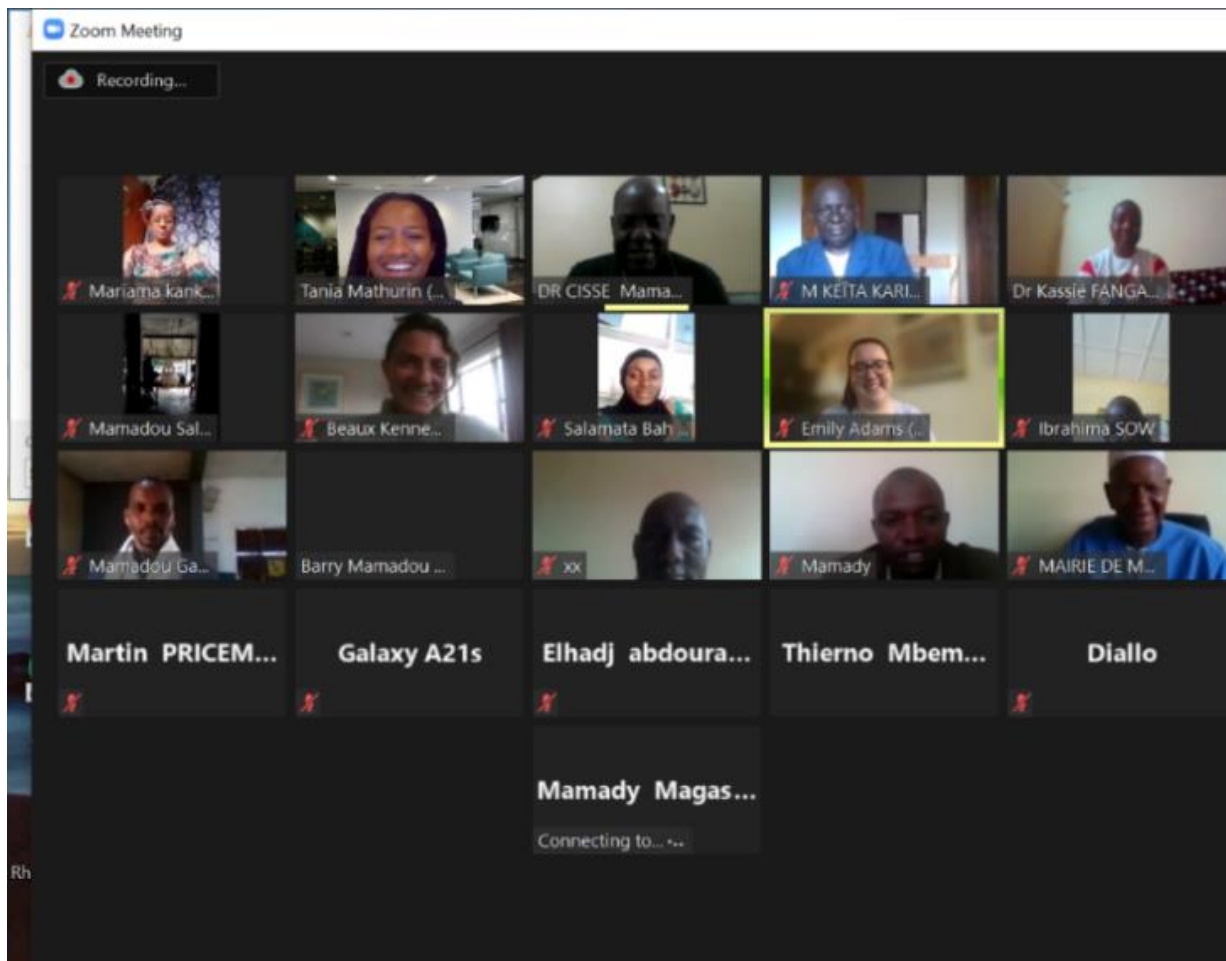
Sub-activity 6.3: SBC Integration Roadmaps and Other Research Application Communication Products

In Y3, the presentations under sub-activities 6.1 and 6.2 enabled the team to hear a wide range of stakeholder perspectives. With this new knowledge in hand, the team worked through options for research application and communication products, including defining the audience for such products and strategizing how the products might continue to socialize the SA-SBC linkage ideas. As a starting point, the team published a blog on the [Accelerator website](#). Additional work to develop resources for integrating SA-SBC learnings will continue in Y4.

The Accelerator developed a set of recommendations based on findings from the SA-SBC linkages study. These recommendations were a central component in the presentations under sub-activities 6.1 and 6.2 and provided a springboard for discussion among the participants. The recommendations are summarized in Table 1 and were oriented around integrating SBC approaches or applying a behavior change lens to system strengthening and HSS-related work.

Behavior Change **Social Accountability**	Engagements and existing social accountability activities • Understand who is engaging with who, why increase needed • Embrace range of ways activities are titled and pursued Refinement about applying a behavior change lens • What behavior change outcome is expected from engagement? • What actors is an activity targeting for behavior change?
Behavior Change **UHC Advocacy and Involvement**	Connecting equity and representativeness • Health equity means fair, consistent access to services for all • Also, having the option for a seat at the engagement table Entry points for advocacy and involvement • Role of citizens, role of citizen organizations • Door must be open, desire to enter must be there • Choices around where in the continuum (e.g., planning, budgeting, policymaking, implementation)
Behavior Change **UHC Mechanisms and Interventions**	Health financing as part of working toward UHC • Not solely a matter of policy and economics • Reform likely to dramatically shift the financial landscape, maybe fundamentally alter how people access healthcare • Increased sites/spaces of accountability between government, health sector, and citizen actors • Understanding and adjusting to new health financing will require behavior change
Behavior Change **Social Accountability for UHC**	Convergence of comparable endeavors • UHC is a landscape-shifting undertaking • Established sets of actors engaging in new ways, also new sets of actors engaging • Generation of information national-level focused, with need for information to flow down to sub-national levels • Points of newness are great points to focus on behavior because when there is newness, behaviors are forming

Table 1: Recommendations based on findings from the SA-SBC linkages study

Sub-activity 6.4: Applying a Behavior Change Lens: Budget Advocacy and the Community Health Strategy in Guinea

In Y3, the Accelerator launched a new sub-activity in Guinea in Q3 to engage key stakeholders in applying findings from the SA-SBC linkages study. The Accelerator will develop a behavior change-focused tool for budget advocacy-related social accountability activities. The tool will be designed for individual citizens and civil society organizations specific to the National Community Health Policy. A team was formed, including topical and local experts (ICF, R4D). The Accelerator began refining and validating its specific objectives including a summary document and a detailed workplan. The team began a document review related to budget advocacy and social and behavior change to inform the final tool. Planning for engagements with key stakeholders including developing profiles and intended objectives was started.

Sub-activity 6.5: Applying a Behavior Change Lens: Citizen Mobilization around Universal Health Coverage in Togo

In Y3, the Accelerator launched a new activity in Togo in Q3 to design and facilitate two workshops. The interactive and programmatic strategizing-oriented workshops will delineate ways to apply a behavior change lens to identify barriers to and increase individual citizen and civil society engagement in efforts to advance UHC. The team was established, including experts in topical knowledge (CERRUD, ICF, R4D) and the Togolese health system. The Accelerator began distilling and validating the sub-activity objectives. The team wrote a summary document, developed a detailed workplan, and reviewed key documents. Preparation for the workshops started, including determining participant profiles, workshop agendas, draft materials, and overall approach.

Deliverables

- Subnational Presentation in Guinea
- Subnational Presentation in Côte d'Ivoire
- List of participants in sub-national engagement in Guinea
- List of participants in sub-national engagement in Côte d'Ivoire

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
Sub-activity 1: Collaborative Analysis and Reporting (work to end in Y3)				
1.1 Share preliminary report, request for input and collaboration	X			
1.2 Establish groups for collaborative analysis (one per country)	X			
1.3 Engage with three working groups on collaborative analysis	X			
1.4 Complete one final report (and translate into French)		X		
1.5 Complete one analysis brief (and translate into French)		X		
1.6 Hold two webinars (one in English and one in French)		X		
Sub-activity 2: Sub-national data utilization engagements				

Activity				
2.1 Select focus area (e.g., districts, counties)			X	
2.2 Determine point of contact for each sub-national focus area			X	
2.3 Share final report and analysis brief			X	
2.4 Build list of sub-national stakeholders interested in final report		X	X	
2.5 Hold virtual discussions with sub-national stakeholders			X	X
Sub-activity 3: SBC integration roadmaps and other research application communications products				
3.1 Continued literature review and socialization of the activity				X
3.2 Assess audience and what types of products are needed				X
3.3 Determine country-focus and engage Missions as needed				X
3.4 Develop and share SBC integration roadmaps and other research application communication products				X
Sub-activity 4: Applying a behavior change lens: budget advocacy and the community health strategy in Guinea (work to continue in Y4)				
4.1 Form team and refine and validate objectives			X	X
4.2 Engage relevant stakeholders				Y4
4.3 Develop tool				Y4
4.4 Finalize tool				Y4
Sub-activity 5: Applying a behavior change lens: citizen mobilization around universal health coverage (UHC) in Togo (work to continue in Y4)				
5.1 Form team and refine and validate objectives			X	X
5.2 Engage relevant stakeholders				Y4
5.3 Prepare materials for first workshop				Y4
5.4 Hold first workshop				Y4
5.5 Prepare materials for second workshop				Y4
5.6 Hold second workshop				Y4

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
COVID-19 and the travel restrictions pose challenges in terms of holding events in person.	The Accelerator will continue to assess the best strategy for events in light of COVID-19 restrictions.
The Accelerator planned two additional sessions in Guinea in Y3 Q4. However, due to the recent political events in Guinea and competing priorities for health actors, they were postponed.	The Accelerator actively is working with in-country consultants to assess when it is appropriate to reschedule the subnational engagement sessions.

Field-support Activities Summary and Results

Côte d'Ivoire: Sustainable financing for HIV

In Côte d'Ivoire, the Accelerator supported the HIV transition and promoted sustainable financing in the health sector through the following sub-activities:

1. Facilitated multi-stakeholder analysis and priority setting for sustaining the HIV response
2. Supported further development of government capacity to provide oversight and leadership of HIV programs at central and decentralized levels to ensure their sustainability
3. Collaborated with civil society and government stakeholders to assess and remove the main barriers to accessing and using HIV services

This report summarizes the work completed in Y3 of the Accelerator's engagement in Côte d'Ivoire. The Accelerator and its subaward partners, Global Challenge Corporation (GCC) and Ivorian Network of People Living with HIV (RIP⁺), completed the first two sub-activities in Y2 and finalized sub-activity three this year. The Accelerator finalized reports on the assessment of the financial landscape for HIV and the Stigma Index Assessment 2.0. The team submitted detailed, end-of-activity reports to USAID and SFI after completing all activities on the workplan.

Key Achievements:

1. Co-created an action plan to address the potential causes of user fee incidence at health facilities following an assessment finding that the financial implications of abolishing such fees would not be harmful to the national budget for HIV and facility-level operations
2. Reported findings of the Community Treatment Observatory (CTO), an initiative of the Accelerator, RIP+ and International Treatment Preparedness Coalition (ITPC) to monitor cases of direct patient payments for HIV services, stigmatization and discrimination of people living with HIV (PLHIV) at health facilities and address barriers to care
3. Finalized the Stigma Index Assessment 2.0, a study to assess if key populations experience HIV-related stigma or discrimination when seeking care which may cause high prevalence of HIV in Côte d'Ivoire
4. Built the capacity of a local consulting firm (GCC) and a civil society organization (RIP+) to be effective local partners for the government of Côte d'Ivoire and PEPFAR in the future

Sub-activity 1: Facilitate multi-stakeholder analysis and priority setting for sustaining the HIV response

Sub-activity 1 facilitated multi-stakeholder analysis through the establishment of the HIV Task Force, and technical support to the FNLS (National HIV Fund). Primary results include the facilitation of the HIV Transition plan and Roadmap which highlight opportunities to integrate the HIV program into ongoing

reforms and initiatives in the health financing space, and a resource mobilization plan to mobilize additional resources to ensure the sustainability of financing for the HIV program. The Accelerator completed sub-activity 1 in Y2.

Sub-activity 2: Support further development of government capacity to provide oversight and leadership of HIV programs at central and decentralized levels to ensure their sustainability

Sub-activity 2 focused on a management capacity development plan to support central, regional, and district health managers to ensure they have the skills necessary to effectively mobilize, allocate, and manage resources for program implementation. The activity resulted in two workshops to develop operational action plans to revitalize the regional and departmental committees, and a coordination framework for HIV focal points. This work was completed in Y2.

Sub-activity 3: Collaborate with civil society and government stakeholders to assess and remove main barriers to accessing and using HIV services (user fees, stigma, and discrimination)

Sub-activity 3.1: Conduct a rapid study on the incidence of fees charged for HIV services

The Accelerator conducted a study in Y2 to assess whether user fees are charged for HIV services at health facilities and the impact of user fee removal on service utilization and access from the perspective of PLHIV and service providers. In Q1, the Accelerator co-created an action plan to address the potential causes of user fee incidence. This action plan follows the study and specifically advocates for actions such as communicating user fees policy more broadly and strengthening the Community Treatment Observatory, a mechanism that systematically and routinely collects and analyzes qualitative and quantitative data on the treatment and care experiences of PLHIV, by civil society to ensure that the user fees policy can be applied nationally. The action plan was finalized in Q2 and presented to USAID.

Sub-activity 3.2: Support the implementation of the Community Treatment Observatory

The Accelerator was invited to provide financial and technical support to the "Action Plus" project and collaborated with PEPFAR, USAID, RIP+ and ITPC to implement a Community Treatment Observatory (CTO) in Côte d'Ivoire. The CTO was managed by RIP+ and ITPC. As part of the CTO, community members systematically and routinely collected data to document cases of direct patient payments for services, stigma, and discrimination of PLHIV at health facilities in Côte d'Ivoire. The Accelerator helped develop the CTO's workplan of activities last year. This year, the team analyzed the data from the Observatory. It found frequent stock-out of ARV medicine and distance to care centers as main barriers to HIV services for PLHIV. 7 out of 351 PLHIV interviewed also mentioned paying a fee related to services received, and stigmatization persists (21% of 110 people interviewed mentioned stigmatizing PLHIV). The team presented the results to the community consultation group (CCG) which includes representatives from UNAIDS, USAID, and the government. The CTO concluded this year and the Accelerator supported RIP+ and ITPC in finalizing the activity report in Q1.

Sub-activity 3.3: Support the implementation of the Stigma Index Assessment 2.0

The Accelerator provided technical and financial support for the design and data collection of the Stigma Index Assessment 2.0. This activity, started in Y2, assessed whether PLHIV are affected by stigma and discrimination when seeking care. The activity was financed and implemented in partnership with RIP[+], the Global Network of People Living with HIV/AIDS (GNP[+]), UNAIDs, and Alliance Côte d'Ivoire. RIP+, with support from UNAIDS, is finalizing the assessment with comments from additional stakeholders in CIV and will develop an advocacy plan from results.

Sub-activity 3.4: Landscape analysis on user fees charged for HIV services at the facility level

The Accelerator designed a study to assess the financial implications of the abolishment of the user fees at the facility and national level. The study examined the following research questions: 1) the role of user fees for HIV in health facilities prior to and since their prohibition in 2014, 2) any overall reduction in HIV funding at the national level following the removal of user fees, and 3) steps that the government has taken to increase domestic resource mobilization to compensate for the loss of funding. This activity started in Year 2 was designed to investigate the possible impact of out-of-pocket expenses for HIV on facility-level operations, and the possible need for increased domestic resource mobilization to maintain the budget for the overall HIV response. The study found that HIV user fees did not play a major role in facility budgets prior to their abolishment, abolishing them did not create any obvious "gap" in HIV funding thanks to simultaneous rises in other sources of revenue, and that the small (but still important) remaining incidence of user fees is likely driven in large part by non-ARV pharmaceutical expenditures. The financial landscape analysis also revealed that while the government is committed to increasing domestic resource mobilization for HIV, it is still heavily reliant on external funding. The Accelerator produced and shared a summary report with PEPFAR and the Cote d'Ivoire government with several recommendations to enforce existing laws related to the user fees removal, support subnational-level budging, and increase domestic resources. The report was approved by USAID this year.

Deliverables

- Action plan including activities and strategies to address the root causes of user fee incidence that were identified in the rapid user fee study
- Final report of the Community Treatment Observatory
- Final report of the Stigma Index Assessment 2.0
- Final report of the analysis of the financial implications of the government's directives to abolish user fees for HIV services in Côte d'Ivoire (financial landscape analysis)
- End of Project Report to SFI

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
Collaborate with civil society and government stakeholders to assess and remove main barriers to accessing and using HIV services (user fees, stigma, and discrimination)				
Co-created an action plan with activities and strategies to address the potential causes of user fee incidence in collaboration with key national stakeholders (MOHPH and PNLS)	X	X		
Supported RIP⁺ and ITPC in analyzing data collected for the Community Treatment Observatory	X			
Supported the implementation of the Stigma Index 2.0 to assess whether people living with HIV are affected by stigma and discrimination when seeking care	X			
Finalize the landscape analysis of the impact of user fees for HIV and the implications of abolishing them	X	X	X	
Finalize and submit the report of the Stigma Index Assessment 2.0		X	X	X

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
The Accelerator experienced several delays throughout the year. The COVID-19 pandemic occurred at the height of various activities which affected implementation of the CTO as PLHIV were data collectors. Putting in place careful measures further delayed the implementation of the Observatory and the Stigma Index. Additionally, delay in receiving authorization from the DGS, data collection, cleaning and analysis, postponed the finalization of the financial landscape analysis. The Accelerator also discovered and held several discussions with the USAID team to align on the government data sources, which differed from PEPFAR's.	The Accelerator put in place careful measures to protect the data collectors and worked with USAID and SFI to resolve the data alignment issue and finalized the report this year.

Priority Activities for Next Quarter

The Accelerator completed all workplan activities to USAID's satisfaction, and no further action is required or anticipated.

Administration

In December 2020, USAID and SFI granted the Accelerator's request to extend the implementation period of its workplan to ensure successful completion of all activities, notably the landscape analysis. The Accelerator concluded workplan activities and submitted end of project reports to USAID and SFI in April 2021.

At the request of USAID, the Accelerator formally disposed of the equipment purchased during the engagement to RIP+ and Empower West ASAPSU, a non-governmental organization.

Ghana: Partnership to Accelerate Ghana's Vision for Achieving Health for All

Ghana is a recognized pioneer within sub-Saharan Africa for its efforts to achieve UHC. As Ghana continues to advance its UHC Roadmap from 2019, key health actors will need to harmonize their approach and mobilize and efficiently use health resources to achieve Ghana's vision of health for all. The Accelerator builds on USAID in Ghana's past investments to address critical health systems challenges and works with the Government of Ghana (GOG) and other local actors to ensure adequate and efficient use of health sector resources to achieve Ghana's vision of health for all.

Through a consultative process, the Accelerator has defined six interconnected sub-activities for Y3 with Ghanaian stakeholders:

1. Strengthen overall stewardship and capacity within the health sector to drive health systems change. Following the outbreak of COVID-19 in March 2020, Accelerator also began providing support to the country's COVID-19 response.
2. Support the NHIA to become a more strategic purchaser
3. Support the process of implementing and refining Ghana's UHC Roadmap
4. Advance the continuation, transition, and scale-up of PCP Networks
5. Support Health Facilities Regulatory Agency (HeFRA) to ensure the quality of PHC
6. Support data systems governance, data harmonization, and overall interoperability of key health information systems

KEY ACHIEVEMENTS:

1. Set up audio-visual conference facility for the MOH to increase stakeholder engagement and expand policy dialogues to a wider audience amidst COVID-19, which enabled the MOH to host the first hybrid Annual Health Summit—reaching over 300 participants throughout the various sessions—in May 2021.
2. Worked with the GHS's Expanded Programme on Immunization (GHS-EPI) to supply tablets for the nationwide COVID-19 vaccination efforts and develop a training curriculum for the districts and sub-districts to improve COVID-19 vaccination data quality.
3. Facilitated a three-day workshop to review and develop Ghana's essential health service package (EHSP) across five core areas using priority cost-effective services and interventions. Once approved, the package will be harmonized with NHIS benefits and launched in Y4.
4. Supported GHS-PPME to develop materials and processes for monitoring and mobilizing resources for PCP Network scale-up including the development of an informational brief for potential technical and financial partners and a draft resource mobilization plan. In addition, the Accelerator supported the development of a PCP Network scale-up tracking dashboard with a concept note to interface the e-tracker

with DHIMS2 for monitoring scale-up as well as performance of networks, a draft MEL plan and updated monitoring tools.

5. Provided technical assistance and financial support to GHS to expand PCP networks to 6 districts in 3 regions with the formation of 28 networks comprising 181 health facilities, 53 of which are non-government. Joint monitoring conducted by the Accelerator, MOH, and GHS of 16 Networks showed the networks are functioning well; health workers report strong collaboration and coordination. Nine additional regions were sensitized to generate more interest and demand for networks.

6. Finalized harmonization of HeFRA's more than 40 tools for facility accreditation to ensure each level of facility is held to appropriate and current standards. Supported HeFRA to finalize the harmonization of assessment standards for specialist clinics.

7. Worked with MOH to develop a strategic health information policy to guide data management, governance, and integration within the health sector, and supported the GHS to develop interventions to improve data quality for routine systems and COVID-19 vaccination data

Sub-activity 1: Strengthen Overall Stewardship and Capacity within the Health Sector to Drive Health Systems Change

The Accelerator maintains close collaboration and coordination with the MOH on all workstreams under sub-activities 1, 3, and 6 through regular standing meetings. The meeting brings together all the units and directorates with whom the Accelerator works to share updates, discuss challenges, agree on next steps, and discuss and agree on workplan activities.

In Y3, the Accelerator worked with the MOH to plan for and implement the re-vamped hybrid Health Summit, which had been postponed in 2020 due to the Coronavirus pandemic. The Accelerator supported with the planning, development of the agenda, development of moderators' and session guides, design and printing of the Summit brochure and training of the MOH planning team on using and facilitating with Zoom. The audio-visual equipment used for the Summit was installed in five (5) meeting and conference rooms at the MOH and has significantly enhanced the MOH communication and engagement with stakeholders' post-summit. The equipment and the Zoom license have allowed the MOH to conduct several hybrid engagements with stakeholders including for launching several policy documents and initiatives, hosting inter-agency and partners business meetings, and participating in several international conferences, including the 71st WHO General Assembly.

Training on the audiovisual equipment at the MOH Procurement meeting room and Auditorium. Photo Credit: 2i Services Limited

The weeklong Health Summit was hosted from May 4-7, 2021, with 100 in-person participants from the MOH and its agencies, and more than 300 virtual participants from across the country and the region.

COVID-19 vaccinations began in March 2021 and the Accelerator has worked with the GHS on data systems and quality improvement of vaccination data alongside COVID-19 vaccination efforts, including the procurement of 300 Samsung tablets (with an additional 700 tablets in Y4) to help fill the gap of 10,000 tablets estimated by the GHS. In addition to the increase in equipment capacity, the Accelerator will support district level trainings on the use of e-tracker in collecting COVID-19 and routine immunization data. The Accelerator supported the GHS to develop a concept note outlining the plan for training health information officers, disease surveillance officers and public health nurses at the frontline of COVID-19 vaccination efforts, with a learning agenda to support the GHS document some of the COVID-19 vaccination activities. A select group of districts with demonstrated need for additional support in data collection and management will be trained early in Y4.

Within the year, the Accelerator engaged with the Human Resources for Health (HRH) Directorate of the MOH and coordinated the development of a concept note and terms of reference for HRH expertise to lead analysis on re-developing incentives to attract and retain health workers in remote and hard-to-reach locations. The final product and policy note is expected to be submitted to the Government Cabinet for approval and implementation. The HR consultant, supported by the WHO, began activities in the Y3 Q4 and has conducted a systematic review of local, regional, and global evidence on HRH incentives to guide the development of an assessment plan. The Accelerator will be supporting the field work which is expected to begin from October 2021.

Finally, the Accelerator continued its support to the COVID-19 Coordinator's secretariat to scale down activities, as government agencies assumed ownership of the response efforts. The Accelerator also supported the coordinator to provide advisory support to the Government on establishing a disease control and prevention centre in Ghana.

The Ministry of Health Auditorium set up for the 2021 Health Summit. Photo Credit: Ministry of Health.

Sub-activity 2: Support the National Health Insurance Authority to Become a More Strategic Purchaser

Since the initiation of its work in Ghana, the Accelerator has been engaging with the NHIA to improve its ability to more strategically purchase health services. Almost immediately after a successful co-creation workshop in Y2, the collaboration was challenged by the onset and continuation of the COVID-19 pandemic. Accelerator's engagement with NHIA was less intensive in Y3 with the presidential election late in 2020 and the pandemic continuing in waves. Later in Y3, the NHIA took time to sensitize its new Board following the national election late in 2020.

In Q4, the Accelerator connected with NHIA leadership to discuss specific areas where the Accelerator can provide support in the future, including support to a decentralized mechanism for collecting NHIS member feedback to inform decision-making at the central level. The team will be following up with the CEO and DCE of Operations to map out priorities and agree on next steps for Y4.

Sub-activity 3: Support the Process of Implementing and Refining Ghana's UHC Roadmap

During the year, the Accelerator continued to work closely with the MOH to advance work on the development of Ghana's UHC Essential Health Service Package (EHSP) and the Health Sector Medium Term Development Plan (HSMTDP) for the implementation of the UHC Roadmap.

Essential Health Service Package

The Accelerator worked with the MOH to identify experts and convene five technical working groups (TWGs) to guide the drafting of the EHSP across five domains: family health, communicable conditions, non-communicable conditions, health emergencies, and cross-cutting areas. In collaboration with WHO, the Accelerator facilitated a three-day workshop for the five TWGs to develop a draft of the EHSP using

priority cost-effective services and interventions for prevention (health promotion, education, prevention) and treatment (curative, palliative and rehabilitative) services and interventions.

The Accelerator supported the MOH to recruit senior experts in the five domains to complete a review of the draft EHSP document developed by the TWGs. The purpose of the experts' review was to:

1. Provide technical advice, opinions and expertise towards appropriateness, adequacy and feasibility of proposed services and interventions and make suggestions for revision
2. Ensure the draft EHSP is consistent with national policies, Ghana's UHC Roadmap and WHO's guidelines for deriving essential health services packages in the WHO African Region.

Accelerator also supported the dissemination of the draft EHSP to regional and district health managers and professional bodies and groups as well as other stakeholders including USAID, UNICEF, World Bank , and WHO. MOH will launch the document in October, and in Y4, the Accelerator will support MOH to cost the interventions, develop a financing plan, and facilitate harmonization with the NHIS benefits package.

HSMTDP M&E Framework

To advance processes towards the implementation of Ghana's UHC roadmap, Accelerator supported the MOH to convene a 3-day working session to develop a Monitoring and Evaluation Framework and agree on indicators for monitoring implementation of the HSMTDP. In the coming year, Accelerator will further support the MOH to harmonize the HSMTDP indicators with Ghana's existing health sector performance assessment tool (Holistic Assessment Tool) and support to develop a master dashboard for the MOH to monitor and track indicators for the HSMTDP.

Sub-activity 4: Advance the Continuation, Transition, and Scale-up of the Primary Care Provider Networks

In Y3, the Accelerator continued to support the GHS to advance work on nationwide scale-up of PCP Networks by expanding into new districts, strengthening supportive supervision and follow-up coaching and mentoring. Accelerator provided support to strengthen GHS's stewardship, coordination, resource mobilization, and monitoring and tracking of the scale-up process.

PCP Networks Sensitization and Demand Creation

The Accelerator, in collaboration with the GHS, leveraged ongoing annual regional health performance review meetings to conduct PCP Network sensitization in 9 regions to generate, awareness, interest and demand for networks. Accelerator was able to reach all district directors of health service, (over 150 districts), hospital management teams, and key health stakeholders including local government, and community leaders in the regions. All regions expressed interest in introducing networks, with five district directors specifically calling for networks in their districts. Two of the five have been supported to establish networks, and briefing meetings have laid the foundation for another two to prepare for PCPN launch in October (further details on the new districts and regions are synthesized below).

Expansion of PCP Networks to New Regions and Districts

In collaboration with the national PCP Network Facilitation Team, the Accelerator supported the GHS to launch PCP Networks in four other districts within the Bono and Bono East Regions and completed the first workshop for about 155 health service providers and district health managers in the four districts. Seventeen (17) new networks were established bringing the total number of networks outside Volta Region to 29, comprising 129 health facilities including 49 private, Christian Health Association of Ghana (CHAG) and quasi-government facilities.

In addition, the Accelerator provided TA to Volta Regional Health Directorate to expand PCP Networks to two more districts (Hohoe and Afadzato South) with funding from The Korea Foundation for International Healthcare (KOFIH). Fifty-two (52) facilities were configured into 11 networks. The districts are hopeful PCP Networks will help to address their high still births and maternal death rates. The strategy being employed by the two districts involves use of telemedicine, capacity building in referrals, strengthened community engagement through the community scorecard to improve access and reach vulnerable groups including hard to reach communities.

The Accelerator also kick-started engagements to scale up PCP Networks to two districts in the Greater Accra region with a briefing meeting ahead of the formal PCP Network launch and training in October 2021. The Greater Accra region provides opportunity for new learning due to the districts' highly urbanized nature.

Networks prepare and present their action plans during PCP Network training in Atebubu Amantin district. Photo Credit: The Accelerator

Facilitation team member provides guidance to newly formed PCP network during group exercise at network training – Sene West district. Photo Credit: The Accelerator

Supportive Supervision and Follow-up Visits

During the year, the Accelerator continued to work with the MOH and GHS, to provide ongoing supervision, coaching, and mentoring to PCP Networks in both pilot and new districts. The Accelerator conducted supportive supervision to 16 networks in the Bono Region to assess the networks' functioning six months after their launch. Health workers reported very good collaboration and coordination among network members as the most significant change observed since the introduction of networks in the districts.

Health workers indicated network members support each other in service delivery outreach, particularly for maternal and child health services such as antenatal care, child welfare clinics, pregnancy schools, and family planning. There was also regular phone communication between members and network leaders to support case management, including diagnosing and treating malaria cases, sharing resources including drugs and equipment, and creation of a WhatsApp platform for referrals.

Midwives receive support from a colleague midwife to conduct pregnancy school barely one month after PCPN launch in the district. Photo credit: Nkrankwanta Network in the Bono Region

> "*I have a big community where I use to see over 300 mothers during CWC and it took me over 6 hours to attend to all of them because I had to weigh the children, immunize them, do the*

registration, chart their immunization card and also provide counseling to the mothers all alone. But with PCP Network we support each other so now I have colleagues from our other network facilities coming to support me and within an hour or two we are done. It is helping us to provide quality services in a timely manner to the women. I am very happy with this networking. The most significant change I see with the networks is the collaboration and coordination among service providers. I also go out to support my colleagues when they need help"

- CHN, Krakrom CHPS, Dormaa West District, Bono Region

"*We work closely with the CHAG facility in the network. We have a driver but no ambulance, they have an ambulance without a driver, so they use our driver, and we also use their ambulance as necessary. We share resource--especially drugs*"

- Network Leader, Amasu Network, Dormaa Municipal, Bono Region

There was additionally good collaboration with the private sector and CHAG facilities. Providers from public and private facilities actively engaged each other and participated in network activities including meetings and outreaches as well as sharing expertise and supplies and logistics. Providers reported improved communication and coordination in providing care to their communities.

"*Because of the network we engage with the government facility and the other private facilities. For many years I knew there was another private facility in the next community, but I didn't even know the services they provided but with networking I have had the chance to visit the place and we are collaborating well. We have a lab so now the CHPs and the other private facility sometimes refer the patients here for lab services*"

- Network Leader, St Kyadee Clinic, Dormaa Municipal, Bono Region

The key challenges mentioned were funding for outreach services and a lack of feedback on referrals to the hospitals. Findings from the monitoring visits were presented to the MOH's and GHS's Policy Planning Monitoring and Evaluation (PPME) directors and unit heads for further action and use.

Monitoring Team meeting to debrief on the day's work and strategize for the next day. Photo Credit: The Accelerator

The Accelerator, in collaboration with District Health Management Teams (DHMTs), also provided coaching and support to 16 networks in the pilot and other districts in the Volta region particularly on data capture and proper documentation of network activities. PCP Networks continued to work as teams with improved communication, sharing of resources and expertise. Other changes observed with some networks

include collaboration with private chemical shops, strengthened referral systems and the establishment of referral committees, and strengthened community engagement through Community Health Management Committees (CMHCs).

Some key issues identified for consideration and redress were the need to resource network hubs, particularly for the provision of basic lab services for communities in the networks' catchment area, and the need for continued orientation of newly posted service providers around the concept of PCP Networks. To address this challenge, 28 newly posted health staff in South Tongu district received PCP Network orientation from a member of the national facilitation team based in the district. South Dayi district also organized orientation for all service providers to emphasize the concept of networking and to discuss ways of strengthening network operations in the district.

2Disease Control Officer and PCP Network focal person in Ho West district at Dzologborgame Health Centre in Yingor Network. Photo Credit: The Accelerator

Introduction of Quality Improvement to Provider Networks

The Accelerator supported introduction of quality improvement principles to eleven (11) networks in two districts in the Bono region. Networks were supported to review their service data to identify gaps in performance and use QI tools to conduct root causes analysis, prioritize causes and develop local solutions using PDSA cycles (Plan, Do, Study, Adopt). Networks prioritize interventions to address skilled delivery coverage and Penta coverage.

Member of Yaakrom network in Dormaa West district presents the teams root cause analysis using the Fishbone tool. Photo Credit: The Accelerator

Members of Krakrom Network discuss and develop local solutions to address root causes using the PDSA cycle as facilitators looks on. Photo Credit: The Accelerator

Monitoring and Evaluation Working Session

The Accelerator, in collaboration with the GHS-PPME held a three-day M&E working session to review and discuss processes for monitoring the scale-up of PCP Networks, including a plan to transition the process to the GOG and drive resource mobilization. The team reviewed the PCP Network M&E framework, monitoring tools, scale-up tracker dashboard (see image below) and discussed documentation, organization, and management of resource materials. Following the session, Accelerator supported the development of an MEL plan and a concept note to re-design and integrate the PCP Network scale-up tracker with the national health service database (DHIMS 2) to enable health managers assess and track the service delivery performance of networks. These will be reviewed and finalized as GoG develops a strategy for national implementation of Networks of Practice (NoP).
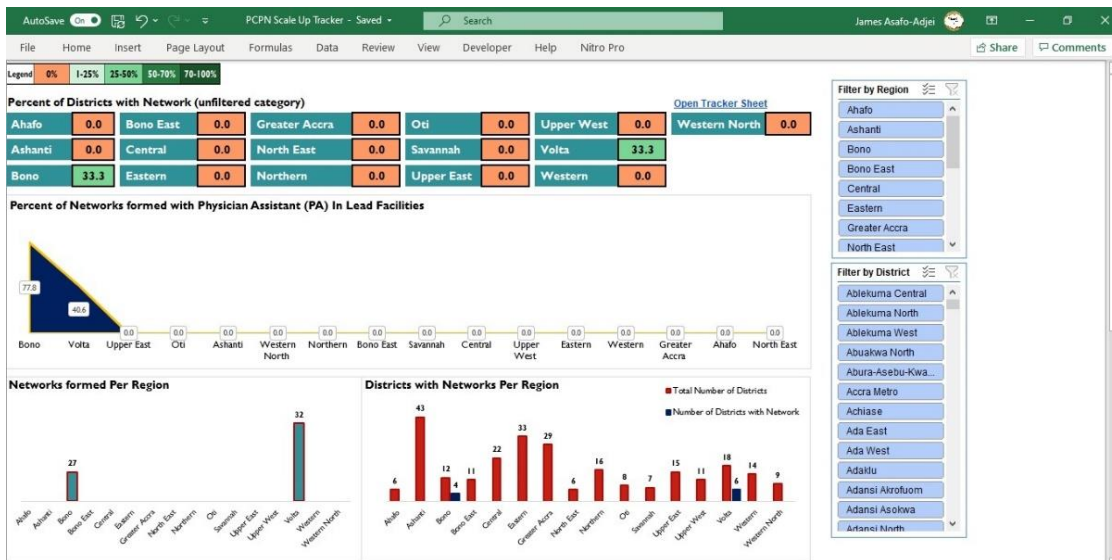

Table 2: Draft PCP Network scale-up tracker dashboard

Strengthening GHS coordination role in scale-up

To ensure full transition of ownership and strengthen GHS's role in the scale up process, the Accelerator facilitated meetings with the offices of the Deputy Director General and the PPME division of the GHS to discuss support to strengthen PCP Network coordination within GHS, as well as the PCP Networks' financing and resource mobilization efforts for continued scale-up. GHS recognizes the PCP Networks are a new practice in service delivery, so these discussions focused on documenting the scale-up process and lessons learned, identifying opportunities for research and application of PCP Network tools, resource materials and data management, as well as building of regional level PCP Network resource teams – all key for future expansion and reforms. In addition, the Accelerator supported the GHS to develop an informational brief for potential technical and financial partners to strengthen resource mobilization for the scale up process. This was presented by GHS at a development partners' meeting in Q2.

As part of the process of transitioning PCP Network to government, the Accelerator supported GHS to hold an internal review meeting to discuss integration of PCP Network into governments move for a nationwide implementation of NoP as defined in the UHC roadmap and agree on key areas to develop and launch a NoP strategy before the end of December 2021. Key areas of focus for the strategy includes health financing, human resource, service delivery, information and technologies, research, leadership and governance, partnerships and community participation and ownership.

GHS Internal Review Meeting to discuss roll-out of networks of practice. Photo credit: GHS-PPME

Looking Forward

In Y4, the Accelerator will continue to provide technical support and assistance to GHS and other key government actors on multiple fronts, including the continued expansion of networks, monitoring and tracking results through supportive supervision and implementation research, and incorporating and mainstreaming the NoP strategy into the existing PCP Network design.

Sub-activity 5: Support the Health Facilities Regulatory Agency to Ensure Quality of Primary Health Care

The HeFRA licenses and regulates public and private health facilities to ensure quality of care in Ghana. Constrained by low levels of financing and inadequate capacity, HeFRA's ability to effectively regulate health facilities has been limited. When viewed through the three core elements of the Accelerator's Institutional Architecture framework, there are apparent gaps in HeFRA's (the primary *actor*) defined

role, the ***processes*** through which that actor would drive policy or behavioral changes to improve quality, and the ***resources*** the actor can draw upon to drive change. The Accelerator is supporting HeFRA to improve its institutional effectiveness, and collaboration with other actors, to streamline regulatory activities to ensure quality service delivery within the context of Ghana's UHC road map and as envisioned in the National Healthcare Quality Strategy (NHQS).

In Y3, the Accelerator supported HeFRA through a local consultant to revise and harmonize its regulatory standards for facilities inspection at all levels of care. The project also provided support to HeFRA to partner with the Ghana College of Physicians and Surgeons (GCPS) and the West African

College of Physicians and Surgeons (WACPS) to review and harmonize assessment standards for specialist clinics. The revised standards reflect the desired level of quality and safety that health facilities are expected to meet in the provision of services to their clients. During Y3 Q2, the Accelerator also partnered with HeFRA and other development partners (UNICEF and PharmAccess) to launch the harmonized standards and HeFRA's Mobile Online Information System (MOIS) to create awareness and foster buy-in from stakeholders about the new quality tools. The roll-out of the MOIS and harmonized

Citation recognizing the contribution of experts in the finalization of Assessment Standards for Specialist Clinics. Photo Credit: HeFRA

assessment standards will strengthen HeFRA's functions and position it well within the regulatory landscape to carry out its mandate. The MOIS is expected to improve access to HeFRA's services and the turnaround time from facility inspection to issuing of license.

Following harmonization of the standards, the Accelerator identified a consultant in Y3 Q4 to convert them into a digital tool and develop a training manual and performance monitoring dashboard for HeFRA. The dashboard will be used to monitor facilities based on the harmonized standards.

In Y4, the Accelerator will support to HeFRA strengthen its collaborations with other health agencies to streamline regulatory activities, as well as to mobilize and coordinate additional development partners to support the implementation of HeFRA's program of work. Accelerator will continue to support HeFRA to roll out its new digital assessment tool to improve on its operational efficiency and effectiveness to assure quality of care. During Y4 Q1, the program will support HeFRA to train its facility assessors using the new training manual and the digital tool. Accelerator will provide at least 25 tablets loaded with the assessment tool to aid the training of assessors and subsequently for their use in the field during facility inspections.

Sub-activity 6: Support Data Systems Governance, Data Harmonization, and Interoperability of Key Health Information Systems

DHIMS-2 Data Quality and Use Assessment

The Accelerator supported GHS to collect baseline data to assess the level of quality of data in DHIMS-2, the extent of data use for decisions at the facility and district level, and the relationship between system data quality and system data use. In the latter part of April 2021, GHS conducted a three-day training workshop and pre-testing of the data collection questionnaires for the four modules shown in Figure 1 below, for twenty-two field data collectors, including supervisors who participated in the assessment.

Overview of Health Information System Tool

Type	Number to be administered (Facility heads or next in-charge)
Health Directorate	1
Hospitals	1
Health Centers and Clinics	1
CHPS	1

Management and Assessment Tool

Type	Number to be administered (Facility heads or next in-charge)
Health Directorate	1
Hospitals	1
Health Centers and Clinics	1
CHPS	1

Organizational and Behavioral Assessment Tool DHIMS 2

Type	Number to be administered (Facility heads or next in-charge)
Health Directorate	3
Hospitals	3
Health Centers and Clinics	3
CHPS	3 or less

DHIMS2 Data Quality Assessment

Type	Number to be administered (Facility heads or next in-charge)
Health Directorate	1
Hospitals	1
Health Centers and Clinics	1
CHPS	1

Figure 3: Survey modules and respondents per facility

Training of data collectors on the use of the data collection tools. Photo credit: The Accelerator


Data collection at Mallam Atta Clinic. Photo credit: The Accelerator

Data was collected from 100 facilities in 29 districts in the Greater Accra Region and is currently under analysis. The results of the assessment will inform intervention design aimed at improving DHIMS-2 data quality and use for decision-making at the district and facility levels of the health system.

Health Information System Strategic Plan (HISSP)

The HISSP is a strategy document that will be used by the MOH for providing directions for Health Information Management in the health sector. At a high level, this document will set out the governance
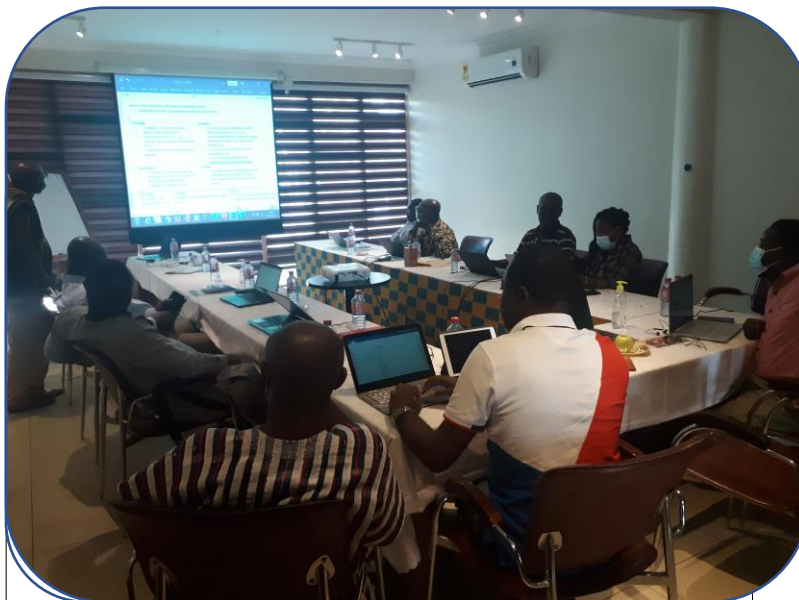
Sub-committee reviewing the structure of the HISSP during the inception meeting. Photo credit: The Accelerator

systems, implementation and integration plan that will facilitate the collection, analysis, access and use of comprehensive quality health data across all the agencies of the Ministry including the private care providers. In the year under review, Accelerator continued working with the Data Governance Technical Working Group (TWG) convened by the MOH to establish regular meetings to carry out priority activities. The TWG developed the ToR for a sub-committee responsible for developing the HISSP in April 2021. MOH organized and commissioned the seven-member sub-committee with representation from

the GHS, Cape Coast Teaching Hospital, Ministry of Health, Food and Drugs Authority, the Private Sector,

and the Development Partners (represented by USAID) to develop Ghana's Health Information Strategic Plan (HISSP) with support from the Accelerator.

In May 2021, the Accelerator supported the MOH to organize an inception two-day working session for the sub-committee to review the outline of the HISPP and produce content, discuss available resources (literature) to guide its development, and define the next steps. Following the inception workshop, additional two workshops were organized in July and August which were used for developing and finalizing the Implementation arrangement, budget, implementation timelines, Monitoring and Evaluation, and the next steps of the HISSP. The development of the zero drafts has been completed. The Ministry has shared the draft plan for the sub-committee's final review before it is shared with stakeholders and partners for feedback and finally submitted to Inter-Agency Leadership Committee (IALC) for approval In November 2021.

DHIMS2-SORMAS Integration

In Y3, Accelerator facilitated working sessions between the GHS and GCNet teams (managers of DHIMS II and SORMAS respectively) to integrate both data systems. These priority activities were supported by both the Accelerator and Global Fund which enabled the technical working sessions to achieve the following milestones:

1. Completion of a gap analysis of the SORMAS facility registry and aligning with facility levels in DHIMS II
2. Completion of a full review of the aggregate variables in SORMAS mapped with the appropriate dataset in DHIMS II
3. Development of a full Standards of Operation for the management of the data variables
4. Conclusions reached on the framework for SORMAS and DHIMS2 integration schematics
5. Development of the integration interface between the two data systems to facilitate automated data integration.

In addition to the technical activities, the Accelerator also facilitated discussions on the institutional arrangements needed to manage the use of SORMAS for GHS immediate to long-term needs and sustainability. The Accelerator has been participating in a stakeholder meeting to discuss the long-term plan for SORMAS in Ghana and the West Africa Region and the "Design Thinking Workshop" for SORMAS organized by GHS and GIZ. The expected outcome of these workshops will enable stakeholders to come up with a strategic overview of the needs of SORMAS to inform the development of a document that will set out the medium to long-term requirements for SORMAS management.

A stakeholder group was formed in May 2021 to develop the vision for SORMAS and to conduct a gap analysis to finalize a sustainably financed transition plan. Participants at the meeting included the World Health Organization (WHO), United States Centres for Disease Control and Prevention (CDC), and Helmholtz University. The Accelerator also developed a draft transition plan for SORMAS which has been shared with GHS in July 2021. In Y4, the Accelerator will continue its collaboration with GHS and stakeholders to firm up the transition processes of SORMAS to GHS.

Digital Health Facilities Map

The MOH has set out to conduct a nationwide health facility mapping in the country to provide health policymakers with information to assist in making evidence-based and more accurate decisions regarding the distribution of health resources, to improve access to health facilities. The health facility mapping activity is expected to (i) provide an interface for updating health facility information on DHIMS2 and (ii) establish the human resource capacity of health facilities, equipment, and medicines database and (iii) These details will be accessible on an interactive GIS powered web platform to be hosted by the Ministry which will utilize filters to allow stakeholders access information. The information includes the geographical distribution and the range of health services provided by health facilities such as the facility type, HR capacity, service provision and GPS location of facilities among other parameters.

In Y3, the Accelerator supported MOH to organize a stakeholders' meeting to review the concept note. MOH is collaborating with stakeholders such as HeFRA and NHIA to review the concept proposal and agree on the next steps for this activity implementation. The Accelerator will support MOH to implement this activity in Y4.

Deliverables

	DELIVERABLES	TIMELINE	STATUS	NOTES
1	Harmonized tools for accreditation and regulation by HeFRA	November 2020	Completed	Submitted to HeFRA November 13, 2020
2	PCP Network Informational Brief for Potential Technical and Financial Partners	December 2020	Completed	Submitted to GHS December 7, 2020
3	RFP for digitization of HeFRA's harmonized assessment standards	March 2021	Completed	
4	RFP for development of training manual	March 2021	Completed	
5	DHIMS2-SORMAS data systems integration	April 2021	Completed	Plans towards a transition to GHS underway
6	e-tracker SOP job aid	April 2021	Ongoing	SOP pending validation and endorsement
7	Health Summit Programme	May 2021	Completed	Printed and disseminated at the 2021 Health Summit. Hosted on the Health Summit Website for online participants
8	Health Summit Session Moderator's Guides	May 2021	Completed	Used by moderators to guide sessions discussions
9	Health Summit Confirmation Tracker	May 2021	Completed	Used to track confirmation of speakers, moderators, and presenters
10	Accelerator Support for Health Summit	May 2021	Completed	Published on Accelerator Website
11	Terms of reference for HRH TWG	May 2021	Completed	Submitted to MOH to review and finalize
12	Health Workforce Retention Concept Note	June 2021	Completed	Submitted to MOH to finalize and submit to other partners
13	Accelerator support for facility mapping concept proposal	June 2021	Ongoing	MOH collaborating with stakeholders to finalize the draft concept proposal
14	PCP Network Scale-up tracking dashboard	July 2021	Ongoing	Reviewed by GHS. Ongoing discussions to upgrade onto DHIS2.
15	Concept note for PCP Network Scale-up tracker dashboard	July 2021	Ongoing	Draft concept note submitted to GHS on June 30, 2021
16	Audio-visual equipment user manuals	August 2021	Completed	Submitted to the MOH in August 2021
17	Audio-visual equipment build documentation	August 2021	Completed	Submitted to the MOH in August 2021

18	Audio-visual installation end of project report	September 2021	Completed	Submitted to the MOH in October 2021
19	Concept note for training on e-tracker use to improve data quality alongside COVID-19 vaccination	September 2021	Ongoing	To be completed with the GHS to guide the training exercise
20	Blog – Lessons Learnt from the COVID-19 Coordinator's Secretariat	September 2021	Completed	Published on the Accelerator's website
21	Development of the draft HISSP	September 2021	Ongoing	Zero draft ready. Final review ongoing by sub-committee.
22	Final draft of Ghana's EHSP	September 2021	Ongoing	Revised version submitted to MOH on May 6, 2021

Implementation Timeline

Note: All tasks are carried out in close collaboration with and under the leadership of country partners (e.g., MOH, GHS, NHIA, HeFRA, etc.). Some implementation steps may need to be further discussed with country partners and may evolve to remain responsive to changing needs and priorities. The Accelerator will keep USAID in Ghana apprised of any adjustments to the initially proposed work plan for Y4 or the accompanying implementation timeline.

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	NOTES
SUB-ACTIVITY 1					
1.1 Virtual equipment training manuals		X	X		Completed
1.2 Rapid landscape of HR policies and incentives in the health sector			X	X	Concept note completed
1.3 Leadership development plan			X	X	MOH continuing internal dialogue on coaching/mentorship.
1.4 Health Summit sessions facilitation plan			X		
SUB-ACTIVITY 2					
2.1 Rapid landscaping and identification of measures to increase efficiency, quality of care	X	X			
2.2 Strategy for member voice and advocacy	X	X	X		Priority for Y4
2.3 Communications pieces about findings and analytics from actuarial model		X	X	X	Removed from scope
2.4 Capacity building on topics in health financing for service delivery stakeholders		X	X	X	

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	NOTES
SUB-ACTIVITY 3					
3.1 TOR for harmonization committee			X		Moved from Q1 to Q3 due to delays
3.2 Harmonized service benefits package			X		
3.3 Financing plan for Ghana's EHSP			X	X	
3.4 Recommendations and action plan from stakeholder dialogue		X	X	X	
3.5 EHSP Dissemination Plan			X	X	
3.6 UHC Roadmap M&E Framework		X	X		Extended to Q3 due to delays
3.7 UHC Compact		X	X		
SUB-ACTIVITY 4					
4.1 Roadmap for nationwide scale-up of Networks of Practice	X				
4.2 Core facilitation team composition and terms of reference	X				
4.3 Scale-up materials including proposals, budgets, partner mapping analysis	X	X	X	X	
4.4 Network implementation tracker with challenges and key findings from supportive supervision		X	X	X	
4.5 Network design and implementation tools (manuals, templates, training materials, briefs)		X	X	X	
4.6 Implementation research report			X	X	
SUB-ACTIVITY 5					
5.1 Digitized credentialing assessment tool and training manual developed	X	X			Extended to Q2 due to contractual delays
5.2 Partners workshop (or hybrid/virtual co-creation) report	X	X			
5.3 Facility Assessors trained and training report available	X	X			
5.4 Strategic plan developed	X	X	X		
5.5 HeFRA's Legislative Instrument reviewed		X	X	X	
SUB-ACTIVITY 6					
6.1 Revised standard operating procedures (SOPs) for e-tracker	X				
6.2 High-level health sector data integration plan	X	X	X	X	
6.3 Health sector data strategy (or revised e-health strategy)		X			

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	NOTES
6.4 Facility mapping plan/user manuals		X	X		

Challenges and Proposed Solutions

Team members (based both in DC and Accra) continued working fully from home and participating in meetings virtually. Most of Ghana's public sector partners now have access to virtual conferencing software such as Zoom and Microsoft Teams, which aids virtual communications with stakeholders. However, the team continues to face periodic challenges with poor internet connectivity.

The Accelerator has remained in close communication with USAID in Ghana about delays or pivots in original work plan activities. It will continue to share, and document required changes to its work plan due to COVID-19. Some challenges faced during Q3 are listed below.

CHALLENGES	PROPOSED SOLUTIONS
There's been limited availability of key partners within the MOH due to travel and competing activities	Continue building personal relationships and utilize monthly meetings with MOH as routine checkpoints, and to establish additional consensus on activity implementation
There is the need to balance the ongoing easing of restrictions for COVID-19 and the desire to resume in-person activities with safety precautions to protect meeting participants and organizers	The Accelerator negotiates with partners to host brief meetings, lasting less than 3 hours, virtually, while making provisions for virtual participation for any in-person meetings. Participants who attend in-person meetings are provided with updates on adherence to safety protocols and protective equipment and required to sign an informed consent form.
Even though regions are interested in introducing the provider network model, GHS has paused roll-out of networks as government prepares to transition from PCP Network to NoP	The Accelerator will support GHS to redefine and develop a strategy for nationwide implementation of NoP, as well as facilitate coordination of other donor partners' support.

Priority Activities for Next Quarter

A top priority is to continue working with Ghanaian counterparts and USAID to ensure that the Accelerator supports and responds to Ghana's COVID-19 response. The Accelerator will continue to adjust its working methods to ensure that activities are carried out safely and efficiently.

Sub-activity 1: Strengthen Overall Stewardship and Capacity within the Health Sector to Drive Health Systems Change

- Finalize discussions with the MOH on the approaches to implementing the prioritized activities in the Y4 workplan and begin implementation
- Support fieldwork activities for the deprived area incentives package and complete the proposal for approval

- Work with the GHS to finalise the selection of districts, design the training plan and begin training of the key frontline and data information officers

Sub-activity 2: Support the National Health Insurance Authority to Become a More Strategic Purchaser

- Continue discussions with NHIA about how Accelerator can support roll-out of member voice mechanism relying on decentralized NHIA offices for research
- Revisit discussions with NHIA about other priority areas for Accelerator support and collaboration

Sub-activity 3: Support the Process of Implementing and Refining Ghana's UHC Roadmap

- Support costing of interventions and development of a financing plan for Ghana's EHSP, and launch of EHSP
- Facilitate discussions to harmonize the EHSP to NHIS benefits package
- Support MOH to finalize the HSMTDP M&E Framework and link to Ghana's existing health sector performance assessment tool (Holistic Assessment Tool)
- Support to develop a master dashboard for the MOH to monitor and track indicators for the HSMTDP
- Continue support for the HSMTDP Resource Mapping

Sub-activity 4: Advance the Continuation, Transition, and Scale-up of the PCP Networks

- Support transition of PCP Network to Government's UHC Networks of Practice agenda
- Conduct boot camp to revise the draft PCP Network scale-up tracker in conformity to NoP and begin design and development of the tracker on a DHIS-2 instance
- Continue to support GHS to conduct ongoing monitoring of existing PCP Networks
- Conduct implementation research on the quality of care in provider Networks

Sub-activity 5: Support the Health Facilities Regulatory Agency to Ensure the Quality of Primary Health Care

- Finalize digitization of assessment tools, development of performance monitoring dashboard, and development of Assessors' training manual
- Facilitate partners' workshop (hybrid co-creation workshop)
- Work with HeFRA, Ubora, and other partners to commence facility assessors' training
- Facilitate the review and development of HeFRA's strategic plan for 2022 to 2024

Sub-activity 6: Support Data Systems Governance, Data Harmonization, and Overall Interoperability of Key Health Information Systems

- Continue work with MOH and the Interagency Data Governance TWG to develop the Health Information Management Strategic Plan and engage stakeholders for finalization
- Support the GHS and GCNet to develop a long-term transition plan to manage the SORMAS system for nationwide disease surveillance
- Work with the GHS to analyze and disseminate the study on DHIMS-2 data quality and use and design interventions based on findings

- Finalize concept note and facilitate the development of digital health facilities map for Ghana's health sector

Administration

The Accelerator continued working remotely due to COVID-19. Staff will work from home until R4D reopens its offices, which is not anticipated this fiscal year.

Human Resources

The Accelerator welcomed several new staff members this year, including Isaac Amenga-Etego, Marian Opoku-Agyeman, and James Asafo-Adjei. In addition, Simon Nankong began providing part-time to provide support to the team's financial accounting and bookkeeping processes.

Liberia: Systems Improvement Support to John F. Kennedy Medical Center

USAID-Liberia engaged the Accelerator to support Liberia's MOH and related stakeholders to shape health financing reforms. Late in 2019, the Accelerator's scope in Liberia shifted to focus on assessing and improving the systems for service delivery, supply chain management, and financial sustainability at John F. Kennedy Medical Center (JFKMC) – a significant and vital part of Liberia's health system.

JFKMC is Liberia's largest tertiary hospital and serves a population of over three million, including a large proportion of clients who are unable to afford the fees for services rendered. Determined to drive sustainable health system changes, the management of JFKMC requested support from USAID to address challenges in the hospital's financial, service delivery, and supply chain management systems. Weaknesses in the hospital's fiscal, service delivery, and supply chain systems pose significant risks to the hospital and the health of the people of Liberia. USAID Liberia channeled funds for support of strengthening systems at JFK through the Accelerator.

In Y2, the Accelerator worked closely with JFKMC and relevant stakeholders to identify gaps and implement cost-efficient interventions for systems improvement across three focus areas. Building on the results of those assessments and recommendations for short-term "quick wins," the Accelerator focused on the following sub-activities in Y3:

1. Improve governance and management capacity and processes
2. Drive functional and sustainable systems improvement at the JFKMC, contributing significantly towards overall health systems improvement in Liberia
3. Increased multisectoral collaborations and cross-learning

This report provides details on the progress of these activities through Y3 and insights into the next steps for the activity.

Key Achievements:

1. **Strengthened governance structure**: The JFKMC team, leveraging the Accelerator's support, finalized, and conducted internal reviews for 28 (of 30) requisite policies/guidelines across priority domains with 13 of them granted approval following their presentation to the hospital Board. Orientation has been conducted to senior level staff on 2 of the approved policies/guidelines

2. **Streamlined revenue management:** Successfully networked the administrative building and restored "QuickBooks" application for financial reporting. Commenced construction of central cash point, and engaged UBA for outsourced cash from services collection onsite (eliminating risks of financial loss due to poor accountability)

3. **Improved quality system:** Developed a quality improvement (QI) Framework, inaugurated a QI Team at the Maternity Hospital, trained the QI Team on models for

improvement, and supported development and implementation of two (2) change ideas targeted at addressing leading causes of maternal and neonatal deaths

4. **Improved data system:** The Accelerator facilitated collaboration between the HMIS, M&E, and Research (HMER) unit of the MOH and JFKMC to strengthen data systems. This resulted in the training of 36 medical record and nursing staff at JFKMC on use of HMIS tools, DHIS reporting, and provision of HMIS tools for service delivery data collection and reporting

5. **Enhanced inventory management:** Successfully set up a material management department and transferred oversight function of warehousing and commodity management to it. Assisted the newly set up department in planning/ implementing reorganization of storerooms for improved warehousing/inventory management/stock rotation practices

6. **Improved LMIS:** Adapted and trained the material management and end-user departments on the use of standardized paper-based LMIS tool (CRRIRF) to improve data quality and visibility

7. **Facility improvements**: JFKMC, leveraging funding from the National Oil Company of Liberia (NOCAL) and TGS, commissioned Liberia's first and equipped Trauma Center/Intensive Care Unit (ICU) post-civil war within its premises

Sub-Activity 1: Improve Governance and Management Capacity and Processes

The Accelerator continued working closely with the senior leadership of the JFKMC to provide them with the appropriate tools and technical capability to more effectively and efficiently manage service delivery, financial, and logistics systems in the hospital, as well as strengthen its "institutional architecture" to drive future improvement.

Strengthened Financial Governance

Accelerator supported the hospital's finance team in its efforts to strengthen financial reporting and control processes; ensure the availability, integrity and confidentiality of data and information; and institute controls on its asset and inventory by finalizing and obtaining board approval for key policies and procedures (including Finance and Accounting policy, Information Security Policy, Cash Management Committee Standard Operating Procedure, Revenue and Grants Management Policy, Policy on Credit Control and Receivables Management and Asset Management Policy).

In addition, the hospital management recruited a new Deputy Chief Financial Officer (DCFO) for increased effectiveness and efficiency in its financial management processes. The recruitment process is also ongoing for a grants/resource mobilization manager. Filling this role will enhance JFKMC's grants and revenue management structure.

Enhanced Logistics Management Governance

The Accelerator assisted the JFKMC logistics management team in strengthening logistics management processes governance by finalizing (and obtaining Board approval for) requisite policies/guidelines for Procurement, Vendor management, Warehousing and Inventory Management, Logistics Management Information System (LMIS) Guideline (for effective collection, collation, and reporting of quality logistics data), Guidelines for improved laboratory processes (including routine tests and equipment/supplies management), Policy for Drugs Donation, and Cold Chain Management Guidelines.

Moreover, the hospital management set up a Material Management Department and recruited a director to effectively centralize its warehousing and logistics management functions. The Accelerator assisted the newly recruited Director for Material Management Department in establishing and implementing appropriate structures for the effective functioning of the department (including identification of personnel need, internal migration of qualified personnel to the department, development of a draft organogram for clear roles and reporting structure). This transition will increase efficiency in warehousing and logistics data management and, consequently, improve essential commodities' availability to support uninterrupted service delivery.

Strengthened Clinical Governance

The hospital, leveraging the Accelerator's support, finalized (and obtained approval of the Board for) key protocols: (a) nursing protocols/SOPs (including SOPs for OPD, emergency and ward management across the pediatrics, maternity, mental health, medicine and surgery); (b) clinical procedures protocols (including computerized tomography (CT) and ultrasound (USS) protocols for the radiology department); (c) operating theatre guidelines to standardize processes during procedures; and (d) reviewal and adaptation of the national Infection Prevention and Control (IPC) guidelines. Together, these procedures will strengthen the facility's clinical processes by guiding and standardizing nursing and clinical processes across all departments, resulting in improved quality of care and patient outcomes, and reduced risk of cross-contamination and exposure of both staff and patients to infections. Also, Accelerator supported the hospital to develop evidence-based clinical care protocols to manage the most common conditions across respective clinical departments. Standard Operating Procedures (SOPs) for the Trauma unit (to guide operations and management of patients in the newly renovated Trauma unit), Obstetrics and Gynecological care, Pediatrics care have been finalized. Roll-out of these protocols will improve care management processes across the facility's clinical departments.

Furthermore, the Accelerator supported JFKMC to finalize (and obtain approval of the Board for) its: (a) human resources manual; and (b) code of conduct protocol. The human resources manual details all related guides/policies for effective personnel management towards maximizing their productivity, while the code of conduct protocol seeks to guide employee conduct.

Sub-Activity 2: Drive Functional and Sustainable Systems Improvement at JFKMC, Contributing Significantly Towards Overall Health Systems Improvement

The Accelerator worked with the hospital's leadership to improve visibility into the hospital's finances, drugs and supplies, and patient data/trends records, ultimately leading to better evidence-based

decision-making. The program's support included institutionalizing processes that make reliable data more available and improve the overall functioning and sustainability of the facility.

Financial Management

The Accelerator's work with JFKMC stakeholders on improving the financial management systems in the hospital achieved several important results in Y3:

- **Enhanced financial reporting and control process.** The hospital finance team, facilitated by the Accelerator, successfully restored the use of the "QuickBooks" application which had been out of use for about 24 months. The finance team now operates with some level of automation for its bookkeeping, budgeting, financial reporting, and control processes and consequently eliminating poor accountability. Further, the hospital installed basic networking infrastructure across key areas within the facility to automate its financial system leveraging financial commitment from Yale University.
- **The JFKMC's ICT team and Accelerator explored the possibility of adopting an integrated Electronic Hospital Management System.** Accelerator, having facilitated discussions between JFKMC and a vendor to determine and benchmark requirements for networking the hospital, supported development of a comprehensive networking plan with requirement and corresponding cost. However, JFKMC ICT team is also exploring the suitability of an open-source application—"Bahmni"—for the same purpose. Bahmni is an easy-to-use and low-cost EMR and hospital system. Accelerator is working with the ICT team to explore its suitability.
- **Streamlining revenue management process**. Following Accelerator's recommendation, the JFKMC management reached an agreement with United Bank for Africa (UBA) to manage revenue/cash collection onsite at JFKMC to improve its revenue management process and curb financial leakages within the system. Also, construction of the hospital's central cash collection point is ongoing and near completion. The cash point is designed to have four (4) cash collection windows and strategically linked to the general outpatient department to facilitate patients' access. The completion of the cashpoint and its use by UBA will help streamline the facility's fees for services collection process and reduce risk of financial loss.
- **Enhancing revenue generation potential**. The hospital management commenced renovation of the fourth floor of the memorial building to create a V.I.P. Suite to increase the hospital's potential revenue following Accelerator's recommendation. This space will be used to provide healthcare services to high profile citizens who might otherwise try to access care overseas.

Supply Chain Management

- **Strengthening Logistics Management Information System (LMIS) and increasing the availability of reliable data for decision-making.** The Accelerator supported the JFKMC team in adapting the Combined Report, Requisition, Issue and Receipt Form (CRRIRF) for its use in managing stock data and enhance management team's visibility into stock movement and utilization within the hospital. Following this, Accelerator conducted series of training (virtually and onsite) to 20 key personnel (staff of the material management and end-user departments) on the CRRIRF tool for logistics data capture and reporting across all levels (see box below for additional information on the CRRIRF). Also, an excel-based Stock Movement (SM) Tool, which provides a real-time overview of stock levels and commodity transactions, was introduced until

a more robust hospital management system is deployed. The excel-based SM Tool will aggregate data from the CRRIRF tool to provide an overview of commodity status. The Accelerator will continue conversations with the management team on when to roll out these tools.

The Accelerator facilitating a workshop on use of CRRIRF tool. Photo credit: The Accelerator

- **Improved warehousing and inventory management functions**. The Accelerator supported the hospital's management team to successfully finalize set up of a new laboratory warehouse with Laboratory commodities/supplies moved to the new storeroom and organized on shelves to facilitate First-Expired, First-Out (FEFO) and First In First Out (FIFO) stock rotation methods. The Accelerator also supported the hospital's efforts to centralize its warehousing function, guiding the new material management department in kickstarting the reorganization of the facility's warehouses and activities included commodity inventory, decongesting and cleaning of storage rooms, sorting of commodities, product coding (assigning of product ID and clear description), shelf labeling, commodity arrangement on shelves (for effective application of FEFO stock rotation mechanism), and carding (bin cards for commodity transaction recording), and sorting of expired commodities for disposal. The exercise has been completed for the office supplies and cleaning materials storage room while ongoing for the pharmacy warehouse. Renovation of the newly acquired National Drug Service (NDS) warehouse (central warehouse) is still ongoing (with the installation of electrical fittings for appropriate lighting and air conditioning equipment for temperature regulation pending). The team developed a schedule to replicate the reorganization model in the laboratory, pharmacy, and medical consumables warehouses. Completion of these activities will lead to reduced rates of stockouts and expirations/wastages of commodities and consequently reduce interruptions in service delivery, boost patient satisfaction, and enhance commodity security.

> **REGIONAL KNOWLEDGE TRANSLATION: CRRIRF TOOL**
>
> The CRRIRF – which summarizes report on consumption, quantity of stock received within the review period, and stock on hand amongst other data elements – was introduced in Nigeria to put in the needed structure that collates, analyses, and presents LMIS data in a format that is usable for decision making on the HIV/AIDS care program funded by PEPFAR, the Global Fund, and The World Bank.
>
> The use of CRRIRF led to the availability of logistics data repository, improvement in LMIS data quality, progress monitoring, valuable source of data for demand/supply planning and forecasting assumptions, and an improvement in LMIS data management for other public health programs.

Service Delivery

- **Infrastructural upgrade for improved service delivery.** The hospital completed minor renovations (including electrical and plumbing works) on the Center of Excellence for Infectious Diseases (CEID) ward, which is now ready for use. The hospital also completed renovating and equipping its ICU and Trauma center, leveraging funding support from NOCAL and TGS as corporate social responsibility. Commissioned by the President of the Republic of Liberia, alongside the Minister of Health, the Trauma center/ICU is the first in Liberia, post-civil war. During the ceremony, NOCAL's CEO also committed to sending select JFKMC staff abroad for training on Trauma/ICU care services. The Accelerator supported the team in developing guidelines for the center's operations.

Commissioning of JFKMC ICU/Trauma Center (JFKMC CEO, President of the Republic of Liberia and Wife, Liberia's Minister of Health and Social Welfare, and NOCAL CEO). Photo credit: The Accelerator

- **Improved waste management practices.** The hospital completed construction of its incinerator (including a garbage bin and ash pit) which is now being used for its medical waste disposal. The use of incinerator has significantly improved the hospital's waste management and infection prevention and control practices.

- **Enhanced patient-centered care.** The hospital, with the support of the Accelerator, finalized and got Board approval for its patient charter (which enlists the various rights and responsibility of patients, along with the code of practice followed by a medical personnel) in its effort to prioritize patient centered care. The patient charter is publicly displayed on bulletin boards across service delivery points. Further, channels for receiving feedback were created at strategic locations within the hospital and in use to improve patient-hospital relationship.

- **Implemented scalable and sustainable QI structure at the maternity hospital.** Accelerator developed a framework for improving the quality of care at the maternity hospital (in addressing leading causes of maternal and neonatal deaths) following review and analysis of JFKMC's maternal health data over a 31-month period. The Accelerator also supported JFKMC management and maternity hospital teams to develop a concept note for a mini-QI project to support JFKMC in reducing its current maternal and neonatal case fatality rates (1.4% and 7.5%, respectively). A ten-person team made-up of doctors and nurses was inaugurated – MHQIT – to facilitate implementation of the quality initiative.

The **QI Approach** the Accelerator introduced at JFKMC is based on the approach developed and implemented by Institute for Healthcare Improvement (IHI) in their breakthrough series, applied regionally in both Nigeria (Nigeria Healthcare Quality Initiative) and Ghana (Project Fives Alive) for improving care processes.

Following the set-up, the Accelerator conducted a series of capacity-building trainings to improve the MHQI team's knowledge on QI methodology and its application. Three sessions were delivered both onsite and virtually over three weeks. The trainings focused on the following (a) Model for Improvement approach and setting an Aim statement; (b) Generating change ideas and measures; (c) Plan-Do-Study-Act (PDSA) cycle as they relate to improving care process for patients with Eclampsia and Hemorrhagic complications, which are the two leading causes of maternal mortality (see note on the QI Approach). Six (6) change ideas were identified to improve the care process for these two conditions, with two already implemented and process measures developed to track their implementation. The MHQIT meets monthly to review their processes and develop action plans to address identified issues. Enhanced QI capacity and continuous evaluation of processes will improve maternal and newborn care at the maternity hospital to reduce mortalities.

The Accelerator facilitating a QI training session. Photo credit: The Accelerator

- **Strengthened data management systems.** The Accelerator facilitated engagement between the HMIS, M&E, and Research (HMER) unit of the MOH and the JFKMC medical records team via a series of meetings. The objectives of establishing a relationship between both parties; identifying the issues JFKMC is faced with relating to data and reporting; and development of action plans to address those issues were achieved. Key issues identified included: a shortage of staff (human resources), insufficient/non-availability of Health Management Information System (HMIS) ledgers for several service delivery points, inadequate knowledge of using the modified HMIS ledgers, and the lack of computers and internet to facilitate prompt data reporting. To address some of the highlighted challenges, the HMER unit of the MOH, with support from the Accelerator and Jhpiego, conducted a three-day capacity-building training for the respective staff of JFKMC responsible for data entry into the ledgers and forms in September 2021. A total of 36 staff of JFKMC were trained during the sessions. The HMER unit also provided JFKMC with required HMIS ledgers and agreed to regularly make these data tools available based on need (quantity required)

by the facility moving forward. The JFKMC medical records team decided to procure a laptop with an internet modem to enhance prompt reporting while the facility management team also committed to recruiting additional data staff to close the existing staffing gap.

- **Strengthening clinical audit system.** The Accelerator supported efforts to standardize care at JFKMC by developing care management protocols for the most common disease conditions and ensuring adherence to evidence-based protocols through conduct of periodic clinical audits, and performance management through data-driven periodic morbidity and mortality reviews. The Accelerator organized a strategy session with all clinicians and emphasized the need to integrate quality in the delivery of healthcare to improve health outcomes, instituting quality using *Juran's trilogy of quality* (interconnection between quality planning, quality assurance, and quality improvement) and the call to action for its implementation at JFKMC.

Other support areas: JFKMC WASH Assessment

The Accelerator had worked with JFKMC to improve the infection prevention and control mechanisms in place at the hospital. However, there remains a need for a holistic approach to improving the Water, Sanitation, and Hygiene (WASH) system at JFKMC, particularly in sanitation and waste disposal. At the request of USAID, the Accelerator conducted an assessment (using WASHFIT and FACET tools) of the WASH system at JFKMC and provided possible steps to improve the system. Leveraging insights from assessment data analysis and input from the USAID/Liberia WASH expert, the Accelerator developed a concept note for potential support areas to improve JFKMC's WASH system.

Sub-Activity 3: Increased Multisectoral Collaborations and Cross-Learning

The Accelerator established collaborations between the JFKMC and the MOH for cross-learning opportunities and resource sharing. Cross-learning opportunities to strengthen data (service delivery) management systems at JFKMC through the HMER unit are being maximized. As described above, the MOH's HMER unit provided capacity-building support (and with Accelerator, will provide ongoing technical assistance) to the JFKMC team to use (i) HMIS tools and District Health Information System (DHIS) reporting and (ii) continuously supply HMIS ledgers to the facility for uninterrupted data capture and reporting. This collaboration will strengthen local data management capacities within JFKMC and facilitate JFKMC service delivery data availability for use at the national level through routine DHIS reporting.

Deliverables

- [WASH Concept Note for JFKMC (Assessment, results, and recommendations)](#)
- Financial management policies and guidelines
  - [Financial and Accounting Policy](#)
  - [Fixed Asset Management Policy](#)
  - [Information Security Policy](#)
- Supply chain policies and guidelines
  - [Inventory and Warehouse Management Guidelines](#)
  - [Procurement Guidelines and Operating Procedures](#)

- o Vendor Management Guidelines
- Service delivery policies and guidelines
  - o Code of Conduct
  - o ES Grant Mental Hospital Nursing SOPs
  - o HR Manual
  - o Imaging Protocols for CT scan
  - o Nursing SOPs
  - o Patient Charter
  - o Radiology USS SOP

Implementation Timeline

BENCHMARKS AND ACTIVITIES	Q1	Q2	Q3	Q4
Sub-Activity 1: Improve governance and management capacity				
1.1. Support implementation team to finalize development and obtain board approval for requisite policies and guidelines	X			
1.2. Co-develop a system to track adherence to policies and protocols		X		
1.3. Quarterly review of project implementation impact		X	X	X
Sub-Activity 2: Functional and sustainable systems improvement at the JFKMC				
2.1. Support implementation of clinical care audit system (in alignment with the national disease surveillance system), including identification of priority disease conditions to be tracked and development of audit tools and action plans		X	X	X
2.2. Facilitate institutionalization of quality improvement strategies in the maternity hospital and provide support for curating and implementing change ideas		X	X	X
2.3. Strengthen the use of service delivery data for performance management (leveraging specific indicators) and decision making through routine data collection and analysis		X	X	X
2.4. Support the development and implementation of financial audit plans by the internal audit team, including review of relevant tools and reporting systems		X		
2.5. Support development and use of management reporting templates (financial and stock) for decision making		X		
2.6. Support the process of streamlining the cash collection process to mitigate financial loss due to leakages		X	X	

2.7. Support the process of revising the contracting mechanism for health insurance providers		X		
2.8. Facilitate the set-up of warehousing function for effective oversight of commodities, central warehouse, and adoption of e-LMIS		X		
2.9. Provide technical assistance on leveraging data-driven insights in developing and adopting a pricing strategy for commodities and services that fosters efficient recovery of costs		X	X	
Sub-Activity 3: Increased multisectoral collaborations and cross-learning				
3.1. Facilitate convening of regular quarterly meetings of stakeholders in the health sector and other relevant agencies		X	X	X
3.2. Facilitate and coordinate cross-learning opportunities on HMIS			X	X

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
● The team was unable to conduct in-person facilitation with JFKMC team members in Liberia for some time, leading to slow progress with implementing activities due to the resurgence of COVID-19 as the country and hospital grappled with the second and third waves of the pandemic, increasing risk of exposure to Accelerator team	The team continued providing remote facilitation to the JFKMC amidst the COVID pandemic, such as through virtual meetings and phone calls, and maximized an opportunity to recruit a local consultant to provide onsite support

Priority Activities for Next Quarter

The Accelerator will focus on the following priority activities for the next quarter:

- Facilitate dissemination and utilization of approved key policies and guidelines across departments/units
- Continue to support MHQIT in implementing identified change ideas in the maternity hospital
- Continue to support clinical teams in implementing clinical care audit system for improved care processes
- Continue to support the set-up of the new material management department and transition process for warehousing function for effective oversight of commodities
- Continue to engage the hospital management to facilitate the roll-out of LMIS tools for improved visibility into logistics data
- Continue to strengthen the use of service delivery data for performance improvement

- Continue to support the process of streamlining the cash collection process to mitigate financial loss due to leakages
- Support development and use of management reporting templates (financial and stock) for decision making

Human Resources

The contract of Accelerator's Liberia-based project officer, Mildred Silikpoh, concluded in Q4. The Accelerator will seek another team member based in Monrovia in year 4.

Directed Core Activities Summary and Results

Improving Health Systems Strengthening and Policy Research Capacities in Asia

As Asian countries implement health sector reforms and advance towards UHC, the demand for HSS best practices, resources, sharing of country experiences, and technical assistance increases. The Accelerator's earlier analyses documented a significant presence of health policy and systems research institutions (HPSRIs) that generate health system evidence but often need more support to translate that evidence into policy and practice. While global and regional learning platforms provide some support, opportunities remain to better tailor their offerings and engagements to improve HPSRIs' capacities to facilitate continuous HSS in the region.

The Accelerator collaborated with the WHO Alliance for Health Policy and Systems Research (the Alliance) to engage key stakeholders in a six-session virtual Co-creation Series designed to support this growing network of HPSRIs and HSS actors. Through the series, the Accelerator facilitated dialogue among HPSRIs, platforms, and programs operating in the region to collectively envision a more robust health systems and policy research (HPSR) ecosystem of the future and prioritize concrete actions to align the offerings of programs/platforms with the priority needs of HPSRIs and policymakers. Series participants coalesced around several action areas, tools, and products that would lead to closer engagement between actors, better capacitated HPSRIs, and more responsive and robust ecosystem to help advance the practical translation of HSS evidence into policymaking and practice across a range of Asian contexts. The Accelerator will support these key stakeholders and convene Action Groups to crystalize the emerging ideas and co-design opportunities to pilot or develop these strengthening models.

Key Achievements:

1. Completed consultations with eight HSPRIs in Afghanistan, Bangladesh, India, Indonesia, and the Philippines to document current successes, challenges, and capacity strengthening needs in carrying out HPSR
2. Validated and finalized analytical products documenting the HPSR ecosystem in Asia, including a Landscaping Analysis and summary brief, and capacity strengthening needs of HPSRIs brief
3. Completed six-part virtual co-creation Series to support a more responsive and robust ecosystem of HPSR initiatives that facilitated dialogue and collaboration among global, regional, and country-level actors, including HPSRIs in four USAID priority countries (Afghanistan, India, Indonesia, and the Philippines) and multiple training and learning platforms
4. Co-developed a shared vision for a stronger HPSR ecosystem with five components and coalesced around several action areas, topics for further exploration, and tools and products to progress against that vision; following the series secured interest from key

> stakeholders to finalize the action plans and potentially implement the emerging ideas with their organizations/network
>
> 5. Published three blogs documenting the Co-creation series, it's impact and the value of co-creative processes, including one blog in the BMC Health Services Research Journal.

Sub-activity 1: Conduct consultations with HPSRIs to identify challenges in evidence generation/translation and priority needs for support

Following preparatory discussions with USAID missions in Y2, the Accelerator identified a priority list of HPSRIs for in-depth consultations in Q2. These consultations, which shaped the design of the co-creation series in Q3, highlighted the HPSRIs' relative strengths in generating evidence but identified that translation and dissemination of research remain more of an operational challenge. Competency and skill in HPSR also varied, and additional support is needed for engaging policymakers to disseminate knowledge and promoting the targeted capacity strengthening of HPSRIs to support the generation, translation, and uptake of health systems evidence. The consultations also identified varied engagement in global and regional platforms. Most HPSRIs reported research collaborations with institutions in the region (e.g., Asia Pacific Observatory for Health Systems and Policies), but less meaningful engagement with global platforms, such as Providing for Health (P4H) or the World Bank's Flagship Course Program. These global platforms could support them to be more robust actors in the knowledge to action cycle.

These findings reinforce similar findings articulated in the Accelerator's Asian HPSR ecosystem landscaping from Y2. The Accelerator drafted a **summary brief synthesizing consultation and landscaping findings**, which was validated with the interviewed HPSRIs and used as a pre-read for the co-creation series. Following the validation process, minor updates were made to the brief to incorporate new information from the series and finalized in Q4. Six of the eight consulted HPSRIs participated in the co-creation series and outreach will continue with all HPSRIs as Action Groups are formed. While representatives from the Cambodian National Institute of Public Health were not able to participate in consultations earlier in the year, representatives from that HPSRI did participate in the Co-creation series and have expressed interest in the next steps.

Country	Priority HPSRI participation in Accelerator consultations	Participation in Co-creation Series
Afghanistan	Emerging Leaders Consulting Services (ELCS)	Yes
	Research, Evaluation and Afghanistan Development Organization (READ)	Yes
Bangladesh	International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)	No
India	India Health Systems Collaborative (IHSC)	Yes
Indonesia	University of Gadjah Mada, Center for Health Policy and Management (UGM/CHPM)	Yes
	University of Indonesia Center for Health Economics and Policy Studies (UI/CHEPS)	No
Philippines	Health Policy Development and Planning Bureau, Department of Health (HPDPB/DOH)	Yes
	UPecon Foundation	Yes

Sub-activity 2: Convene global, regional, and country-level actors engaged in HPSR and HSS capacity strengthening to co-develop a shared vision for strengthening the alignment of programs and platforms to address priority knowledge translation gaps

The Accelerator led a six-session virtual convening and Co-creation series in Q3 (May 27th - June 29th). The WHO Alliance for Health Policy and Systems Research joined as a co-facilitator of the overall series and participated in planning, outreach, execution, and debrief activities, as did Dr. Leizel Lagrada-Rombaua, a regional health systems expert based in the Philippines. Sweta Saxena and Jean-Jacques Frere of the USAID Asia Bureau also supported the facilitation of the series and provided opening and closing remarks. The Accelerator created a micro-site for the series, including the session agendas, recordings, participant profiles; the site was updated in Q4 and will continue to house resources and co-developed products in Y4.

The Co-creation series brought together approximately sixty-five participants spanning the priority HPSRIs, resource HPSRIs, current and former policymakers, training programs and learning platforms, and development partners. Five of the six priority countries

Figure 4. Accelerator Co-creation Series micro-site

(Afghanistan, Bangladesh, Cambodia, India, Indonesia, and the Philippines) identified and validated with USAID attended. Colleagues from Bangladesh could not participate however the team will follow up with HPSRI and mission representatives in Y4. Following discussions with **the Foundation** on potential synergies, representatives participated in all six sessions of the series, highlighted the event in presentations on their Asia strategy, and have expressed strong interest in the emerging Action Groups. The Foundation also recommended a number of invitees from HSPRIs in high-income and upper-middle-income countries (e.g., National University of Singapore and Hong Kong University) whose participation further strengthened the series. **P4H** also participated actively throughout the series and identified several concrete ways the learnings could be incorporated into their activities.

Following an introduction to the challenges, successes, and needs of HPSRIs, and historical engagement with training programs and learning platforms, participants established a shared vision to strengthen HPSR in the region and five components of that vision. Participants then identified over corresponding 65 activity ideas which the Accelerator facilitation team synthesized into several cross-cutting action

areas, emerging topics, and potential tools and products (see Figure 2 below). Gaining traction, participants began to co-develop action plans for each of these area, and invited panelists reflected on this type of co-creative activity, the relevance to the sector, and their respective priorities. The emerging Action Groups stemming from the series are described under Sub-Activity 3.

Overarching vision: **A more robust enabling HPSR ecosystem of the future that is highly responsive to countries' needs. In 5-10 years, this ecosystem is:** *Increasingly domestically funded; Characterized by strong demand for and use of evidence by policymakers and implementers; Made up of robust HPSRIs; Continuously strengthened through sustainable capacity development efforts supported by regional and global platforms; and* **effectively measured & assessed to understand its strength and need for further strengthening.**
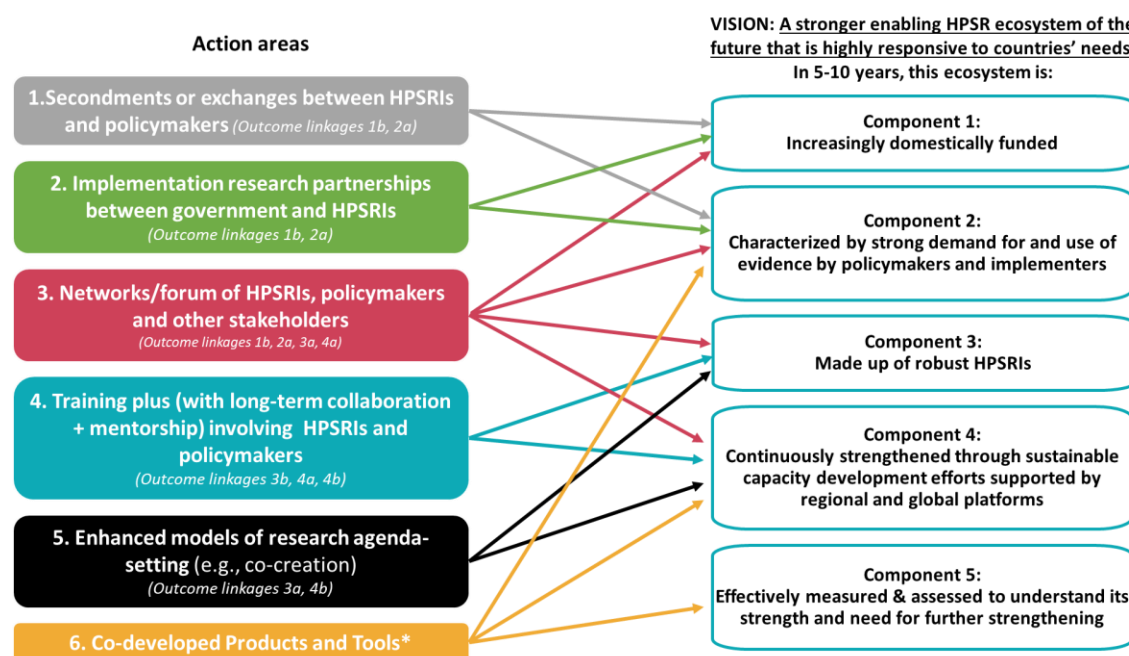

Figure 5. Participant developed action areas and corresponding vision components

The Accelerator drafted and finalized **two blogs** and an **Executive Summary** documenting the process and outputs of the series in Q4. The Accelerator's Leah List also co-authored a **blog** that was spearheaded by Harvy Joy Liwanag of UNU-IIGH and included in the BMC Health Services Research Journal. This blog featured reflections from the series and the overarching need for co-creation and co-action in addressing the SDGs and COVID-19 pandemic.

Sub-activity 3: Co-create enhanced models of support to extend learning from HSS/HPSR programs and platforms to strengthen the translation of learning into policy and practice

In Q4, the Accelerator laid the foundation for Action Groups as the team launched a survey to assess participants' interest to remain engaged and make progress on the action areas, emerging topics, tools, and products, as well as determine what communication and dissemination channels should be utilized for the series outputs. The majority of participating HPSRIs responded and affirmed their continued interest across all of the action areas as well as in a reconvening in 2022. The team also conducted a series of follow-up meetings with the US-based training program and learning platform managers, and P4H, to determine engagement and potential leadership in subsequent activities.

"I appreciated what I learned from this series about co-creation…. When I went through the series, it affected me in a meaningful way and I truly believe in it and want to carry it forward"- Series Participant

Based on the interest survey and series engagement, in Y4 the Accelerator will catalyze **Action Groups** to finalize action plans and develop enhanced models of support which will be further developed or piloted in the next calendar year on five priority topics:

1. *Secondments or exchanges between HPSRIs and policymakers*
2. *Implementation research partnerships between government and HPSRIs*
3. *Networks/forum of HPSRIs, policymakers, and other stakeholders (country-level and regional)*
4. *Training plus (with long-term collaboration + mentorship) involving HPSRIs and policymakers*
5. *Enhanced models of research agenda-setting (e.g., co-creation) (note, this area will likely be formatted as a discussion series)*

The following identified tools and products (e.g., concrete tools and products that could be co-developed as global public goods will also be developed:
- *Framework to assess HPSR domestic funding sources and opportunities*
- *Guide or database of HSPR learning and training platforms*
- *Landscape of HPSR ecosystem measurement and evaluation tools*

In Q4, the Accelerator team determined that each Action Group will be co-led by a HPSRI and training program or learning platform partner. The team continued to consult with the interested HPSRIs and platforms to determine co-leadership roles and begin to define the anticipated activity sequence in Y4. The Y3 co-creation series effectively cemented a relationship with the WHO Alliance for Health Policy and Systems Research (the Alliance) and advanced relationships with regional platforms (e.g., L4UHC/P4H, APO, ANHSS, Flagship, JLN, etc.), which will continue to be leveraged in Y4 to advance the work and identify champions. The Accelerator and Alliance teams will continue to offer support and coordinate the groups as the leadership for operationalizing these ideas will now reside with the partners themselves.

Follow-up from the series also included continued promotion of the Experts Database – a publicly accessible, online, global repository of experts (institutions and individuals) in HSS. The database is supported by the Accelerator, Strategic Purchasing for Africa Resource Center (SPARC), and the African Collaborative for Health Financing Solutions (ACS). This database serves as a growing source of regional and local expertise that could be accessed to support the identified action areas as well as support HPSR and capacity strengthening efforts.

The series enabled diverse and integral actors within and outside (but linked to) the ecosystem to come together (many together for the first time) to express what they think is needed to stabilise/enhance their overlapping HPSR mandates (the vision), that resonated for their own organisations and across the region (shared).- Series Participant

The Accelerator team also continued to conduct Outcome Harvesting and completed two substantiation interviews with series participants / collaborators from the Alliance, the Nossal Institute, and UPECON. Survey respondents generally agreed that they were able to collaborate to establish a shared vision that they can continue to build upon in action groups during the next step of the process.

Deliverables

DELIVERABLES	STATUS
Short synthesis of findings from HPSRI consultations	Drafted in Q3 and finalized in Q4.
Short report(s) documenting convenings/workshops on advancing the ecosystem for HSS/HPSR learning within Asia	Finalized in Q4.
Report documenting the models to support the continuous application of learning from HSS/HPSR platforms/programs, including proposed methods for evaluation of models	Finalized in Q4, combined with report documenting outcomes of convening.
Summary of experts included in the Experts Database, as well as a summary of engagement of identified experts with platforms, programs, HPSRIs, etc. within the region	The program shared the Expert Database with the Co-creation series participants in Q4 and will provide an update on sign-ups in Y4 Q1.

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
Sub-activity 1: Continue to conduct consultations with HPSRIs to identify challenges in evidence generation/translation and priority needs for support				
1.1 Conduct consultations with a subset of HPSRIs and summarize findings; identify a subset of HPSRI representatives to participate in support model co-creation process (Sub-Activity 3)	X	X		
Sub-activity 2: Convene global, regional, and country-level actors engaged in HPSR and HSS capacity strengthening to co-develop a shared vision for				

strengthening the alignment of programs and platforms to address priority knowledge translation gaps				
2.1 Convene HSS/HPSR programs/platforms to discuss current models of support and share/validate findings of Y2 Accelerator landscaping analysis	X	X		
2.2 Convene HPSRI and program/platforms to co-create a unified vision for better meeting country needs through these global and regional platforms		X	X	
Sub-activity 3: Co-create models of support to extend learnings from HSS/HPSR programs and platforms to strengthen translation of learning into practice				
3.1 Define co-design process for the creation of models of support to facilitate translation of learning from HSS/HPSR programs/platforms, including identification of co-design teams		X	X	
3.2 Implement co-design workshops with design teams and document support models that could be implemented through various programs, platforms, etc.		X	X	X
3.3 Expand Accelerator-SPARC expert database within the Asia region by identifying experts to be included in the database and connecting them to programs/platforms	X	X	X	X

Priority Activities for Next Quarter

- Catalyze Action Groups emerging from the Co-creation series co-led by HPSRIs and HSS platforms; support the finalization of action plans for each group
- Develop a joint work plan for a stronger HPSR ecosystem in Asia and progress tracking tool to capture results and lessons learned for each Action Group
- Co-develop tools and products prioritized by HPSR actors, including the database of HPSR learning and training programs and catalogue of monitoring and evaluation tools
- Continue to update the Co-creation series website and engage HSS actors in Action Groups and emerging strengthening activities

Administration

The Accelerator has continued with its remote work model throughout Y3. As R4D reopens its offices in Y4, the Accelerator will welcome staff into the office on a voluntary basis for the remainder of 2021 and reassess policies in 2022.

Human Resources

Kavita Hatipoglu and Leah List joined the Accelerator team to support planning and implementation of the co-creation series. Kavita provided management of the overall activity with Amanda Folsom following Ben Picillo's departure from R4D in April 2021. Dr. Leizel Lagrada-Rombaua, a R4D Fellow and health systems expert based in Manila, Philippines, joined the team as a consultant and co-facilitator of the co-creation series. Dany Chhan and Sarah Saragih from R4D and Julie Wieland from HSDF provided temporary support to the co-creation series.

Strengthening Routine Immunization to Reach Unvaccinated Children

Countries around the world have seen decreases in immunization coverage rates since the start of the COVID-19 pandemic. While immediate solutions are needed to restore and maintain these critical services, broader immunization-related challenges remain. There is growing inequity in the delivery of immunization services, inadequate financing, and a lack of integration with other health services that require longer-term planning and consideration of systems-level constraints. While responding to COVID-19 challenges, effective, locally tailored strategies informed by global evidence and cross-country learning are needed to support countries to improve routine immunization coverage and reach the unreached, especially under-immunized and unimmunized (or zero-dose) children.

Aligned with Gavi, the Vaccine Alliance (Gavi)'s 5.0 strategy, and WHO's Immunization Agenda 2030, the Accelerator will support identified program countries to strengthen routine immunization systems to effectively and efficiently reach the unreached by:

- Supporting countries to diagnose critical systems-level constraints and co-create solutions to build resilient primary health care systems able to deliver immunization services to zero-dose and under-immunized children in the context of COVID-19 and post-COVID-19 recovery, and
- Facilitating collaborative learning across countries to enable them to learn from each other on what has and has not worked to strengthen immunization systems and to maintain safe delivery in the context of COVID-19 as well as other new vaccine introductions, campaigns, or outbreaks.

Key Achievements:

1. Literature review on "Leveraging Immunization Campaigns to Strengthen Routine Immunization and Health System" and accompanying brief completed for dissemination across Accelerator, R4D, and partner networks
2. Immunization activity launched in Guinea in coordination with local stakeholders to improve immunization coverage, equity, and sustainability by supporting the integration of immunization within the national community health policy and improving immunization funding flows
3. Immunization activity launched in Togo in coordination with local stakeholders to improve immunization coverage over the life course and ensure sustainability through integration with UHC, advocating for improved domestic resources and addressing other barriers to achieving high immunization coverage, particularly in the second year of life.

Sub-activity 1: Addressing inequities and expanding Routine Immunization through improved funds flow and community health integration in Guinea

In May 2021, the Accelerator received approval from USAID to build on its existing support under Activity 1 to Guinea's National Community Health Policy to expand immunization coverage and improve equity. Through consultations with local stakeholders (including the Expanded Program on Immunization (EPI), the USAID mission, a local civil society platform, the Foundation, and Jhpiego's Health Service Delivery project) and a review of recent Gavi and other partner reports, the Accelerator identified two key pathways to support Guinea's immunization program:

- **Integration of immunization and community health policy:** Community health workers are under-utilized to support the identification and referral of un- and under-immunized children and outreach to vulnerable communities due to human resource fragmentation and funding flow challenges. As part of its support to Guinea's Community Health Policy implementation, the Accelerator is supporting the improved utilization of community health workers to support the immunization program. To date, the Accelerator has:
    - Generated buy-in for the Accelerator's approach from government, civil society, and key immunization partners.
    - Developed a draft terms of reference for a series of community dialogues in six health districts to understand immunization challenges in terms of community health integration and COVID-19 vaccine roll-out.
    - Begun a rapid analysis of what is known about community health work and immunization integration challenges and opportunities for synergy, particularly in light of COVID-19 vaccine roll-out.

  These activities will feed into PY4 activities, including:
    - National stakeholder consultation to agree on pressing issues and root causes of fragmentation (drawing upon the subnational community dialogues).
    - Development of an action plan in consultation with partners.
    - Support for the adaptation of existing tools and resources, as needed.
    - Global knowledge product development to share experiences and lessons learned globally.
- **Improving immunization funding flows for immunization amid decentralization:** The EPI program suffers from low rates of funding disbursement at the national level and a heavy reliance on external funds for operational costs, which threatens the program's financial sustainability. Weak decision-making authority and capacity at decentralized levels limit the effective allocation and distribution of resources needed for key aspects of the immunization program, including human resources, logistics, demand generation, and quality information systems. The Accelerator is leveraging its work to improve financing for community health workers and to implement a set of concrete and time-bound activities to help Guinea better understand its immunization financing challenges and identify opportunities for the Accelerator and other partners' support. To date the Accelerator has:
    - Generated buy-in for the Accelerator's approach from government, civil society, and key immunization partners.
    - Begun a rapid analysis of domestic resource mobilization challenges and bottlenecks, including issues of funding and human resource diversion away from routine immunization due to COVID-19.

  These activities will feed into Y4 activities, including:

- A national multi-stakeholder analysis to identify and build stakeholder buy-in for financing-related solutions.
- Action plan development in close consultation with partners.

The Accelerator has hired a local consultant to oversee the work related to immunization and community health integration, while a Togo-based consultant will collaborate with the Guinea-based consultant to oversee work related to immunization financing while taking advantages of opportunities for cross-learning between the two countries. The consultants are in the process of collecting data for their rapid analyses, with a report of findings expected in late Y4 Q1 or early Q2.

Sub-activity 2: Strengthening Equitable Immunization in the Second Year of Life and Beyond in the Context of Universal Health Coverage in Togo

In May 2021, the Accelerator received approval from USAID to build on its existing support to Togo's UHC initiatives under Activity 1, including the country's new five-year health roadmap, *Togo 2025*, to strengthen equitable immunization coverage over the life-course. The program consulted with local stakeholders, including the EPI, the USAID West Africa Regional Health Office, a local Civil Society platform, WHO, UNICEF, and a local university professor (Dr. Didier Ekouevi), and reviewed recent Gavi and other partner reports to identify two key pathways in which the program is well positioned to support Togo's immunization program:

- **Support the MOH to address immunization challenges in the second year of life:** Togo introduced the second dose of measles-containing vaccine (MCV2) in 2018, but uptake has been slow, with coverage reaching 70% in 2019. COVID-19 related service delivery interruptions and vaccine hesitancy has further reduced coverage, with many districts not achieving 80% coverage for vaccines in the first year-of-life (prior to COVID-19, in 2019, Togo had achieved 84% and 75% coverage at the national level for the third dose of diphtheria-tetanus-pertussis vaccine (DTP3) and MCV1, respectively). With human papillomavirus vaccine (HPV) introduction planned for 2023, and other introductions such as the second dose of inactivated polio vaccine (IPV2) and fourth dose of pentavalent vaccine on the horizon, the Accelerator will take a health systems approach to support Togo to address barriers to immunization in the second year-of-life and beyond. To date, the Accelerator has:
  - Generated buy-in for the Accelerator's approach from government, civil society, and key immunization partners.
  - Begun a rapid review of evidence (including national documents and data) on second year-of-life immunization implementation and financing challenges in Togo and globally, include any issues of diversion of funds from routine immunization due to COVID-19 response.

  These activities will feed into PY4 activities, including:
  - An analysis of underperforming districts to inform equitable prioritization of support, including potential support to Togo's completion of Gavi's zero-dose scorecard, particularly in light of Gavi 5.0's focus on reaching zero-dose children.
  - National multi-sectoral stakeholder consultations to identify key barriers for immunization in the second year of life and beyond and secure buy-in to implement solutions.
  - Facilitation and coaching support to implement longer-term solutions.

- **Advocate for the prioritization of immunization within the context of UHC:** Although Togo receives Gavi support for new vaccines, domestic financing for traditional vaccines has flatlined in recent years despite increasing costs due to population growth and coverage increases. Political momentum is present in the country to expand essential health services in the context of UHC with immunization included in the package of essential services. The Accelerator will build on this momentum and its support for UHC to support the EPI in identifying and mobilizing additional domestic resources for immunization under UHC. To date, the Accelerator has:
    - Generated buy-in for the Accelerator's approach from government, civil society, and key immunization partners.
    - Begin a mapping of all funding sources for immunization and how resources are spent to identify immunization additional needs and opportunities for intervention.
  These activities will feed into Y4 activities, including:
    - Advocacy for immunization's prioritization under the UHC agenda.
    - Capacity-building or coaching with health program managers at all levels to improve budgeting and resource allocation for immunization under UHC.

The Accelerator has hired one local consultant to oversee the work related to immunization over the life-course and a second to oversee work related to immunization financing and UHC (the latter will also support immunization financing work in Guinea). The consultants are in the process of collecting data for their rapid analyses, with a report of findings expected in late Y4 Q1 or early Q2.

Sub-activity 1.3: Peer Learning

In Y3, the Accelerator disseminated its literature review and accompanying brief on leveraging campaigns to strengthen routine immunization and health systems across the Accelerator, R4D, and partners' networks. An accompanying brief, which summarized the findings through the lens of the Accelerator's Institutional Architecture framework, was featured in an Accelerator blog. The literature review and accompanying brief generated interest among Guinean and Togolese stakeholders, given an over-reliance on immunization campaigns in those contexts.

In Y4, the Accelerator will continue prioritizing the dissemination of lessons learned from its work in immunization and the creation of opportunities for peer learning by facilitating calls and resource sharing between Guinea and Togo and coordinating with existing learning networks and platforms such as the Learning Network for Countries in Transition (LNCT), the Joint Learning Network for Universal Health Coverage (JLN), and the COVID-19 Vaccine Equity Project.

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
Sub-activity 1: Addressing inequities and expanding Routine Immunization through improved funds flow and community health integration in Guinea				
1.1 Concept note for strengthening routine immunization [COMPLETE]		X		
1.2 Consultations with key stakeholders in-country [ONGOING, ON TRACK]			X	X
1.3 Rapid analysis of community health/integration challenges [ONGOING, ON TRACK]				X
Sub-activity 2: Strengthening Equitable Immunization in the Second Year of Life and Beyond in the Context of Universal Health Coverage in Togo				
2.1 Concept note for strengthening routine immunization [COMPLETE]		X		
2.2 Consultations with key stakeholders in-country [ONGOING, ON TRACK]			X	X
2.3 Rapid review of evidence on challenges for immunization in the second year of life [ONGOING, ON TRACK]				X
2.4 Analysis of under-performing districts for immunization in the second year of life [ONGOING, ON TRACK]				X
2.5 Mapping of sources of financing for immunization [ONGOING, ON TRACK]				X
Sub-activity 3: Peer Learning				
3.1 Finalization of literature review on leveraging campaigns to strengthen routine immunization and health systems [COMPLETE]	X	X		
3.2 Dissemination of literature review findings through brief, webinar, and coordination with partners [ONGOING, ON TRACK]			X	X

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
A coup in Guinea caused brief disruptions to work and the Accelerator team continues to monitor the situation.	1. Subnational consultations near Conakry will continue as scheduled in November unless our local team perceives a change in the situation, or we receive additional guidance from USAID. 2. Subnational consultations far from Conakry will take place virtually as initially planned due to the pandemic and travel costs. 3. The local immunization consultant will be onboarded as planned.

CHALLENGES	PROPOSED SOLUTIONS
	4. The Accelerator will continue to follow guidance received from the USAID/Guinea Mission.

Deliverables

- Literature review: "Leveraging Immunization Campaigns to Strengthen Routine Immunization and Health Systems"
- Brief: "Can Immunization Campaigns Contribute to Routine Immunization?: Lessons for the COVID-19 Era and Beyond"
- Immunization programming concept note: Guinea
- Immunization programming concept note: Togo
- Immunization programming concept note: PFM and funding flows

Human Resources

The Accelerator hired three consultants to support immunization activities in Guinea and Togo:

- Dr. SANOUSSI Yacobou: Immunization financing in Guinea and Togo (based in Togo)
- Dr. GBEASOR Fifonsi: Immunization in the second year of life activities in Togo
- Dr. SOW Mamadou Kaba: Immunization and community health integration in Guinea

Strengthening Rehabilitation Services in Post-Conflict Countries

Rehabilitation services enable optimal functioning and quality of life, maximize the effectiveness and impact of health interventions (especially for non-communicable diseases [NCDs], injuries, and aging populations), and thus represent essential components of UHC. Despite growing need, rehabilitation is frequently under-prioritized in countries' health systems and UHC strategies, and especially so in low and middle-income countries (LMICs). The WHO's Rehabilitation 2030 Initiative is calling attention to this issue and has called for global action by all stakeholders.

Through funding from the Leahy War Victims Fund (LWVF), the Inclusive Development Hub of USAID's Bureau for Development, Democracy, and Innovation (DDI) has partnered with the Accelerator to support countries in integrating and strengthening rehabilitation services in health systems within post-conflict countries. In Y3 Q4, the Accelerator launched a regional webinar series to engage with countries from four WHO regions around rehabilitation in health financing and continued with country engagement to align on scopes of work for multi-year health systems strengthening (HSS) support in Ethiopia and Georgia.

Key Achievements:

1. Selected a local partner organization to support programming in Georgia
2. In response to government demand, brokered a partnership among the WHO, MOH and the Accelerator on pilot testing the DHIS2 Rehabilitation Module in Ethiopia
3. Completed the first and second rounds of webinars with three WHO regions in the Rehabilitation in Health Financing: Regional Webinar Series
4. Approved a scope of work for a rehabilitation-focused webinar and technical collaborative with the Secretariat of the JLN

Sub-activity 1: Well-governed Systems for Rehabilitation in Georgia

In Y3, the Accelerator made key steps to launching implementation of programming in Georgia. After becoming better acquainted with the landscape of rehabilitation stakeholders and country priorities, the Accelerator successfully developed and received approval from the Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labor and Social Affairs (MoIDPLHSA) for a country-specific scope of work. The Accelerator's support to the Government of Georgia in strengthening systems and institutions for rehabilitation aims to meet the following objectives:

1. Integration of rehabilitation in Georgian health systems financing programs
2. Creating support systems for implementing programs from Objective 1

To support implementation of activities under these objectives, the team disseminated a Request for Proposals to short-listed local partner organizations and structured a corresponding partner evaluation and selection process.

In Y3 Q4, the team convened a Partner Selection Committee to review technical and financial proposals submitted by two finalist organizations and selected a winning partner to support program implementation in Georgia.

The team responded to the request from MoIDPLHSA to begin costing and budgeting for the draft National Strategy and Action Plan for Improving Rehabilitation Services for years 2022-2026. As a first step to providing this support, the Accelerator disseminated a Terms of Reference for a consultancy through local and online platforms. The team expects to select and onboard a Costing Consultant to lead this activity in Y4 Q1.

Sub-activity 2: Strengthening Rehabilitation Services within UHC platforms in Ethiopia

The Accelerator cultivated its role in the rehabilitation space in Ethiopia, both aligning on a draft scope of work for support to the MOH and identifying synergies with other development partners. The Accelerator provided support to the finalization of the 5-year strategic plan for rehabilitation through technical feedback to the plan and facilitated the additional technical review of this plan among experts at the WHO headquarters. The Accelerator furthermore assembled a core team that includes newly hired staff to lead implementation of future activities from the R4D office based in Addis Ababa.

In Q4, the Accelerator held a series of virtual working meetings with the rehabilitation team at the MOH of Ethiopia to discuss key activities to strengthen rehabilitation in Ethiopia's health systems in the next fiscal year, including support to the MOH to improve rehabilitation service data management and utilization at the national level. As part of this work, the team met with WHO and MOH around potentially pilot testing a DHIS2 Rehabilitation Module to strengthen health information systems for rehabilitation in Ethiopia. The pilot would help to 1) assess the feasibility and acceptability of the rehabilitation indicator set and 2) understand the system requirements for data collection, reporting and use. This activity is expected to start in Y4 Q1, and the team developed a draft concept note for the pilot to review with MOH and WHO.

The Accelerator supported the MOH to finalize the 5-year strategic plan for rehabilitation by helping them review and integrate technical feedback from experts at the WHO headquarters. The team also disseminated a Terms of Reference for a consultant advisor to provide overall strategic and analytical support to the MOH on how to integrate rehabilitation into health systems. The team expects to select and onboard the consultant in Y4 Q1.

Sub-activity 3: Support to Government of Sri Lanka to Meet Rehabilitation Needs of the Population

Engagement with Sri Lanka under sub-activity 3 was slow during this activity Y3. The Accelerator explored opportunities to identify alternative options for support via country focal points from the

WHO, but ultimately received notice that the MOH is prioritizing pandemic-related obligations for the foreseeable future.

In Q4, a delegation from Sri Lanka participated in the first and second Rehabilitation in Health Financing regional webinars alongside countries from the Southeast Asia and Western Pacific regions. During the first webinar, Sri Lanka also presented on their country's rehabilitation and health financing context, focusing in particular on the successes and challenges experienced in governance of health financing as it relates to rehabilitation. Specifically, the delegation highlighted that a lack of data surrounding the need for rehabilitation and financing as a persistent challenge, and that such data could support an evidence-based approach for integrating rehabilitation into the health care system.

However, due to persistent strains from the COVID-19 pandemic, the possibility for extensive bi-lateral for programming in Sri Lanka remains on hold. The Accelerator has agreed with USAID to remove this activity from the team's Y4 work plan.

Sub-activity 4: Financing Rehabilitation for Universal Health Coverage: Guidance for Managers and Policy Makers

The Accelerator grew its work under sub-activity 4 from an initial analytical framework (which was validated by R4D health financing experts as well as with WHO Rehab 2030 Initiative representatives) to an interim report of the methodology and findings for its desk analysis of academic and grey literature on financing rehabilitation as well as data from 30 countries. As a byproduct of these activities, the team conducted a focused analysis of country-level rehabilitation expenditures through existing GHED data. It is anticipated that this analysis will inform a distinct policy brief on rehab expenditure, analyzing country needs, spending, actors, items, and tracking practices during Y4, that will be used to guide countries in improving data reporting for rehabilitation expenditure as part of national health accounts.

The team furthermore elected to expand upon its country engagement approach to launch a three-part regional webinar series, which aims to a) build knowledge of rehabilitation financing and analytical approaches for linking financing policies to UHC objectives, b) solicit country experiences and expertise in financing of rehabilitation, and c) co-develop recommendations to support policy makers and managers across the globe in improving equitable coverage for quality rehabilitation services for those who need them.

In Y3Q4, the Accelerator completed the first and second rounds of webinars with countries from Europe and Eastern Mediterranean, Southeast Asia and Western Pacific, and the Americas (Webinar brief to be finalized in Q1Y4. The team disseminated surveys to participants following each webinar in order to solicit feedback on content, assess learning outcomes, and understand future learning priorities. The survey results demonstrated that the vast majority of participants found that content improved their knowledge and understanding of a) rehabilitation services, b) general health financing concepts, c) health financing concepts as they relate to rehabilitation services, d) main challenges that face in the field, and e) the challenges that are common to their respective regions. Countries also expressed interest in exploring several thematic focus areas in future webinars: funding and population coverage, strategic purchasing, and data use for decision-making. The Accelerator utilized these results to structure and prioritize content for the next round of webinars.

The webinars for the Africa region and third and final round of webinars for all other regions are expected to take place in Y4Q1, during which countries will build upon group work conducted in previous webinars to co-develop a set of promising approaches for making health financing work better for rehabilitation.

Finally, the Accelerator also launched a series of key informant interviews (KIIs) to supplement findings from the webinars and desk review completed in Q2. Respondents have included a range global and country-level experts, researchers, policymakers, and implementers. Their contributions have thus far helped the team to validate desk review findings and propositions on rehabilitation financing practices, fill gaps in data not yet captured, and elucidate key considerations in rehabilitation programming and financing in different contexts.

Sub-activity 5: Regional Collaboration to Strengthen Rehabilitation in Health Systems in Eastern Europe and Central Asia

This activity year, the Accelerator initiated conversations with the JLN in aims of exploring opportunities for collaboration around rehabilitation. After aligning with the JLN on existing interests and learning priorities among member countries, the team developed and submitted a concept note for a webinar to share country knowledge and experiences on strengthening rehabilitation for UHC to be hosted in collaboration with the JLN.

After submitting a scope of work for collaboration the JLN with last quarter, the Accelerator received approval from the JLN steering committee to proceed in planning a webinar to facilitate learning on *how* to strengthen rehabilitation during the COVID-19 response and beyond. In Q4, the team developed an activity plan for hosting the webinar and began start-up activities such as identifying key panelists and country presenters and developing the webinar advertisement, communications plan, and agenda. The webinar is expected to take place in Y4 Q1, and follow-on learning activities will be conducted pending country interest.

Deliverables

- Scope of Work: Strengthening Health Systems for Accessible Rehabilitation Services in Georgia
- Health Financing Function Briefs
- Scope of Work: Collaborative Learning on Strengthening Rehabilitation in Health Systems
- Strengthening Rehabilitation within Ethiopia's Health Systems and UHC Platforms: Co-creating an activity work plan presentation
- SEARO/WPRO Webinar 1 Summary
- EURO/EMRO Webinar 1 Summary
- JLN Webinar Activity Plan

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
1. Analysis and evaluation of health, social and political systems for strengthening rehabilitation in health systems in Georgia, Sri Lanka, and Ethiopia	X	X		
1.1. Rapid assessment of institutional architecture, political economy and/or social network analysis necessary to achieve health systems goals related to strengthening Rehabilitation in health systems		X		
2. Scopes of work developed and validated with the government and other stakeholders in Georgia, Sri Lanka, and Ethiopia*		X		
2.1. Stakeholder consultations	X	X	X	
2.2. If feasible, identification of the country acceleration team		X	X	X
2.3. Co-creation workshop/webinar for country-specific theory of change and scope of work		X	X	
2.4. Review and government validation of the scope of work			X	X
3. Country-specific tools, resources, policy documents and reports that document support provided for strengthening systems for Rehabilitation**			X	X
3.1. Analytical exercises to support country governments in strengthening rehabilitation service within their health systems			X	X
3.2. Capacity building, coaching, and mentoring to support country governments in strengthening rehabilitation service within their health systems			X	X
3.3. Workshops and events that support co-creation and adoption of solutions to country level problems			X	X
4. Knowledge product on Financing Rehabilitation for UHC: Guidance for Managers and Policy Makers				X
4.1. Formation of a team of experts and an advisory group to develop and review the knowledge product	X			
4.2. Development of analytical framework and tools	X	X		
4.3. Data collection and analysis		X	X	
4.4. County engagement and development of case studies	X	X	X	X

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
4.5. Webinars/meetings to inform development of the knowledge product		X	X	X
4.6. Coordination and analysis of review by the advisory group				X
5. Practical tools and resources developed through collaborative learning and co-creation		**X**	**X**	**X**
5.1. Identification and outreach to participant countries		X	X	
5.2. Needs assessment and validation of themes		X	X	
5.3. Co-creation webinar and workshop				X
5.4. Development of practical tools and resources				X
5.5. Theory of change and the assessment plan				X

*start-up activities, including development of the scopes of work, will vary among countries

**illustrative list of activities. Final list of activities under this benchmark will be determined as the country level scope of work is developed and validated.

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
Countries and Missions continue to be inundated with competing priorities due to the pandemic, and communication to move forward with country-specific scoping activities has been slowed.	With Mission support, the Accelerator will work with DDI-LWVF and other in-country partners to advance government conversations. The team is maximally relying on virtual consultations with country stakeholders whenever possible and seeking to identify local partners to lead implementation of activities on-the-ground.
Strains from the COVID-19 pandemic and lack of engagement from the Government of Sri Lanka led the team to halt its pursuit of conversations with the MOH to discuss potential options for Accelerator support.	The Accelerator has agreed with USAID to remove this activity from the team's Y4 work plan, but will continue to explore alternative entry points for support if they arise.

Priority Activities for Next Quarter

The Accelerator will focus on the following priorities during Y4 Q1 (October 1 – December 31):

1. Sub-activity 1: Well-governed Systems for Rehabilitation in Georgia
   a. Obtain AOR team approval and conduct partner negotiations to collaboratively develop a workplan for the selected local partner.

       b. Hire a local consultant to lead costing and budgeting for the draft National Strategy and Action Plan for Improving Rehabilitation Services and collaborate to launch start-up activities.
2. Sub-activity 2: Strengthening Rehabilitation Services within UHC platforms in Ethiopia
       a. Hire a local consultant to provide overall analytical and strategic support to MOH on integrating rehabilitation within Ethiopia's health systems.
       b. Begin designing the pilot testing of the WHO DHIS2 Rehabilitation Module
3. Sub-activity 4: Financing Rehabilitation for Universal Health Coverage: Guidance for Managers and Policy Makers
       a. Conclude key informant interview series.
       b. Conclude the regional webinar series.
4. Sub-activity 5: Regional Collaboration to Strengthen Rehabilitation in Health Systems in Eastern Europe and Central Asia
       a. Host a webinar on strengthening rehabilitation in health systems in collaboration with the JLN and produce a joint communication reflecting key messages and outputs from the webinar.

Administration

Under Sub-Activity 1, the team has selected a local partner organization. The sub-award and USAID approval process will begin in Y4 Q1.

Human Resources

Under Sub-Activity 2, the team welcomed Dr. Fitsume Kibret to the team as a Senior Program Officer. Fitsume is based in the R4D office located in Addis Ababa.

The team also welcomed Reva Alperson, an Operations Associate who will provide operational and coordination support to all sub-activities. Reva will be based in the R4D office located in Washington, D.C.

Strengthening Mental Health and Psychosocial Support in Post-Conflict Countries

Interest in effectively integrating prevention, screening, diagnostics, and treatment for mental health and psychosocial support (MHPSS) services into existing health systems is increasing. MHPSS plays an integral role in improving well-being. However, many countries struggle to scale up access to needed services due to pervasive stigmas about mental disorders and treatment and a systemic lack of government investment, human resources, medical supplies, and information systems.

The Accelerator supports the integration and strengthening of MHPSS in post-conflict countries with support from the Victims of Torture Fund (VOT), the Inclusive Development Hub of USAID's Bureau for Development, Democracy, and Innovation (DDI). During Y3, the Accelerator collaborated with the Liberian Ministry of Health (MOH) and key MHPSS stakeholders to create a scope of work to strengthen and scale-up the MHPSS response in Liberia. In Q4, the team began structuring a process for analyzing and identifying promising examples of community-level mental health initiatives, and solicited technical and cost proposals from local organizations to lead implementation of the scope of work on-the-ground.

Key Achievements:

1. Identified Phebe Hospital and School of Nursing as a sub-awardee to support systems strengthening for the training and deploying mental health workers
2. Launched a desk review of existing community mental health initiatives in Liberia and the West African region
3. Solicited technical and costs proposals from local partners to support general project implementation

Sub-activity 1: Technical Assistance to Strengthen Mental Health Systems in Liberia

During this activity year, the Accelerator has cultivated a strong collaboration with the Mental Health Unit (MHU) of the Liberian Ministry of Health, maintaining weekly meetings to design stakeholder engagement strategies, identify country priorities, and prioritize "HSS-for-MHPSS" activities for support. In partnership with the MHU, the Accelerator hosted a three-part co-creation series that attended by 35 participants from across MHPSS stakeholder segments, including the Government of Liberia (GoL) ministries and agencies, local and international implementing partners and advocates, and funding and technical organizations. The outputs of the co-creation process informed the development of the Accelerator's scope of work, which encompasses four primary areas of involvement:

1. Strengthening the MHU's capacity to institutionalize essential internal functions
2. Strengthening local systems for training and supervising mental health workers
3. Improving the stewardship of essential mental health-related medicines
4. Starting up mental health programming within Liberia's community health platform

After finalizing its scope of work with USAID in Liberia and the MHU in Q3, the Accelerator made key steps this quarter in launching implementation. In Y3 Q4, the team successfully identified Phebe Hospital and School of Nursing as a sub-awardee to support implementation of activities related to component 2 of the scope of work. In partnership with the Accelerator and MHU, the core team from Phebe Hospital and School of Nursing will work to integrate the post-basic training program for mental health clinicians into the offerings of their Paramedical Training Program (PTP), including through revision of the Mental Health Clinician curriculum, local faculty development, best practice learning for program staff, select infrastructure improvements, and facilitation for the committee of key MHPSS stakeholders.

Meanwhile, as a first step in implementing activities related to strengthening community-level mental health programming, the Accelerator structured a process for conducting a desk review of existing initiatives in Liberia and the West African region. The team began outreach to a list of key stakeholders—constructed in collaboration with the MHU—to request conversations about specific programs of interest. The outputs of this work will inform a set of recommendations to guide the MHU's process towards inclusion of mental health in the National Community Health Policy.

The team is in the process of contracting local organization and consultant support in Y4 Q1 to support revamping the mental health ledger within the HMIS, building MHU competencies in monitoring and evaluation, reviewing and developing the next five-year National Mental Health Policy, and conducting forecasting and quantification exercises to inform GoL procurement and distribution of adequate mental health medicines.

Sub-activity 2: Partnership with the Special Initiative for Mental Health to strengthen health financing mechanisms for the MHPSS response in countries

No work is envisioned in this area for the time being pending further guidance from USAID.

Sub-Activity 3: Global Learning and Regional Collaboration to Strengthen Mental Health Systems

No work is envisioned in this area for the time being pending further guidance from USAID.

Deliverables

- HSS for MHPSS Co-creation Session 1: Strengthening Collaboration presentation
- Blog announcement: Strengthening Mental Health and Psychosocial Support Services in Liberia through Co-creation and Collaboration
- HSS for MHPSS Co-creation Session 2: Validating identified priority challenges and their root causes presentation
- Co-creation Session 2: Discussion Summary
- HSS for MHPSS Co-creation Session 3: Identifying solutions presentation
- Co-creation Session 3: Discussion Summary
- HSSA-USAID Scope of Work Presentation
- Scope of Work: Health System Strengthening to Scale-up Mental Health and Psychosocial Support Services in Liberia

Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
Co-developed scope of work and associated work plan with areas and milestones for accelerator support in Liberia	X	X	X	
Selection of local partner for channeling accelerator "HSS for MHPSS" technical assistance in Liberia			X	X
Analyses of health system functions for effective stewardship, service delivery, and community level programming of the MHPSS response in Liberia			X	X
Recommendations and action plans co-produced with country stakeholders			X	X
Country-specific tools, resources, policy documents, and reports to strengthen "health financing systems for MHPSS" "HSS for MHPSS" country collaborative with technical agenda and outputs	After further discussion regarding the budget for this activity, these activities have been de-prioritized pending any further guidance from USAID.			

Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
The COVID-19 pandemic and associated travel restrictions have prohibited visits to Liberia.	The Accelerator will continue to identify opportunities for complementary activities that can be conducted remotely as well as identify local partners to advance work on the ground

Priority Activities for Next Quarter

The Accelerator will focus on the following priorities during Y4 Q1 (October 1 – December 31):

- Onboard the Phebe Hospital and School of Nursing team
- Select a local partner to support implementation of the Accelerator's scope of work on the ground
- Continue to work with MHPSS partners, country counterparts, and USAID to ensure that the Accelerator is as helpful and responsive to the COVID-19 response as possible. The Accelerator will also continue to adjust its ways of working to ensure that work can be carried out safely and efficiently.

Administration

The Accelerator has successfully identified Phebe Hospital and School of Nursing as a sub-awardee to support implementation of activities to strengthen systems for the training and deploying mental health workers. The organization will be onboarded once formal approval is received from USAID; the team will submit documentation reflecting the process to USAID.

Human Resources

No updates this quarter.

Cross-Cutting Components

Communications and Knowledge Management

The team focused on building communications platforms and channels to support more regular outreach, generate new content, and ensure that technical content was tailored to reach the right audience. The Accelerator launched a program website in Y2 as well as rolled out an updated visual identity (e.g. logo, document templates, etc.). Since the website went live in January 2020, the site has been visited by 6,087 unique users from 126 countries. At the end of Y2, the site had been visited by 836 unique visitors from 60 countries, so much of the new traffic has occurred in Y3. This has resulted in 33,821 pageviews with an average session duration of 1 minutes and 41 seconds. The bounce rate, or how quickly visitors have left the site, is relatively low at 2.00%, which suggests positive user engagement.
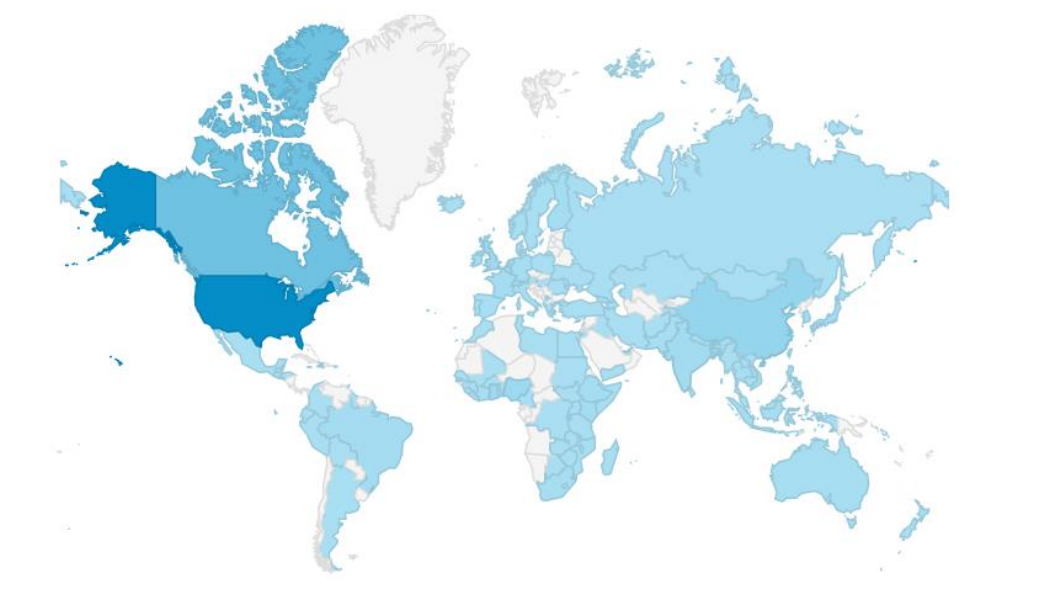

Figure 6: Geographic distribution of visitors to the Accelerator website in year 3.

The program launched Twitter and Facebook accounts in November 2018. As of September 30, 2021, the Accelerator twitter account ([@AccelerateHSS](#)) had 1,419 followers up from 948 followers in Y2. In Y3, the program posted 321 tweets, which generated 278 retweets; 137,389 impressions (individuals who saw our content); 2,792 engagements (individuals who interacted with our content). This in an increase from year 1, when the Accelerator had 550 Twitter followers. Users had retweeted Accelerator content 169 times; engaged with content 1,564 times; and reached approximately 76,000 individuals.

The Accelerator team also produced several blog posts highlighting the program or HSS generally. Examples include:

Revised Program Factsheets

1. [English](#)

2. French

Blogs and Announcements

1. What does it take to coordinate multi-sectoral, multi-level pandemic responses?
2. 8 Countries Join the Virtual Collaborative on National Coordination of a Multi-sectoral and Multi-level Pandemic Response
3. Implementing Guinea's National Community Health Strategy
4. Strengthening Mental Health and Psychosocial Support Services in Liberia through Co-creation and Collaboration
5. How Togo recharted its path to universal health coverage amid COVID-19
6. COVID-19 collaborative focuses on citizens' compliance to public health measures, data use, and integration of data systems
7. Procurement, stocking, and distribution: What lessons can we learn from national strategies for equitable distribution of COVID-19 vaccine?
8. Countries Need Continued Joint Learning and Problem-solving to Curb the COVID-19 Pandemic
9. Strengthening the Ecosystem for Health Policy and Systems Research for Health Systems Strengthening in Asia
10. Ghana's Ministry of Health Hosts the 2021 Annual Health Summit with Support from the Accelerator
11. Accelerator Hosts Regional Webinar Series Health Financing in Rehabilitation
12. Creating a Shared Vision for a Stronger Health Policy and Systems Research Ecosystem in Asia
13. Partnership with John F. Kennedy Medical Centre Aims to Strengthen Governance Systems and Improve Service Delivery
14. Q&A: Implementation Research and Adaptive Learning Help Guinea Define Roles and Responsibilities
15. New Report Explores the Linkages Between Social Accountability and Social and Behavior Change
16. Strengthening the Evidence-to-Action Cycle in the Asia Region will Require Investments in Health Policy and Research Institutions
17. Highlights from the Health Policy and Systems Research Co-creation Series: Executive Summary and Next Steps
18. Introducing the BMC Series SDG Editorial Board Members: Harvy Joy Liwanag
19. HMIS Training in JFK Maternity Hospital, Monrovia, Liberia

Webinars

1. Webinar: Data Use in COVID-19 Response

Events

1. HSR2020 Satellite Session: Data Use in COVID-19 Response
2. Join the Accelerator at the 2021 Global Health Science and Practice Technical Exchange
3. 2021 Institutionalizing Community Health Conference

Publications

1. [Can Immunization Campaigns Contribute to Routine Immunization? Lessons for the COVID-19 Era and Beyond](#) (Brief)
2. [Can Immunization Campaigns Contribute to Routine Immunization: Literature Review](#)
3. [Improving Linkages between Social Accountability and Social and Behavior Change](#)
4. [Institutional Architecture for Health Systems Strengthening](#)

Microsites

1. [Improving the ecosystem of health policy and systems research to strengthen health systems in Asia](#)
2. [Rehabilitation in Health Financing: A regional collaborative learning webinar series](#)

Newsletters

1. [September 2021](#)
2. [May 2021](#)
3. [March 2021](#)
4. [February 2021](#)

The communications function also supported various activities, including webinars. The communications function also provided strategic communications, editing, formatting, social media, and design support across all activities. In Y4, the communications function will take steps to update the website resources section and make other user-focused improvements to the website. The team will also look for more opportunities to showcase the programs work and highlight thought leadership through events (e.g. AfHEA and HSR 2022), journal articles, webinars series, blogs, and social media.

Monitoring, Evaluation and Learning

The Accelerator's Monitoring, Evaluation, and Learning (MEL) function aims to generate and document learning on the extent to which the Accelerator is making progress towards its expected results, and how. The project has made great strides towards embedding and implementing MEL tools, processes, and approaches across Accelerator activities in Y3 under three pillars: Theories of Change (ToC), Applications of innovative MEL methods, and Key Performance Indicators (KPIs).

Three pillars of MEL: Theories of Change (ToC), Applications of innovative MEL methods, and Key Performance Indicators (KPIs)

Figure 7: Example ToC from Activity 1: Togo
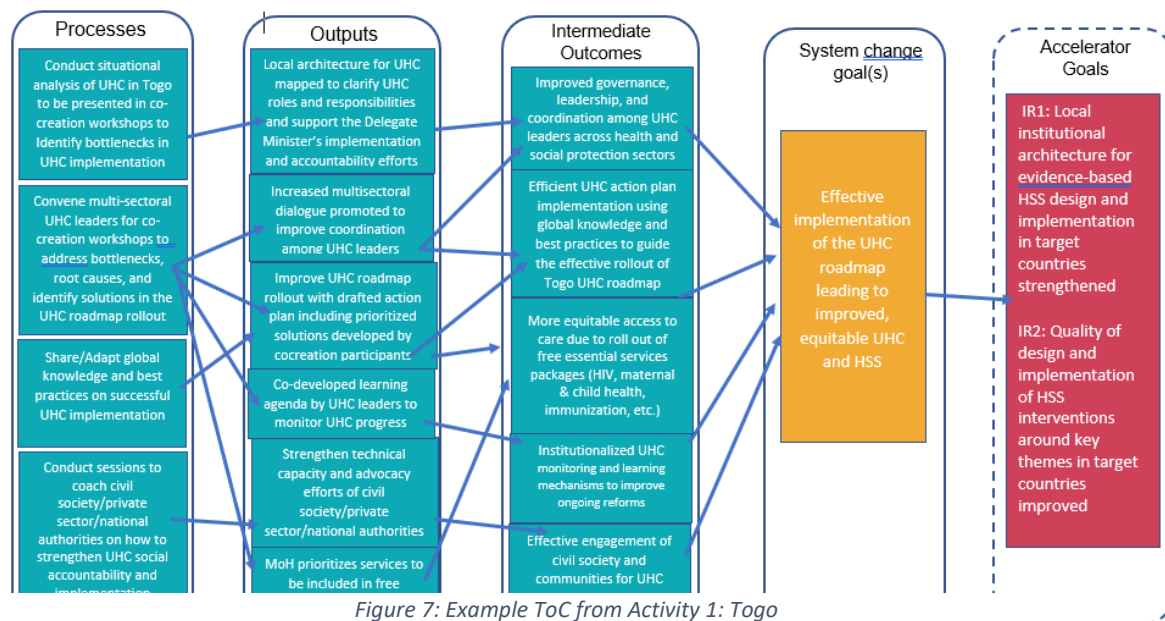
ToCs are now standardized across all Accelerator activities to be outcome-focused and to show connections across multiple health system building blocks or functions (ToCs include diagrams such as that shown in Figure 6 and more detailed narratives). Activity teams are using their ToCs in an iterative way to track progress against the stated outcomes, generate learnings, and for adaptive management to systematically plan and assess their work. Activity teams will continue to work to refine the expected system change goals that Accelerator interventions can directly (or indirectly, but with a clear pathway) contribute to over the life of the Accelerator. In the coming year, the activity teams will continue to refine their expected system change goals that Accelerator interventions can directly (or indirectly, but with a clear pathway) contribute to over the life of the Accelerator. Additionally, the ToCs will continue to be used as an integral part of good management practice for learnings across all Accelerator activities and diverse system change goals.

Application of Innovative MEL Methods

This past year the Accelerator began applying innovative methods of learning to complement the ToCs for aspects of strategies, project, and activities where cause-effect relationships are complex and less predictable. To date, the MEL team has completed one outcome harvest (OH) for the Sustainable Health Financing activity in Liberia and applied outcome harvesting to the co-creation processes in Togo and the Asia Region to capture outcomes (including unanticipated ones), document the successes and to better understand the effectiveness and key learnings of the Accelerator co-creation approach. In Years 4 and 5, the MEL team will continue to work with the Togo and Asia region to monitor implementation activities via outcome harvest and triangulate the learnings with activity specific performance indicators. The selection process for applying outcome harvest and/or contribution analysis in other activities has commenced.

In Togo, six outcome descriptions along with their significance and Accelerator contribution were "harvested" based on program documents and interviews with the team. The approach had four simple steps as seen in Figure 1.[2] All six harvested outcomes, significance and Accelerator contribution were validated with Accelerator partner, CERRHUD, then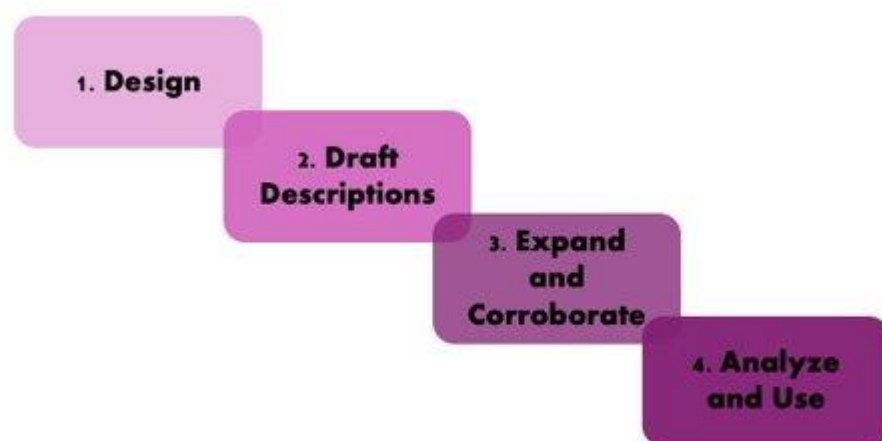 substantiated with members from civil society organizations and committees familiar with the Accelerator activity in Togo. All six outcomes, significance, and Accelerator contribution were validated by the substantiators through an interview process. The findings from Togo demonstrate that the Accelerator is making a significant

Figure 8: The Accelerator's outcome harvesting steps: 1) Design, 2) Draft outcome descriptions, 3) Expand and corroborate, 4) Analyze and use

contribution on the progress towards implementing UHC. One Togolese civil society representative stated, "The Accelerator is truly launching the country on the road to implementation of universal health coverage. The process [co-creation events] involved higher-level actors who can make decisions, which made it easier to ensure good alignment with government policies." Further the outcome harvest findings on the co-creation event showed that the co-creation process provided guidance that was previously lacking and was necessary to achieve an agreed upon common vision for UHC created greater awareness and inclusion of civil society in relation to UHC, and reinforced political commitment coupled with the support of the Minister Delegate for UHC in charge of universal access on the co-creation action plan. Going forward, the MEL and Togo team will conduct quarterly "harvests" to continue to monitor implementation activities and generate learnings on Accelerator approaches and how health systems strengthening can be done effectively to accelerate countries' journey to self-reliance.

For the Asia Region co-creation series, the MEL team "harvested" eight outcomes that cut across several different stakeholders, including HPSRIs, learning platforms, and government stakeholders. The team then prioritized three outcome descriptions, their significance, and Accelerator contribution for substantiation. The Asia region created a Google survey that was sent out to the substantiators prior to the interview. The interviews conducted to further explore the substantiator's agreement or non-agreement with the outcome description, significance, and the Accelerator contribution. Across all substantiators, the findings demonstrate that the Accelerator, via virtual platform, enabled a diverse set of actors to reach and draft a shared vision and action plan for strengthening the HPSR ecosystem to

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[2] Wilson-Grau, Ricardo. *Outcome Harvesting: Principles, Steps, and Evaluation Applications*. Information Age Publishing,2019.

address priority knowledge translation gaps. The outcome harvest, similar to Togo, demonstrated the effectiveness of the co-creation series to generate momentum and progress. One stakeholder, a researcher, stated, "the series enabled a diverse and integral set of actors within and outside the ecosystem to come together, many for the first time, to express their overlapping HPSR mandates that resonated for their own organization, and I think there is eagerness and expectation amongst participants to now begin to strengthen the connections." In Y4, the MEL team will continue to work with Asia region to continue to monitor via outcome harvest and triangulate the learnings with activity specific monitoring and evaluation tools and performance indicators.

Key Performance Indicators

The Accelerator updated two key performance indicators (KPIs 4a and 4b) in collaboration with USAID and developed a new database to aggregate information and track progress on all indicators. Figure 1 shows how these KPIs link to the Accelerator's two strategic objectives and five intermediate results.
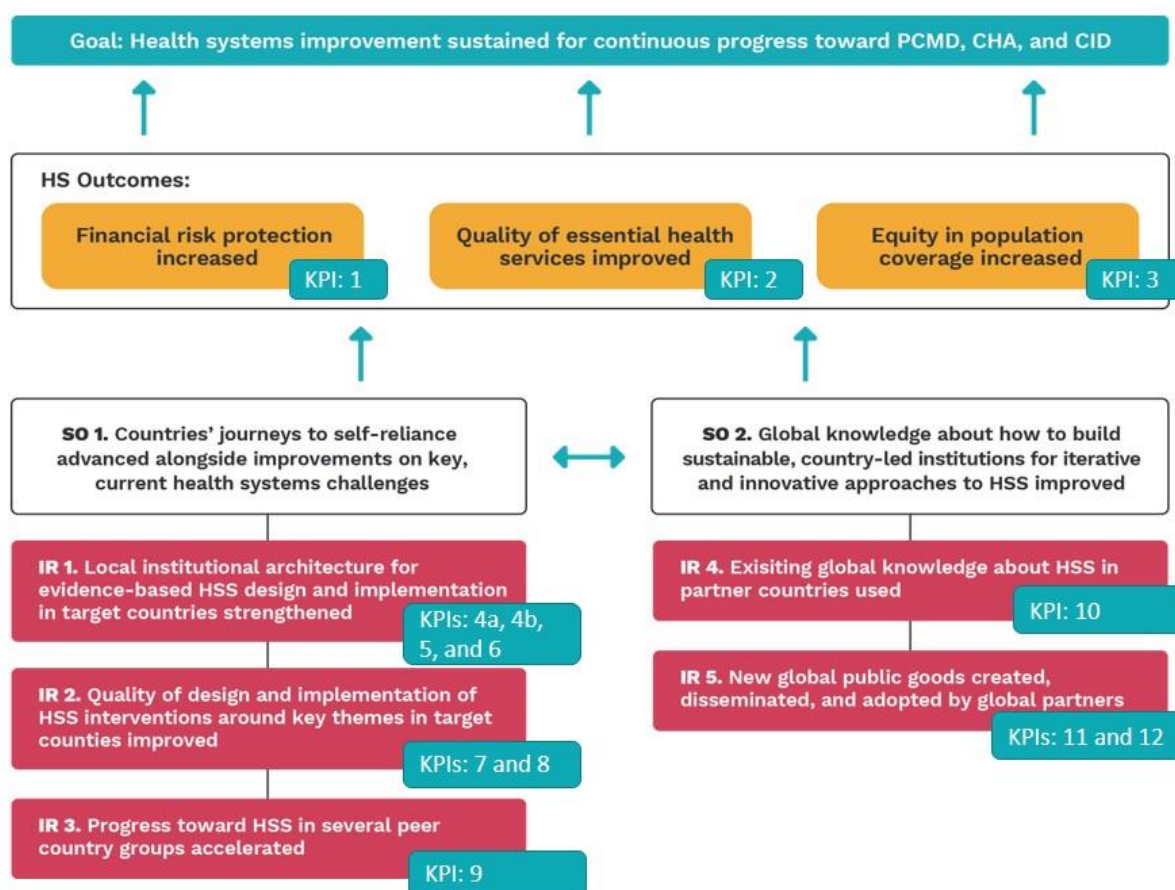

Figure 9: Accelerator Results Framework with linked KPIs

The KPIs reveal that implementation across various activities is on track and expected results are being achieved (Table 3). In the coming years, the KPIs will be collected on a bi-annual basis and reported on annually. Results across all indicators and activities are outlined below.

Result Linkages	Performance Indicator Indicator	Year 3	Endline Target	On track percentrage
All SOs	1. Number of countries showing reductions in out-of-pocket expenditure as percentage of total health expenditures*	N/A	N/A	N/A
All SOs	2. Number of countries showing increases in antenatal coverage rate, at least one AND at least four visits*	N/A	N/A	N/A
All SOs	3. Number of countries showing progress in the percentage of the poorest 40% of the population or disadvantaged populations with access to a basic benefit package*	N/A	N/A	N/A
IR 1	4a. Baseline description of key country actors, processes, and resources that interact (or fail to interact) to progress toward a particular system change goal.	5	11	45%
IR 1	4b. Endline description of key country actors, processes, and resources that interact (or fail to interact) to progress toward a particular system change goal.	0	11	N/A
IR 1	5. Total number of country partners with a baseline capacity score for using evidence and adaptive learning as part of implementation of their HSS initiatives	10	at least 20	50%
IR 1	6. Regional, local partners and other HSS stakeholder partners using increased capacity to address health systems challenges	9	at least 20	45%
IR 2	7. Number of countries showing evidence of improved HSS design and implementation as a result of using innovative HSS approaches	8	at least 20	40%
IR 2	8. Total number of countries showing at least one regional or national organization contributing knowledge of local context to improve design and implementation of HSS interventions	9	9* based on the number of country buy-ins	100%
IR 3	9. Percentage of countries within collaboratives showing at least one HSS intervention implemented as a result of cross-country interaction	100%	100%	100%
IR 4	10. Total number of countries using knowledge translation products and services (policy briefs, literature reviews, technical briefs, presentations, etc.) developed by HSSA based on demand from HSS stakeholders	5	at least 30 (the denominator includes countries outside the Accelerator portfolio)	17% *only includes Accelerator portfolio countries
IR5	11. Percentage of knowledge products (i.e., studies reports, technical briefs, policy briefs) developed and disseminated based on learning agenda	100%	100%	100%
IR5	12. Total number of knowledge products synthesizing learning for HS improvements developed, packaged and disseminated globally	12	at least 20	60%

Table 3: Accelerator Results Framework

Across the first three years of the project and especially most recently in Y3, the Accelerator has applied several deliberate and flexible techniques (also referred to as "adaptable approaches") to help tackle countries' diverse health system strengthening needs, in parallel with operational measures for overcoming the COVID-19 situation (Figure 2, and related to KPI 7). These techniques/approaches lie at the core of the Accelerator's original, overall theory of change: that applying such techniques

systematically will improve the quality and durability of health system interventions and advance all five intermediate results of the Accelerator's results framework. Most activities have applied three or more of these approaches, and the Accelerator's particular approach to scoping (with local stakeholders/partners to ensure institutionalization of activities in local processes), co-creation, and collective priority setting were the most widely used flexible techniques.

Accelerator Approach												
Activity	Scoping for local demand	Co-creation	Root cause analysis	Collective priority setting	Country engagement and partnership models	Knowledge translation	Coaching and/or mentoring	Inst'l Architecture Framework	Implem. Research	Collab. learning	Evidence generation	Adaptive learning and rapid feedback	**Total # Approaches**
A1-Côte d'Ivoire	+	-	-	-	+	-	-	-	-	-	+	-	3
A1-Guinea	+	+	+	+	+	+	+	+	+	-	-	-	9
A1-Togo	+	+	+	+	+	-	+	+	-	-	-	-	7
A2	-	-	-	-	-	-	-	+	+	-	+	-	3
A3	-	-	-	-	+	+	+	-	-	+	-	-	4
A4	+	-	-	+	+	-	+	-	+	-	-	-	5
A5	+	+	-	+	+	+	-	-	+	-	+	+	8
A6	+	-	-	-	+	+	-	-	+	+	+	-	6
Côte d'Ivoire	+	+	+	+	+	+	+	-	-	-	+	-	8
Ghana	+	+	-	+	+	+	+	+	-	+	+	+	10
Liberia	+	+	+	+	+	+	+	+	-	-	+	-	9
Asia Region	+	+	-	+	-	-	-	+	-	+	+	-	6
DDI-MHPSS	+	+	+	+	-	+	+	-	-	-	+	+	8
DDI-Rehab	+	+	-	+	+	-	-	-	-	+	+	-	6
Immunization	+	-	-	+	+	-	-	+	-	-	+	-	5
Total # Activities	13	9	5	11	12	8	8	7	5	5	11	3	

Table 4: Flexible HSS Techniques used across Accelerator activities

Intermediate Result (IR) 1 for strengthening institutional architecture (IA) and capacities is progressing well. To date, the Accelerator has completed five IA rapid assessments. In addition, the average baseline capacity score for evidence generation, use of evidence, and adaptive learning across all activities that reported* is 0.6 out of total score of three (Figure 10).[3,4]
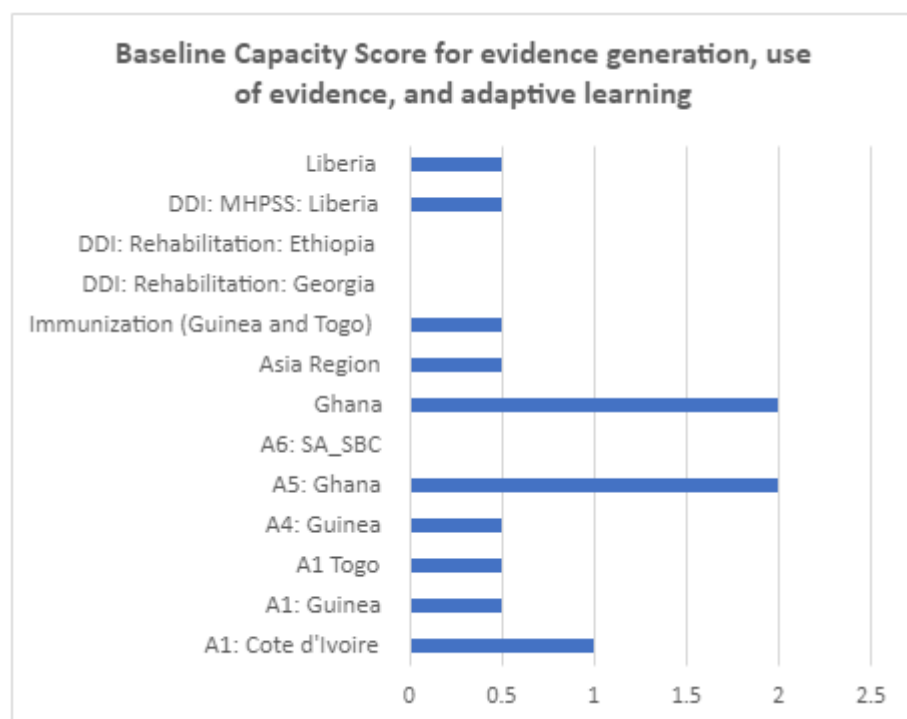

Figure 10: Baseline Capacity Score for evidence generation, use of evidence, and adaptive learning

All implementing Accelerator activities are providing support for increased capacity, across the domains of technical, financial management, administrative, and legal and governance. Six of the eight Accelerator countries, including the Asia regional activity as one, are contributing local knowledge to improve design and implementation of HSS initiatives. Examples include a working group in Togo that is taking forward the UHC action plan and an action plan for a more robust HPSR ecosystem in the Asia Region. The final quarter of Y3, the DDI teams were in the beginning stages of activity implementation, as well as in the midst of co-creation processes, thus not at the stage to report on evidence generation and adaptive learning (KPI 5).

All of these activities and use of innovative approaches have contributed to increasing global knowledge (IRs 4 and 5) on how to do health systems strengthening more effectively. To date, the Accelerator has produced 18 knowledge products across its portfolio. More than half are knowledge translation products in the form of technical briefs, presentations, and coaching efforts with key stakeholders.

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[3] Scoring for evidence generation and adaptive learning was done through records review using the following criteria for each category of evidence of generation, use of evidence, and adaptive learning; (1) non-existent, very limited =0; (2) some use, with clear limitations or gaps =0.5; and (3) strong ability, with minor need for improvement =1. The resultant score range is 0-3.

[4] The Immunization Activity and DDI activities were too early in their activity engagement stages to report on KPI 5 and 6 at the time of data collection.

As the Accelerator moves into Y4 and Y5, the MEL team will continue to advance the three pillars of the Accelerator MEL. We will continue to actively track and test assumptions in activity theories of change, learning and adapting as activities progress. In addition, we will advance applications and share results from innovative MEL methods with an eye on integrating and institutionalizing these processes within countries. We will continue to apply outcome harvesting in Togo and Asia Region documenting lessons for choosing the best mix of actors in the co-creation approaches. The selection process for applying outcome harvest and/or contribution analysis in other activities has commenced. The MEL team will also begin to explore the use of ripple effect mapping and contribution analysis either as complement to current qualitative methods or to triangulate with KPIs and ToCs. For KPIs, we will continue to augment data collection and analysis of KPIs, including more IA rapid assessments for HSS. Finally, the MEL team will continue to work to advance USAID's HSS learning agenda to ensure that lessons are captured on how to more effectively support solutions that are locally-led and meet countries' needs in the development of sustainable, resilient health systems.

Annex 1: Program Deliverables

Activity 1: Integrated Health Systems Strengthening Support to Improve Community Health Outcomes in West Africa

In **Togo**, the team completed the following deliverables:

- UHC co-creation workshop final report
- Cocreated UHC action plan (Excel) and narrative
- RHO partners synergy table
- "How Togo recharted its path to universal health coverage amid COVID-19" blog
- National integrated UHC plan and narrative
- Terms of reference for the UHC integrated UHC plan workshop, days 1 and 2
- Civil society capacity evaluation tool
- Civil society capacity strengthening tool and plan (Excel)
- Presentations for the RHO capacity strengthening partners' April 2021 meeting
- Terms of reference for the national UHC learning agenda workshop session 1
- PowerPoint deck for the national UHC learning agenda workshop
- Terms of reference for the regional UHC learning agenda workshop session
- PowerPoint deck for the regional UHC learning agenda workshop

In **Guinea**, the team completed the following deliverables:

- Implementing Guinea's National Community Health Strategy Blog for International UHC day
- Financing co-creation deliverables:
  - PowerPoint deck from financing co-creation session 1
  - PowerPoint deck from financing co-creation session 2
  - PowerPoint deck from financing co-creation session 3
  - Lessons learned from Liberia's experience on financing its community health program brief, produced by Exemplars in Global Health for the Accelerator
  - Final report from the financing co-creation process
  - Validated co-creation financing action plan
  - PowerPoint slide deck to discuss collaboration and next steps on financing co-creation action plan with financial and technical partners
  - PowerPoint slide deck summarizing key recommendations for next steps on implementation of the financing action plan and aligning donor/partner priorities
  - Workshop materials for community health financing advocacy workshop with civil society (PowerPoint slide deck and advocacy strategy template)
- Presentation to the multi-sectoral stakeholder platform on the co-creation process
- Presentation to the Third Global Flagship Convening in CHW-Focused Investments
- Decentralized roles and responsibilities co-creation deliverables:
  - PowerPoint deck from co-creation roles/responsibilities session 1
  - PowerPoint deck from co-creation roles/responsibilities session 2, including cross-country resources on decision space and completed root cause analysis

- o [Roles and responsibilities agenda and slides for Session 3](#)
    - o [Roles and responsibilities workshop report](#)
    - o [Validated roles and responsibilities co-creation action plan](#)
- [Report from CSOs on the Global Fund COVID-19 Response Mechanism funding priorities](#)
- ICHC deliverables (two presentations and one poster)
    - o [Investment roundtable presentation](#)
    - o [Multi-sectoral action for community health: presentation on child-friendly communities](#)
    - o [Systems thinking and co-creation for addressing community health challenges in Guinea poster](#)

In **Côte d'Ivoire**, the team completed the following deliverables:

- [PowerPoint deck on the objectives and methodology for the national community health policy and resource mapping tool presented to the DSC](#)
- [Situational analysis interview guide](#) (six guides adapted to different stakeholders)
- [Questionnaires for resource mapping tool data collection](#)
- [PowerPoint presentation on the Accelerator's activities in Côte d'Ivoire for USAID Mission, March 2021](#)
- [Community Health Situational Analysis](#)
- [National Community Health Policy](#)
- [Community Health Policy Consultancy Report](#)
- [Community Health Policy Validation Workshop Report](#)
- [Update to the USAID Mission on the Accelerator's activities in Côte d'Ivoire (PowerPoint deck), August 2021](#)
- [Community health resource mapping tool demonstration to USAID PowerPoint presentation](#)

Activity 3: Applying Improved Technical Assistance Model for Sustainable Health Systems Strengthening

- [Final report synthesizing learnings from the Virtual Learning Series](#)
- The Experts Database: https://coachingexperts.org
- Designing and Facilitating Effective Processes e-learning module: https://coaching-approach.learnworlds.com/author/course?courseid=processfacilitation
- Remote Coaching e-learning module: [Remote Coaching (learnworlds.com)](#)

Activity 4: Integrating Implementation Research to Improve Community Health Outcomes in Guinea

- [Presentation from the Institutionalizing Community Health Conference](#)
- [Profile on Dr. Alexandre Delamou, lead consultant and principal investigator](#)
- [Final research protocol, set of data collection tools, and informed consent form, approved by USAID](#)
- [Full package submitted to the local IRB in Guinea](#)

Activity 5: Improving Equity in Coverage and Financial Protection through Ghana's Preferred Primary Care Provider Networks

- Finalized presentation with preliminary findings and emerging conclusions, presented to key stakeholders in Ghana
- Workshop report outlining key recommendations emerging from stakeholders in Ghana on equity-advancing techniques recommended for PCP Network scale-up
- Final report outlining results from implementation research, stakeholder consultations, and related learnings on the role the PCP Network model could play in advancing equity in health service utilization and delivery

Activity 6: Improving the Linkages between Social Accountability and Social Behavior Change

- Subnational Presentation in Guinea
- Subnational Presentation in Côte d'Ivoire
- List of participants in sub-national engagement in Guinea
- List of participants in sub-national engagement in Côte d'Ivoire

Côte d'Ivoire: Sustainable financing for HIV

- Action plan including activities and strategies to address the root causes of user fee incidence that were identified in the rapid user fee study
- Final report of the Community Treatment Observatory
- Final report of the Stigma Index Assessment 2.0
- Final report of the analysis of the financial implications of the government's directives to abolish user fees for HIV services in Côte d'Ivoire (financial landscape analysis)
- End of Project Report to SFI

Ghana: Improving Equity in Coverage and Financial Protection Through Ghana's Primary Care Provider Networks

	DELIVERABLES	TIMELINE	STATUS	NOTES
1	Harmonized tools for accreditation and regulation by HeFRA	November 2020	Completed	Submitted to HeFRA November 13, 2020
2	PCP Network Informational Brief for Potential Technical and Financial Partners	December 2020	Completed	Submitted to GHS December 7, 2020
3	RFP for digitization of HeFRA's harmonized assessment standards	March 2021	Completed	
4	RFP for development of training manual	March 2021	Completed	
5	DHIMS2-SORMAS data systems integration	April 2021	Completed	Plans towards a transition to GHS underway

6	e-tracker SOP job aid	April 2021	Ongoing	SOP pending validation and endorsement
7	Health Summit Programme	May 2021	Completed	Printed and disseminated at the 2021 Health Summit. Hosted on the Health Summit Website for online participants
8	Health Summit Session Moderator's Guides	May 2021	Completed	Used by moderators to guide sessions discussions
9	Health Summit Confirmation Tracker	May 2021	Completed	Used to track confirmation of speakers, moderators, and presenters
10	Accelerator Support for Health Summit	May 2021	Completed	Published on Accelerator Website
11	Terms of reference for HRH TWG	May 2021	Completed	Submitted to MOH to review and finalize
12	Health Workforce Retention Concept Note	June 2021	Completed	Submitted to MOH to finalize and submit to other partners
13	Accelerator support for facility mapping concept proposal	June 2021	Ongoing	MOH collaborating with stakeholders to finalize the draft concept proposal
14	PCP Network Scale-up tracking dashboard	July 2021	Ongoing	Reviewed by GHS. Ongoing discussions to upgrade onto DHIS2.
15	Concept note for PCP Network Scale-up tracker dashboard	July 2021	Ongoing	Draft concept note submitted to GHS on June 30, 2021
16	Audio-visual equipment user manuals	August 2021	Completed	Submitted to the MOH in August 2021
17	Audio-visual equipment build documentation	August 2021	Completed	Submitted to the MOH in August 2021
18	Audio-visual installation end of project report	September 2021	Completed	Submitted to the MOH in October 2021
19	Concept note for training on e-tracker use to improve data quality alongside COVID-19 vaccination	September 2021	Ongoing	To be completed with the GHS to guide the training exercise
20	Blog – Lessons Learnt from the COVID-19 Coordinator's Secretariat	September 2021	Completed	Published on the Accelerator's website
21	Development of the draft HISSP	September 2021	Ongoing	Zero draft ready. Final review ongoing by sub-committee.
22	Final draft of Ghana's EHSP	September 2021	Ongoing	Revised version submitted to MOH on May 6, 2021

Liberia: Sustainable Health Financing to Improve Health Outcomes

- WASH Concept Note for JFKMC (Assessment, results, and recommendations)
- Financial management policies and guidelines
  - Financial and Accounting Policy
  - Fixed Asset Management Policy
  - Information Security Policy
- Supply chain policies and guidelines
  - Inventory and Warehouse Management Guidelines
  - Procurement Guidelines and Operating Procedures
  - Vendor Management Guidelines
- Service delivery policies and guidelines
  - Code of Conduct
  - ES Grant Mental Hospital Nursing SOPs
  - HR Manual
  - Imaging Protocols for CT scan
  - Nursing SOPs
  - Patient Charter
  - Radiology USS SOP

Improving Health Systems Strengthening and Policy Research Capacities in Asia

DELIVERABLES	STATUS
Short synthesis of findings from HPSRI consultations	Drafted in Q3 and finalized in Q4.
Short report(s) documenting convenings/workshops on advancing the ecosystem for HSS/HPSR learning within Asia	Finalized in Q4.
Report documenting the models to support the continuous application of learning from HSS/HPSR platforms/programs, including proposed methods for evaluation of models	Finalized in Q4, combined with report documenting outcomes of convening.
Summary of experts included in the Experts Database, as well as a summary of engagement of identified experts with platforms, programs, HPSRIs, etc. within the region	The program shared the Expert Database with the Co-creation series participants in Q4 and will provide an update on sign-ups in Y4 Q1.

Strengthening Routine Immunization to Reach Unvaccinated Children

- Literature review: "Leveraging Immunization Campaigns to Strengthen Routine Immunization and Health Systems"
- Brief: "Can Immunization Campaigns Contribute to Routine Immunization?: Lessons for the COVID-19 Era and Beyond"
- Immunization programming concept note: Guinea

- Immunization programming concept note: Togo
- Immunization programming concept note: PFM and funding flows

Strengthening Rehabilitation Services in Post-Conflict Countries

- Scope of Work: Strengthening Health Systems for Accessible Rehabilitation Services in Georgia
- Health Financing Function Briefs
- Scope of Work: Collaborative Learning on Strengthening Rehabilitation in Health Systems
- Strengthening Rehabilitation within Ethiopia's Health Systems and UHC Platforms: Co-creating an activity work plan presentation
- SEARO/WPRO Webinar 1 Summary
- EURO/EMRO Webinar 1 Summary
- JLN Webinar Activity Plan

Strengthening Mental Health and Psychosocial Support in Post-Conflict Countries

- HSS for MHPSS Co-creation Session 1: Strengthening Collaboration presentation
- Blog announcement: Strengthening Mental Health and Psychosocial Support Services in Liberia through Co-creation and Collaboration
- HSS for MHPSS Co-creation Session 2: Validating identified priority challenges and their root causes presentation
- Co-creation Session 2: Discussion Summary
- HSS for MHPSS Co-creation Session 3: Identifying solutions presentation
- Co-creation Session 3: Discussion Summary
- HSSA-USAID Scope of Work Presentation
- Scope of Work: Health System Strengthening to Scale-up Mental Health and Psychosocial Support Services in Liberia