



# HEALTH SYSTEMS STRENGTHENING ACCELERATOR

## YEAR 4 ANNUAL REPORT

## About the Accelerator

The Health Systems Strengthening Accelerator (Accelerator), funded by the United States Agency for International Development (USAID) with co-funding from the Bill & Melinda Gates Foundation (the Foundation), helps countries apply a whole-of-systems lens to health systems challenges, connect local innovation and global knowledge, strengthen local ownership and processes, and build the institutional architecture needed to ensure lasting change.

Program Name	Health Systems Strengthening Accelerator (Accelerator)
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	Bill and Melinda Gates Foundation U.S. Agency for International Development

**Cover Photo:** Survey being conducted by a member of the Accelerator research team in Conakry. 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	<i>Direction Générale de la Santé</i>
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	<i>Plateforme Nationale de Coordination pour le Financement de la Santé</i>
PNLS	National AIDS Control Program's
PNSC	<i>Plan National de Santé Communautaire</i>
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+	<i>Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH</i>
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

The Health Systems Strengthening Accelerator (Accelerator) made significant progress on a growing set of country-specific and global health system challenges in the past year. Working closely with USAID and through continued and new partnerships with governments and non-governmental actors, the Accelerator helped generate new evidence, analyze systemic causes of poor health outcomes, 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 driven by actors who have a long-term stake and role to play in their systems—from Ministries of Health to small, civil society organizations. In Ghana, that support included improvements to the Health Facilities Regulatory Authority's ability to ensure quality of care at facilities across the country using more efficient digital tools. In Guinea, civil society leaders gained new knowledge and tactics to advocate for greater budget allocations to community health. Across dozens of other examples aligned with USAID's Vision for Health System Strengthening 2030, the Accelerator's approach is achieving key steps toward equity, quality, and resource optimization goals that will more likely be sustained beyond the project's lifetime.

As the Accelerator continues to apply its theory of complex, locally led systems change, it now actively facilitates country-specific systems strengthening efforts in **Benin, Cote d'Ivoire, Ethiopia, Georgia, Ghana, Guinea, Liberia, Malawi, Rwanda, Togo, and across several countries in Asia**. In the past year, for example, the Accelerator has helped enable:

- Government and civil society partners in francophone west Africa, including Benin, Cote d'Ivoire, Guinea, and Togo to advance multifaceted changes in governance, national financing, district-level budget management, and social accountability mechanisms required for community health and universal health coverage policies—plans that aim to improve coverage and quality of care for immunization, family planning, maternal and child health, HIV treatment, and resilience in the face of shocks such as the Covid-19 pandemic.
- Partners in Georgia, Ethiopia, and Liberia to take the first concrete steps to integrate rehabilitative services and mental health and psychosocial services into mainstream health services, including estimating budget requirements for integrating priority services in Georgia, adding new evidence on rehabilitation into Ethiopia's health management and information system (DHIS2), and integrating mental health data into Liberia's DHIS2 platform.
- 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 an innovative and equity-enhancing model of primary health care delivery known as Networks of Practice, improve regulatory capacity for quality of care with more efficient digital tools, optimize funding of that care through strategic purchasing, and to increasingly integrate the government's Covid vaccination scale-up into sustainable data systems.
- The JFK Medical Center in Liberia, the country's premiere primary-to-tertiary care facility, to institutionalize a quality improvement approach for maternal care, re-organize and use new tools to manage supplies of pharmaceuticals and commodities, and to increase access to safe water at the facility.
- Ministries of Health in Liberia, Malawi, and Rwanda to begin assessing their national systems for safe blood, a major factor in postpartum hemorrhage and maternal mortality.

- 21 institutions dedicated to Health Policy and Systems Research (HPSR) across 13 countries in Asia, to move from a co-created regional vision to strengthen the HPSR ecosystem in Asia to select the first four institutions to receive funding for catalytic activities.

Beyond support to specific countries, the Accelerator advances global knowledge on innovative approaches to health system strengthening that can be applied by diverse global, regional, and country health system leaders. In the past year, the Accelerator continued generating evidence and learning on:

- How implementation research can be used to improve national health system strategies, nearing completion in the past year of research on Guinea's community health strategy and Ghana's ongoing scale-up of primary care provider networks.
- What insights and approaches from the social and behavior change and social accountability fields can be brought together to advance universal health coverage approaches and strengthen resilience of their systems.
- Ways in which external support for health system strengthening can improve countries' own capacity to drive similar system changes in the future—aligned with USAID's recently-published strategy for locally-led development.
- How 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
- What systems changes will be needed to ensure a more inclusive, equitable, and resilient community health workforce in the future, especially in financing, training, and recruitment approaches.
- Best practices in system thinking and institutionalizing system changes, via a successful inaugural year of USAID's Health System Strengthening Case Competition.

The Accelerator and partners worked on these specific health system challenges while continuing to develop and promote next generation approaches to supporting country health systems change processes. These approaches aim to move beyond externally driven, pre-defined technical solutions to a more facilitative, holistic and adaptive approach that is grounded in country-led processes, guided by systems thinking, and driven by multistakeholder co-creation of strategies that are adapted to the local context. The Accelerator's monitoring, evaluation, and learning plan actively tracks and learns from the project's application of these approaches, yielding lessons that will increasingly be shared with the broader global health community.

The Accelerator's fourth year of work occurred during the ongoing global COVID-19 pandemic. Travel, in-person meetings and workshops, and health system leaders' time all continued to be limited by the pandemic especially in the beginning of the year, but limitations started to ease in the last two quarters. After more than two years without international travel, Accelerator teams completed highly successful trips to Georgia, Guinea, Liberia, and Ethiopia near the end of year 4. Additional trips to Rwanda, Malawi, and the HSR Symposium in Colombia are planned for the beginning of year 5. 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.

Results for Development and the entire Accelerator team is grateful for the generous support of USAID that enabled all the work described in this annual report, as well as for catalytic funding for parts of the work from the Bill and Melinda Gates Foundation and Rockefeller Foundation. Together with the Health Strategy and Delivery Foundation (HSDF), ICF, CERRHUD, Curatio Foundation,

CJMAD, Phebe Hospital, and new partners in new countries who will soon join our consortium, we look forward to continuing to innovate and advance progress toward stronger health systems and improved health outcomes in a fifth year and beyond.

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

*Project Director, Accelerator*

*Senior Program Director, Results for Development*

## 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).

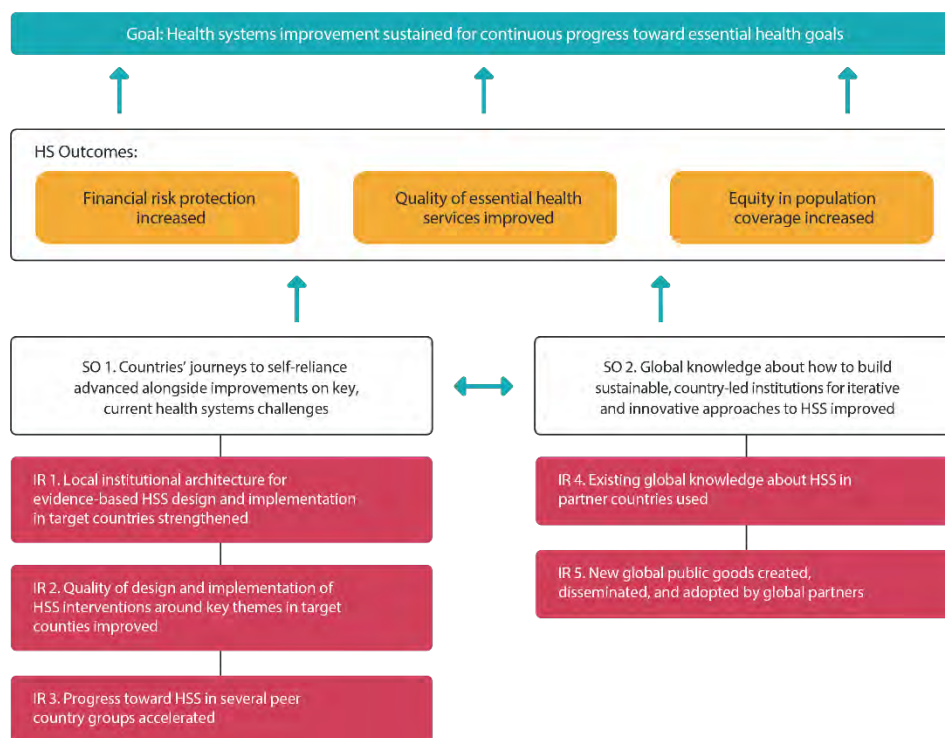


Figure 1: Accelerator Results Framework

## Cross-Bureau Activities Summary and Results

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

#### KEY ACHIEVEMENTS

1. Strengthened ownership and the sustainability of the online community resource mapping tool through a training with the staff of the Directorate of Community Health.
2. Completed the Operational Plan for the National Community Health Policy (PNSC), which will serve as a concrete guide for the implementation of community health activities in Côte d'Ivoire.

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

The Accelerator is working with the USAID Mission, country leaders, communities, and development partners in Côte d'Ivoire\* —to prioritize systems-level barriers that hinder community health outcomes, understand entry points for change, and apply integrated systems improvement approaches. The vision is to complement and support — but not duplicate — existing health strategies by facilitating country-led and owned participatory processes.

In Y4, the Accelerator led the development of an operational plan for the implementation of the National Community Health Policy (PNSC) in Côte d'Ivoire and built the capacity of the Directorate of Community Health (DSC) to continuously update, maintain, and use the online, community health resource mapping tool.

*\*Activity 1 focuses on Côte d'Ivoire. Guinea and Togo (formerly included under this activity) are now reported under Field Supported Activities, with funding from USAID's Guinea Mission and West Africa Regional Health Office, respectively.*

#### Supporting Community Health Governance and Leadership in Côte d'Ivoire

In Y4, the Accelerator developed an operational plan (also referred to as a national referential document in French) for the PNSC that was developed in Y3 with Accelerator support. The purpose of the operational plan is to provide concrete guidelines on social mobilization, community action planning, and strategies for ensuring the sustainability of the policy. The plan is a key tool for the DSC to promote the implementation of more cohesive, integrated preventive and curative services as outlined in the national community health policy, since to date, community health services in Côte d'Ivoire have been implemented differently based on partner priorities, often focused on supporting specific aspects of vertical disease programs. The operational plan provides guidelines and a harmonized approach to follow to implement community-based programs that address challenges related to access to care and health coverage.

The Accelerator finalized the resource mapping tool, developed in Y3, and held a training for staff of the DSC to strengthen the ownership and long-term sustainability of the tool. The team also reviewed the mapping report with the Directorate of Community Health team.

The Accelerator recruited a seasoned community health expert to lead the development of the operational plan for the PNSC, in close collaboration with the DSC. The Accelerator and the DSC established a technical working group comprised of key community health stakeholders to provide technical direction, guidance, and feedback on the operational plan. The working group helped to develop and revise the questionnaire to be sent to central level ministers, members of the civil society, and technical and financial partners to assess their existing community health implementation resources and to identify gaps and needs with regards to operational guidance.

From April 20 – 22nd, 2022, the Accelerator held a validation workshop to review the draft operational plan. Members of the government, including representatives from the General Director's office and the DSC, technical and financing partners including UNICEF, Save the Children, and Alliance Côte d'Ivoire, and regional Ministry of Health (MOH) representatives attended. During the workshop, participants proposed changes, such as making the plan more streamlined, accessible, and user-friendly to implementers at the district and community levels.

The Accelerator subsequently revised the operational plan, as recommended by participants, and presented it to the DSC. In June, the Technical Working Group held a final meeting to validate the more readable and user-friendly document. The DSC held an orientation session with community actors (such as district-level health officials, community health workers, community-based organizations, and partners) where they presented and disseminated the plan.

The Accelerator's key deliverables in support of community health leadership and governance in Cote d'Ivoire were completed in Y4. However, in Y5 the program will develop a learning product to capture lessons learned on supporting the country's community health program.

## Deliverables

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

- [Community Health Resource Mapping Tool](#)
- [Draft Report of the Community Health Resource Mapping](#)
- [Interview guides for the operational plan data collection \(collecting resource documents and informational interviews\)](#)
- [Terms of reference for a workshop to validate the operational plan](#)
- [Presentation to the technical working group on the data collection methodology and updates](#)
- [A start-up activity report on the operational plan](#)
- [The Operational Plan for the National Community Health Policy](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Activity 1: Supporting Community Health Governance and Leadership in Côte d'Ivoire</b>				
1.1 Finalize the resource mapping tool	X			
1.2 Produce a final report on the community health resource mapping tool highlighting the purpose of the tool, key findings from the mapping survey, gaps in community health coverage, and recommendations to the DSC team on opportunities to use and update the tool for decision-making			X	

1.3 Develop the operational plan of the National Community Health Policy				X
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## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
<b>Côte d'Ivoire</b>	
<b>The operational plan is comprehensive and lengthy, which presented a challenge for community members to understand and readily adapt.</b>	The Accelerator collaborated with partners and the DSC to revise the plan before it was finalized and validated, and to ensure that while the plan was comprehensive, it was also user-friendly for community members to appropriate.

## Priority Activities for Next Quarter

Key priorities in Côte d'Ivoire in the next quarter include developing a learning product to assess to what extent these activities are necessary and useful to advance more integrated community health programming and promote better coordination.

## 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. Organized Health Systems Research Symposium satellite session titled “Advancing Equity in Health System Strengthening: Four key approaches to enhance equity in implementation and outcomes,” to take place October 20, 2022.

In its first three years, the Accelerator developed, applied, learned, and communicated about several new approaches to technical assistance (TA) for HSS while helping countries tackle their immediate health system challenges. In Y4, with supplemental funding from the Bill & Melinda Gates Foundation (the Foundation), the Accelerator undertook a series of enhanced learning activities to improve understanding of the impact of its approaches. These included:

- Growing the expert’s database to 350 health systems strengthening experts and 35 institutions from 44 different countries, as of Y4 Q1.
- Developing a series of e-learning modules that allow experts to further cultivate key skills needed to be an effective mentor or coach. As of Y4 Q1, there had been over 100 individuals who completed the *Introduction to the Coaching Approach* course, 68 individuals the *Remote Coaching* module, and 95 individuals the *Designing and Facilitating Effective Processes* module.
- Through the National Coordination of Pandemic Responses Collaborative, a joint initiative with the Joint Learning Network for Universal Health Coverage (JLN), fostering experience sharing and joint learning around the coordination and management of an effective national response to the COVID-19 pandemic. 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, a blog series, and a final convening.

In Y4, the Accelerator and USAID began envisioning a new sub-activity focused on applying an equity lens to reimagine TA for strengthening local systems and capacity to deliver more sustainable outcomes. In the final quarter of Y4 and through Y5, the Accelerator will develop and deliver an “equity capstone” that contributes conceptual clarity, evidence, and programmatic knowledge to the equity foundation laid by USAID’s Vision for Health Systems Strengthening 2030.

### Sub-activity 3.1: Promoting Conceptual Clarity

In Q4, the Accelerator organized a Health Systems Research (HSR) Symposium satellite session titled “Advancing Equity in Health System Strengthening: Four key approaches to enhance equity in implementation and outcomes,” to take place October 20, 2022. This panel, to be chaired by Dr. Anju Malhotra of Johns Hopkins University, with panelists highlighting a variety of Accelerator experiences promoting equity, will serve to begin a discussion around enhancing the equity section of USAID’s Vision for HSS 2030, a key component of the Accelerator’s equity capstone. Additionally, the Accelerator began recruiting for a global equity expert (such as an R4D senior fellow with recognized expertise) to support the iteration of the programmatic landscaping and framework underlying the equity goal of USAID’s Vision for HSS 2030.

## Sub-activity 3.2: Growing the Evidence Base

In Q4, the Accelerator began work on a Spotlight Brief highlighting linkages between social and behavior change and social accountability. Primarily housed under Activity 6, this brief is expected to be finalized by Y5 Q2 and will be the first in a series of four Spotlight Briefs highlighting HSS approaches to promoting equity.

## Sub-activity 3.3: Driving awareness

No updates this quarter. This sub-activity is expected to begin in Y5 Q1 with the launch of an Equity Learning page on the Accelerator's website.

## Sub-activity 3.4: Country adaptation and application

In Q4, the Accelerator began internally reviewing options for applying a complexity-aware learning method to measure, explore, or analyze linkages between Accelerator approaches and sustained inclusion of an underrepresented constituency or evidence of potential for improved health outcomes. The options will be presented to USAID in early Y5 Q1.

## Deliverables

- [Concept note for Health Systems Research Symposium satellite session titled "Advancing Equity in Health System Strengthening: Four key approaches to enhance equity in implementation and outcomes," to take place October 20, 2022.](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Sub-activity 1: Promoting conceptual clarity</b>				
Hold virtual discussions and consultations with USAID and partners to outline programmatic landscaping and framework [ON TRACK TO COMPLETE IN Y5Q1]				X
<b>Sub-activity 2: Growing the evidence base</b>				
3.2.3 Develop spotlight brief on linkages between social and behavior change and social accountability [primarily Activity 6; ON-TRACK TO COMPLETE Y5Q2]				X
<b>Sub-activity 3: Driving awareness [No activities this year]</b>				
<b>Sub-activity 4: Country adaptation and application</b>				
3.4.1 Design a complexity-aware learning activity [ON-TRACK TO COMPLETE Y5Q1]				X

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
No updates this quarter	No updates this quarter

## Priority Activities for Next Quarter

- Identify a global equity expert to lead sub-activity 1.
- Continue virtual discussions and consultations with USAID and partners to outline programmatic landscaping and framework.

- Develop spotlight brief on equity-focused implementation research.
- Continue developing spotlight brief on linkages between social and behavior change and social accountability.
- Launch “Equity Learning” page on Accelerator website.
- Finalize design and begin implementation of complexity-aware learning activity.

## Administrative and Financial Progress

### Human Resources

Leah Ewald, Senior Program Officer, began managing this activity in Q4. Nathan Blanchet and Maria Francisco will continue to provide technical guidance. The Accelerator is recruiting a Senior Program Associate to support this activity.

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

### KEY ACHIEVEMENTS

1. Completed quantitative data analyses and presented preliminary results to USAID
2. Prepared report with quantitative findings for validation by Direction of Community Health and Traditional Medicine

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 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 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. This implementation research study aligns with the Guinea Mission field support buy-in, focused on strengthening the implementation of the PNSC by strengthening leadership, planning and management capacities, conducting advocacy for a sustainable local financing for community health, and strengthening research and learning activities. Activity 4 is augmenting that work by conducting implementation research (IR) exploring several of these thematic areas in more depth.

In Q1 of Y4, the Accelerator obtained full approval for the implementation research protocol and data collection tools from the national ethics committee for health research in Guinea, as well from the Harvard T.H. Chan School of Public Health. The Accelerator then recruited a team of 14 local data collectors and data managers for the quantitative data collection and signed contracts with each enumerator as a consultant with the Accelerator.

In Q2, The Accelerator conducted quantitative data collection. The enumerators and data managers convened in January 2022 for a three-day training on the PNSC, the study protocol, research ethics, and the data collection plan. The team pilot tested all data collection tools and adjusted where necessary. In February and March 2022, the team conducted 20 days of data collection in eight health districts and 24 communes across four regions of Guinea (Conakry, Kindia, Mamou, Labé and N'Zérékore). In total, the teams conducted 537 quantitative survey interviews. The team also collected routine data from health centers and from the DHIS2 on the use of maternal and child health (MCH) services in health centers to be used to explore the evidence of the expected results of the actions of local actors. During Q2, the Accelerator submitted the study protocol to *PLOS ONE* for publication. Publishing the protocol will promote transparency in the research process, enhance the study's visibility, and facilitate improved interpretation of the study's findings when these are published and disseminated. The team also received questions on the *PLOS ONE* manuscript submission in Q4, for which they submitted revisions.

During Q3, the team conducted data cleaning and began factor analysis and interrupted time series analyses using routine MCH data to assess whether there was evidence suggesting whether the implementation of the PNSC was associated with changes in MCH utilization. The team used two interruption points. First, the start of the PNSC implementation, and second, the beginning of the COVID-19 pandemic. This analysis of aggregated data showed a positive effect of the PNSC and decentralization on MCH indicators but not on child health indicators. The analysis of MCH indicators by commune did not show a uniform positive trend in the utilization of MCH services across the communes where the PNSC had been implemented, contrary to our hypothesis. However, a positive trend was observed in some communes immediately after the policy started, but this was trend occurred in all three types of communes. Additionally, the team observed a negative effect of the COVID-19 pandemic on the level and trend of health service utilization in several of the three types of communes.

The team developed and shared deliverables that summarized the findings from the initial analyses with USAID. These deliverables included a narrative summary of key findings from initial quantitative analysis and data on trend in MCH indicators prior to PNSC, during PNSC implementation, and during PNSC and COVID-19. During Q3, the team also submitted an abstract to the 2022 HSR Symposium on the IR study in Guinea.

In Q4, the team carried out descriptive analyses, and bivariate and multivariate linear regressions to assess how type of commune was associated with decision space outcomes. Findings included that there was a low level of knowledge of the national community health policy itself among respondents, and that central and community level actors were not heavily implicated in PNSC activities, such as supervision of ASC and Community Relays (RECO) and resource mobilization. However, despite low level of knowledge of the policy, ASC and RECO had a good level of knowledge of their roles and responsibilities in implementing community health activities and put this knowledge to practice, although the data showed that ASC and RECO did not receive sufficient funding in terms of salaries and other needed supplies and equipment to implement the PNSC.

The Accelerator created indices for de jure decision space, de facto decision space, accountability, and capacity, using summative scores. These indices were then analyzed via linear regression to assess the association between type of commune and decision space, accountability, and capacity controlling for covariates. We expected to find higher decision space, accountability, and capacity in communes implementing the policy compared with communes not implementing the policy, however, contrary to our hypothesis, decision space, accountability, and capacity was similar across all three types of communes. The findings demonstrate that overall, there was a weak level of implementation (de facto) of the roles and responsibilities by all respondents. Where the financing support from partners such as Global Fund, UNICEF, etc. was more recent and was active, the implementation roles and responsibilities was relatively higher compared to communes where the financial support had already stopped or was not available.

The team presented the initial interrupted time series analysis to colleagues from USAID Washington's Office of Health Systems (OHS) and the USAID Mission in Guinea on August 2<sup>nd</sup>, 2022. The feedback and comments from USAID colleagues provided insight and context on potential questions and hypotheses to explore further in the qualitative data collection. The teams also used Q4 to focus on preparing the technical report with the quantitative findings, which has been shared with the MOH and DSC for their feedback. Feedback and discussion with the Direction of Community Health and Traditional Medicine (DNSCMT) will inform the key themes to explore during the qualitative phase.

Additionally, the team was accepted for a virtual satellite panel session for the 2022 HSR Symposium, "Engaging Stakeholders to Turn Research into Policy Amid Political Change". The session will feature the Guinea research team and a key collaborator from the DNSCMT, as well as the

Accelerator's team that led the implementation research in Ghana, focused on primary care networks, and their co-investigators from the Ghana Health Service (GHS), and will be moderated by consultant Dr. Alexandre Delamou, who is the principal investigator for the IR in Guinea.

The Accelerator successfully collected a rich set of quantitative data, carried out sophisticated analyses to better understand the implementation of the PNSC, and prepared for dissemination at national and global levels and for qual data collection.

## Deliverables

- [PowerPoint Presentation to USAID of preliminary quantitative findings](#)
- [Report of quantitative findings \(French\)](#)
- [Annexes for report of quantitative findings \(French\)](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Preparation</b>				
Protocol approval by the Guinean ethics committee and Harvard IRB	X			
<b>Data collection</b>				
Training of data collectors		X		
Quantitative data collection		X		
Qualitative data collection				X*
<b>Data Analysis</b>				
Quantitative data cleaning, analysis, and validation		X	X	
Qualitative data cleaning, analysis, and validation				X*
<b>Reporting</b>				
Technical report that presents all quantitative data collected and key findings				X*
Full technical report presenting findings from quantitative and qualitative data analysis				X**
Research brief summarizing findings and discussing recommendations based on the research findings and highlights cross-country learning				X*
Manuscript for peer-reviewed publication				X
<b>Dissemination</b>				
Hold dissemination event with key stakeholders and decision-makers to share quantitative results				X**
Hold dissemination event with key stakeholders and decision-makers to share full set of findings (quantitative and qualitative)				X**

\*Due to challenges with data analysis outlined below, these activities were postponed to Y5.

\*\*The second round of data collection and analysis, along with the dissemination events, will be carried out in early Y5.

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
The team conducted factor analyses which failed to converge, likely due to sample size and other issues.	The team came to an agreement on using indices for de jure decision space, de facto decision space, accountability, and capacity, using summative scores. These indices were then used in regression analyses to assess the association between type of commune and decision space, accountability, and capacity controlling for covariates.

## Priority Activities for Next Quarter

The Accelerator team has submitted a preliminary report of quantitative findings to the Ministry of Health and the DNSCMT. The team has identified certain questions and hypotheses in the quantitative data findings, which will be explored further during the rest of the analysis and will then be explored during the qualitative surveys. In Y5 Q1, the Accelerator will hold a validation workshop with the DNSCMT and key stakeholders for feedback and reactions, particularly around the shaping of the qualitative research questions and data collection tools. Additionally, the team will plan a virtual meeting with USAID in Q1 to present the full set of quantitative findings, get USAID feedback on the findings, and discuss the focus of the qualitative phase.

## Administrative and Financial Progress

### 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

### KEY ACHIEVEMENTS

1. Developed and agreed on approach for a supplemental study, including objectives and research question based on consultations with USAID and GHS
2. Finalized study protocol and received ethical clearance from IRB of GHS
3. Trained data collectors and completed field data collection
4. Completed and submitted slide deck on preliminary findings

Equity for health means the absence of systematic disparities in health between different social or economic groups. Equity is one of the core concepts underlying the UHC agenda in Ghana and a key objective of many HSS reforms. Despite this, equity is rarely studied.

The Government of Ghana (GOG) is committed to achieving UHC by 2030 with a goal of increasing equitable access to high quality health services. Provider networks has been identified as a key strategy to achieving this goal following the pilot of Primary Care Provider Networks (PCPN), an innovative service delivery model which among other things, could promote equity in health at the community level. The GOG is in the process of a review and re-design of the PCPN for a national scale-up of primary care networks in Ghana referred to as 'Networks of Practice' (NoP). In Y3, the Accelerator collaborated with the GHS Research Development Directorate (RDD) to conduct implementation research on the role primary care networks can play in advancing equity in service coverage among the communities they serve. This was the first empirical study conducted on Networks' role in achieving health systems objectives. The study highlighted some practices that could enable Networks to promote equity for Primary Health Care (PHC) services and also elevated significant demand and supply-side factors that impede them from successfully implementing these practices. These findings have guided the concept and design of the nationwide scale-up of NoP. As the government prepares to launch the roll-out of NoP, the Accelerator is working with the GHS to conduct a supplemental study to generate further empirical evidence about the network's role and ability to promote equity in Ghana.

### Sub-activity 1.1: Enhance Understanding of PCP Network Contributions to Equity Goals Using Comparative Analysis

The Accelerator worked with the GHS RDD, led by Dr. Cornelius Debpuur, Deputy Director of RDD as Principal Investigator, and the equity consultant Dr. Ama Pokuaa Fenny, equity expert from the Institute of Statistical, Social and Economic Research (ISSER) of the University of Ghana to advance the process for the supplemental study. The Accelerator supported the research team to develop and submit the study protocol to the GHS Ethical Review Committee (ERC) and received ethical clearance to conduct the study.

The Accelerator facilitated engagements with the Volta Regional and district directors of the study districts to brief them on the study and request support for community entry engagement as well as documents for review. The team recruited and trained eight data collectors and two supervisors to

complete data collection in 500 households in the study districts. A slide deck on the preliminary analysis focused on the two specific objectives of the study was completed and shared with USAID. The objectives were to:

- Examine the utilization of health services in the new study districts with a view to identifying existing inequities; and
- Conduct a comparative multivariable regression analysis of factors that are associated with health service use in the pilot and new districts

Additional models of analysis to determine any associations between PCPN and access to the health services and whether PCPN improves equity have also been completed and under review by the internal team. The updated slide deck will be shared with USAID in October.

Following the data collection exercise, the study districts through the Accelerator field support activity, participated in a PCPN peer review and learning session with six implementing districts in the Volta Region to prepare them for roll-out of NoPs. The districts are expected to launch NoP with support from the regional task team before the end of December 2022.

## Deliverables

- [Approved implementation research protocol and study questionnaire](#)
- [ERC Approval Letter](#)
- [Slide deck of initial analysis](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>SUPPLEMENTAL PLAN DEVELOPED</b>				
Consultatory meetings to develop study objectives, research questions and tools developed	X			
A slide deck outlining consensus on the design of the supplementary study question and approach, agreed upon with USAID and GHS	X			
Supplemental plan approved by USAID and submitted (as needed) to GHS-ERC		X		
<b>STUDY IMPLEMENTATION LAUNCHED</b>				
GHS-ERC Approval received			X	
Develop an activity plan for study implementation			X	
Train data collectors, collect and analyze data				X
<b>STUDY REPORT PRODUCED AND DISSEMINATED*</b>				
Present preliminary findings presented to USAID and other main stakeholders				X
Consultatory meetings to refine and finalize findings and study implications and conclusions				X
Draft final report and submit to USAID and GHS				X

*\*Activities rolled over to Y5 due to delay in receiving ERC approval*

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
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Delay in receiving Ethical Clearance resulting in delay in starting implementation of activities (i.e., training and data collection)

Accelerator worked with GHS-HRDD and the consultant to review the implementation plan and prioritized completion of data analysis

## Priority Activities for Next Quarter

The Accelerator will work with the GHS and Equity consultant to complete analysis and present findings to USAID and GHS. The Accelerator will then complete the study report.

## Administrative and Financial Progress

### Administration

The Accelerator extended the contract with Equity Researcher – Dr. Ama Fenny – to lead the quantitative component of the comparative equity analysis.

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

### KEY ACHIEVEMENTS

1. Held four subnational dissemination sessions in the Northern and Middle Belt regions in Ghana, and in Kindia and N'Zerekore, Guinea.
2. Conducted literature review and stakeholder consultations to inform behavior change oriented budget advocacy tool aligned to the community health policy in Guinea.
3. Conducted two workshops with UHC stakeholders in Togo, resulting in an action plan that was integrated into the national UHC workplan.

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—launched in Y2—aims to identify and support promising opportunities for collaborative social accountability and social and behavior change efforts. The sub-activities have focused on research and data utilization engagements with national and sub-national stakeholders as well as country-level engagements to apply a behavior change lens; specifically, development of tool to help undertake behavior change oriented budget advocacy in Guinea and a workshop for UHC stakeholders in Togo.

### Sub-activity 6.1: Collaborative Analysis and Reporting

Work under this sub-activity was completed in Y2 and Y3.

### Sub-activity 6.2: Sub-national Data Utilization Engagements

In Y4, the Accelerator held four sub-national data utilization engagements. During Q1, sessions were held for stakeholders in the Kinda region in Guinea and the Middle Belt region in Ghana. During Q2, a session was held for stakeholders in the Northern Belt Region in Ghana. During Q3, a session was held for stakeholders in the N'Zerekore region in Guinea.

The purpose of the virtual meetings was to discuss the findings from the Y2 study, entitled *Improving Linkages between Social Accountability and Social and Behavior Change*. Convening stakeholders is a valuable way to obtain feedback and capture ideas for the design of a more SBC-oriented social accountability activities applicable to the specific sub-national community.

With these final four sessions in Y4, the sub-national sessions ended. A total of 263 stakeholders participated in eight sessions. Table 1 provides an overview of these eight sessions.

Table 1: Overview of sub-national data utilization engagements attended by 263 stakeholders

Region	# Participants	Discussion questions
<b>Guinea</b>		<b>Social Accountability</b>
Mamou	31	<ul style="list-style-type: none"> <li>• What does social accountability mean for your community?</li> <li>• What are the social accountability activities to be prioritized? Have social accountability approaches been implemented in your community?</li> <li>• And what factors influence success and challenges with them?</li> </ul>
Kankan	20	
Kindia	24	Universal Health Coverage (UHC)
N'Zerekore	30	<ul style="list-style-type: none"> <li>• Does information on UHC flow from the national level? Are they aware of policies to achieve UHC? What behavior must change for information to circulate?</li> <li>• What types of actions do you think could be most effective in increasing social accountability for health in your country?</li> <li>• How can social accountability be used to address challenges in the health sector?</li> <li>• How can behavior change and social accountability increase health equity? What behavior would need to be changed to advance UHC?</li> </ul>
<b>Côte d'Ivoire</b>		
Duékoué	61	
Grand-Basam	40	
<b>Ghana</b>		<b>Social and Behavior Change (SBC)</b>
Middle Belt	34	<ul style="list-style-type: none"> <li>• Who needs to change their behavior to mobilize large and diverse voices to engage in social accountability approaches to advance UHC?</li> <li>• How can citizens / providers / government institutions change their behavior to help increase accountability in health?</li> </ul>
Northern	23	

### Q1 – Kindia Region (Guinea)

At the beginning of Y4, the Accelerator organized a sub-national engagement session for stakeholders in the Kindia Region in Guinea. A total 24 individuals participated in the session including the Director of the Strategy and Development Office of the MOH and the Director of National Community Health in Guinea. The participants discussed the roles and responsibilities of sub-national actors and strategies to increase participation in national-level decisions. The sub-national actors enjoyed the opportunity to engage with the Directors and shared ideas on integration of communities in national initiatives.

### Q1 and Q2 – Middle Belt and Northern Belt (Ghana)

The Accelerator held two sub-national engagement sessions for stakeholders from the Middle Belt and Northern Regions in Ghana. The participants, with the support from the Accelerator, identified behaviors pertaining to HSS, including judgements, norms and beliefs, corrupt practices, and negative attitudes of health providers that may create a lack of trust when using health services.

Participants linked social accountability and social and behavior change to the National Health Insurance Scheme (NHIS) particularly on how to increase uptake. Participants advocated for the Patient's Charter to be displayed in all health facilities and for service providers to have positive and encouraging language as behavior change mechanisms. They also advocated the use of local dialects so information can reach the community broadly.

### Q3 – N’Zerekore Region (Guinea)

Due to recent sub-national leadership changes in Guinea, the Accelerator experienced difficulties organizing a subnational session for N’Zerekore region. In response, the team shifted focus and held a sub-national session for a group of Civil Society Organizations (CSOs) based in N’Zerekore. A total of 30 participants attended the session. The participants were aware of SA and agreed to prioritize ongoing sensitization of populations on their roles and responsibilities within SA activities.

Additionally, in Q3 in Guinea, the team presented key study findings in a national meeting with a leading CSO Platform for the Promotion of Health and Vaccinations (POSSAV). This engagement introduced the concepts of the linkages between SA and behavior change for health systems.

### Sub-activity 6.3: Applying a Behavior Change Lens: Budget Advocacy and the Community Health Strategy in Guinea

In Y4, the Accelerator conducted literature review and stakeholder consultations as part of developing a budget advocacy tool. The tool is being designed for citizen and civil society actors to inform budget advocacy work in relation to the community health budget process. The tool integrates a behavior change lens, focuses on the socioecological context, and will include an accompanying facilitation guide. Table 2 provides the current outline for the tool

Table 2: Tool outline, applying a behavior change lens to budget advocacy around the community health strategy in Guinea

Section I: Understanding the tool	
Background	Why is this tool needed? What is unique about this tool? Who can use this tool? How was the tool developed?
Guiding concepts	Health systems approach. Social accountability. Social and behavior change
Budgeting	Budgeting for health. Administrative levels. Government structure. Overview of budget process
National Community Health Policy	Overview. Community health staff cadres. Policy legal background. Implementation progress
Section II: How the tool works	
Starting points	Goals for this tool. Using this tool. Using SBC in budget advocacy. Financing issues for the PNSC
Actors and roles	Key considerations. Budget responsibilities by level (National actors, Regional actors, Prefectural and commune actors, Community and other actors)
Budget process	Key considerations. National budget process. Subnational budget process
Section III: Process of using the tool	
Mapping design	Key considerations. Behavior mapping process (Identify behaviors and actions. Identify the relevant actors). Integrate the socioecological context.
Implementation	Key considerations. List the potential actors. Identify their behaviors to target. Strategies for communication
Advocacy timing	National advocacy opportunities. Subnational advocacy opportunities. Putting this into practice. Key messages for advocacy

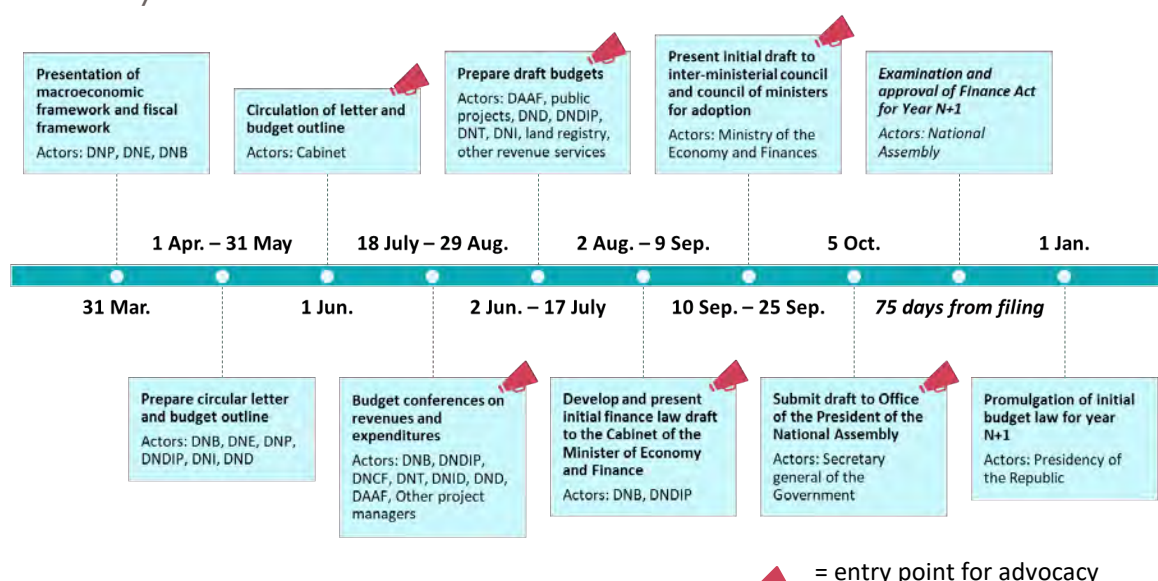
The Accelerator conducted a literature review to better understand the budget process in Guinea, common strategies for budget advocacy, and examples of behavior change tools. In consideration of the literature review and to facilitate ease of use, the team decided to develop the tool in

PowerPoint. The team planned to meet with stakeholders at the national- and sub-national levels to learn about their experiences in the community health budgetary processes, including how the process works, who the key actors are, and the types of challenges and successes that have occurred. The information gathering sessions were delayed due to the political situation in Guinea and were re-oriented to focus on sub-national actors in the Mamou region.

The Mamou session provided insights on the budgetary process, knowledge of the community health policy, and implementation challenges. In particular, the roles and responsibilities among the actors who guide the budget process appeared to not be clearly understood by many participants, which is potentially indication that citizens sometimes do not fully consider their right to hold responsible actors accountable. The comments from the participants seemed to reflect varying knowledge of the community health policy including budgetary components as well as implementation progress and challenges. These details from the Mamou session have driven the tool's overall content and delivery approach. Given the mixed levels of knowledge about the national community health policy, the Accelerator decided to include key contextual details to help users undertake informed budget advocacy. In addition, the tool describes behavior mapping and social and behavior change approaches in an accessible and detailed manner.

The research on budget processes in combination with the Mamou session helped to triangulate details in relation to standard operating procedures and budgeting timelines. In addition, the research and tool development focused on identifying entry points for advocacy in the budget timeline as well what behaviors have the potential for change or amplification from individual to institutional levels. For example, Figure 1 presents a graphic the team developed that lays out the timeline for the national-level budget process and identifies key points for possible advocacy.

Figure 2: National-level budget advocacy opportunities relating to the Guinea National Community Health Policy



### Sub-activity 6.4: Applying a Behavior Change Lens: Citizen Mobilization around Universal Health Coverage in Togo

In Y4, the Accelerator held two virtual workshops for CSOs and the Togolese UHC Task Force. The workshops brought together diverse actors who discussed barriers and developed solutions with a behavior change lens, resulting in the inclusion of behavior change approaches into the UHC workplan to improve citizen and civil society engagement. This country-level engagement revealed both the potential and challenges when incorporating a behavior change lens in social accountability activities. The objectives for the two workshops are summarized in Table 3.

Table 3: Objectives for the workshops on integrating social and behavior into efforts to advance universal health coverage (UHC) in Togo

Workshop 1: November 17, 2021	Workshop 2: December 14, 2021
<ul style="list-style-type: none"> <li>Present findings from the Accelerator study on improving the linkage between social accountability and social and behavior change</li> <li>Map actors and behaviors through group work</li> <li>Develop concrete actions to engage citizens and civil society in group work</li> </ul>	<ul style="list-style-type: none"> <li>Revisit the concepts of social accountability and behavior change</li> <li>Present harmonized results on the mapping of actors and behaviors through group work</li> <li>Validate the concrete actions identified to encourage the engagement of citizens and civil society in group work</li> </ul>

The two workshops were developed and held during Q1. Each workshop had 30 participants. The Accelerator met with three Togolese CSOs familiar with the UHC national roadmap and its implementation. The meetings informed the workshop content and participant list. The findings from the SA-SBC linkages study informed the inclusion criteria for the workshop CSO participants; notably, data from the study suggested that UHC efforts have limited representation from diverse groups. As such, the final participant list included CSOs working with focused populations, including people with disabilities, people living with HIV, adolescent girls, women and children, and rural populations. Government officials who were invited included the UHC Task Force members as well as key individuals involved in the execution of the national roadmap.

The materials for the first workshop introduced the SA-SBC linkages study and its application to the Togolese UHC context. A mapping exercise was completed in small groups using focused worksheets that guided participants to list the different UHC actors and their roles. Each group was also tasked with outlining the actions and behaviors of these actors that either facilitated or hindered UHC efforts. Within the larger plenary the group devised a list of actions for implementation that focused on addressing these behaviors to increase civil society engagement to advance UHC efforts.

The second workshop reviewed the concepts of social accountability and behavior change and finalized the list of action items developed during the first session. The list of actions was presented during the plenary and validated as final by all participants. The finalized list included items that focused on addressing gaps in civil society engagement in national UHC efforts and outlined behavioral approaches to close these gaps. Examples included inviting CSOs to work with the MoH to develop and support specific UHC activities like community health efforts.

In Q2 and Q3, the A6 team worked collaboratively with the A1 team to incorporate items from the workshop action plan into practice. The A1 team agreed to include several items into their existing workplan. In turn, the A6 team supported the planning and coordination of a UHC technical committee session which included government review and discussion to incorporate the remaining action items to address barriers to citizen and civil society engagement in national UHC efforts.

After delays due to conflicting country-level activities the meeting took place in Q4. The Ministry agreed to incorporate select items into their final national integrated UHC plan. Table 4 presents the list of action items, and the issue they aim to address, that are now included in national UHC programming. Many items focus on addressing limited communication and engagement across actors.

Table 4: List of action items developing during the workshops that are now included in national programming around advancing UHC in Togo

Action	Gap Addressed
1 Train CSO actors on the UHC roadmap at the national and sub-national levels	Limited communication and engagement between civil society and government on UHC
2 Document actions during UHC implementation to learn how to improve CSO involvement	Limited communication and engagement between civil society and government on UHC
3 Discuss UHC efforts with communes and CSOs	Limited government engagement with the public at the community level on UHC efforts
4 Educate the community on the need to use protective measures against health risks and insurance pooling	Weak community uptake and engagement in UHC activities
5 Establish a monitoring mechanism for UHC activities led by CSOs/CBOs	Poor government accountability for CSO/CBO activities, resource utilization, and policy adherence
6 Strengthen capacity of CSOs to mobilize funds	Limited engagement between civil society and government on UHC efforts
7 Update mapping of the actors and the roles to be played the UHC roadmap execution	Limited engagement between civil society and government on the UHC efforts
8 Involve CSOs in advocacy efforts for community health resources	Limited engagement between civil society and government on the UHC efforts
9 Develop a common financing package for community health	Limited engagement of CSOs in the planning and implementation of UHC efforts

The workshops illuminate numerous key challenges and opportunities to consider for future efforts. Importantly all participants were interested to address gaps in citizen engagement. The acknowledgement that behaviors can impede citizen involvement was also widespread. Yet thinking through the range and breadth of behaviors across actors and institutions with a socioecological lens was not clearly understood. It was challenging to convey these nuanced and complex messages within the delivery and limited duration of two virtual meetings. Given the interest and initial understanding it seems like a worthwhile activity to pursue in the future though via more long-term engagement.

## Sub-activity 6.5: Resource Package

This sub-activity was included in the workplan as an avenue to brainstorm around the development of resources to facilitate a thoughtful closeout of the activity. During the first half of Y4, the team conceptualized and planned in relation to a pending activity closeout. During Q3, USAID indicated that A6 would continue into Y5. The Team prepared a draft workplan for that additional Y5 work. Table 5 summarizes the individual resources the team discussed during Y4, with notes about the status.

Table 5: Summary of individual resources the team discussed during Y4, with notes about status

Product	Notes and status
Learning and end of activity event	<ul style="list-style-type: none"> <li>– Panel with questions around recognizing behavior change challenges, applying a behavior change lens, and integrating a behavior change lens into systems thinking</li> <li>– Themes of event integrated into A8 learning event</li> </ul>
HSS Practice Spotlight Series Brief on the SA-SBC linkages	<ul style="list-style-type: none"> <li>– Q2: Prepared outline and USAID requested putting brief on hold</li> <li>– Q3: Decision made to return to the brief</li> <li>– Q4: Prepared draft providing guidance on how to conceptualize and operationalize SA-SBC linkages. USAID requested brief to focus more on examples of SA-SBC linkages</li> <li>– Will develop an annotated outline and draft in Y5 Q1</li> <li>– Finalization anticipated in Y5 Q2</li> </ul>
Equity capstone concept note	<ul style="list-style-type: none"> <li>– Presentation of how A6 has grown into its equity focus</li> <li>– Maximizing the interrelationships between A6 and A7</li> </ul>
Summary: Key lessons from the sub-national data utilization engagements	<ul style="list-style-type: none"> <li>– Draft developed late in Y4 Q4</li> <li>– Finalization anticipated in Y5 Q1</li> </ul>
Summary: Key lessons and applications from the Togo workshop	<ul style="list-style-type: none"> <li>– Draft developed late in Y4 Q4</li> <li>– Finalization anticipated in Y5 Q1</li> </ul>
Guidance: Insights around convening a workshop around role of SBC in efforts to advance UHC	<ul style="list-style-type: none"> <li>– Draft developed late in Y4 Q4</li> <li>– Finalization anticipated in Y5 Q1</li> </ul>
HSS Practice Spotlight Series Brief around integrating SBC into financial protection activities	<ul style="list-style-type: none"> <li>– Q4: Discussions and development of preliminary framework</li> <li>– Will develop an annotated outline and draft in Y5 Q1</li> <li>– Finalization anticipated in Y5 Q2</li> </ul>

## Deliverables

- [A6 Guinea Webinar Presentation](#)
- [A6 Ghana Webinar Presentation](#)
- [Togo Workshop Powerpoint Presentation 1](#)
- [Togo Workshop Powerpoint Presentation 2](#)
- [Togo Workshop Concrete Action Plan](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Sub-activity 2: Sub-national data utilization engagements</b>				
6.2.1 Hold virtual discussions with sub-national stakeholders	X	X	X	
<b>Sub-activity 3: Applying a behavior change lens: budget advocacy and the community health strategy in Guinea</b>				
6.3.1 Develop tool		X	X	X
6.3.2 Pilot and finalize tool				
<b>Sub-activity 4: Applying a behavior change lens: citizen mobilization around universal health coverage (UHC) in Togo</b>				
6.4.1 Prepare materials for first workshop	X			
6.4.2 Hold first workshop	X			
6.4.3 Prepare materials for second workshop	X			
6.4.4 Hold second workshop	X			
6.4.5 Draft and finalize strategy	X	X	X	X
<b>Sub-activity 5: Resource package</b>				
6.5.1 Synthesis and learning products	X	X	X	X
6.5.2 Mission outreach and specific events or discussions	Did not pursue			
6.5.3 Resources for embedding A6 in other Accelerator activities	Did not pursue			
6.5.4 Closeout activity	n/a			

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
The Integrated Workplan Workshop in Togo was delayed which slowed the completion of this activity and its deliverables.	The Accelerator was able to include the list of action items into national UHC programming efforts in Q4 and has shifted to finalizing all deliverables.
The Accelerator experienced delays in organizing the final dissemination session in N'Zerekore due to the change in political leadership in Guinea	The Accelerator worked through a group of CSOs in N'Zerekore to organize the final session and share the materials with the Regional Director.

## Priority Activities for Next Quarter

The Accelerator has outlined key priority activities for Y5 Q1. The team will finish several products related to the Y4 activities including: (1) summary document of study subnational dissemination events, (2) guidance and tool for stakeholders in Guinea in budget advocacy for the community

health strategy; (3) blog on the Togo workshops on the Accelerator Website in French; (4) summary document of the Togo workshops; (5) Togo workshop materials recast as global guidance for the role of SBC efforts in to advance UHC and (5) second draft of the HSS Spotlight Brief on the linkages between SBC and social accountability. The team will also work on Y5 activities including (1) the HSS Spotlight Brief on SBC and financial protection and (2) the Country Case Studies.

## Activity 7: Enhancing Social Capital and Community-level Political Economy to Improve Household and Community Resilience

### KEY ACHIEVEMENTS

1. Held eleven meetings with USAID to discuss refinements and options for the activity.
2. Conducted literature review to define the key terms and concepts.
3. Reviewed USAID Country Development Cooperation Strategy (CDCS) and Regional Development Cooperation Strategy (RDCS) documents to identify common resilience and health equity strategies as well as a selected USAID-funded resilience and health equity projects to identify common programming approaches.
4. Recruited and onboarded a consultant to lead the secondary analysis study who in turn worked further developed the research questions and quantitative analysis methodology.
5. Prepared multiple discussion documents and presented as seven options for undertaking the secondary data analysis.

The past three decades have witnessed an increase in interest around the social and non-biological determinants of health. The World Health Organization (WHO) and other scholars and practitioners have identified social capital as a key social determinant of health, with potential influences on health outcomes and equity. Further, USAID and other donors have suggested that social capital within communities and between communities and formal health systems is integral for high-functioning health systems. Despite this, social capital has received relatively limited attention as a factor influencing individual and community health in low- and middle-income countries (LMICs).

The relative paucity of research on social capital and health in LMICs is even less understandable when a number of factors are considered. First, strengthening communities is critical in safeguarding population health in situations of extreme resource scarcity. Second, shortcomings within formal health systems in LMICs suggest consideration of alternative means of improving health outcomes warrant exploration. Third, expectations would suggest the health effects of social capital should be significantly larger in LMICs compared to high-income contexts. These factors suggest strengthening social capital within and between communities is a potentially effective policy option when assessing ways to improve health outcomes and equity. The objective of this activity is to examine the effect of social capital on health care utilization, health outcomes, and equity as well as attempting to understand the mechanisms through which this relationship might operate.

*Note: The activity description has been updated to reflect the on-going work to design the secondary data analysis study.*

## Sub-activity 1: Refinement, Collaboration, and Establishing Ways Forward

At the end of Q2 it was decided to shift the approach for the activity. The Y4 workplan included literature review that would flow into convening a roundtable discussion of selected thought leaders. This vision for the roundtable was to gather contextually specific perspectives about the various social and political economy factors that impact health equity and their possible relationships to social capital and resilience capacity. It was decided to prioritize the literature review around resilience and health equity programming as well as the secondary data analysis and put the roundtable discussion on hold.

A scope of work for a secondary data analysis consultancy position was widely advertised. Following a review of the submitted CVs and several rounds of interviews, a consultant was selected and onboarded. The team held initial meetings with the consultant to prepare for launching the secondary data analysis study. During Q3 and Q4, the consultant met with USAID five times to refine the aims for the secondary data analysis. To facilitate these discussions, the consultant prepared three documents:

- Summary of 17 papers on social capital and health, with particular focus on the indicators, datasets, and measure approaches informing the analysis
- Summary of 12 datasets for possible use
- Research plan, which included refined research questions, a quantitative analysis strategy and methodology, and seven options for the secondary data analysis

## Sub-activity 2: Evidence Generation and Learning

### Literature review around resilience and health equity strategies and programming

Literature review was undertaken on resilience and health equity common strategies and programming approaches. Such a review has been challenging given there is no master list of USAID projects. The team worked around this challenge by focusing the review as follows:

1. Examining the use of resilience and health equity terms in Country Development Cooperation Strategy (CDCS) and Regional Development Cooperation Strategy (RDCS) documents
2. Extracting descriptions of USAID-funded resilience and health equity projects from the websites of 20 organizations and reviewing project documents (see table 1)

Table 6: Number of resilience and health equity projects identified and reviewed

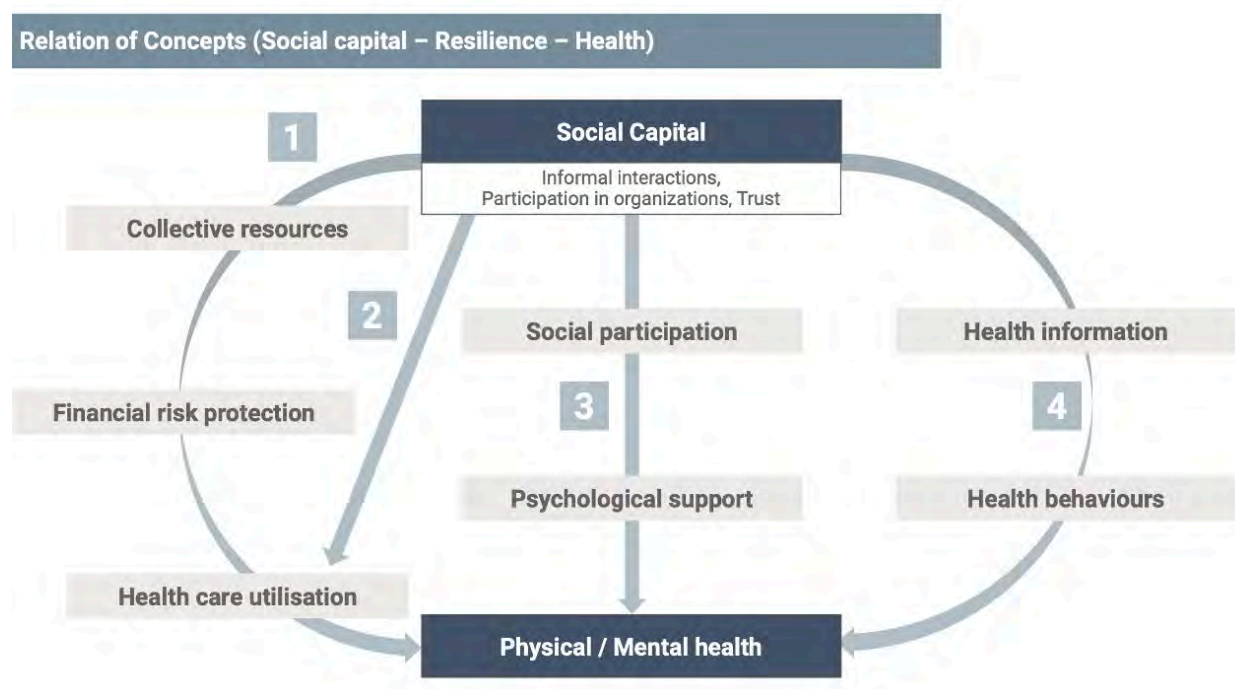
	Total	Africa	Asia & Pacific	Europe & Eurasia	Latin America & Caribbean	Middle East	Multi-region
Resilience (identified)	184	95	37	6	12	6	28
Resilience (reviewed)	24	8	6	0	4	1	5
Health Equity (identified)	160	147	51	8	7	11	35
Health Equity (reviewed)	25	8	6	1	1	2	7

### Literature review to inform the design of secondary data analysis

The literature review to inform the design of secondary data analysis has been grounded in examining the relationship between social capital and health. In particular, evidence indicates that

the mechanisms through which social capital contributes to better health may depend on the form of social capital (e.g., informal interactions, participation in organizations, trust), or the context in which the relationship is examined. While most research has focused on high-income countries (HICs), the mechanisms driving the social capital-health relationship likely substantially differ in LMICs. For instance, health care utilization is likely to be a particularly relevant link between social capital and health in LMICs due to enduring barriers to accessing health care and potential choices between traditional and modern forms of health care. Figure 1 illustrates a possible way to conceptualize the various mechanisms through which social capital may influence health.

Figure 3: Possible mechanisms through which social capital influences health



Bearing in mind the possible way mechanisms through which social capital may influence health, the following research questions have been proposed and are currently under discussion:

1. Does social capital improve health care utilization?
2. Does social capital improve health outcomes?
3. Through what mechanisms does social capital lead to health improvements?
4. Does social capital impact financial risk protection, including incidence of catastrophic health expenditure, and therefore, resilience (community, household and individual)?
5. What are the equity effects of social capital?

The research questions continue to factor in the following:

- **Indicators:** The concepts of social capital, resilience, and health outcomes are multi-dimensional and not straight-forwardly defined. Undertaking quantitative work on such concepts necessitates simplifying these concepts into more basic proxies which can be measured.
- **Datasets:** Publicly available datasets that capture health outcomes and social capital are scarce. In addition, although there are multi-round household surveys from which to source data, most are cross-sectional and therefore limit the types of analysis which can be undertaken. Below are outlined the options for the quantitative analysis:
  - Indonesian Family Life Survey (IFLS)
  - Malawi Integrated Household Panel Survey (IHPS)

- Albania Living Standards Measurement Study
- Demographic and Health Survey (DHS) and Afrobarometer (each alone or merged)
- World Values Survey

### Sub-activity 3: Analyses, Resource Development, and the Behavioral Approach

Development of possible resources under sub-activity 3 is pending further work on the literature review described in sub-activity 2, seeing the results of the secondary data analysis, and being able to work with those two outputs in their interconnectedness.

### Deliverables

No deliverables to report.

### Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	Y5
Sub-activity 1: Refinement, Collaboration, and Establishing Ways Forward					
Literature and data source review	X	X	X	X	X
Convene a roundtable discussion of selected thought leaders	on hold				
Sub-activity 2: Evidence Generation and Learning					
Develop research questions and an analytic approach to answer them				X	X
Select country(s) of focus and establish the role of country-based expert				X	X
Assemble data, conduct analysis, and prepare a technical report				X	X
Plan knowledge sharing and learning events				X	X
Sub-activity 3: Analyses, Resource Development, and the Behavioral Approach					
Exploration of existing resources to inform sub-activity 1 and 2	on hold				
Development of resources to guide awareness-raising efforts	on hold				

### Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
None	None

### Priority Activities for Next Quarter

In Y5 Q1, the team's priorities include: (1) finalizing the design of the secondary data analysis study and undertaking the analysis. (2) designing an additional secondary data analysis study with focus on community, youth, and resilience, and (3) beginning discussions for sub-activity 3.

## Activity 8: Virtual Learning Exchanges and Case Competition

### KEY ACHIEVEMENTS

1. Three Case Competition winners announced and publicized

Through the HSS Learning Agenda, the Bureau for Global Health, led by the OHS, aims to improve HSS programming by updating, generating, synthesizing, and disseminating evidence related to key HSS learning questions. The Accelerator aims to support USAID's HSS Learning Agenda to:

- Gather input and examples from countries of challenges and lessons learned relevant to USAID's learning questions to feed into global strategies and the further iteration of the learning agenda.
- Identify and build learning agenda champions.
- Begin to develop an enthusiastic health system learning community made up of USAID staff, country government officials, implementing partners, and other health systems actors.
- Provide country-level stakeholders with opportunities for practical peer learning on USAID learning agenda topics, with subthemes prioritized by country-level interest.

In Y4, the Accelerator hosted a case competition to support USAID in achieving these aims.

### Sub-activity 8.1: Virtual learning exchanges

In Y4, the virtual learning exchanges planned under this activity were postponed pending the selection of dates for USAID's HSS Learning Week.

### Sub-activity 8.2: Case Competition

The Accelerator launched the USAID HSS Case Competition on April 7<sup>th</sup>. Four judges for the competition were selected from R4D's pool of Fellows – senior experts in the field of health systems strengthening. A total of 26 entries were submitted to the competition and were scored by the first panel. The top five submissions were then sent to a panel of USAID judges who selected the top three entries to be the winners.

In Y4, the case competition had a narrow focus but may be expanded in later years. Participants were able to submit entries relevant to:

- **Question 1:** *What are the contributions of systems thinking approaches and tools to changes in health system outcomes? How do systems thinking approaches affect health system outcomes?*
- **Question 2:** *What conditions or factors successfully facilitate the institutionalization and/or implementation at scale of good practices that improve health system outcomes, and why? What are lessons learned regarding planning for sustainability and achieving results at scale?*

More information about eligibility, entry and the review and dissemination process can be found in the concept note and on the [launch webpage](#). All submissions, including the winning cases, can also be found on the page.

In Q4, the Accelerator also began planning its virtual Winners Showcase Event, highlighting the three winning cases, to be held on October 25.

## Deliverables

- [Case Competition Winning Poster - Zika](#)
- [Case Competition Winning Poster – Responses to Health Emergencies in Colombia](#)
- [Case Competition Finalist Poster – APTS](#)
- [Concept note: Winners Showcase](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>8.1 Virtual learning exchanges [activities postponed to Y5 to align with USAID HSS Learning Week, dates TBD]</b>				
Exchange held on Question 4				
Documentation (e.g., brief or blog) on Question 4 learning exchange				
Exchange held on Question 6				
Documentation (e.g., brief or blog) on Question 6 learning exchange				
<b>8.2 Case competition</b>				
Case competition launched [COMPLETE]			X	
Case competition winner announced [COMPLETE]				X
Case competition dissemination event held [POSTPONED TO OCTOBER 25 TO ALIGN WITH PUBLICITY FOR HSR SYMPOSIUM]				

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
None	None

## Priority Activities for Next Quarter

- **Case competition winners showcased.** The three winners will be showcased at a dissemination event on October 25, where they will be able to present their cases.
- **Schedule and begin preparing for two learning exchanges** postponed from Y4 pending decision on the timing of USAID's HSS learning week.

## Administrative and Financial Progress

### Administration

No updates this quarter.

### Human Resources

No updates this quarter.

## Field-support Activities Summary and Results

### Benin: Supporting Effective Scale-Up of Benin's National Insurance Program

#### KEY ACHIEVEMENTS

1. Supported the second scale-up phase of Benin's national health insurance program (AM-ARCH) to an additional 56 health zones.
2. Developed implementing decrees to operationalize the AM-ARCH health insurance law.
3. Initiated peer coaching mechanism between 14 new health zones implementing the national health insurance program and the seven original pilot health zones.
4. Facilitated one AM-ARCH consultative committee meeting, bringing together multisectoral stakeholders to discuss progress and challenges implementing the national health insurance program.
5. Implemented social mobilization and other communications activities aligned with AM-ARCH's new communication strategy, in order to raise awareness of the program and increase service utilization.
6. Launched a revised communication strategy for Benin's national health insurance program with the national social protection agency (ANPS).
7. Provided evidence from the field to improve AM-ARCH implementation by conducting strategic field follow-up.

To achieve UHC, Benin initiated an ambitious pilot program to extend access to health insurance for the country's extreme poor. With technical and programmatic support from the USAID-funded African Collaborative for Health Financing Solutions (ACS), led and implemented by R4D, this comprehensive social program, called *Assurance pour le Renforcement du Capital Humain* (Insurance for Strengthening Human Capital, or ARCH) is comprised of four key components: occupational training, microloans, retirement pensions, and compulsory health insurance (*Assurance Maladie de l'ARCH* or AM-ARCH).

After an eighteen-month pilot in three health districts (comprised of seven communes), AM-ARCH expanded to an additional 14 communes, targeting the poorest individuals. This health financing scheme is meant to improve access to and utilization of a benefit package of essential services with an emphasis on targeting the most vulnerable with a progressive expansion to the entire population.

After the successful closeout of the ACS project on March 7, 2022, the Benin Mission requested support from the Accelerator to consolidate and build upon ACS's efforts in the extension phase of AM-ARCH. The Accelerator's areas of strategic support include health financing, strengthening inclusion, improving social accountability, and increasing community awareness of the program through communication strategies.

This quarterly report describes progress made on each sub-activity during Q4 of Fiscal Year 2022 (Q4FY22).

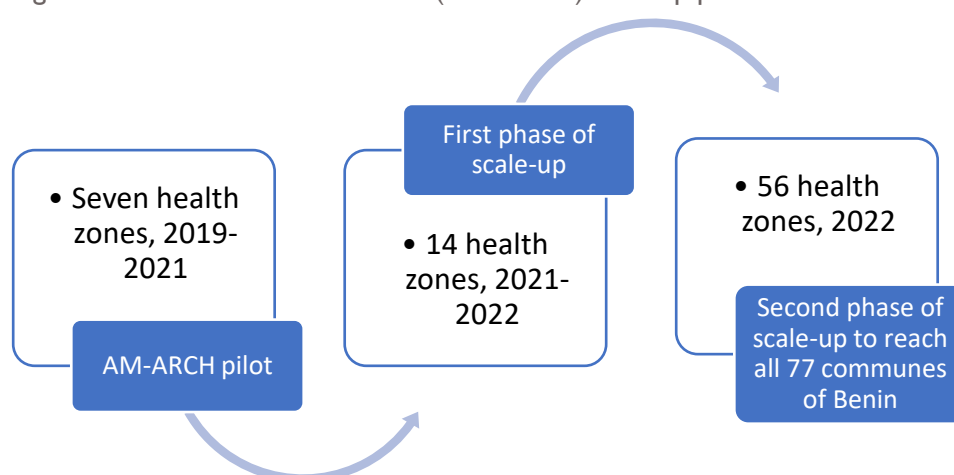
## Sub-Activity 1: Operationalization of AM-ARCH extension and continuous learning

### Accelerating the extension of AM-ARCH

In Y4, the Accelerator collaborated closely with the ANPS to extend AM-ARCH from seven communes to 14 communes, successfully enrolling 158,810 beneficiaries in the program. The Accelerator supported the ANPS and other implementers to develop a strategic roadmap for an ambitious national scale-up of the program to all 56 remaining communes, with the ultimate goal of reaching all 77 communes (see figure 1 below).

The scale-up was launched in July 2022 by training health care providers on the AM-ARCH benefit package, procedures, and the filling of care sheets.

Figure 4: National health insurance (AM-ARCH) scale-up process in Benin



The Accelerator supported ANPS to plan the operational rollout of AM-ARCH, including the organization of health care provider trainings. In Q4, 177 training sessions were carried out for 2,530 health personnel in 56 communes. Seasoned staff from the seven pilot health zones already implementing AM-ARCH served as training facilitators and shared their experiences with 14 newly accredited health zones — an example of successful decentralization of human resource competencies in action. The Accelerator also set up a coaching forum, in collaboration with ANPS, called “AM-ARCH Apprenticeship”, which includes 50 communes. The purpose of the forum is to share lessons learned and develop practical solutions to AM-ARCH challenges.

The Accelerator facilitated the accreditation of reference level university health centers into the AM-ARCH program by facilitating dialogue between these facilities and the ANPS to set standardized service delivery fees and by organizing training of health personnel. These university centers are now providing care to patients under the AM-ARCH program.

### Developing implementing decrees for compulsory health insurance

The law mandating compulsory health insurance through AM-ARCH was passed in February 2021. However, implementing decrees to guide the law’s operationalization had not been developed. In Q4, the Accelerator provided technical expertise to the ANPS and MOH to develop the necessary implementation decrees, in particular for Articles 17-19 of the law. The Accelerator drafted the decrees and facilitated consultation with key stakeholders before they were finalized and submitted to the government in Q4. The implementation decrees introduce several key clarifications and modifications, such as including new diseases in the package and outlining health insurance payment

schedules for employers and their employees to better reflect the reality of the country. The implementing decrees are currently being reviewed by the National Assembly before being adopted by the President of the Republic.

### Implementing a peer coaching system among new AM-ARCH health zones and the first three pilot health zones

To effectively implement the AM-ARCH program in new health zones, health service providers at decentralized levels need training and coaching on key processes and tools.

In Y4 Q4, the Accelerator continued to provide technical support for training sessions in new AM-ARCH health zones including supporting the preparation, organization of training sessions, and post-training monitoring and follow-up. These trainings were facilitated by implementers from the initial pilot health zones and ANPS.

To facilitate peer learning, training, and experience sharing, the Accelerator proposed a new peer coaching model between the seven AM-ARCH pilot health zones and the new implementing health zones, in close collaboration with the ANPS and health zone officials. In Q4, the Accelerator facilitated coaching between newly trained health zones and the pilot health zones in Littoral Department, including Cotonou. The specific objective of these coaching efforts was to enroll a greater proportion of the extreme poor into AM-ARCH through improved communication and training of health care workers. The coaching consisted of setting up a system of dialogue and exchange on WhatsApp between health zones experienced in implementing AM-ARCH, and new health zones to share lessons learned on communications, quality of care, responding to user complaints, and other AM-ARCH operations such as training service providers, and getting reimbursed for care. The Accelerator supports the identification of coaches from experienced health zones and the provision of communication credits, and periodically participates in in-person coaching meetings between the health zones.

### Improving the identification process of AM-ARCH beneficiaries seeking care

To access health services at the point of care, individuals enrolled in AM-ARCH must present a biometric identity card and be identified by fingerprint. However, the Accelerator and other partners noted that the biometric card reading machines at health facilities often broke down quickly, which resulted in patients being turned away. The Accelerator informed the ANPS of this issue early in Y4. The Accelerator facilitated discussions with key stakeholders to resolve this issue, which led to the developing a revised strategy to identify patients at the point of care. In the revised strategy, health care providers are instructed to examine biometric card expiration dates, and if they are still active, offer care to patients enrolled in AM-ARCH rather than turning them away. The ANPS signed a memorandum including this revised strategy. The Accelerator will support the dissemination of this strategy at the implementation level next quarter.

## Sub-Activity 2: Strengthening local communication around AM-ARCH

### Follow-up on new communication strategy for Benin's national health insurance program

Since the launch of Benin's new health insurance program, adequate communication, in particular to raise awareness at the community level, has remained a particular challenge especially in remote, rural communities, which has limited uptake of health services, and in some cases even led to a decline in the use of health services under the new health insurance program.

In Y3, the Accelerator evaluated the previous communications strategy, identified shortcomings, and developed recommendations to address these. In Y4, the ANPS developed a revised communications strategy drawing on the Accelerator's recommendations from the evaluation. The revisions focused on using more community-based communication approaches and tools, to reach remote, rural areas that are not typically reached by TV and radio.

Based on the revised communications strategy, the Accelerator supported the development of **new, targeted communication approaches** that are tailored to meet the needs of remote, rural communities. The new approaches included the development of short **films** that will be screened in Benin's four main local languages and in French. The films cover cultural perceptions of disease, how the new biometric identity cards can be used to access the new AM-ARCH, what the benefits package covers, and other topics to encourage enrollment and uptake of health services. The Accelerator supported the development of the technical content for the films and will contribute to their dissemination in targeted remote regions.

In Q4, the Accelerator supported the implementation of social mobilization in the Abomey Calavi/Sô Ava Health Zone by motorcycle taxi drivers, or zémidjan. Zémidjan are effective messengers because they are widely used and have access to the most isolated villages.



Social mobilization in the Abomey Calavi/Sô Ava Health Zone by motorcycle taxi drivers, or zémidjan. Photo credit: The Accelerator

Over a period of four days, more than 400 zémidjan were mobilized, and using messages designed by the Accelerator, carried out social mobilization on AM-ARCH.

### Sub-Activity 3: Revitalization of inclusive multisectoral dialogue and accountability

#### Facilitation of AM-ARCH consultative committee meetings

In Y4, the Accelerator continued to facilitate AM-ARCH consultative committee meetings, under the leadership of the ANPS. Since June 2021, the consultative committee meetings have been institutionalized by the Government of Benin, through a signed policy specifying the committee's role and functioning. This year, the Accelerator supported key modifications to improve the effectiveness of these meetings and to expand participation to new members. In particular, the Accelerator supported the integration of evidence sharing and evidence-based decision-making, and including new members from newly implementing health zones accredited by AM-ARCH. To

promote evidence sharing and generation, the consultative committee nominated a knowledge integration facilitator, whose role is to note learning needs that arise out of discussions, such as AM-ARCH implementation challenges, and then support the formulation of research questions. These research questions are then discussed by an evidence integration task force, a group of three to four researchers and policymakers in charge of evidence generation and generating new knowledge to respond to key questions, for example by reviewing the literature, developing new learning activities, etc. The evidence generation task force then shares findings at subsequent consultative committee meetings.



AM-ARCH Consultative Committee meeting, April 2022. Photo credit: The Accelerator

In Q4, the Accelerator facilitated the 9<sup>th</sup> multi-sectoral consultative committee meeting, convening stakeholders from the Ministry of Health, Ministry of Social Affairs, health district officials, social workers, community-based mutual health organizations, local authorities, civil society actors, labor unions and the Centre de Recherche en Reproduction Humaine et en Démographie (CERRHUD). As is always the practice, the consultative committee meeting was led by a member of civil society.

Discussions focused on the declining use of services by beneficiaries, the revised communication strategy, and the scale up of the AM-ARCH program. During the meeting, ANPS described key implementation issues in scaling up AM-ARCH from 21 to 77 health zones in Q4, including the distribution of biometric identity cards, training of health care workers in newly implementing health zones, the provision of monitoring and evaluation tools, and the initiation of health services under the program.

At the end of the workshop, the following recommendations were made by the participants to ANPS:

1. Update the list of the health providers accredited by ANPS in each health zone.
2. Improve health facility readiness for AM-ARCH including infrastructure, equipment, etc.
3. Strengthen the capacities of health officials and health care providers at decentralized levels on implementing the new AM-ARCH program.
4. Identify determinants driving continued low attendance of health facilities after AM-ARCH rollout and take these access challenges into account for formulating new strategies.
5. Continue raising public awareness of the AM-ARCH benefit package.
6. Scale up peer coaching between experienced AM-ARCH implementers and newly implementing health zones.

### Private health sector scientific days participation

In Q4, Accelerator participated in the 4<sup>th</sup> annual Scientific Days of the Private Health Sector in Benin.

The theme of these scientific days was: “The private health sector faced with reforms: quality and safety of the care delivered.”

The workshop was an opportunity for the private sector to take stock of its main achievements in the health sector, including the mechanisms for success of public-private partnership. The Accelerator used the workshop as an opportunity to exchange and generate new ideas on how to facilitate increased collaboration between the ANPS and the private sector, with the objective of

increasing the accreditation of private sector providers in the AM-ARCH program. One key recommendation that emerged from these exchanges was to allow the private sector to receive reimbursement from AM-ARCH for the treatment of malaria in private health facilities. The Accelerator is following up with both parties on this recommendation in order to translate this proposed recommendation into policy.

## **Sub-Activity 4: Operational monitoring of AM-ARCH and documentation**

### **Strategic field follow-up to provide evidence from the implementors**

The ANPS and MOH, with financial and technical support and participation from the Accelerator, carries out joint strategic monitoring of activities in the field to observe AM-ARCH implementation, discuss successes and challenges with implementers at the commune level, and jointly develop recommendations and adjustments to improve AM-ARCH service delivery, particularly in newly communes newly implementing AM-ARCH.

In Q4, the supportive supervision visits focused on the extension health zones, during which the following challenges were noted and discussed:

1. In health zones that are newly implementing AM-ARCH, biometric card readers are not always functional, which poses a problem for identifying beneficiaries.
2. Despite the new guidance developed by the ANPS to allow healthcare providers to treat AM-ARCH patients in the absence of functional biometric card reader devices (described under Activity 1 above), this new strategy has yet to be adequately disseminated to health personnel.
3. Several health zones have not yet opened new, separate bank accounts to be used for receiving AM-ARCH reimbursements.

Some of the key recommendations made to the ANPS to address these challenges included supporting health zones to open new bank accounts and disseminating to AM-ARCH health care service providers the revised patient identification strategy to use where and when biometric card readers are not functional.

### **Learning activity to assess technical assistance provided by Accelerator in Benin**

The Accelerator is collaborating with Agulhas, a research firm funded by the Foundation that is carrying out learning across multiple country contexts, to contribute to their global efforts exploring “strengths and weaknesses in technical assistance delivery as part of a broader exercise to draw out lessons and exemplars from the work of implementers and inform the “re-imagining” of health technical assistance globally. The focus is on capturing emerging lessons and strengthening understanding and knowledge in ways that have wider applicability. This learning activity for Accelerator’s work in Benin will contribute to the Accelerator’s cost share. In Q4, the Accelerator explored two potential learning themes with Agulhas: 1) exploring the strengths and areas for improvement of the technical assistance provided by the Accelerator on strengthening social responsibility and the commitment of civil society and 2) exploring the strengths and areas for improvement of technical assistance provided by the Accelerator on improving AM-ARCH communication. Of these two themes, the first was jointly selected, and Agulhas is drafting a concept note to share with the Accelerator early in Y5 Q1.

## **Deliverables**

1. [9<sup>th</sup> AM-ARCH consultative committee meeting report, Y4 Q4](#)
2. [Joint quarterly strategic follow-up supervision report](#)
3. [Updated AM-ARCH beneficiaries’ identification strategy](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
Finalization of the workplan and budgeting		X		
<b>Sub-Activity 1: Operationalization of the extension and continuous learning around AM-ARCH</b>				
Facilitate a workshop to reflect on AM-ARCH extension		X		X
Continue technical support to strengthen strategic purchasing between AM-ARCH and the health zones		X		X
Provide technical support to the ANPS in the development of implementing decrees for the AM-ARCH law (Law No. 2020 - 37 of February 3, 2021, on the protection of human health in the Republic of Benin)			X	X
Facilitate the implementation of a coaching system for new health zones (HZ) integrated into AM-ARCH by the first three pilot HZs		X	X	X
Provide methodological and design support to the ANPS to finalize the study on assessment of the costs of the AM-ARCH benefit package for Beninese civil servants		X		X
<b>Sub-Activity 2: Strengthen local communication strategy around AM-ARCH</b>				
Contribute to the printing and reproduction of AM-ARCH communication tools (TV and radio spots, posters, etc.) designed in Year 3 of ACS to be used for community awareness-raising sessions				X
Contract with the main CSO platforms (Maison de la Société Civile and COBCUS) to strengthen local communication in remote regions				X
Evaluate the AM-ARCH communication strategy through a rapid feedback evaluation in the targeted areas				X
<b>Sub-Activity 3: Revitalization of inclusive multisectoral dialogue and accountability</b>				
Revitalize the AM-ARCH consultative committee		X	X	X
Strengthen collaboration between ANPS and the private sector health platform (PSSP in French) to prepare for integration of the private sector			X	X
Continue strengthening CSOs on social accountability		X		X
<b>Sub-Activity 4: Operational monitoring of AM-ARCH and documentation</b>				
Carry out strategic supervision of AM-ARCH implementation		X	X	X
Promote learning and documentation of AM-ARCH		X	X	X

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
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The ANPS has experienced delays in recruiting a research firm to support the Accelerator's consultant to carry out data collection for a study on the benefit package for civil servants	The Accelerator has provided technical assistance to the ANPS in the research firm recruitment process through organizing and participating in meetings
Political decisions are sometimes taken by the government very quickly without the technical advice of the ANPS.	Accelerator helps ANPS to anticipate these political decisions and how to respond or pivot with the regular organization of strategic reflection meetings.

## Priority Activities for Next Quarter

1. Prepare contracts with civil society organizations on local communication
2. Print communication tools
3. Organize a strategic reflection workshop on AM-ARCH

## Administrative and Financial Progress

### Administration

The Accelerator recruited a legal expert to our team, to support the ANPS and MOH in developing implementation decrees for the revised national health insurance law.

### Human Resources

No updates this quarter.

# Côte d'Ivoire: Sustainable financing for HIV

Activity closed.

# 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 universal health coverage (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. It 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 FY21-22 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, the Accelerator also began providing support to the country's COVID-19 response.
2. Support the National Health Insurance Authority (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 Primary Care Provider Networks (PCPN)
5. Support Health Facilities Regulatory Agency (HeFRA) to ensure the quality of primary health care (PHC)
6. Support data systems governance, data harmonization, and overall interoperability of key health information systems

## Key Achievements

- Procured 1,250 tablets and an additional 1,269 (with cost share funding from the Rockefeller Foundation) for the Ghana Health Service (GHS) to digitize data collection for the COVID-19 vaccination exercise and trained more than six hundred (600) health workers to complete the upload of more than 1.5 million COVID-19 vaccination data (out of a total of approximately 2,600,000 backlog) into the central e-tracker/DHIMS 2 system in Ashanti Region and Greater Accra
- Organized the 2<sup>nd</sup> hybrid Annual Health Summit with the MOH. This year's Summit focused on the health sector's information system capacity for UHC and the implementation of the information system strategy.
- Initiated preparatory work to conduct a nationwide Assessment on Out-of-Pocket Payments by NHIS Card holders
- Finalized Ghana's Essential Health Service Package (EHSP) following stakeholder validation and consensus building on the defined package of services. The document received full endorsement from the national Steering Committee and was signed off by the minister in August 2022. This EHSP will drive Ghana's UHC agenda and serve as the main package of services to be delivered through Ghana Primary Care Networks.

- Finalized Concept and strategy document for the nationwide roll-out of Networks of Practice (NoP), and also completed the final draft of the NoP Implementation Guidelines. Dissemination of the guidelines is ongoing.
- Introduced the concept of provider networks to six new districts to prepare them to roll-out NoPs in the last quarter of 2022 and completed a peer learning session and review of PCN in six implementing districts in the Volta region. Existing networks including the pilot districts continued to function as teams, sharing resources and expertise to improve access to health care.
- Finalized HeFRA's new digital facility assessment platform, training manual and facilitators' guide, and trained 202 facility assessors across the country on the new digital system to further improve facility assessment and licensing and strengthen HeFRA's capacity to generate and analyze evidence on the quality of care
- Facilitated a two-day workshop between HeFRA and key partners to co-create solutions for improved collaboration among regulatory agencies, especially between HeFRA and NHIA, where significant overlaps were identified. An action plan for streamlining regulatory tools and processes between HeFRA and the other facility regulatory agencies developed during the workshop was used to realign and finalize HeFRA's 4-year (2022 to 2025) strategic plan. Development of a cost implementation plan to operationalize the realigned strategic plan is ongoing.
- Supported review and finalization HeFRA's draft Legislative Instrument (LI) for endorsement by the Board and onward submission to parliament through the Ministry of Health
- Completed the DHIMS2 Data Quality and Use Assessment report, finalized the Health Information System Strategic Plan and developed the final draft of the SOP DHIMS2 Job Aids on Health Information. Accelerator also sponsored the head of GHS/CHIM to participate in 2022 DHIS2 annual conference in Oslo, Norway

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

### COVID-19 Data Systems

In Y4, the Accelerator worked with the Government of Ghana (GoG) to develop and introduce health tools to digitize the COVID-19 vaccination exercise. Between October 2021 and September 2022, the Accelerator procured more than 2,500 electronic tablets to help GHS expand the digitalisation of the vaccination exercise to 22.9 million people. The tablets were purchased through a collaboration between USAID and the Rockefeller Foundation. The tablets were deployed to COVID-19 outbreak centres in Greater Accra, Western, Western North Regions, and across the country based on need.

The tablets were also used to facilitate data entry of backlogged COVID-19 data in Ashanti and Greater Accra Regions. Together, the two regions represented 46% of the national backlog. The GHS attributes this to inadequate tablet supply, limited internet access, funding, and low leadership capacity for data upload. The Greater Accra and Ashanti regions had more than 800,000 and more than 1 million

backlogged data, respectively. **Through this exercise, each region was able to upload more than 88% across all 29 districts and three (3) sub-districts and 63% across all 43 districts, respectively.**

The tablet supply and data entry exercises were buttressed with virtual training of trainers (ToT) for Health information officers (HIOs) on the e-tracker data collection tool. The Accelerator facilitated the training of the HIOs in the Ashanti and Greater Accra Regions. The data entry clerks, who uploaded backlogged data, were trained by the district HIOs. In FY23, the Accelerator will support the GHS to deepen the use of the e-tracker across several districts and regions, upgrade and test the user manuals, and provide training. The program will also assess the usage of digital health tools for COVID-19 vaccinations.

### Strengthening stewardship capacity of the MOH

In FY22, the Accelerator worked with the MOH on several activities designed to improve ongoing capacity strengthening of key functions.

The Accelerator promoted collaborative tools and approaches for organising the 2nd hybrid Annual Health Summit for the second year. The 2022 Summit was built off the 2021 version, with the Ministry utilizing the tools developed with Accelerator. More than 400 participants from across the country and Africa joined online and in person to discuss health information systems, challenges and the vision for integration, governance and interoperability in tracking progress towards UHC. Capacity for organizing and facilitating large hybrid events have been strengthened at the MOH within the last two years with Accelerator's support.



Health Summit Opening Ceremony, 9<sup>th</sup> May 2022. Photo Credit: Ministry of Health

In the coming year, the Accelerator will provide training on virtual meeting hosting and additional facilitation tools to support the MOH full adaptation of different meeting formats to expand access to national policy dialogues.

The Accelerator will provide support to implement key outcomes from this and the previous summit, including the review of the Holistic Assessment Tool – the performance assessment tool of the health sector.

In FY22, the Human Resources for Health (HRH) Directorate of the MOH implemented a quantitative discrete choice experiment to understand health workers preferences for accepting postings to rural, deprived, and hard to reach locations. Over two thousand (2,317) interviews were conducted nationwide with various health worker staff categories and across 47 facilities, including training institutions. Sixty-four percent (64%) of the facilities were in rural areas. The key feature of the questionnaire was the 'willingness to accept' questions which provided scenarios and characteristics of underserved locations to test the conditions under which respondents will be willing to accept postings. Other partners supported the MOH to cost and socialise the options for Cabinet consideration.

Other capacity strengthening activities began in FY22 and will see earnest implementation in FY23. After several discussions with MOH Directors of Nursing and Midwifery and Research, Statistics, and Information Management who lead the Chief Director's (CD) coaching and mentorship program and the Knowledge Translation respectively. The Accelerator shared the R4D approach to coaching and mentorship and lessons from the Nigerian Health Insurance Leadership program. The MOH and GHS

teams working on the KTP agreed on a retrospective assessment of the KTP to inform the re-design and implementation of the revised platform. The Accelerator will support both teams with the assessment and design phase to begin in Q1 FY23.

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

The National Health Insurance Authority (NHIA), established under the National Health Insurance Act 2003, Act 650 has a main objective of attaining universal health insurance coverage in country, and providing access to healthcare for all persons under the National Health Insurance Scheme (NHIS).

Over the years, the Accelerator has worked with the NHIA to improve its ability to purchase health services more strategically. Despite some challenges that stalled the collaboration between NHIA and the Accelerator, the program continues to try to engage the NHIA to achieve their goal of providing financial risk protection.

The NHIA expressed interest in training some staff and stakeholders on strategic health purchasing. In response, the Accelerator began scoping of NHIA's specific needs. The scoping was meant to help SPARC create a tailored curriculum for the NHIA. Following the appointment of a new CEO during FY22, the NHIA requested support to conduct a nationwide assessment on Out-of-Pocket Payments (OOP) with the aim of assessing whether NHIS clients make out-of-pocket payment when they access healthcare with their NHIS cards (for services covered by the scheme) and if so, how pervasive these payments are.

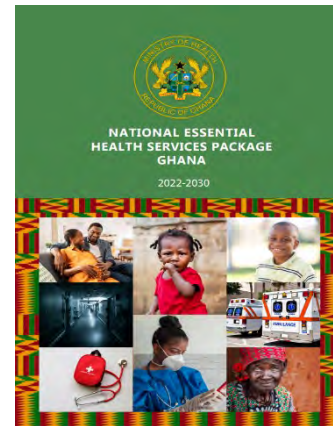
The Accelerator has supported NHIA to review and finalize the Concept note for the OOP Assessment and provided a framework for the assessment based on analysis of past assessments undertaken by and with the authority. A workplan and budget has also been drafted by the Accelerator and is awaiting finalization after engaging NHIA, then the OOP assessment can kickstart.

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

Ghana is committed to attaining UHC by 2030 and the MOH, with support from Accelerator and other partners, has undertaken activities in prepare for the operationalization of the UHC roadmap, including the development of a 4-year Health Sector Medium Term Development Plan (HSMTDP), M&E framework, costing and resource mapping for the HSMTDP, and the development of an Essential Health Service Package (EHSP). In Y4, the Accelerator continued its support to the MOH to advance work on the EHSP and the implementation of the HSMTDP.

#### Ghana's Essential Health Service Package

The Accelerator supported MOH to finalize Ghana's EHSP document with a stakeholder validation meeting. The meeting brought together health managers and practitioners from government, private, and quasi health administrations and facilities, key institutions like GHS and NHIA, pharmacies and labs, and development partners including World Bank, JICA, KOICA. The technical team presented the full package of services across all five domains. The purpose of the meeting was to build consensus on the defined package of services and receive endorsement from key stakeholders. The EHSP also received full endorsement from the National Steering Committee and signed off by the Minister for Health. The Accelerator will support the MOH to print and launch the EHSP.



*Cover Page of Ghana EHSP Document*

The Accelerator facilitated engagements between the MOH and other collaborators to align on support for key next steps towards operationalizing the EHSP, namely, costing, harmonization with the existing NHIS benefits package, and dissemination of the EHSP.

The team agreed on roles and developed a roadmap for the next steps. The Accelerator will support dissemination to create awareness among regional and district health managers, frontline workers as well as civil society organizations for advocacy and patient education and also begin developing the implementation plan for the EHSP.

#### Health Sector Medium Term Development Plan (HSMTDP)

The Accelerator supported the MOH to disseminate the Health Sector Medium Term Development Plan (HSMTDP) to sector agencies and partners and supported the Mid-year review of the 2022 PoW for the HSMTDP. The MOH reviewed and finalized indicators with agencies for tracking implementation of the plan.

Whilst Ghana has made some progress in its UHC agenda with the finalization of the EHSP and the HSMTDP, there is still a need to operationalize



MOH sector agencies at the mid-year performance review of the 2022 POW of the HSMTDP. Photo Credit: The Accelerator

these documents. In Y5, the Accelerator will continue working with the MOH and other stakeholders in this regard and support a review of Ghana's progress towards UHC by 2030.

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

Over the last three years, the Accelerator has been working with the GoG to address service delivery gaps through Primary Care Provider Networks following the pilot of provider networks. Networks of Practice (NoP) have been identified as a key strategy for achieving UHC. The Government, through the GHS, is leading a process to review and re-design the Primary Care Provider Networks (PCPN) for a nationwide scale-up under the NoP. In Y4, the Accelerator prioritized its financial and technical support to the GHS to define the concept and strategy for NoP. The program leveraged learning from PCPN by reviewing existing materials, monitoring, and supportive visits to PCPN implementation sites as well as utilizing findings from the Equity Implementation research conducted in 2020 by the Health Research Development Division of the GHS with support from the Accelerator.

### Defining the Concept for Networks of Practice

The Accelerator held several planning meetings with government to align on PCPN and NoP and supported the GHS to hold three 3-day working sessions to define various aspects of NoP, including criteria for the network hub (model health centers), advocacy, communication, and social mobilization for NoPs, M&E framework for NoP among others. Teams at the three-day writing sessions produced final drafts on all eight design components of the NoP including, leadership and governance, service delivery, community participation, health financing, partnerships and resource mobilization, human resource, health information and technologies and health research

The Accelerator further worked with the GHS to set up a working group to develop the NoP Implementation Guidelines. The team leveraged content from the existing PCPN Operational manual and built on this to include guidance on new areas in the NoP concept including community participation, as well as strengthening of existing CHPS policy and sub-district health systems. The final draft document was disseminated at the GHS Senior Managers Meeting to all divisional and regional directors of the service and also began regional level dissemination to key regional and district level stakeholders, including districts directors of health services and medical superintendents of district hospitals. Feedback from the dissemination forums will be used to finalize the document.



Groups working to draft various chapters of NoP Implementation Guidelines during writing workshop.  
Photo Credit: The Accelerator

## Monitoring and Supportive Supervision Visits

The Accelerator supported the PPMED of the GHS to conduct monitoring visits to provider networks in the Volta Region. These networks were set up by the regional health directorate following the pilot. The purpose of the visit was to learn how the region initiated its own scale-up of networks, the processes, and how networks function and operate. Notable additions to the pilot model include setting up a Tele-Consultation Centre at the hospital to facilitate referrals, strengthen community participation in network arrangement with the introduction of community scorecard, provide flexibility in network governance and management (e.g., one district is using network coordinators in addition to network leaders to facilitate work), and inclusion of customer care in Networks training modules. Other aspects of PCPN such as outreach, collaboration among staff, sharing of logistics, and using QI principles to identify local solutions to challenges were evident during interaction with Network leaders which have reportedly resulted in improved service.

The monitoring team also visited the PCPN pilot districts to ascertain how the networks are functioning post the pilot phase. Networks continued to operate as teams three years after the end of the pilot phase, sharing resources, sharing knowledge and expertise, and supporting each other during outreach services. Other activities include:

- Network leaders continued to provide oversight and guidance in case management through phone communication.
- South Dayi continued to operate a very strong well-structured referral system through the networks. This is being documented as the model referral system for NoP.
- Despite this progress there were some observed challenges including delayed quarterly Network meetings due to lack of funds and reports of high staff attrition (e.g., DHD at South Dayi has a completely new set of team members except for the accountant and mental health officer).

These visits were used to gather practical information to refine the draft NoP Implementation Guidelines.



PPMED/Accelerator Monitoring Team interacting with staff at the Telemedicine Center in Hohoe District Hospital during monitoring visits to PCPN sites in the VR. Photo Credit: The



PPMED/Accelerator Monitoring Team interacting with DHMT during monitoring visits to PCPN Pilot Sites in South Dayi in the VR. Photo Credit: The

## Review of Primary Care Network Implementation

The Accelerator supported the VRHD to hold a peer learning session to review and to share lessons from PCPN implementation in the region. District directors, network leaders, and medical superintendents from six districts implementing PCPN in the Volta region, including two pilot districts, met to share experiences and align with the new concept of NoP. The meeting was also used to disseminate the draft NOP Guidelines and to receive feedback for revisions. Six new districts that are yet to roll-out provider networks were brought onboard to learn from the implementing districts as they prepare to roll out.



Member of the VRHD TWG on PCN presenting NoP concept at PCPN review meeting. Photo Credit: The Accelerator

The new district presented their district profiles and possible network configurations as well as service delivery strategies the districts are already implementing that aligns with the concept of networking. Notable among them were teleconsultation and outreach services. With support from the NoP Technical Team at the RHD, all six new districts are expected to launch NoP by December 2022.

## Quality of Care Implementation Research

Quality-of-Care Implementation Research on provider networks was put on hold to allow for completion of the design and roll-out of NoP.

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

Ghana's Health Facilities Regulatory Agency (HeFRA) is mandated to license and monitor healthcare facilities for provision of healthcare services. This mandate is critical in stimulating quality healthcare delivery as envisioned in the National Healthcare Quality Strategy (NHQS) to support Ghana's UHC aspirations. Constrained by low levels of financing and inadequate capacity, HeFRA's ability to regulate health facilities effectively has been limited. When viewed through the three core elements of the Accelerator's Institutional Architecture (IA) 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. It is in view of this limitation that, within the IA framework, the



Group picture of participants and facilitators at the HeFRA Assessors training in Kumasi. Photo credit: HeFRA/Accelerator

Accelerator supports HeFRA to improve its capacity and collaboration with other actors, to streamline regulatory activities to positively influence the structure and performance of healthcare delivery in the country.

In FY22, the Accelerator worked with key stakeholders to finalize HeFRA's new digital facility assessment platform for collecting data at health facilities to measure compliance to quality standards for purposes of licensing. Over 40 harmonized facility assessment standards have been uploaded onto the new digital system and tablets for use by facility assessors. HeFRA's facility assessment manual and facilitators' guide for training facility assessors was also finalized. Following the completion of the development of these training materials and digital assessment platform, during Q1 of FY22, Accelerator supported the training of 22 master trainers and HeFRA IT staff on the use of the new platform and digital standards, and in Q3 and Q4, the master trainers cascaded the training to 202 facility assessors across the country to further improve HeFRA's capacity to conduct facility assessment and bolster evidence-based decisions on the quality and safety of healthcare in facilities.

In Q3, HeFRA in collaboration with the Accelerator, convened a co-creation workshop with key stakeholders to diagnose challenges in health facilities regulation and co-design solutions to address them to reduce duplications, overlaps in their functions and ultimately improve efficiency and stakeholder trust. Representatives from 26 different institutions within the health regulatory landscape and service providers both private and public, participated in the workshop. Following the co-creation event, a roadmap has been developed for streamlining regulatory tools and processes between HeFRA and the other facility regulatory agencies (NHIA, Pharmacy Council and Traditional Medicines Practitioners Council). The roadmap proposes, for example, joint facility inspection and monitoring visits between HeFRA and NHIA, and data sharing through a common platform for licensing and credentialing, which will booster efficiency in their operations and reduce regulatory and financial burden on service providers. Additionally, the program facilitated a three-day meeting for HeFRA management and stakeholders to realign its 4-year (2022 to 2025) strategic plan with the co-created action plan to ensure coherence and maximizing of resources for implementation. The meeting also reviewed and finalized HeFRA's draft Legislative Instrument (LI) for endorsement by the Board and onward submission to parliament through the Ministry of Health. The LI when passed into law, is expected to guide the operations of HeFRA and its relationship with other actors within the regulatory landscape.

In FY23, the Accelerator will ramp-up support to HeFRA in strengthening its collaborations with other health agencies to streamline regulatory activities and mobilize and coordinate additional development partners to support the implementation of HeFRA's program of work and co-created framework to improve the regulatory landscape. The program will continue to support HeFRA in deploying the new digital platform to strengthen its capacity to generate and analyze evidence on the quality of care at facilities. During Q1 of FY23, the Accelerator will support HeFRA to make copies of the finalized facility assessment manual available to all its trained facility assessors for use in the field during facility inspections. Also, the program will provide an additional 75 tablets loaded with the assessment tool to aid the deployment of the new system across the country. Additionally, Accelerator will work with HeFRA to develop Terms of Reference for a TWG to draft an MOU between HeFRA and NHIA to operationalize aspects of the co-created action plan, for example, fashioning out modalities on how NHIA can cede their credentialing function to HeFRA without any substantial disruptions in their operations.



Assessors using tablets to conduct facility assessment during field practicum in Tamale. Photo credit: HeFRA/Accelerator

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

### Health Information System Strategic Plan

Over the years, the Ministry of Health has made efforts to establish a national health database and data governance within the health sector in Ghana. This is necessary to allow the Ministry to sanitize the environment for health data systems, data integration, and interoperability, to foster access to timely and comprehensive health data including service delivery, regulatory, and teaching institutions among others for the measurement of routine health indicators, Ghana Health Sector Medium Development Plan, and progress towards the attainment of Universal Health Coverage by 2030. The accomplishment of these objectives will lead to improvement of the environment for health information management; data sharing and exchange (inter-operability) mechanisms, data dissemination and use, and capacity enhancement for managing health information at all levels guided by national data systems policies and guidelines for use by the agencies and institutions in the health sector.

The Accelerator has been supporting the MOH to develop the National Health Information System Strategic Plan for the Health Sector, through an interagency Technical Working Group with representation from USAID, the Accelerator, MOH, Private Sector, Teaching Hospital, Food and Drugs Authority, and the GHS since Y3. During this period under review, the Accelerator continued to support the MOH to organize a series of technical brainstorming and writing workshops for the members of the TWG mandated to produce the HISSP to review and incorporate feedback received from the various stakeholder

engagements carried by MoH and the 2022 Annual Health Summit which focused on Health Information and the HISSP.

In Y4 Q4, Accelerator supported MOH to organize the final development workshop for the TWG to thoroughly review and address all concerns raised during the 2022 National Health Summit to finalize the HISSP and finalize the HISSP for review and endorsement by the MOH and implementation. The final draft of the HISSP has been submitted to the office of the Minister for Health for review, sign-off, and implementation.



Dr. Eric Nsiah-Boateng (in grey) of MOH/PPMED leading a discussion and brainstorming session. Photo credit: The Accelerator



Mr. Acheampong responding to Dr. Anthony Ofofu (on face mask), Deputy Director General of Ghana Health Service and to the other TWG members. Photo credit: The Accelerator

In Y5, the Accelerator will support MOH to implement the HISSP specifically the establishment of the National Health Database (data lake house) to be hosted by MOH that will access data and track various indicators of the agencies under the Ministry of Health for the health sector which the Research, Statistics, and Information Management Directorate of MOH (MOH/RSIM) has proposed to establish under the HISSP. Accelerator has been engaging the MOH/RSIM Directorate to develop a concept proposal for the implementation of the National Health Database which will be released in Y5, for implementation. The National Health Database will host and centralize data from various agencies, including HeFRA, to establish a digital health facility map platform for the health sector as illustrated below in the draft framework during the Accelerator's meeting discussion with MOH/RSIM Directorate on September 23<sup>rd</sup>, 2022.

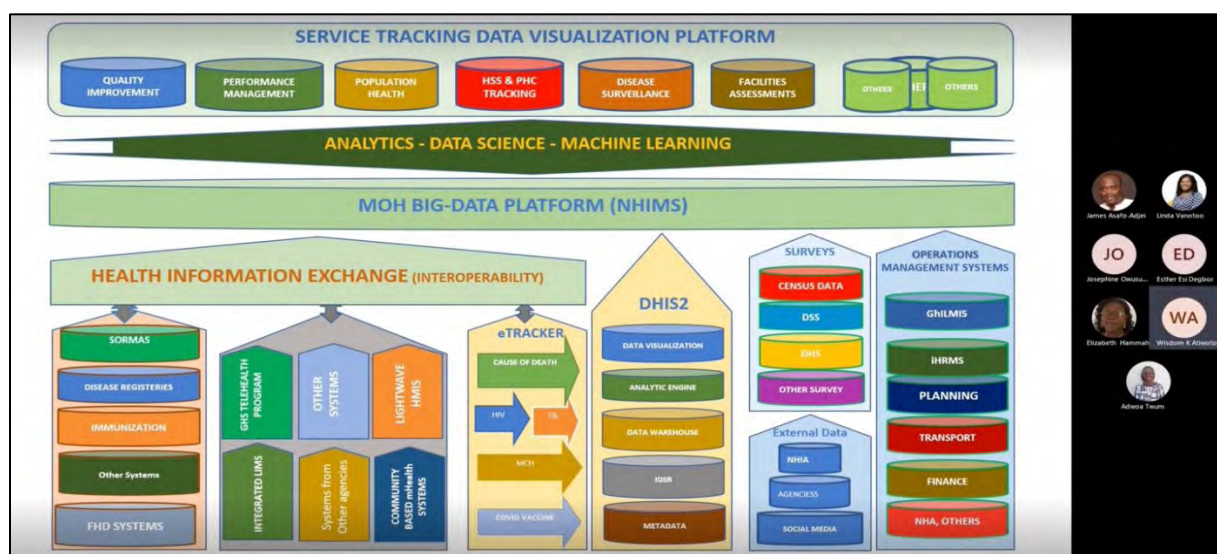


Figure 5: National Health Database Framework. Source: MOH/RSIM

## DHIMS2 Data Quality and Use Assessment

The GHS has been championing efforts across all levels of service delivery to improve data quality and data use to enhance service delivery planning, outreaches, and service indicators measurement. These efforts are usually reflected in the accuracy, timeliness, and completeness of the service delivery data collated and reported in the GHS DHIMS2 platform. GHS has institutionalized Data Quality Assessment activities carried out by health workers periodically which complement data validation exercises conducted at the facility levels. On a need-basis, GHS conducts a more structured Data Quality Assessment periodically to assess the quality of the health data in DHIMS2 and human resource capacity that exists usually at the facility level in relation to health information, data management, data analysis, and report generation and use.

The Accelerator continued its support to GHS in relation to the Data Quality and Use Assessment study which explored the level of quality of DHIM2 data at the health facility level, the extent of use of the data for decisions, and the relationship between the DHIM2 data quality and DHIMS2 data use at the facility level. The assessment covered all 29 MMDAs in the Greater Accra region with 98 out of 109 responses (14 hospitals, 20 polyclinics, 22 clinics, 30 health centers, and 12 CHPS compounds). During Y4, the Accelerator organized a series of report writing workshops for GHS to analyze, discuss, draft, review and produce the final assessment report. To address the gaps identified to improve data quality and use, the Accelerator supported GHS to develop a draft concept proposal that will inform the implementation of key activities in the study region (Greater Accra) and one district in the Upper East region. Materials for stakeholder engagement or dissemination have been developed and submitted to GHS for approval on the next set of activities to be carried out.



Dr. Buabeng-Frempong, Deputy Director of PPMED/IME, GHS addressing the workshop participants. Next to him is Mr. Kwame Bimpeh (seated), Head of CHIM, GHS. Photo credit: The Accelerator



Dr. Chrisantus Tamba, Regional Health Information Manager of Bono East Regional Health Directorate presenting assessment findings to participants. Photo credit: The Accelerator

In Y5, the Accelerator will support GHS to conduct stakeholder engagement to disseminate the findings of the assessment, and rollout key interventions in the Greater Accra region. These interventions will be designed as a model with a learning component to be implemented over a period (tentatively two years) and evaluated, as a pilot strategy for improving data quality and use within service delivery for scale-up to other regions by GHS.

### GHS DHIMS2/E-Tracker Support

The GHS periodically revises the Standard Operating Procedure (SOP) on Health Information Management. In previous years, the Accelerator supported GHS to revise its SOP to reflect the current trends in data management and data systems guidelines. Due high attrition rate and low capacity of health workers among other things on data management practices prescribed in the SOP, the GHS recommended training of health workers on the revised SOP and the development of Job Aids to guide health workers across all levels on health data management.

The Accelerator supported GHS to organize stakeholder engagement workshops comprising national leaders such as the Deputy Director of Policy, GHS/PPMED and Head of CHIM, and other health information officers across the regions and districts. The workshops were used to develop the DHIMS2 SOP Job Aids and a rollout plan for printing Job Aid, distribution, and conducting the training for the health workers on the revised SOP.

These Job Aids were developed to cover (i) data capture and collation processes (both manual and electronic data), (ii) data verification and validation processes, and (iii) Data utilization processes at the health facility levels. Another Job Aid was developed for data access and utilization for health data managers to enable them to access and use the DHIMS2 data system to generate high-level health indicators and perform basic analysis. It is expected that these efforts will contribute to improvement in data quality in DHIMS2 and data use to support planning and decision-making.

In Y5, Accelerator will support GHS to conduct training on DHIMS2 SOP and Job Aid to health information officers and managers across the regions, districts, and facilities. Also, Accelerator will support GHS with printing and lamination of Job Aids for distribution to over 9000 health facilities nationwide. To measure the impact of these activities, GHS will conduct pre- and post-evaluation using data from DHIMS2 to measure the improvement in the quality of DHIMS2 using the GHS data quality dimensions.

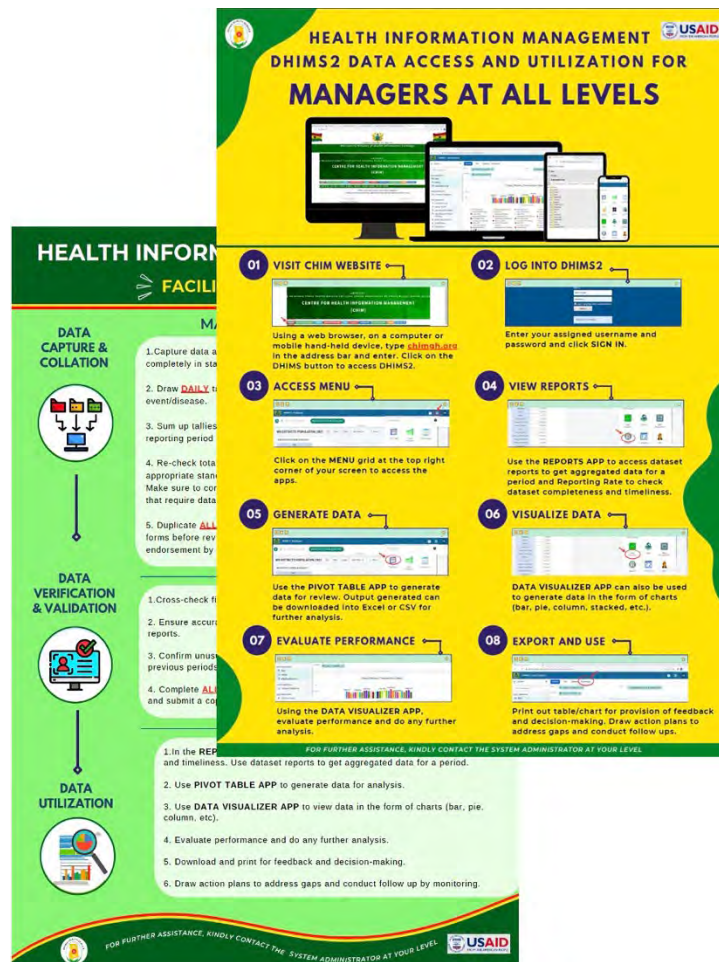


Figure 6: Sample Job Aids

## Deliverables

DELIVERABLES	TIMELINE	STATUS	NOTES
<a href="#">Overview of the Knowledge Translation Platform</a>	March 2022	Completed	Shared with GoG partners
<a href="#">2022 Health Summit Programme</a>	May 2022	Completed	Used for the 2022 Health Summit
<a href="#">Out of Pocket Payment Assessment Concept Note</a>	August 2022	Completed	Will be used for drafting SOW for lead consultant and Survey firm
<a href="#">National Essential Health Service Package</a>	August 2022	Completed	Signed off by the Minister for Health.
<a href="#">Concept Note for Networks of Practice</a>	March 2022	Completed	Signed by Director General of GHS.
<a href="#">Draft NoP Implementation Guidelines</a>	August 2022	Ongoing	Draft submitted to GHS PPME in August
HeFRA facility <a href="#">assessment manual</a> and <a href="#">facilitators' guide</a>	March 2022	Completed	Proofreading ongoing after which it will be signed-off by HeFRA/ MOH
<a href="#">HeFRA facility digital assessment tool</a>	April 2022	Completed	Approved by HeFRA
<a href="#">Partners workshop (or virtual co-creation) report</a>	July 2022	Completed	Final report submitted to HeFRA in July 2022
<a href="#">HeFRA strategic plan for 2022 – 2025</a>	July 2022	Ongoing	Final draft submitted to HeFRA in August 2022 for review. Implementation plan development ongoing
<a href="#">HeFRA facility assessors training report</a>	September 2022	Completed	Final draft shared with HeFRA for review and sign-off
<a href="#">Draft DHIMS2 SOP Job Aid</a>	July 2022	Completed	Final design submitted to GHS for approval
<a href="#">Draft DHIMS2 Data Quality Assessment and Use report</a>	June 2022	Completed	First draft submitted to GHS

## 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 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 FY21 or the accompanying implementation timeline.

ACTIVITIES AND BENCHMARKS	Q 1	Q 2	Q 3	Q4	COMMENTS
<b>SUB-ACTIVITY 1</b>					
1.1 Dissemination guidelines and reports, multi-sectoral coordinating guides	X				Activity was de-prioritized in FY22 following discussions with MOH
1.2 Attraction and Retention of HWF to underserved areas plan with implementation options, M&E plan and related documents.		X			Discrete Choice experiment was conducted in Q2 and costing of options in Q3 supported by other partners.
1.3 Policy briefs and knowledge products			X	X	Implementation to begin in FY23
1.4 Leadership assessment report and action plan			X	X	Implementation to begin in FY23
1.5 Health summit facilitation plans			X		
<b>SUB-ACTIVITY 2</b>					
2.1 Training plan for Training NHIA staff on Strategic Purchasing			X	X	Re-programmed to design another activity with a broader capacity building perspective
2.2 Concept Note on Out-of-Pocket Payment Assessment				X	Assessment to begin in year 5
<b>SUB-ACTIVITY 3</b>					
3.1 Harmonized service benefits package		X	X	X	Carry over to year 5
3.2 Financing plan for Ghana's EHSP		X	X	X	Carry over to year 5
3.3 HSMTDP MEL Framework		X			Completed dissemination
3.4 Revised holistic assessment tool		X		X	Moved to Q5 due to delays in finalizing the main document
3.5 Health sector master dashboard/information exchange platform			X	X	Carry over to year 5. To be undertaken as part of implementation of HISSP
3.6 digitized resource mapping software or tool			X	X	Carry over to year 5
<b>SUB-ACTIVITY 4</b>					Specific PCPN deliverables changed alongside focus to support NoP rollout

4.1 PCP Network implementation tracker (Developed on DHIS-2 instance)			X		Carry over to year 5 due to delays in completion of NoP guidelines and roll-out
4.2 PCPN MEL Plan				X	NoP guidelines still being developed and includes M&E for NoP
4.3 Supervision, coaching, and mentoring reports		X		X	Completed
4.4 Implementation research report		X	X	X	Deprioritized due to re-designed of PCPN to NoP. Will be implemented as part of NoP MEL in year 5
4.5 Revised PCPN Operational Manual				X	Changed to NoP. Completed concept note for NoP. Completed draft NoP Implementation Guidelines – Dissemination for feedback to finalize is ongoing
<b>SUB-ACTIVITY 5</b>					
5.1 Facility assessor training and training report				X	Training completed in August; report finalized and submitted in September 2022
5.2 Partners workshop (or virtual co-creation) report			X	X	Final report submitted in July 2022
5.3 Revised M&E tools and guidelines			X	X	Deprioritized due to budget constraints
5.4 Strategic plan for 2022-2024			X	X	Draft strategic plan submitted to HeFRA in August 2022 with products of the co-creation workshop
5.5 Accreditation standards developed		X	X	X	Deprioritized due to budget constraints
<b>SUB-ACTIVITY 6</b>					
6.1 Facility mapping plan / user manuals		X	X	X	Carry over to year 5 to be part of the National Health Database

					Platform to be hosted by the MOH
6.2 Health Information System Strategic Plan	X	X	X	X	Final plan developed and submitted to MoH
6.3 Data quality and use assessment report		X	X	X	Completed and report submitted to GHS
6.4 DHIMS2 revised standard operating procedures, job aids development		X	X	X	Completed and submitted to GHS
6.6 High-level health sector data integration plan				X	HISSP implementation to start in year 5

## Challenges and Proposed Solutions

Team members (based in DC and Accra) continue to work from home but have begun joining in-person meetings as well as virtual meetings. Most of Ghana's public sector partners now have access to virtual conferencing software such as Zoom and Microsoft Teams, which aids virtual and hybrid communications. However, poor internet connectivity causes intermittent disruptions.

The Accelerator has maintained close communication with USAID in Ghana about delays or pivots in original work plan activities. It continued to share, and document required changes to its work plan based on discussions with stakeholders when activities were deprioritized, or new priorities emerged. Some challenges faced during the year are listed below.

CHALLENGES	PROPOSED SOLUTIONS
Although partners have access to virtual communications software, the complete lifting of COVID-19 restrictions has driven a shift to in-person meetings that is also affecting availability of key staff for engagements that have thrived in virtual settings.	Propose and host in-person meetings where possible and adopt virtual/hybrid meetings as complimentary options. Maintain informal communications with partners to drive decisions on availability.
Some planned activities stalled due to other competing activities resulting again in non-availability of key government partners	

## 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 and achievement of UHC goals. 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

- Organize meeting facilitation training and re-fresher training for the audio-visual equipment to enhance the use of the equipment and expand knowledge on various meeting formats.
- Facilitate the TWG for the revision and dissemination of the Holistic Assessment tool

- Assist with M&E capacity building initiatives within the PPME Unit of the MOH
- Conduct a retrospective assessment of the KTP to inform the re-design
- Refine the coaching and mentorship program and implementation plan
- Combine data use interventions and data systems training under sub-activity 6 with the COVID-19 e-tracker management training to expand the resource envelope and training/intervention components for a wider group of front-line data managers

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

- Support NHIA to conduct nationwide Assessment on Out of Pocket (OOP) Payment by NHIS clients to assess the extensiveness of OOP payments and the reasons why providers adopt this behaviour
- Support Provider payment study tour by NHIA management team

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

- Print and work with MOH to launch the EHSP
- Support dissemination of EHSP
- Coordinate costing of interventions for Ghana's EHSP with MOH and other collaborating partners (WHO and UNICEF)
- Facilitate discussions to harmonize the EHSP to NHIS benefits package
- Facilitate the review of the holistic assessment tool in line with the 2022 -2025 health sector medium term plan
- Initiate discussions on digitizing HSMTDP Resource Mapping Tool

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

- Support finalization and dissemination of NoP Implementation Guidelines
- Review and revise existing PCPN training materials for NoP implementation
- Support roll-out of NoPs to districts in the Volta Region

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

- Complete copyediting of HeFRA's Facility Assessment Manual and Facilitators' Guide for the Minister's sign-off
- Support HeFRA with additional 75 tablets to scale up the use of the new digital assessment tool across the country
- Support HeFRA to work with NHIA to convene a TWG to develop an MOU on how to streamline their regulatory tools and processes

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

- Support MOH to implement the Health Information Systems Strategic Plan, with emphasis on the National Health Database
- Support MOH to perform proofreading of the HISSP and print copies for dissemination
- Support GHS to print out copies of the DHIMS2 SOP Job Aid for data management and organize orientation sessions for the Health Information Officers and data managers.
- Work with the GHS to finalize and disseminate the DHIMS2 data quality and use assessment and design interventions to improve data quality and use based on findings

### Administrative and Financial Progress

#### Administration

The Accelerator continued working remotely due to COVID-19, though some have begun joining in-person workshops and meetings (on a voluntary basis). Staff will have flexibility to continue to work from home even as R4D begins reopening its offices. Procurement processes to secure an office space are ongoing.

#### Human Resources

In Q2, the team engaged Mr Emmanuel Agyenim-Boateng to provide finance and admin support to the team.

# Guinea: Integrated Health Systems Strengthening Support to Improve Community Health and Immunization Outcomes in West Africa

## Key Achievements

1. Successful start-up of our subawardee, Comité des Jeunes Mon Avenir D'Abord (CJMAD), a local partner, who began supporting in-country activity implementation in collaboration with our partners and stakeholders.
2. Mobilized civil society to develop an advocacy strategy and advocacy tools and materials for sustainable domestic financing for community health in Guinea, including advocacy messages for the Ambassador of the United States to Guinea to be used in their meetings with the Guinean government.
3. Mobilized and strengthened capacity of 15 civil society advocates nominated by their peers on how to carry out effective advocacy for sustainable financing for community health. Advocates then met with high-level government stakeholders from the Ministry of Communication, the Minister of Finance, and the National Transition Council (le Conseil National de Transition) in Guinea with the Accelerator's support.
4. The team of 15 advocates held a press conference in June with national and international press calling for the increased recruitment and payment of community health workers in Guinea as a key priority for achieving sustainable financing of the national community health policy.
5. Completed the third and final co-creation series on learning and implementation research and held the validation session of Guinea's community health learning agenda. The team worked with the DNSCMT and partners to identify partners to cover specific activities in the learning agenda.
6. Facilitation of a workshop to review operational tools and the reporting form for community health workers (CHWs) and community relays (RECOs), and to improve tools and increase ownership among community health implementers.

The Accelerator is working with the USAID Mission in Guinea, as well as country leaders, communities, and development partners in Guinea to prioritize systems-level barriers that hinder 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 by facilitating country-led and owned participatory processes. Since 2019, the Accelerator has been supporting the design and implementation of the National Community Health Policy in Guinea. This policy aims to improve health outcomes at the community level, in part through the provision of preventive, curative, and referral services for malaria, maternal and child health, family planning, and other health areas.

Despite challenges with changes in government personnel in Guinea after the coup in September 2021, the team has continued to move forward with supporting civil society advocacy for sustainable domestic community health financing. As many of the key points of contact within the DNSCMT and other

governmental agencies have shifted with the change in administration after the coup in September 2021, the Accelerator has continued to ensure that it is effectively reaching those who are newly assuming those positions, that they are informed about the Accelerator, and that the Accelerator can establish strong relationships and buy-in for our activities moving forward.

In Y4, the Accelerator made significant progress. The Accelerator supported civil society's training of advocates and advocacy efforts for the increased recruitment and payment for community health workers and community relays, supported the development of a community health domestic resource mobilization strategy, led the validation of Guinea's community health learning agenda as part of the co-creation series, and completed startup of our subawardee, Comité Jeunes Mon Avenir D'Abord (CJMAD) including initiation of key Accelerator project activities.

## Strategy, Advocacy, and Accountability for Financing

### CSO-led Advocacy Support for MOH and DNSCMT Funding

In Y4, the Accelerator supported civil society stakeholders to finalize and validate the advocacy strategy for sustainable domestic financing of the national community health policy that was drafted at the end of Y3. This strategy focuses on institutionalizing community health workers in the health system through regular salary payments paid by the government at decentralized levels using mining tax revenues and other domestic resources. This initiative responded to priorities in the financing co-creation action plan developed in Y2 for sustainable domestic resource mobilization, as well as priorities from the decentralized roles and responsibilities action plan, which emphasized the strengthened engagement of civil society. The Accelerator met with the Ministry of Health (MOH), Ministry of Budget and Finance, and the Ministry of Territorial Administration and Decentralization to disseminate these materials and messages, and to advocate for community health financing.

During Q3, the Accelerator facilitated a CSO advocacy workshop series to train advocates on effective messaging, communication, and delivery when advocating for sustainable funding and personnel recruitment for community health. After the trainings, CSO representatives nominated 15 of their peers to serve as advocates and carry out this advocacy on their behalf, using the materials and messages developed in the previous sessions. The advocates continued their national-level advocacy by presenting their documents and messages to members of the Ministry of Communication and the Minister of Finance. These efforts resulted in an invitation to advocate directly with the National Transition Council (*le Conseil National de Transition*), which took place on June 23, 2022. The team of civil society advocates went on to hold a press conference for the national and international press to further disseminate their message for the recruitment and payment of community health workers through a dedicated line item in the national budget. From this press conference, multiple articles were published by media outlets. The Accelerator also submitted a document outlining key advocacy messages to USAID for the US ambassador to Guinea's use. The messages will enable the Ambassador to encourage the Government of Guinea to support the recruitment and payment of community health workers in Guinea with domestic finances and the promotion of universal health coverage during their joint meetings.

In Q4, the Accelerator developed additional advocacy materials including brochures to support the ongoing efforts to strengthen civil society in its advocacy efforts with high-level government authorities for sustainable financing of the community health program. The Accelerator also initiated planning to

meet with the Minister of Health, parliamentarians, and eventually the transitional President of the Republic.



Community health stakeholders work together to examine and revise policies and documents related to Guinea's national community health strategy. Photo Credit: Mr. Luc Innocent Touré, the Accelerator  
**Leadership, Planning, and Management**

During Q3, the Accelerator collaborated with the DNSCMT to plan and finance the national multisectoral community health platform meeting that took place at the beginning of Q4 in early July in Kindia. The meeting's goal was for community health partners and projects to present their progress. The meeting included representatives and key stakeholders from each of Guinea's regions, making it more inclusive than previous meetings. The Accelerator presented the community health learning plan to stakeholders, the achievements of the Accelerator's activities, and presented on the project's advocacy goals for sustainable financing of the community health policy including domestic resource mobilization for the payment of ASC (community health workers) and RECOs (community relays or organizers).

In Q4, the Accelerator led a workshop with the DNSCMT and other key national stakeholders which examined and revised operational tools and the reporting form for CHWs and RECOs with the goal of reinforcing community health performance in Guinea. The meeting was held over the course of four days, from September 20-23. During the workshop, the Accelerator encouraged participants to take ownership of key community health policy documents, training documents, and management tools. Following the workshop, participants reported having a better understanding of the operational tools

and community health challenges that face Guinea, a finding that was also reflected in increased knowledge in pre versus post-tests given to workshop participants. Additionally, stakeholders were able to identify documents and policies that needed to be revised or updated with the support of the Accelerator project, such as the community health M&E plan.

## Learning and Implementation Research

### Learning Co-Creation Plan

During Q2, the Accelerator convened the third and final co-creation series on learning and implementation research, during which the Accelerator team facilitated sessions on key learning concepts and approaches and ongoing learning activities through three online sessions. Over the course of these three virtual sessions, the Accelerator convened multi-sectoral participants from the Ministry of Health, including the Division of Research, the DNSCMT, the Ministries in charge of training, university representatives, the Ministry of Territories and Decentralization, and the Division of Immunization among others; civil society; and funding and technical partners. During the second session, participants developed a draft learning plan, including priority learning themes, questions, and activities. Recognizing that implementing the learning plan requires effective coordination and governance, session three focused on key considerations for coordinating learning activities and developing draft guidelines. Examples of learning activities for the community health policy were shared, including the Accelerator's implementation research and the Rapid Feedback, Monitoring, Evaluation, Research, and Learning project among others, in order to raise awareness of these key stakeholders who are the audience for using learning results for program improvement and decision-making. The Accelerator also continued its collaboration and knowledge translation and peer learning exchange with Exemplars in Global Health by welcoming Temesgen Ayehu, from Last Mile Health to present during the co-creation process and speak on his experience with learning in Ethiopia's community health program.

During this quarter, the Accelerator team met with the DNSCMT to finalize the learning plan. In collaboration with the DNSCMT, the Accelerator began discussions on identifying local partners that could take on specific tasks within the learning agenda. The Accelerator will liaise with donor representatives to maximize opportunities for co-financing learning activities. The Accelerator also identified the following activities that it will be supporting in the coming quarters, in collaboration with local consultants and partners:

1. A rapid literature review on effective approaches for strengthening human resources for health at the community level (including effective training, supervision, and capacity strengthening).
2. Evaluating the role of civil society in advocacy and social accountability efforts for sustainable community health programming, including inadequate financing, and human resources for health in Guinea.

## Supplement: Directed Core Immunization Activities

In Year 4, the Accelerator's field support activities in Guinea were supplemented by several immunization-focused activities funded by the Office of Maternal and Child Health and Nutrition. In year 4, the Accelerator identified several systems-level challenges and solutions in supporting Guinea's immunization program. Under support from USAID to expand immunization coverage and improve equity throughout Guinea, the Accelerator has, to date:

- Hosted subnational community dialogues in two health districts to identify key challenges facing the country's immunization program.
- Completed a landscape analysis of system-level challenges to integrating immunization and community health.
- Completed a rapid analysis of the Institutional Architecture for immunization in Guinea as part of the Accelerator's M&E efforts.
- Identified and responded to the need to improve coordination between the Expanded Program on Immunization (EPI) and Guinea's community health program (DNSCMT) by organizing regular meetings between the EPI and DNSCMT led by our Guinean consultant.
- Engaged in the coordination and roll-out of Guinea's Measles and Meningitis A campaign and advocated for the integration of community health workers (CHWs) and community relays (RECOs) into campaign activities.
- Facilitated a multi-stakeholder action planning session in Guinea to develop strategies to improve the integration of the country's immunization program with the national community health policy.
- Collected financial datasets to conduct an analysis of Guinea's resource tracking

During the final quarter of year 4, the Accelerator facilitated pilot immunization local resource mobilization workshops in three districts, Téliélé, Boffa, and Forecariah, which were organized and led by our Guinean consultant. The goal of each workshop was to advocate for financing of strategies to improve immunization coverage, especially reaching zero-dose children and under-immunized children, as well as promoting capacity building for local staff on the best use of currently available resources. Commitments from some private commercial traders and religious leaders, who participated in the workshops, to provide small monthly funding amounts for immunization to cover expenses like fuel and supplies were secured in each of the three districts. The Accelerator is consulting with USAID and the EPI to outline brief follow-on activities to be carried out in Y5 to ensure the long-term impact of these efforts. Options include developing frameworks for accountability and sustainability for any mobilized resources or adding/revising the immunization components of local budgeting tools.

Towards the end of the fourth quarter, our consultant attended a workshop on the development of Guinea's national zero-dose strategy and preparation of Guinea's application for Gavi's Equity Accelerator Funding (EAF). Our consultant was responsible for creating a report on the workshop's findings and recommendations, taking into consideration the eleven health districts selected to receive zero-dose support based on a recent analysis of immunization coverage rates in the country conducted by the global consulting firm, Dalberg. Key strategies identified during the workshop to be mentioned in the proposal to Gavi included:

- Strengthening communication between public and private structures
- Mapping technical and financial partner support across the country
- Community mapping of immunization sites

In year five, the Accelerator will be transitioning many of the activities identified during the co-creative action planning process conducted during the previous quarter (three) to field support funds, to be

implemented by our partner *Comité Jeunes Mon Avenir d'Abord* (CJMAD). These activities include engaging civil society organizations in tracking children lost to follow-up, supporting the organization of multi-sectoral meetings lead by the government to coordinate on immunization, and advocating for resources for immunization. Meanwhile, the Accelerator's remaining immunization funds will be used to transition the activities it began in Y4 to government leadership, especially the national coordination working group, the local community dialogues, and lessons learned from the local resource mobilization pilot, and to follow up with partners to ensure the implementation of activities assigned to them during the co-creative action planning exercise. Additionally, immunization funds will support our consultant to develop new training modules for community health workers, community relays, and religious leaders on their immunization roles that build on the capacity gaps identified through the landscaping analysis and the Accelerator's support to the 2022 measles and meningitis A campaign.

## Deliverables

- [Multisectoral Platform Meeting Presentation – Accelerator in Guinea](#)
- [HSSA Advocacy Brochure](#)
- [Revision of Operational Tools and CHW/RECO Reporting Framework Workshop Report](#)
- [Advocacy Message for US Ambassador](#)

Deliverables produced with directed core immunization funds:

- [Guinea Local Resource Mobilization Report](#)
- [Guinea National Zero-Dose Strategy report](#)
- [Revised Guinea Landscaping Report](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Integrated HSS Support in Guinea</b>				
<b>Strategy, Advocacy, and Accountability for Financing</b>				
Support and facilitate a workshop for CSOs to coordinate advocacy priorities	X		X	
Power mapping exercise for advocacy targeting and messaging	X			
Advocacy messages, including documents and presentations, for CSOs to use tailored to government audiences and for other advocacy opportunities	X	X	X	
Technical inputs for national health financing strategy for universal health coverage				X
Technical assistance for operationalization of Global Financing Facility (GFF) investment case, including integrated annual work plans, monitoring and evaluation (M&E) plan, and indicators				X
Technical assistance for new PNDS, including situational analysis				X

<b>Leadership, Planning, and Management</b>				
Ensure regular meetings and support agenda-setting of community health coordination platform		X	X	X
Finalize updated CHW/RECO recruitment criteria, translated into local languages				X
2-3 highly qualified coaches paired with or embedded into MOH units				X
Simplification, clarification, and translation of PNSC guidelines to be disseminated to communes				X
Develop training materials for refresher trainings				X
Revise operational tools and guidelines (building on tools developed by other partners)				X
<b>Learning and Implementation Research</b>				
Learning co-creation series completed, including learning plan	X	X	X	
Operational plan for implementation of MOH research strategy				X
Capacity strengthening plan				X
One 12-month learning/research cycle in five health districts with four capacity strengthening workshops				X
Learning products and findings from testing of implementation research activity				X
The operational plan of the National Community Health Policy				X
<b>Supplement: Directed Core Immunization Activities</b>				
Rapid analysis of what is known about community health work and immunization integration challenges in Guinea [COMPLETE]			X	
Select number of subnational action plans for improving immunization and community health integration in Guinea [COMPLETE – Dubreka and Kindia]	X			
National action plan for improving immunization and community health integration in Guinea [COMPLETE]				X
Resource tracking/fund flow analysis to understand bottlenecks in the process of allocating, disbursing, and spending funds to reach underserved areas in Guinea and challenges/opportunities for domestic resource mobilization under COVID-19 [IN-PROGRESS – data collection and analysis ongoing with delays due to lack of data availability following coup]	X	X	X	X
National action plan for improving immunization funding flows in Guinea [COMPLETE – National Action Plan for improving immunization and community health integration]				X

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
Guinea experienced a military coup in September 2021, which delayed the implementation of some activities. Staffing changes at the Ministry of Health due to the transitional government have created gaps in human resources and delays in working with government stakeholders.	The Accelerator maintained regular communication with key stakeholders and received updates and guidance from the Mission. The Accelerator maintained its collaboration and support to the National Directorate of Community Health. The Accelerator's subawardee, CJAMD, collaborated closely with the new contacts at the DNSCMT to continue Accelerator planning, implementation of activities, and encourage buy-in.
The United States Government (USG) restricted family planning funds for activities that directly benefit the Guinean government.	The Accelerator participated in sessions with the Mission and other implementing partners to understand the new guidance. The Accelerator submitted a revised work plan to the Mission proposing which activities would be funded by MCH, FP, or malaria funds to ensure that the Accelerator follows USG policy around the use of FP funds. The Mission went on to approve the Accelerator's plan for using FP funds for activities that do not directly involve the government.

## Priority Activities for Next Quarter

In Y5 Q1, the Accelerator will continue to support CSOs to advocate for sustainable funding — facilitating advocacy workshops supporting the integration of CHW and RECO salaries into the civil sector. The Accelerator will long-term mentoring and training to key government actors in community health, and carry out targeting trainings on budgeting, management, and planning to align with the DNSCMT's annual operational planning. We will provide technical support to in-country actors to assist with integration of routine immunization advocacy into overall community health advocacy efforts. Finally, we will initiate key learning activities, including a research cycle and the development of learning products to share and disseminate the findings.

## Administrative and Financial Progress

### Administration

No updates.

### Human Resources

The Accelerator has recruited Dr. Alexandre Delamou as a consultant to collaborate with the Accelerator and CJAMD on the research and learning components of the work in Guinea. Specifically, he will be leading the district-level learning cycles that will be designed and conducted in Y5.

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

## Key Achievements

1. Facilitated Quality Improvement meetings (including a QI knowledge transfer session leveraging a mentor) and guided maternity hospital quality improvement team in planning meetings, implementing, and conducting audit of change ideas
2. Facilitated effective collaboration with the Jhpiego STAIP team to further strengthen data systems at JFKMC towards improving quality and use of data by capacitating the facility with requisite tools
3. Successfully reorganized the pharmacy warehouse for increased visibility and optimized warehousing processes and practices including stock rotation mechanism
4. Supported the development of a proposal and phased approach for the implementation, and supported installation of the multi-layer water filtration system for sustainable access to clean and safe water at the facility
5. Developed a Google-based logistics management tool for enhanced visibility into commodity movement and strategic procurement decision-making
6. Developed a compliance program/framework for adequate controls across a spectrum of processes including cash collection, supply chain, and maintenance services

USAID engaged the Accelerator to support Liberia's Ministry of Health (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 Y3, the Accelerator worked closely with JFKMC and relevant stakeholders to implement interventions targeted at improving governance and management capacity and processes, establishing functional and sustainable systems for improvement, and expanding collaborations with the broader health sector for resource mobilization and knowledge sharing. Building on these milestones, the Accelerator focused sustaining the gains from Y3 by prioritizing the following sub-activities in Y4:

1. Improve clinical processes for maternal and newborn care through coaching and mentoring support to the maternity hospital quality improvement team on implementation of change ideas

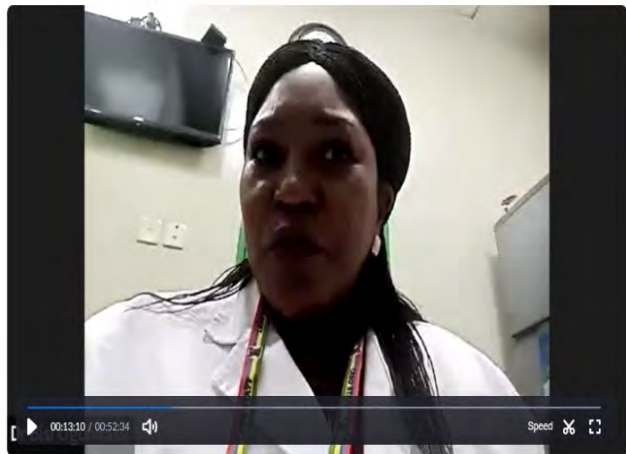
2. Support JFKMC management to access technical capacity building, adopt necessary tools to continue to strengthen the hospital's systems
3. Build capacity of and support JFKMC's leadership through change management and systems automation<sup>1</sup>

This report provides details on the progress of these activities through Y4 and insights into the next steps for the activity.

### **Sub-Activity 1: Improve Clinical Processes for Maternal and Newborn Care through Coaching and Mentoring Support to the Maternity Hospital QI Team on Implementation of Change Ideas**

The Accelerator continued provision of technical support to the JFKMC maternity hospital quality improvement team (MHQIT) through facilitation of monthly QI meetings (including a mentor-led session), guidance on model for improvement, and implementation of prioritized change ideas in improving maternal and new-born care processes.

#### **Strengthened Capacity of Maternity Hospital Quality Improvement Team**



Accelerator provided guidance to the MHQIT during its monthly QI meetings through coaching and mentoring.

Notably, guidance was provided on the process of reviewing the use of tools (change ideas) and conduct of informal audits of checklists (for management of eclampsia cases) for completeness. The QI team, leveraging input from the Accelerator, also finalized the list of contents for the emergency packs for managing hemorrhage complications and pre-eclampsia/eclampsia.

The Accelerator (with the support of a QI mentor) facilitating January QI meeting session virtually. Photo credit: HSDf/Zoom

The Accelerator also worked with the QI team to develop a data collection tool for proper documentation and reporting of process and outcome indicators monthly. This intervention has resulted in enhanced capacity of the maternity hospital team to deliver improved care services as well as availability of data (and able to share with partners like USAID for the first time) which now facilitates further diagnosis of issues for informed quality action.

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<sup>1</sup> (Note: the first two sub-activities are included in the approved workplan, while the third is currently still under discussion with USAID in Liberia)

## Improving Water, Sanitation and Hygiene

The Accelerator supported the JFKMC team in developing a proposal for and implementation of a water purification project aimed at ensuring sustainable access to improved quality water to the facility. The project which is co-funded by USAID and JFKMC management has the potential to benefit over 1,000 people daily (both staff and patients, the majority of whom are women and children). Accelerator oversaw the procurement of equipment and materials needed and the installation process for the two-layer water filtration system. As at the ending of year 4, the two-layer system has been completely installed with only electrical fittings pending. Following the installation of the fittings, a comprehensive system test will be conducted, and the operations team will be trained on its use and maintenance.



Second layer-filtration system. Photo credit: HSDF

### Sub-Activity 2: Support JFKMC Management to Access Technical Capacity Building, Adopt Necessary Tools to Continue to Strengthen the Hospital's Systems

The Accelerator built upon the gains from Year 3 by furthering support to the senior leadership and implementation teams at JFKMC to ensure the availability and use of appropriate tools, adequate controls, and processes (leveraging practices that best suits context from global experience) to drive the implementation of recommended interventions and strengthen the hospital's systems.

## Enhanced Data Management System

The Accelerator collaborated with Jhpiego (STAIP team) to further strengthen JFKMC's service delivery data systems. This engagement also involved discussing STAIP's scope with the JFKMC management and medical records team for alignment. Accelerator's technical support (in conjunction with the HMER unit of the Ministry of Health) resulted in conduct of a 3-day onsite training to capacitate the medical records team on proficient use of requisite HMIS ledgers and reporting forms and ensured supply of adequate HMIS ledgers to the hospital. Also, in collaboration with Jhpiego, computers (4 desktops, 1 laptop) were supplied to the JFKMC medical records team to facilitate data management and onsite reporting on DHIS2.

Key outcomes from this intervention include (i) real-time and proficient use of HMIS data tools across all service delivery points within the facility, and (ii) onsite reporting of monthly service delivery data on the DHIS, enhancing data availability for national planning



Real time use of HMIS ledger at the Memorial hospital Outpatient Department. Photo credit: HSDf



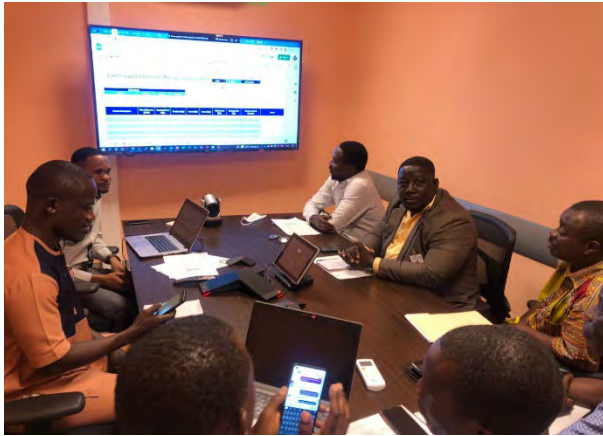
Cross section of the JFKMC and STAIP teams while Jhpiego presents computers to facilitate data systems at JFKMC. Photo credit: JFKMC

## Improved Warehousing, Inventory and Logistics Information Management System

The Accelerator provided both advisory and hands-on support to the senior management and material management/pharmacy units to take strategic action steps towards warehousing, inventory management and generation of reliable logistics data for strategic purchasing. Specific interventions include (i) reorganization of the pharmacy warehouse – removal of expiries; reorganization of the usable products: guidance on product identification, inventory, assignment of unique codes, assignment of designated bins for unique products on shelves, unique product tagging (designing, printing and lamination of product tags), arrangement of products in dedicated bins, and assignment of unique bin cards for each product, (ii) guidance on mitigating future commodity expiration – use of FEFO stock rotation mechanism, analysis of consumption pattern to through an ABC analysis and use results to guide procurement decisions, and immediate unboxing of pharmaceuticals and their arrangement in dedicated bins on shelves was also provided by the Accelerator, and (iii) development of a Google-based Stock Movement Tool – having offline use capability, and enabling real-time visibility into stock levels to inform strategic purchasing and decision making. Expected users have been trained on the tool.



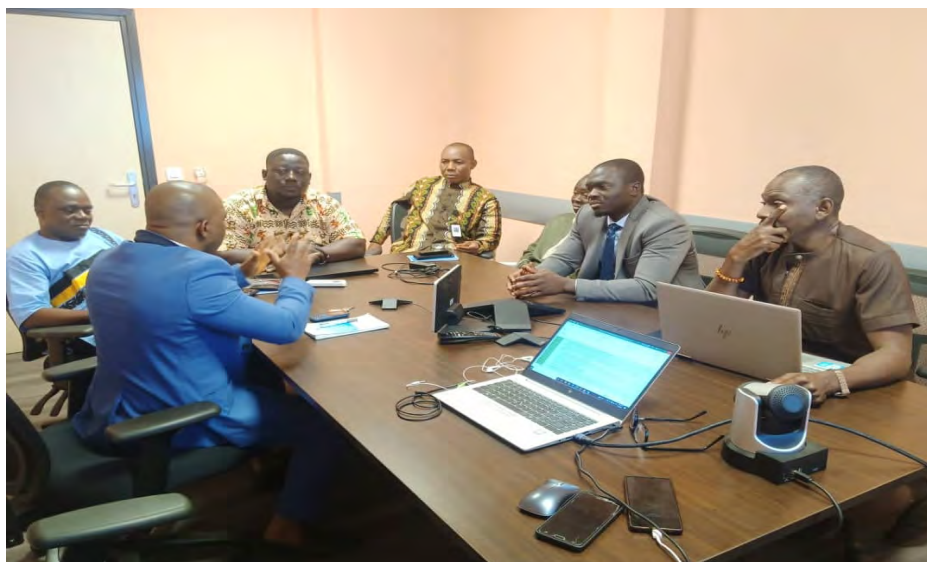
JFKMC pharmacy warehouse well-arranged Injectables section after Accelerator intervention. Photo credit: HSDF



Accelerator training JFKMC team on use of Google-based Stock Movement Tool. Photo credit: HSDF

## Institutionalization of Compliance Structure

The Accelerator supported the senior management and finance and compliance units in institutionalizing a compliance system across a broad range of domains to ensure adequate controls and oversight. A draft compliance program/framework specifically covering areas including cash management, supply chain (pharmacy and laboratory services) and maintenance services was developed and now undergoing review by stakeholders.



Accelerator facilitating a compliance framework review session with the JFKMC team. Photo Credit: HSDF

### Sub-Activity 3: Build capacity and support JFKMC's leadership through change management and systems automation

The systems automation activity could not be implemented by the Accelerator as planned due to procurement restrictions with the Accelerator mechanism. USAID/Liberia is exploring alternative options/mechanisms to implement this activity with Accelerator's support. Accelerator also has commenced establishing coordination with the Yale University through the BRIDGE-U Project in the delivery and monitoring of leadership development program to strengthen the capacity of the leadership team on managing healthcare as business, and departmental managers on leading for results amongst others.

### Deliverables

DELIVERABLES	TIMELINE	STATUS	NOTES
Two-layer water filtration system at Memorial Hospital	Y4 Q2	95% Complete	Awaiting system test, use/maintenance training, and commissioning

### Implementation Timeline

BENCHMARKS AND ACTIVITIES	Q1	Q2	Q3	Q4
Sub-activity 1: Improve clinical processes for maternal and newborn care through coaching and mentoring support to the QI team on implementation of change ideas, and improve WASH services				

1.1 Provide continuous capacity building to the QI team of the maternity hospital on the implementation of prioritized change ideas	X	X	X	X
1.2 Capability strengthening support to QI team on generation of timely and quality data	X	X	X	X
1.3 Support implementation of water purification project (WASH)	X*	X*	X	
<b>Sub-activity 2: Support JFKMC management to access technical capacity building and necessary tools to continue to strengthen the hospital's systems across fiscal and supply chain management</b>				
2.1a Facilitate roll out of CRRIRF (LMIS) tool, and provide ongoing support for timely, quality, and reliable logistics data generation and quarterly logistics management reporting for improved decision-making	X	X	X	X
2.1b Support comprehensive ABC inventory analysis to identify priority commodities and ensure efficient allocation and maximization of resources		X*	X	X
2.1c Support reorganization of commodity storage areas for cleanliness, safety, and efficient stock rotation	X	X		
2.2a Support outsourced cash collection process through the redesign of process flow for efficiency		X*	X	X
2.2b Provide technical and capacity building support to the compliance and control department on the development of compliance plan, identification of risk areas and implementation of adequate compliance oversight			X	X
2.2c Provide technical support and training to fiscal staff on use of policies and guidelines to carry out critical functions			X	X
2.3 Continued provision of technical support to the medical record team and the nursing staff on data systems and DHIS reporting			X	X
<b>Sub-activity 3: Strengthen capacity and support JFKMC's leadership through change management and systems automation</b>				
3.1 Facilitate linkage with BRIDGE-U to deliver a bespoke leadership capacity development program for the facility's management team and departmental managers for enhanced productivity and change management		X*	X	X
3.2a work collaboratively with the existing team to provide advisory support for the software process flow design and customization			X	X
3.2b provide an IT lead to work with JFKMC IT Department to conduct basic computer use training to end users, and on software customization efforts			X	X
3.2c provide continuous system utilization support in enhancing decision making across different service delivery and management levels				X

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
Prolonged process of aligning on key priorities for Y4 resulting in delayed finalization of workplan	The team convened a tripartite meeting with ensure alignment on priorities and finalization of workplan
Unanticipated delays installing water filtration system (from procurement to installation) impacting on project delivery timelines	The Accelerator fast tracked activities and now close to completing activity

## Priority Activities for Next Quarter

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

- Continue to coach, mentor, and support the MHQIT in implementing identified change ideas in the maternity hospital
- Continue to coach, advise, and support the material management department on effective oversight of commodities and reorganization of the laboratory warehouse
- Continue to strengthen capacity of the material management and pharmacy teams on proficient utilization of LMIS tools for improved visibility into logistics data
- Continue to support the process of streamlining the cash collection process to mitigate monetary loss due to leakages
- Continue guide the compliance unit in effectively rolling out the organization-wide compliance program

# Togo: Integrated HSS Support to Strengthen Leadership, Improve Governance, Promote Learning, and Achieve Universal Health Coverage

## Key Achievements

1. Launched the new PEPFAR-funded activity of integrating a sustainable and domestic HIV resource transition plan into Togo's UHC platform and completed a HIV financing landscaping report and an accompanying roadmap on the transition and sustainability of domestic HIV financing.
2. Increased Togolese civil society organizations' knowledge and understanding of key concepts related to UHC including local resource mobilization to identify sources of civil society and health sector financing in Togo and improving the knowledge and skills of civil society members on coaching-mentoring techniques and tools.
3. Building on the launch of Togo's *Wezou* program in 2021, which provides a free package of essential maternal, newborn, and postpartum services for women and newborns, the Accelerator costed scenarios for providing free FP to postpartum women and adolescents and youth to be used for advocacy/planning with the Ministry of Health and conducted an in-person training on the One Health tool to strengthen costing capacities.
4. Developed a monitoring and evaluation plan, including performance indicators to track progress on implementing the integrated UHC plan by the Ministry of Health and its partners.
5. Finalized the national UHC learning agenda, which promotes the application of UHC knowledge, synthesize lessons learned on the design and implementation of UHC, and highlight best practices. The final learning agenda is being used to guide UHC learning activities, which include a mix of topics and approaches, including a rapid evaluation of Togo's health management information system; regional learning exchanges; and a literature review of free MCH service packages.

The Accelerator collaborates with the Government of Togo, particularly the Delegated Minister for Access to Universal Health Services, to strengthen leadership, improve governance, and implement the country's national Universal Health Coverage (UHC) roadmap. The Accelerator is working with the USAID Mission, country leaders, communities, and development partners to prioritize systems-level barriers that hinder 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—Togo's existing health strategies by facilitating country-led and owned participatory processes.

The Accelerator achieved notable progress throughout Y4 and the final quarter. The team continued to build civil society capacity for UHC decision-making through trainings on local resource mobilization and coaching and mentoring; completed a situational analysis on the HIV financing landscape to inform a strategic HIV transition plan from international to domestic funding; and strengthened our relationships with other West Africa Regional Implementing Partners (IPs).

## Sub-activity 1.1: Strengthening the technical capacity of UHC implementers

### National integrated UHC plan and M&E plan

In Y4, the Accelerator supported the finalization and implementation of Togo's national integrated UHC plan<sup>2</sup>, which focuses on strengthening governance, accountability, and monitoring and evaluation by providing technical assistance to the Ministry of Health (MOH). In the first quarter of this year, the program facilitated the development of a monitoring and evaluation (M&E) plan, including performance indicators to track progress on implementing the integrated UHC plan by the MOH and its partners. During the third quarter, the program disseminated the final integrated UHC M&E plan with key stakeholders from the UHC technical work group and conducted a multi-sectoral workshop during the **fourth quarter** to track progress of the integrated UHC plan and the implementation of its activities. Participants included members from the World Health Organization (WHO), Integrate Health, the World Bank, Ministry of Planning, and others. Participants shared their experiences, challenges, and lessons learned from implementing UHC strategies and related activities. This workshop also tracked progress of the recently finalized UHC learning agenda in addition to discussing implementation of key actions regarding social accountability and social and behavior change (aligned with Activity 6).

### Family Planning

During Y4, the Accelerator provided technical support to estimate the costs of expanding free family planning (FP) services from 42 days to 2 years postpartum and provide free FP for adolescents and youth from 10 to 24 years old. The MOH will use the costing information for advocacy purposes with the government and partners. This effort builds on the launch of the *Wezou* program in 2021, which provides a free package of essential maternal, newborn, and postpartum services for women and newborns. Following several meetings of the FP technical working group, the Accelerator developed four FP costing scenarios covering a five-year time span using the One Health costing tool to determine the costs of providing free contraceptive methods. To ensure effective, contextually relevant, and sustainable use of the OneHealth costing tool, the Accelerator led an in-person training during the third quarter to train members from the FP technical working group. Participants learned to use and update the costing projection over time and build additional scenarios as needed. This training aims to build the capacity of a cadre of Ministry of Health officials to carry out similar costings for FP as well as other health services. The results from this costing exercise will be shared with the Delegated Minister for Access to Universal Health Services and other relevant Togolese stakeholders during the first quarter of Year 5 and used for further advocacy efforts.

## Sub-activity 1.2: Building Civil Society Capacity and Engagement in UHC Decision-making

The Accelerator continued to support the Government of Togo's efforts to strengthen the role of local civil society in the decision-making process for UHC. During year 4, the Accelerator increased Togolese civil society organizations' (Union of NGOs in Togo, or UONGTO and the International Network for Social Protection Rights-Togo [Inspir-Togo]) capacity and knowledge of key concepts related to UHC, such as improving governance, coaching and mentoring approaches to promote country-led change and learning by-doing, local resource mobilization, social accountability, process

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<sup>2</sup> The integrated UHC plan integrates Togo's major UHC initiatives and projects and has four strategic objectives including: 1) improving access to primary health care; 2) improving the availability and equitable distribution of health care workers; 3) rolling out universal health coverage through mandatory health insurance and medical assistance; and 4) creating a favorable environment for implementation of the plan through adequate financing, governance, resource mobilization; and monitoring, evaluation and learning.

documentation, and technical competencies related to monitoring and evaluation. The Accelerator also supported UONGTO in carrying out a training of its civil society member organizations at decentralized levels, to increase knowledge and understanding of key concepts related to UHC and social accountability in Togo. This example of UONGTO applying the UHC concepts and approaches the Accelerator coached them on during previous quarters to reach a larger number of their members is an encouraging sign of knowledge transfer, ownership, and sustainability.

During the fourth quarter, the Accelerator facilitated a two-day training from August 25-August 26<sup>th</sup> with UONGTO and INSP!R Togo on local resource mobilization and coaching and mentoring techniques and tools. Members from both civil society organizations were encouraged to identify potential sources of civil society and health sector financing through building effective partnerships, fundraising, applying for grants, and learning income-generating activities. Workshop participants were also trained on specific coaching and mentoring techniques that encourage collaboration with other national partners in their efforts to address health system challenges to achieving UHC in Togo.

The Accelerator also led a training on process documentation with the two CSOs on July 29<sup>th</sup> to demonstrate how this approach can systematically document and capture all relevant events and stakeholders involved in Togo's UHC process in order to improve the development or implementation of a strategy, project, or policy related to UHC. During the training, participants selected *implementing Togo's national health insurance law* as their topic to begin documenting any relevant documents or stakeholders involved in this process. Participants were instructed to upload any identified documents or stakeholders to a website designated for tracking and cataloging entries found [here](#). The Accelerator will continue to monitor this process documentation mechanism and organize future trainings with key stakeholders to evaluate progress around the implementation of Togo's national health insurance law.

### Sub-activity 1.3: UHC Learning

During year 4, the Accelerator finalized the development of a national UHC learning agenda and validated the agenda with the stakeholders who participated in the three-part learning agenda series that concluded in quarter two. The national learning agenda promotes the application of UHC knowledge, synthesizes lessons learned on the design and implementation of UHC, and highlights best practices. The national learning agenda covers different themes, including the Government of Togo's free maternal and newborn health services program, *Wezou*. The final learning agenda is being used to guide UHC learning activities, which include a mix of topics and approaches, for example a rapid evaluation of Togo's health management information system; regional learning exchanges; and a literature review of free MCH service packages. During this fourth quarter, the Accelerator's consultant initiated a rapid literature review on effective strategies for accelerating government reimbursements for health care providers and health centers in the context of universal health insurance rollout, which is a common challenge also noted in Benin and other contexts. This literature review will be finalized in Y5 and will aim to serve as a practical resource identifying best practices for resolving late reimbursements.

### Sub-activity 1.4: Strengthening specific UHC components: HIV/AIDS

In year 4, the Accelerator launched its new PEPFAR-funded activity of integrating a sustainable and domestic HIV resource transition plan into Togo's UHC platform. In the fourth quarter, Accelerator finalized an HIV financing landscaping report and an accompanying roadmap on the transition and sustainability of HIV financing and validated these products with Togolese stakeholders on September 8-9 during a validation workshop. This report is the product of a situational analysis, interviews, and workshops with key stakeholders. The report will be printed and distributed to

Togolese stakeholders to inform the progressive transition of HIV financing from external to domestic resources. In Year 5, the Accelerator will build upon this work to support advocacy, policy and decision making around sustainable HIV financing and domestic resource mobilization, and develop a tracking system to set targets, monitor trends, and promote accountability in the national financing of the HIV response in Togo. The Accelerator's continued support will ultimately help Togo with transition and sustainability planning as donor funding declines.

## Sub-activity 1.5: Strengthening Synergy and Exchange among RHO Partners

The Accelerator participated in quarterly West Africa Regional USAID implementing partner (IP) meetings throughout year 4 to provide updates on key Accelerator activities, and to ensure other IPs were aware of Accelerator initiatives in Togo IPs could participate in, such as the FP costing and HIV transition planning. IPs also discussed how to promote the sustainability and institutionalization of USAID-funded projects into local health systems.

## Deliverables

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

- [HIV financing landscaping report and an accompanying roadmap](#)
- [FP Costing Presentation of Findings](#)
- [Togo Trip Report](#)
- [Draft Concept Notes on Literature Review on effective strategies for accelerating government reimbursements for health care providers and health centers](#)
- [Process Documentation Website](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>1.1 Strengthening the technical capacity of UHC implementers</b>				
1.1.1 Develop tools to support UHC action plan implementation	X	X	X	X
1.1.1.1 Establish a Family Planning costing technical group to determine how to increase free FP services to up to two years postpartum and for youth.		X		
1.1.1.2 Train key stakeholders on One Health tool			X	
1.1.1.3 Finalize FP costing				X
1.1.1.4 Assist Government of Togo in UHC coordination and government through regular monitoring, coordination meetings, and oversight.			X	X
1.1.1.5 Develop concept note and detailed timeline of resource mapping of available funding for UHC, including strategies for resource mobilization and communication support for the implementation of Togo's national UHC plan		X	X	X
<b>1.2 Build civil society capacity and engagement in UHC decision-making</b>				

1.2.1	Organize trainings with two civil society organizations (L'UONGTO and INSP!R Togo) to train members on key UHC concepts.	X	X		
1.2.1.1	First training on UHC concepts held in December 2021	X			
1.2.1.2	Training of community-based member on UHC concepts was held in March by UONGTO with coaching from Accelerator.		X		
1.2.1.3	Third training on M&E coaching held in April.			X	
1.2.1.4	Provide ongoing coaching, mentorship, and support for CSOs' UHC activities	X	X	X	X
1.2.2	Develop a transition plan to maintain the sustainability of civil society capacity strengthening interventions			X	X
<b>1.3 Learning at country and regional levels</b>					
1.3.1	Develop and implement learning agenda to address knowledge gaps within UHC-related themes.	X	X		
1.3.1.1	First learning agenda workshop was held in September 2021	X			
1.3.1.2	Second learning agenda workshop was held in October 2021	X			
1.3.1.3	Third learning agenda workshop was held in March 2022		X		
1.3.2	Organize two webinars to connect Togo's civil society with other UHC and health financing civil society organizations in West Africa to promote experience sharing and systemic learning emergence on important UHC-related themes	X	X		
1.3.2.1	First regional learning workshop was held in September with participants from Benin, Burkina Faso, and Togo. UONGTO also participated in August 2021 to a Webinar organized by the CSO "Reseau Accès aux Médicaments Essentiels" (RAME) on the Citizen Strategic Monitoring of Health Policies.	X			
1.3.2.2	Second regional learning workshop to promote the application of knowledge on UHC between countries in West Africa will be held in August *				X
1.3.3.	Develop learning notes/knowledge translation briefs highlighting best practices and lessons learned from other countries for use by UHC actors in Togo			X	X
1.3.3	Establish a continuous systemic learning mechanism based on the civil society capacity strengthening plan and integrated UHC plan	X	X	X	X
1.3.4	Establish a process documentation mechanism for UHC implementation in Togo			X	X

1.3.4.1 Training on process documentation will be initiated in tandem with UHC CSO coaching workshop in M&E in April and as part of the implementation of the learning agenda				X
<b>1.4 Strengthening specific UHC components</b>				
1.4.1 Conduct a review of the literature and produce briefs based on the Accelerator's support to the rollout of the new policy of the provision of free maternal and newborn health services (maintaining the quality of services with increased access services, managing out-of-pocket payments for services, and assessing and managing the effect of the policy on the supply chain for essential commodities)			X	X
1.4.2 Organize an online webinar				X
1.4.3 Develop a mapping of domestic financing, governance, and service delivery changes needed to integrate HIV responses into the domestic health system, including a systems mapping interview guide and questionnaire (PEPFAR funds)		X	X	
1.4.4 Lead a co-creation process for joint planning for sustainable HIV transition in UHC policies (PEPFAR funds)			X	X
1.4.4.1 Methodological note developed and shared with key stakeholders on PEPFAR activity (PEPFAR funds)		X		
1.4.5 Conduct technical analysis for decision-making and advocacy around sustainable financing for HIV (PEPFAR funds) and dissemination meeting-July/August 2022 (PEPFAR funds)			X	X
<b>1.5 Synergy/Capacity Strengthening Exchange among RHO Partners</b>				
1.5.1 Participate in meetings of USAID implementing partners working on capacity strengthening in West Africa to promote synergy, increase collaboration, and reduce duplication	X	X	X	X

\*Activity 1.3.2.2 was revised for year 5 and will focus on national level learning initiatives

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
The Accelerator is experiencing delays in facilitating a community dialogue workshop on UHC, scheduled for quarter four, with UONGTO and INSP!R Togo, as INSP!R withdrew from participating in the workshop at the last moment.	The Accelerator has been engaged in discussion with INSP!R and ministry of health officials to better understand why INSP!R chose not to participate in the community dialogue session, in order to determine whether proposing a new session or the need to restructure the session's approach is necessary.

## Priority Activities for Next Quarter

- Support the finalization of implementing decrees of the universal health insurance law by supporting validation workshops
- Collaborate with the Ministry of Health to schedule quarterly meetings to review the integrated UHC plan
- Finalize literature review on effective strategies for accelerating government reimbursements for health care providers and health centers and produce three briefs based on the Accelerator's support of the *Wezou* policy of the provision of free maternal and newborn health services
- Organize community dialogues with civil society to build community members' skills in social accountability, monitoring and evaluation, advocacy techniques and knowledge of UHC
- Initiate the development of a costed policy document on sustainable domestic financing of HIV in Togo
- Continue to support the implementation of the learning agenda through the government-led evidence integration forum modeled after the integrated plan monitoring meetings
- Expand and monitor the process documentation mechanism for UHC implementation in Togo.

## Administrative and Financial Progress

### Administration

No updates this quarter.

### Human Resources

No updates this quarter.

## 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 universal health coverage (UHC), the demand for health systems strengthening (HSS) best practices, resources, sharing of country experiences, and technical assistance will continue to increase. Although learning platforms and health policy and systems research institutions (HPSRIs) operating in the region can respond to this demand, practical challenges remain. There is a significant opportunity to increase awareness, engagement, and coordinated action among ecosystem actors to ensure that (1) HPSRIs are fully capacitated to support the knowledge to action cycle, (2) policymakers partner with HPSRIs, and (3) platforms support HPSRIs and facilitate policymaker engagement in this cycle. Following consultations and analyses in Y2, and a co-creation series that yielded a shared vision and set of priorities for a strengthened HPSR ecosystem in Asia in Y3, the Accelerator worked with series

participants and HSS actors to operationalize these priorities and deepen HPSRI, policymaker, and platform connections in Y4.

Year 4 priorities included strengthening the HPSR ecosystem through (1) new or enhanced partnership models or concepts, (2) learning through discussion and experience-sharing, and (3) tools/analyses and products. These activities set the stage for Year 5 in which several ecosystem strengthening models will be piloted. The Accelerator continues to partner with the WHO Alliance for HPSR (the Alliance) to carry out these activities.

### Key Achievements

1. Nearly finalized and successfully navigated catalytic funding process for four pilot HPSR ecosystem strengthening activities that included significant engagement with implementing partners, USAID Asia Bureau and Mission counterparts, and capacity development support for implementing partners to receive USAID funding
2. Secured continued participation and in-kind support for pilot activities from HPSRIs and platforms, including Leadership for Universal Health Coverage (L4UHC), Providing for Health (P4H), Asia-Pacific Network for Health Systems Strengthening (ANHSS), and the Alliance.
3. Continued to facilitate engagement with potential funders including the Bill and Melinda Gates Foundation (the Foundation), and networks such as the Health Systems Global Asia-Pacific Regional networks.

### Sub-Activity 1: Mobilize and Coordinate the Operationalization of Action Plans Emerging from the Co-creation Series with Engaged HPSR Actors and HSS Platforms

The first half of Y4 activities focused on advancing ideas emerging from the [Y3 Co-creation Workshop Series](#) through action groups co-led by HPSRIs and learning platforms. Three groups developed ideas for new or enhanced partnership models or concepts to amplify HPSRIs' role in the evidence to policy cycle, one initiated a discussion series (described below), and one outlined an idea for a co-developed framework to assess domestic financing opportunities (related to Sub-activity 1.2). These groups then presented their ideas to the broader co-creation community during the March Ideas Marketplace (Sub-activity 1.3) and received constructive feedback, as well as identified potential synergies across ideas.

The second half of Y4 focused on the selection and catalyzation of HPSRI strengthening models, with financial support from USAID Asia Bureau. Following the Marketplace, the Accelerator released call for proposals (see Interested Supplier Briefing Packet) and invited partners to apply for approximately nine months of catalytic pilot funding through a two-phase process, which included developing a concept note followed by a formal proposal.<sup>3</sup> The Accelerator's Q3 activities primarily focused on the release and management of this funding opportunity.

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<sup>3</sup> The call for proposals and two-phase review process (supported by a Concept Note Review Committee consisting of representatives from HPSRIs, platforms, development partners, and former government officials) was described in the Q3 report. Members of the committee included: Karen Grepin, University of Hong Kong (Hong Kong); Prarthna Dayal (Nossal Institute for Global Health, University of Melbourne); Devaki Nambiar, Health Systems Global Asia-Pacific Regional network; Stefan Nachuk, the Bill and Melinda Gates Foundation; Leizel Lagrada, Fmr. Gov't/ Senior Fellow at R4D

In Q4, Accelerator facilitators collaborated with selected implementing organizations to fully develop a statement of work and capacitate them to receive funding. Additionally, facilitators continued liaising with USAID and other strategic partners to solicit inputs and explore opportunities for collaboration.

- Worked with FSD to shepherd partners through Unique Entity Identifier (UEI) process<sup>4</sup> Co-developed statements of work/deliverables and timeline with partners
- Completed due diligence processes: Collecting and reviewing required documents, providing coaching to develop compliant USAID budgets (including initiating a pilot to set up a compliant budget, supporting the implementing organization to charge needed rates in future projects)
- Developed initial M&E framework, which implementing organizations will fill out at the kick-off to set them up for MEL success
- Remained flexible and responsive to challenges: (1) Identifying or adjusting implementing partners (AIHO and switching to UGM), (2) Identifying alternative compliant contracting mechanisms when subaward timelines were prohibitive, (3) Updating USAID missions through concurrence forms
- Liaised with partners such as the Alliance and HSG to identify opportunities to promote the work of the pilots and facilitate meetings

All proposals that were advanced to pilot stage include some cost-share or in-kind support. Pilot details are included below. Two of the ideas include in-kind support from the learning programs that have been engaged throughout. These are the efforts to strengthen collaboration between the ANHSS Flagship and L4UHC program (IHP is the HPSRI affiliated with ANHSS) and the domestic financing analysis between P4H and the Seoul National University, with additional support from the Alliance. The other two ideas include in-kind support provided by consultants as in the case of FAB HPSRIs, and by the implementing organizations.

The Accelerator intends to program \$275,000 of the allotted \$300,000 funds earmarked by the Asia Bureau. The remaining funds are reserved for contract and contracting mechanism negotiations.

Concept Title	Partners <i>Subaward/contract recipients indicated with an *</i>	Relation to action group
<b>"FAB HPSRIS [Forum for Advancing Better HPSRIs]"</b>	<p>Alliance for Health Outcomes (AIHO)* Philippines</p> <p>AIHO will sign a memorandum of understanding with DoH HPDPB who will provide in-kind support.</p> <p>HERD International* (Nepal) Harvy Liwanag, University of Bern will be formally engaged as a co-leader in this effort. His support will be in-kind.</p>	<p>Action group 3. Networks/forum of HPSRIs, policymakers, and other stakeholders &amp;</p> <p>Action group 4. Training plus (with long-term collaboration + mentorship) involving HPSRIs and policymakers</p>
<b>"Strengthening collaboration between two training and leadership development programs to improve HPSRI stakeholder"</b>	<p>Institute for Health Policy* (Sri Lanka); Public Health Foundation of India; Asia-Pacific Network for Health Systems Strengthening (ANHSS); Leadership for Universal Health Coverage (L4UHC)</p>	<p>Action group 4. Training plus (with long-term collaboration + mentorship) involving HPSRIs and policymakers</p>

<sup>4</sup> UEIs are considered the official identifier used for federal awards and organizations must have an active UEI to receive funding from USAID through a subaward mechanism.

capacity and connections.”		
“Domestic Financing for HPSRIs”	P4H Global and National University of Seoul * (South Korea); WHO Alliance for Health Policy and Systems Research	Action group 6a. Framework to assess domestic HPSR funding sources and opportunities
“Strengthening HPSR networks in Asia: Developing a regional database”	Center for Health Policy and Management, Universitas Gadjah Mada (Indonesia)*; ACCESS Health International	Action group 3. Networks/forum of HPSRIs, policymakers, and other stakeholders

Separate from the catalytic funding process, one participant-led action group continued into second half of the year - Action group 5, “Enhanced models of research agenda-setting in fragile and conflict settings” led by Burnet Institute (Myanmar) and Asia Pacific Observatory on Health Systems and Policies (APO) with support from the Accelerator (Leizel Lagrada-Rombaua). In Q3, this group continued its 3-part discussion series analyzing how research priorities and various stakeholder groups interact with policymaking. In Q4, two follow-up blogs were developed – one to highlight themes from the series and a second to bring in the perspective of Dr. Sarbani Chakraborty, R4D’s Senior Program Director overseeing the mixed health systems (MHS) practice. These two blogs will be released in PY5Q1. Short clips from the series will be used in blogs and upcoming communications. Materials, including the recording and panel syntheses, can be found on the Co-creation micro-site [here](#).

In Q4, the Accelerator continued to send regular communications to the co-creation community on the catalytic funding opportunity, as well as on related HPSR events and resources.

### Sub-activity 1.2: Co-develop Tools and Products Prioritized by HPSR Actors

Through the earlier co-creation activities, HPSRI and HSS actors identified gaps in specific tools/analyses and products that would support the realization of the vision for a stronger HPSR ecosystem. These included:

- Framework to assess domestic HPSR funding sources and opportunities
- Guide or database of HPSR learning and training platforms
- Landscape of HPSR ecosystem measurement and evaluation tools

The Accelerator continued to collaborate with key HPSR actors to co-develop these tools. Partners from P4H, with the support of the Alliance, advanced the first tool (framework for assessing domestic HPSR funding opportunities) in Q2 and presented the concept at the Ideas Marketplace, later securing catalytic funding to develop the framework in association with Seoul National University. During Q4, Accelerator facilitators worked with SNU and P4H to develop a contract for this activity. The contract will be finalized in Y5 Q1.

Over Y4, the Accelerator worked with interested stakeholders to facilitate the development of the other two products, taking a larger role in creating the database of HPSR learning and training programs and conversations with the wider co-creation community. The initial framework was developed in Q3 and updated in Q4 following feedback from the Alliance. Accelerator facilitators will share this framework with the pilot leading efforts to map and network HPSRIs in Asia (led by ACCESS Health and the University of Gadjah Mada and emerging out of Action Group 3 on Networks and Forums for HPSRIs and other stakeholders). In PY5 Q1, the Accelerator team will work with these partners to determine

how this information can be used, as well as build conversations with the World Bank's Flagship Program, and the Experts Database.

In Q4, the Accelerator continued to request tools and resources via a [survey](#) that may be used to measure or evaluate the strength of the HPSR ecosystem. In Q4, the Accelerator developed a short brief on resources received. This brief will be finalized in Y5 Q1 and posted to the series website.

The Accelerator maintains an online presence for the co-creation series by posting the agendas, resources, and other materials to Google Sites/Drive and assessing the need for a separate home for the series and action groups' outputs. The Accelerator is continuing to explore existing partner websites and the opportunity to create an easily accessible website/page on these existing platforms. Discussions with co-creators, including HPSRIs, platforms, and others such as the Health Systems Global Asia-Pacific regional networks, have continued to point to data sharing and easy access to materials as a pain point.

### **Sub-activity 1.3: Reconvene Global, Regional, and Country-level Actors Engaged in HPSR and HSS Capacity Strengthening to Assess Progress on Co-created Vision and Action Plans**

At the end of Y4 Q2, the Accelerator facilitated a virtual reconvening and ideas marketplace for partners leading the action groups as well as global, regional, and country-level actors engaged in HPSR and HSS capacity strengthening. The ideas shared by action group leads formed the basis of many of the catalytic funding proposals, and reinforced the linkages across ideas and to the overall activity vision (see [blog](#) on the Accelerator website). Likewise, the event informed the facilitators' plans and execution of the call for proposals.

While Accelerator facilitators continued to engage the community through email communications, no further events were held in Q3 or Q4. In Q4, the Accelerator surveyed the community to see if partners would attend Health System Global's 2022 conference in Bogota, Colombia. Results were limited and suggested that while select strategic partners will attend, few members of the broader community will. As a result, the Accelerator has decided to promote sessions relevant to the community over the email group and connect key partners during the conference. This includes efforts to connect leaders of the "Strengthening HPSR networks in Asia: Developing a regional database" pilot, led by Shita Dewi of Center for Health Policy and Management, Universitas Gadjah Mada (Indonesia) and Maulik Chokshi of ACCESS Health International, with HSR's Teaching and Learning Technical Working Group (TWG). The latter has also recently launched a survey to update their HPSR Training Database and Accelerator facilitators are keen to explore synergies between the two efforts.

The Accelerator also intends to convene the community in Y5 and is looking for regional events and opportunities for such an event alongside the Asia Bureau.

#### **List of HPSRIs invited to all activities\*:**

- ACCESS Health (India)
- Alliance for Health Policy Outcomes (AIHO) (Philippines)
- Burnet Institute (Myanmar)
- CHEPS (Bangladesh, Indonesia)
- CHPM/IHPN (Indonesia)
- Chulalongkorn University (Thailand)
- Department of Health - HPDPB (Philippines)

- HERD Int (Nepal)
- Health Strategy and Policy Institute (Vietnam)
- Health Systems Transformation Platform (India)
- Indian Council of Medical Research (India)
- ICDDR,b (Bangladesh)
- K2P Center, American University at Beirut (Lebanon)
- National Institute of Public Health (NIPH) (Cambodia)
- National Institute for Transforming India (India)
- National University of Singapore (Singapore)
- Seoul National University (Hong Kong)
- The Chinese University of Hong Kong (Hong Kong)
- United Nations University (Malaysia)
- University of Hong Kong (Hong Kong)
- Upecon Foundation (Philippines)

\*Note: Outreach to ELCS and READ (Afghanistan) is on hold. Should advice from USAID change, the Accelerator would look forward to engaging with these partners again in PY5.

## Deliverables

### Action group products

- [Discussion Series \(3-part\): Action group 5: Enhanced models of research agenda-setting in fragile and conflict settings](#)
- [Action Group 6c: Landscape of HPSR ecosystem measurement and evaluation tools](#)

### Marketplace Materials & Outputs

- [Executive Summary](#)
- [Blog](#)
- [Interested Supplier Brief](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Sub-activity 1: Mobilize and coordinate the operationalization of action plans emerging from the Co-creation series with engaged HPSR actors and HSS platforms.</b>				
1.1 Initiate action groups and participate more intensively in 1-2 action groups	X	X	X	
1.2 Develop a joint work plan for a stronger HPSR ecosystem in Asia and a progress tracking tool to capture results and lessons learned for each action area	X	X	X	X
1.3 2-3 blogs	X	X	X	X
<b>Sub-activity 2: Co-develop tools and products prioritized by HPSR actors</b>				
2.1 Co-develop database of HPSR learning and training programs	X	X		
2.2 Establish landing page with co-developed products, tools, and resources			X	
<b>Sub-activity 3: Reconvene global, regional, and country-level actors engaged in HPSR and HSS capacity strengthening to assess progress on co-created vision and action plans</b>				

3.1 Convene HSS actors (HPSRIs, platforms, development partners) to assess progress on co-created vision and action plans		X	X	
3.2 Updated action plan to strengthen the HPSR ecosystem in Asia			X	

## Leveraging with Other Partners/Programs

The Y3 co-creation series effectively cemented a relationship with the Alliance and advanced relationships with regional learning platforms<sup>5</sup>. These relationships continue to be central to this work as these platforms have remained engaged in co-creation activities, taking leadership roles across roles across several action groups, and then, alongside HPSRIs, applying for catalytic funding and piloting several activities.

The Accelerator has continued discussions with other development partners, such as the Gates Foundation, the Asian Development Bank, the Global Fund, World Bank, and others who have expressed interest in seeing how the emerging models, tools, and products may align with the implementation of their strategies. Representatives of these development institutions were invited to attend the March Ideas Marketplace and provide feedback on the catalytic funding process and Concept Notes relevant to their strategic priorities. The Accelerator is continuing to engage these partners to try and generate support (in kind or direct) for the ecosystem strengthening concept notes and proposals.

In Q4, Accelerator facilitators engaged with Mission colleagues in the Philippines to identify HPSRI partners for the FAB HPSRIs activity. Facilitators have also extended Mission Concurrence letters to colleagues in Nepal, Sri Lanka, Indonesia, and the Philippines.

Mission colleagues and external partners will be updated throughout the pilot phase and invited to convenings in Y5, and facilitators will continue to explore how these activities can be supported with in-country resources or from these aligned HSS actors.

## Priority Activities for Next Quarter

- Complete subawards/contracts under assistance for selected pilot activities
- Hold kick-off event for the pilot activities to meet each other, discuss their activities and potential synergies, as well as confirm MEL activities
- Finalize and publish two blogs related to research agenda setting discussion series
- Finalize and publish brief on HPSR ecosystem measurement and evaluation tools
- Capture and synthesize lessons learned from the action group and pilot award processes
- Continue conversations with aligned HSS actors and funders, including the Gates Foundation, Asian Development Bank, Global Fund, and Asia-Pacific Health Systems Global Regional Network, to secure co-investment and in-kind support for the ideas developed through the co-creation activities

## Administrative and Financial Progress

### Administration

The Accelerator has continued with a remote work model in Y4. R4D's offices reopened in Q2 on a voluntary return basis. The Accelerator held an annual work planning session in the office in Q3, and the team held additional sessions in the office in Q4.

<sup>5</sup> Learning platforms and training platforms include the WHO Alliance for Health Policy and Systems Research, Asia Network for Health Systems Strengthening (ANHSS), Asia Pacific Observatory (APO), P4H/L4UHC, Flagship Course (World Bank)

## Human Resources

The Accelerator team continues to be led by Amanda Folsom with Kavita Hatipoglu and Leah List. Christina Shaw continued to provide support following the Marketplace and advised on external communications through Q4. Accelerator leadership, including Nathan Blanchet and Afua Ofosu-Barko, have supported strategic thinking and the catalytic funding process, along with J.T. Henry of R4D's procurement team and members of R4D's finance and grants teams. Dr. Leizel Lagrada-Rombaua, an R4D Senior Fellow and health systems expert, based in Manila, Philippines, supported the discussion series on research agenda setting in conflict and fragile settings in Y3 and will continue to be engaged at strategic moments.

# Immunization: Improving the Use of Supplementary Immunization Activities to Strengthen Routine Immunization and Reach Unvaccinated Children

Countries worldwide 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. 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 supports select 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 maintain safe delivery in the context of COVID-19 and other new vaccine introductions, campaigns, or outbreaks.

## Key Achievements

1. Facilitated pilot immunization local resource mobilization workshops in three health districts (Boffa, Telemele, and Forecariah) to support local managers to budget effectively, manage financial resources, and advocate for financing from private enterprises.
2. Engaged in discussions on the development of Guinea and Togo's application for the GAVI funded national zero-dose strategy.
3. Completed a rapid analysis of the Institutional Architecture for immunization in Togo as part of the Accelerator's M&E efforts.

## Sub-activity 1: Addressing inequities and expanding routine immunization through improved funds flow and community health integration in Guinea

In Y4, the Accelerator identified several systems-level challenges and solutions in supporting Guinea's immunization program. With support from USAID to expand immunization coverage and improve equity throughout Guinea, the Accelerator has completed the following activities:

- Hosted subnational community dialogues in two health districts to identify key challenges facing the country's immunization program.
- Completed a landscape analysis of system-level challenges to integrating immunization and community health.
- Completed a rapid analysis of the Institutional Architecture for immunization in Guinea as part of the Accelerator's M&E efforts.
- Identified and responded to the need to improve coordination between the Expanded Program on Immunization (EPI) and Guinea's community health program (DNSCMT) by organizing regular meetings between the EPI and DNSCMT led by our Guinean consultant.
- Engaged in the coordination and roll-out of Guinea's Measles and Meningitis A campaign and advocated for the integration of community health workers (CHWs) and community relays (RECOs) into campaign activities.
- Facilitated a multi-stakeholder action planning session in Guinea to develop strategies to improve the integration of the country's immunization program with the national community health policy.
- Collected financial datasets to conduct an analysis of Guinea's resource tracking

During the final quarter of Y4, the Accelerator facilitated pilot immunization local resource mobilization workshops in three districts, Téliélé, Boffa, and Forecariah. The goal of each workshop was to advocate for financing of strategies to improve immunization coverage, especially reaching zero-dose children and under-immunized children, as well as promoting capacity building for local staff on the best use of currently available resources. Commitments from some private commercial traders and religious leaders, who participated in the workshops, to provide small monthly funding amounts for immunization to cover expenses like fuel and supplies were secured in each of the three districts. The Accelerator is consulting with USAID and the EPI to outline brief follow-on activities to be carried out in Y5 to ensure the long-term impact of these efforts. Options include developing frameworks for accountability and sustainability for any mobilized resources or adding/revising the immunization components of local budgeting tools.

Towards the end of the Q4, our consultant attended a workshop on the development of Guinea's national zero-dose strategy and preparation of Guinea's application for Gavi's Equity Accelerator Funding (EAF). The program created a report on the workshop's findings and recommendations, taking into consideration the eleven health districts selected to receive zero-dose support based on a recent analysis of immunization coverage rates in the country conducted by the global consulting firm, Dalberg. Key strategies identified during the workshop to be mentioned in the proposal to Gavi included:

- Strengthening communication between public and private structures
- Mapping technical and financial partner support across the country
- Community mapping of immunization sites

In Y5, the Accelerator will transition many of the activities identified during the co-creative action planning process (conducted during Q3) to field support funds. The activities will be implemented by our partner *Comité Jeunes Mon Avenir d'Abord* (CJMAD). These activities include engaging civil society organizations (CSOs) to track children lost to follow-up, support the organization of multi-sectoral meetings lead by the government to coordinate on immunization, and advocate for

resources for immunization. Meanwhile, the Accelerator's remaining immunization funds will be used to transition the activities to government leadership, especially the national coordination working group, the local community dialogues, and lessons learned from the local resource mobilization pilot, and to follow up with partners to ensure the implementation of activities assigned to them during the co-creative action planning exercise. Additionally, immunization funds will support our consultant to develop new training modules for community health workers, community relays, and religious leaders on their immunization roles that build on the capacity gaps identified through the landscaping analysis and the Accelerator's support to the 2022 measles and meningitis A campaign.

## **Sub-activity 2: Strengthening equitable immunization in the second year of life and beyond in the context of universal health coverage in Togo**

Throughout Y4, the Accelerator expanded its efforts of identifying the systemic challenges to improving routine immunization coverage and equity in Togo during the second year of life (2YL) and beyond and the challenges to including the extension of free immunization services up to 2YL and beyond as an expansion of essential services under Togo's Universal Health Coverage (UHC) agenda. Achievements during the year include:

- Completed a landscaping report of systems-level immunization challenges, focusing on immunization in 2YL, reaching zero-dose children, and identifying how to support the Ministry of Health, civil society, and other key actors to identify solutions for these systematic challenges and integrate these into national strategies for health.
- Collected financial datasets to conduct an analysis of Togo's resource tracking.
- Engaged in Gavi Full Portfolio Planning (FPP) and the finalization of a systematic review and analysis of zero-dose children in Togo to offer insights on coverage and equity challenges based on the landscape report findings.

In Togo, the Accelerator's consultant engaged in the finalization of Togo's national zero-dose strategy for Gavi's EAF, which proposes to identify the bottlenecks and obstacles to reducing the number of zero-dose children through approaches that will be inclusive of diverse decision-makers, such as civil society members, and technical, governmental, and financial partners. Our Togo based consultant also continued to prepare for the national co-creation planning process to address systematic challenges to reaching children in the second year of life and beyond, which after some delays due to the EPI's response to the detection of a polio case, is scheduled for the beginning of the first quarter of Y5. The finalization and facilitation of the workshop will be led by a recently hired consultant who will now oversee work related to immunization in Togo. Additionally, the Accelerator completed a rapid analysis of the Institutional Architecture for immunization in Togo as part of the Accelerator's M&E efforts.

Based on the outcomes from the Accelerator's co-creative action planning process to be completed in the beginning of Y5, the Accelerator will support several activities that address some of the challenges identified through its landscaping exercise and can be completed or transitioned to other partners by approximately March 2023. This support may include:

- Input to the new strategic plan for immunization that includes approaches prioritized by the Immunization Agenda 2030 and Gavi 5.0.
- Support for the development of a strategic framework for engaging the private sector in immunization.
- Support for the development of advocacy materials to advocate for an increase in the immunization budget line.
- Conducting a workshop and developing guidelines to address funding bottlenecks related to complex reporting and payment procedures that delay the release of immunization funds from civil society organizations.

- Pilot community dialogues for immunization at the implementation level to identify key challenges and strategies for improving them and better engage local actors and stakeholders in immunization.
- Establish a forum (working group or similar) to address data quality issues important for analyzing coverage and equity trends for immunization, particularly measles second dose.

### Sub-activity 3: Peer Learning

In Y4, the Accelerator continued to prioritize the dissemination of lessons learned from its work in Y3 by creating opportunities for peer learning by facilitating dialogues and resource sharing between Guinea and Togo. In April and June 2022, the Accelerator organized two virtual dialogues between Togo and Guinea to facilitate regional learning on immunization and community health integration and leveraging immunization campaigns for routine immunization. Bringing together these francophone countries from the West Africa region into a shared space allowed Togo and Guinea to strategize over their shared challenges and learn from their differences—where Togo has higher coverage rates for certain routine immunizations, Guinea has a more developed community health policy with established frameworks for community health and immunization integration.

In Y5, the Accelerator will use a complexity-aware method, such as outcome harvesting, most significant change, or process evaluation, to rigorously analyze and document key lessons learned from its immunization support to Guinea and/or Togo. The topic of this activity will be decided in consultation with USAID but may include an examination of how the Accelerator’s inclusive approach to root cause analysis, civil society engagement, and action planning in Guinea contributed to the resiliency of its immunization program in maintaining service delivery and the smooth transition of immunization functions to new government leadership under the new administration following the coup in 2021.

### Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Sub-activity 1: Addressing inequities and expanding Routine Immunization through improved funds flow and community health integration in Guinea</b>				
1.1 Rapid analysis of what is known about community health work and immunization integration challenges in Guinea [COMPLETE]			X	
1.2 Select number of subnational action plans for improving immunization and community health integration in Guinea [COMPLETE – Dubreka and Kindia]	X			
1.3 National action plan for improving immunization and community health integration in Guinea [COMPLETE]				X
1.4 Resource tracking/fund flow analysis to understand bottlenecks in the process of allocating, disbursing, and spending funds to reach underserved areas in Guinea and challenges/opportunities for domestic resource mobilization under COVID-19 [IN-PROGRESS – data collection and analysis ongoing with delays due to lack of data availability following coup]	X	X	X	X
1.5 National action plan for improving immunization funding flows in Guinea [COMPLETE – combined with 1.3]				X
<b>Sub-activity 2: Strengthening Equitable Immunization in the Second Year of Life and Beyond in the Context of Universal Health Coverage in Togo</b>				
2.1 Resource tracking analysis of funding sources for immunization in Togo and how these are currently being managed and spent [IN PROGRESS– data collection complete and analysis ongoing]	X	X	X	X

2.2 Coaching or other modalities of technical support to ensure that micro-planning for routine immunization is embedded in Togo's government planning and budgeting processes [ON-TRACK-to be completed in Y5]				X
2.3 Rapid analysis of barriers to community health and immunization integration at the national level in Togo and its impact on immunization coverage, particularly in the second year of life [COMPLETE]		X	X	
<b>Sub-activity 3: Peer Learning</b>				
3.1 Virtual consultation between policymakers in Togo and Guinea working on immunization and community health integration [COMPLETE]		X	X	
3.2 Case study of the implementation of immunization and community health integration in Guinea and Togo with lessons learned [ON-TRACK to be completed in Y5]				X
3.3 Virtual Engagement on leveraging outbreak response for routine immunization system strengthening, focusing on applying learning to COVID-19 recovery [COMPLETE]		X	X	
3.4 Case studies of experiences improving funding flows for immunization in Guinea and Togo [Revisioning this case study to be merged with 3.2 in Y5]				X

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
Difficulties in accessing complete and accurate financial data sets on immunization funding in Guinea and Togo. Necessary data from Togo has now been obtained. Data from Guinea is still missing, likely due to politics of the 2021 coup.	1. The Accelerator worked closely with its consultants and other R4D staff to identify alternative access points to financial data which proved successful in Togo. Accelerator staff will be traveling to Guinea in October 2022 and will meet with specific Guinean government stakeholders to discuss obtaining remaining needed data. From there, the Accelerator will assess what can be done with existing data to avoid further delays.
Departure of our Togolese consultant for a full-time job opportunity with a regional partner.	2. The Accelerator conducted interviews and hired a new consultant for our Togo immunization activities; Dr. SABLIKOU Oladé, who will be guided and initially supported by the Accelerator's other Togo-based Accelerator consultant, Issa Aboubakar during Dr. SABLIKOU's onboarding phase.

## Deliverables

- [Guinea Local Resource Mobilization Report](#)
- [Draft Guinea National Zero-Dose Strategy report \(workshop led by Dalburg, global health org., and report submitted to Dalburg for finalization\)](#)
- [Togo Institutional Architecture](#)
- [Revised Guinea Landscaping Report](#)

## Priority Activities for Next Quarter

1. Developing immunization trainings for community health workers, community relays, and religious leaders in Guinea.
2. Provide support to the on-time development of the EPI's annual workplan, including support to ensure that the workplan is realistic and addresses key coverage issues in Guinea.
3. Develop strategies and frameworks to address challenges identified through landscaping exercise, such as the incorporation of IA2030 and GAVI 5.0 into the national immunization strategy, the development of a framework for engaging the private sector in immunization and reaching children with measles second dose and future vaccine introductions in the second year of life and beyond in Togo.
4. Advocating for resources, efficient funding flows, and accurate budgeting for immunization activities through activities such as coaching, coordination, stakeholder engagement, advocacy, and the development of bottom-up budgeting guidelines in Togo.
5. Provide immunization financing related inputs (including financing to potential new vaccine introductions in the second year of life and beyond) to broader Accelerator support to the implementation of Togo's UHC strategy.
6. Complete initial rapid analyses and landscaping of financial funding flow data in Togo and Guinea.
7. Produce a brief on findings from a complexity-awareness learning activity to rigorously analyze and document key lessons learned from its immunization support to Guinea and/or Togo.

## Administrative and Financial Progress

### Human Resources

The Accelerator hired a new consultant to support immunization activities in Togo, replacing Dr. Diane Fifonsi Gbeasor:

- Dr. SABLIKOU Oladé: Immunization financing in Guinea and Togo (based in Togo)

# Bureau for Development, Democracy, and Innovation: 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 universal health coverage (UHC). Despite growing need, rehabilitation is frequently under-prioritized in countries' health systems and UHC strategies, especially in low and middle-income countries (LMICs). The World Health Organization's (WHO) Rehabilitation 2030 Initiative calls 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 Health Systems Strengthening Accelerator (Accelerator) to support countries in integrating and strengthening rehabilitation services in health systems within post-conflict countries. This report describes progress made on each sub-activity during Q4 Y4 and outlines the next steps anticipated in Q1 Y5.

## Key Achievements

- Completed the budget estimations for Universal Healthcare Program (UHCP) rehabilitation program in Georgia
- Finalized a list of rehabilitation indicators for the pilot the DHIS2 Rehabilitation Module in Ethiopia
- Facilitated two 2.5-day capacity-building trainings on resource management for rehabilitation facility managers and national and regional policymakers in Ethiopia
- Developed a first draft of a global technical report on "Making Financing Work for Rehabilitation"
- Conducted key informant interviews to enhance the landscape analysis of the Rehabilitation Expenditure Data Analysis activity
- Completed the Expressions of Interest (EOI) process for a scoping activity co-hosted with the Joint Learning Network for Universal Health Coverage (JLN)

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

In Y4, the Accelerator selected a local partner, Curatio International Foundation (CIF), and began implementation. In the past year, the Accelerator collaborated with stakeholders to define and develop a list of prioritized rehabilitation conditions to be included in the Universal Healthcare Program (UHCP). Technical knowledge products provided by WHO, including the draft Package of Interventions for Rehabilitation (PIR), which contains information on evidence-based rehabilitative interventions for prevalent health conditions, were used to support this activity. At the request of WHO, the Accelerator documented the process for utilizing this product and developed a brief to capture lessons learned and recommendations. The Accelerator costed and budgeted the draft National Strategy and Action Plan for Improving Rehabilitation Services for years 2022-2026. The program's consultant produced a costing model, budget map, and data collection plan, which were

all shared with and approved by the Ministry of Internally Displaced Persons, Labor, Health, and Social Affairs of Georgia (MoIDPLHSA).

In Q4, following Ministry approval of the priority list of rehabilitation services and of GEL 5 million for rehabilitation services within the UHCP for the upcoming funding cycle, the Accelerator supported the launch of the first pilot rehabilitation module. A limited package of services, including post-stroke and brain and spinal trauma, will be implemented during the pilot period, with technical support from the Accelerator focused on service pricing, provider payment mechanisms, eligibility of beneficiaries, and provider contracting criteria. To this end, the Accelerator began a cost and budget estimation exercise for the prioritized rehabilitation services completed in Q3, and shared findings through a consensus building meeting with local stakeholders to validate the approach, methodology, and results of the exercise. In Q4, these estimations were approved by the MoIDPLHSA for use in the pilot program.

In Y5 Q1, CIF will design and implementation research methodology that will provide the Ministry with evidence as to how the pilot program can inform the scaled-up rehabilitation program (currently scheduled to launch in Y5 Q2). To further support the rehabilitation program, the Accelerator will develop a stepwise plan for provider capacity development, outlining the evolution of service provider capabilities for the initial 24 months of financing rehabilitation.

## **Sub-activity 2: Strengthening Rehabilitation Services within Ethiopia's Health Systems**

In Y4, the Accelerator provided technical and editorial feedback on the MOH's 5-year strategic plan for rehabilitation and the strategic plan for the Ethiopia Prosthetic and Orthotic Service (EPOS) rehabilitation center. The Accelerator will support the launch ceremony for the national and EPOS strategic plans in Y5. Additionally, the Accelerator supported the MOH to host two performance review meetings for representatives from the MOH, RHBs, rehabilitation centers, hospitals, and civil society organizations to discuss shared experiences and challenges in rehabilitation service delivery. And to assess progress towards key goals in the rehabilitation strategy. The Accelerator participated in a hospital performance review meeting to discuss the performance of secondary, tertiary, and university hospitals, major challenges, and ways to address these challenges. The Accelerator highlighted the need to integrate rehabilitation services into hospital settings and how rehabilitation has been overlooked due to lack of policy, inadequate workforce, poor infrastructure, and lack of data.

The Accelerator worked with the Ethiopian MOH's Clinical Services Directorate (CSD) and Planning, Policy, Monitoring, and Evaluation Directorate (PPMED) and the WHO to implement the DHIS2 Rehabilitation Module pilot as detailed in a concept note finalized in Q2. Steps completed in Y4 include a rapid readiness assessment to evaluate the system requirements for rehabilitation data collection, reporting, and use in the five selected health facilities, and the finalization of a list of rehabilitation indicators in Q4. Throughout this process, the Accelerator facilitated meetings with the MOH, WHO, and DHIS2 experts from Oslo University to better understand the process of integrating the rehabilitation package into the DHIS2 online system and best practices for developing a facility assessment tool and adapting indicators to the local context.

The Accelerator implemented the second and third steps of the DHIS2 Rehabilitation Module pilot: selection of rehabilitation indicators and validation of these indicators for approval. The Accelerator supported multiple consultative workshops for the MOH and the Rehabilitation Technical Working Group to adapt the WHO list of indicators to the Ethiopian context, consulting WHO for guidance

throughout the process. These workshops resulted in a prioritized list of six rehabilitation indicators that will be integrated into the Ethiopian HMIS and DHIS2. These changes will be implemented in Y5, pending approval from PPMED. Additionally, the Accelerator continued regular meetings with JSI's Digital Health Activity (DHA) to align both program's scope of work to support DHIS2 scale up.

Daniela Gutierrez and Reva Alperson traveled to Addis Ababa, Ethiopia to meet in-person with a range of Ethiopian colleagues and stakeholders along with Kiki Lentz, Senior Technical Advisor, Rehabilitation, USAID, DDI Inclusive Development Hub. The outputs of the trip were 1) a capacity-building training on strengthening resource management for rehabilitation; 2) further developed relationships with counterparts from USAID Ethiopia Mission Office and HQ; 3) meetings with officials from the MOH to plan for Y5 and discuss progress on ongoing activities; and 4) participation in stakeholder discussions to better understand challenges in rehabilitation planning and service delivery in multiple levels of the health care system in Ethiopia. To achieve these objectives, the Accelerator visited multiple primary health care and rehabilitation facilities and met with disability advocacy groups, NGO partners, and the USAID Ethiopia Mission Office.

During this trip, the Accelerator facilitated an in-person capacity-building training for individuals involved in rehabilitation service management and planning in select rehabilitation facilities at the facility, regional, and national levels. The training content was developed through multiple conversations with the CSD in previous quarters and incorporated a previous MOH needs assessment into a comprehensive approach to address a variety of health systems management issues in rehabilitation facilities. In the training, participants used root cause analysis to identify a key problem in their agency or rehabilitation facility and formulated an action plan to address this problem. After identifying the action plan's resource gaps and relevant stakeholders, participants developed a funding request, a key skill for resource mobilization. In the post-training surveys, participants provided overall positive feedback and expressed interest in continued learning, further support with the action plans developed, and expansion of the training's audience. The Accelerator team will continue to work with the MOH to provide support to develop and monitor funding requests, surface additional learning areas, and potentially institutionalize the training within the MOH's Training Department.

The Accelerator also initiated an activity focused on integrating rehabilitation into primary health care in Y4. After finalizing a concept note with the CSD in Q3, in Q4 the Accelerator hired a local consultant to support this activity. The consultant began conducting a landscape analysis to understand the current context of rehabilitation services at the community and primary care levels in Ethiopia. This landscape analysis includes a comprehensive desk review, key informant interviews, and site visits, and will inform recommendations to the MOH for integrating rehabilitation into primary health care.

In Y5 Q1, the Accelerator will continue to work closely with the MOH to implement the next phase of the DHIS2 pilot, which will include formulating an indicator definition guide, creating reporting formats, and piloting these formats. The Accelerator will also work with the consultant to complete the landscape analysis on integrating rehabilitation into primary health care. Other Q1 priorities include technical input and follow up for joint supportive supervision site visits to rehabilitation centers, follow up on action plans developed during the resource management capacity-building training, support for the launching ceremony of the 5-Year National Strategic Plan for Rehabilitation, and ongoing support for performance review meetings with a focus on continuation of the Rehabilitation Technical Working Group after the Accelerator project concludes.

### **Sub-activity 3: Financing Rehabilitation for Universal Health Coverage: Guidance for Managers and Policymakers**

In Y4, the Accelerator completed its regional webinar series on rehabilitation in health financing, convening over 150 participants from 40 countries around the world. The overall objectives of the webinar series were (1) to build knowledge of health financing for rehabilitation in different country contexts through the sharing of country experiences, and (2) to identify high-priority health financing reforms for rehabilitation and practical considerations for their successful implementation. The Accelerator also conducted key informant interviews with global rehabilitation and health financing experts to probe on questions that emerged from the webinar series and validated findings with counterparts from WHO.

Findings from the webinar series, key informant interviews, and the previously completed desk review informed the first draft of the technical report on “Making Health Financing Work for Rehabilitation,” which was completed in Q4. The technical report includes overviews of specific aspects of health financing for rehabilitation, case studies, and examinations of best practices. The team briefed WHO’s Health Governance and Financing team on the overall structure and approach of the document and, after incorporating their feedback, will finalize the document in Y5 Q1.

Additionally, in Y4 the Accelerator was commissioned by WHO to write a policy and practice paper on how policymakers can leverage strategic purchasing to improve access to rehabilitation services for an upcoming theme issue on rehabilitation in the WHO Bulletin. This paper was formally accepted by the WHO Bulletin and is expected to be published in Y5 Q1.

The Accelerator also worked with WHO in Y4 to formulate plans for follow-on short-term technical assistance for participants from the regional webinar series, which will be further defined in Y5.

### **Sub-activity 4: Rehabilitation Expenditure Data Analysis**

In Y4, the Accelerator launched the Rehabilitation Expenditure Data Analysis sub-activity with support from WHO, under which the team will empirically investigate common challenges and develop guidance and support for promoting good practices in tracking rehabilitation expenditure as part of national health accounts (NHAs). As a first step, the Accelerator began developing a landscape analysis report, which maps the mechanisms and challenges for collecting and reporting rehabilitation expenditure data. This report was informed by key informant interviews with various country-level NHA stakeholders as well as technical experts from WHO. The Accelerator also began preparing for a more in-depth and interactive ‘exploratory study’ of rehabilitation spending at the country-level, which will provide the basis to develop a technical guidance on the methodology and best practices for collecting rehabilitation expenditure data across a range of health systems contexts.

In Q4, in collaboration with USAID and WHO, the Accelerator selected Georgia for the exploratory study. Through consultations for the landscape analysis, the Accelerator also identified Nepal and Armenia as promising candidates for application and testing of the guidance that will emerge from the exploratory study. The Accelerator began recruitment for a consultant to lead implementation of the exploratory study – including in-country planning, data collection, and analysis of results. The team expects to complete the selection process next quarter.

In Y5 Q1, the Accelerator will launch the exploratory study in Georgia. The team will also begin outreach to the countries selected for the guidance application phase, initiating mission concurrence processes, and beginning consensus-building discussions with local stakeholders.

## Sub-activity 5: Collaborative Learning on Strengthening Rehabilitation in Health Systems

In Y4, the Accelerator and the Joint Learning Network for Universal Health Coverage (JLN) co-hosted a 1.5-hour webinar that brought together UHC and rehabilitation leaders to exchange country experiences with rehabilitation, including how (or whether) it is integrated within health systems and UHC strategies and the effects of the COVID-19 pandemic. The webinar drew over 150 attendees from 30 countries and featured presentations from WHO and country panelists from Mexico, South Africa, and Nigeria. The panelists emphasized under-prioritization of rehabilitation as a challenge in their respective countries and a common need to integrate rehabilitation into PHC systems, build the capacity of the rehabilitation workforce, and collect more data to better monitor and improve outcomes. To disseminate these findings, the Accelerator published an online promotional announcement and shared webinar materials with participants.

In Q3, the Accelerator received approval from the JLN Steering Group for a follow-on scoping activity, which will use a virtual roundtable discussion series to explore topics related to integrating rehabilitation into primary health care (planning and prioritization, workforce, and data management). After issuing a call for EOIs for this scoping activity, in Q4, the Accelerator completed the EOI process and finalized the list of participants for a virtual roundtable discussion series. The Accelerator also hired an expert consultant to lead the planning, design, and facilitation of the roundtable discussion series, which will take place in Y5 Q1. The output of this exercise will be a concept note detailing a learning agenda for a potential future rehabilitation-focused technical collaborative or larger learning exchange.

### Deliverables

- CIF's reflection [and lessons learned on PIR](#)
- DHIS2 Workshop Summaries:
  - [Indicator Selection Workshop Report \(July\)](#)
  - [Indicator Finalization Workshop Report \(September\)](#)
- [Ethiopia trip report](#)
- [Capacity building training slides](#)
- [List of roundtable participants](#)

### Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Sub-activity 1: Strengthening Health Systems for Accessible Rehabilitation Services in Georgia</b>				
<b>Support integration of rehabilitation in Georgian health systems financing programs.</b>				
<ul style="list-style-type: none"> <li>• Estimate of volume and approaches to financing priority conditions and associated rehabilitation services, aimed at integration in existing public financing programs</li> <li>• Develop phased approach to integrating rehabilitation in health systems financing programs</li> <li>• Conduct costing and budget impact analysis</li> <li>• Develop Monitoring, Evaluation and Learning plan</li> </ul>	X	X	X	X
<b>SUB-ACTIVITY 2: STRENGTHENING REHABILITATION WITHIN ETHIOPIA'S HEALTH SYSTEMS</b>				
<b>Provide strategic and analytic support to the MOH on how to integrate rehabilitation into health systems</b>	X	X	X	X

<ul style="list-style-type: none"> <li>Integration of rehabilitation into health systems using evidence-based approaches</li> </ul>				
<b>Conduct capacity building activities for health centers on resource management for rehabilitation</b> <ul style="list-style-type: none"> <li>Skilled HR in resource management for rehabilitation</li> <li>Agreement/partnerships with stakeholders</li> </ul>			X	X
<b>Provide analytical support to MOH on how to standardize rehabilitation services and plan to integrate them with other services at the PHC/community level</b> <ul style="list-style-type: none"> <li>Technical brief on the integration of rehabilitation in PHC/community level in Ethiopia</li> <li>Recommendations for guideline completed</li> </ul>		X	X	X
<b>Support the MOH to establish effective coordination mechanisms for rehabilitation</b> <ul style="list-style-type: none"> <li>Stakeholder/resource map developed</li> <li>Coordination platform created</li> </ul>		X	X	X
<b>Support the MOH to improve rehabilitation service data management and utilization at the national level</b> <ul style="list-style-type: none"> <li>Standardized reporting/indicators and feedback mechanisms for rehabilitation established</li> </ul>	X	X	X	X
<b>SUB-ACTIVITY 3: REHABILITATION IN HEALTH FINANCING</b>				
<ul style="list-style-type: none"> <li>Webinar series and key informant interviews completed</li> </ul>	X	X		
<ul style="list-style-type: none"> <li>Finalization and dissemination of knowledge product</li> </ul>		X	X	X
<b>SUB-ACTIVITY 4: REHABILITATION EXPENDITURE DATA ANALYSIS</b>				
<ul style="list-style-type: none"> <li>Activity plan and associated cooperative agreement with WHO created</li> </ul>		X		
<ul style="list-style-type: none"> <li>Landscape analysis of country rehabilitation expenditure practices</li> </ul>		X	X	
<ul style="list-style-type: none"> <li>Development of knowledge product on country rehabilitation expenditure data reporting and guidance on how to strengthen reporting mechanisms</li> </ul>				X
<b>SUB-ACTIVITY 5: COLLABORATIVE LEARNING ON STRENGTHENING REHABILITATION IN HEALTH SYSTEMS</b>				
<ul style="list-style-type: none"> <li>JLN webinar content design and country outreach</li> </ul>	X			
<ul style="list-style-type: none"> <li>Publish blog on the highlights and lessons learned from the webinar</li> </ul>		X		
<ul style="list-style-type: none"> <li>Pending country interest and JLN availability, a technical working group convened</li> </ul>			X	X

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
Political conflict has created delays for the Ethiopia MOH.	The Accelerator will communicate with staff based in Addis to stay abreast of security concerns and ensure all appropriate employee safety measures are in place.

## Priority Activities for Next Quarter

The Accelerator will focus on the following priorities during Y5 Q1 (October 1 – December 31):

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

- a. Implementation research of the financing rehabilitation services within UHCP pilot and developing lessons learned
  - b. Finalizing a stepwise plan for service provider capacity development
- 2. Sub-activity 2: Strengthening Rehabilitation Services within UHC platforms in Ethiopia**
  - a. Support the MOH's launching ceremony for the 5-year national rehabilitation and EPOS strategic plans
  - b. Develop an indicator definition guide and reporting formats and pilot these formats for the DHIS2 Rehabilitation Module pilot
  - c. Continue to support the MOH to develop an evidence-based and operational approach to integrating rehabilitation into primary health care
  - d. Support participants in the resource management capacity-building training to implement the action plans they developed
- 3. Sub-activity 3: Financing Rehabilitation for Universal Health Coverage: Guidance for Managers and Policy Makers**
  - a. Finalize the technical report and plan dissemination efforts
- 4. Sub-activity 4: Rehabilitation Expenditure Data Analysis**
  - a. Finalize the landscape analysis exercise, pending review from USAID and WHO
  - b. Onboard consultant to the exploratory study based in Georgia and begin research activities
- 5. Sub-activity 5: Collaborative learning on strengthening rehabilitation in health systems**
  - a. Plan and conduct roundtable discussions and identify the level of interest in a larger technical collaborative

## Administrative and Financial Progress

### Administrative

No updates this quarter.

### Human Resources

- Under Sub-activity 2, the team hired two consultants, one to support the DHIS2 Rehabilitation Module pilot, and another to lead a situational assessment for integration of rehabilitation into primary health care in Ethiopia.
- Under Sub-activity 4, the team is recruiting for a country-level consultant to assist with the exploratory study.
- Under Sub-activity 5, the team hired a consultant to support with designing, planning, and facilitating the roundtable discussion series with the JLN.

# Bureau for Development, Democracy, and Innovation: Strengthening Mental Health and Psychosocial Support in Post-Conflict Countries

## Key Achievements

1. Supported the Liberia Association of Psychosocial Services to finalize the mental health ledger for implementation in the DHIS2 platform and design a plan for piloting the ledger at 33 facilities within Montserrado, Maryland, and Bomi counties
2. Supported Phebe Hospital and School of Nursing to conduct the first in-service training to facilitate capacity building in mental health and psychiatric topics among staff

Countries are increasingly interested in integrating prevention, screening, diagnostics, and treatment for mental health and psychosocial support (MHPSS) services into existing health systems. MHPSS plays an integral role in improving well-being. However, many countries struggle to scale up access to MHPSS 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 Health Systems Strengthening Accelerator (Accelerator) supports integrating and strengthening 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). USAID in Liberia engaged the Accelerator to strengthen the MHPSS response in line with the objectives of the Liberia Mental Health Policy and Strategic Plan. In Y4 Q4, the Accelerator supported its local partners as they made key strides to implement activities that will strengthen health systems functions that will create a more enabling environment for sustainable delivery of quality and equitable mental health care.

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

The Accelerator leveraged its partnership with the Ministry of Health's Mental Health Unit (MHU) and MHPSS stakeholders to implement a scope of work with support from two local partners.

The Accelerator selected the Liberia Association for Psychosocial Services (LAPS) as its first sub-awardee for activities to institutionalize essential internal functions within the MHU. Through this subaward, LAPS is supporting the MHU (and its MOH counterparts) to revise the mental health components of the Health Management Information System (HMIS), develop tools and personnel capacity for key M&E tasks (including HRH planning and review and county-level monitoring of strategy implementation), and facilitate revisions to the national mental health strategy for the next 5-year cycle. Throughout Y4, LAPS made progress toward revamping the mental health ledger within the HMIS. During Q4, through collaboration with the national HMIS team, LAPS convened a group of stakeholders from various counties in Liberia to revise the mental health conditions within the country's electronic logistics management information system (LMIS) tools. This allowed the LAPS team to finish revisions to the ledger for implementation in the DHIS2 platform and design a pilot plan at 33 facilities within Montserrado, Maryland, and Bomi counties. LAPS is poised to support a rapid roll-out and testing of the ledger beginning in Y5.

The Accelerator also selected and finalized a second sub-award to Phebe Hospital and School of Nursing (Phebe H&SN), which centers on building Phebe H&SN's capacity to integrate the post-basic

training program for Mental Health Clinicians (MHCs) into the offerings of the institution's Paramedical Training Program (PTP). To achieve this objective, Phebe H&SN's scope of work involves five sub-activities: (1) Revise the MHC training curriculum to align with the standardized academic format for a Bachelor of Science degree, (2) Faculty development, (3) Best practice learning, (4) Select infrastructure improvements, and (5) Convene local experts to advance the development of MHC systems. During Q4, Phebe H&SN assembled a Technical Working Group (TWG) which will collaborate to revise the MHC training curriculum in consultation with local experts, laying the foundation for more robust curriculum review efforts next quarter. Phebe H&SN conducted the first in-service training of over 20 staff from related programs and departments within the institution, which facilitated capacity building in mental health and psychiatric topics, lesson planning, and conducting testing and evaluation exercises.

Early in Y4, the Accelerator selected two forecasting and quantification consultants, Joseph Lubega and Lloyd Matowe, to convene stakeholders in a first-of-its-kind forecasting and quantification exercise on Liberia's mental health (MH) commodities. The key goals of this exercise were to update the national essential MH medicines list, estimate the MH medicines requirements, match those needs with a costed forecast for MH Products for 2022 up to 2024, and identify associated funding needs and gaps. In collaboration with the consultant team, the Accelerator finalized and disseminated a report summarizing the workshop dedicated to forecasting and quantification of MH drugs in Liberia. This exercise is expected to enable donor-government alignment to support a sustained supply of essential MH medicines beyond the life of the project.

Y4 also saw the culmination of the Accelerator's exercise to strengthen mental health programming within Liberia's community health platform. The Accelerator reviewed existing initiatives in Liberia and created a set of recommendations for a) revising the training module for MHPSS delivery at the community level, and b) integrating strategic and promising approaches that stand to produce sustainable improvements to how CMH is implemented and coordinated. The team presented desk review findings and recommendations to a group of approximately 30 stakeholders – including representatives from local mental health initiatives, development partners, Liberia's Community Health Services Department (CHSD), and the MOH – to solicit feedback and establish next steps for integrating recommendations into the next iteration of the community mental health training module. In Y5, the Accelerator intends to support the CHSD and MOH to design a modality for piloting the module to facilitate implementation of CMH programming in a systematic manner under the community health strategy.

Finally, the Accelerator was invited to present its work to strengthen health systems for MHPSS in Liberia at the 7th Global Symposium on Health Systems Research (HSR 2022). This will offer the MHU-Accelerator team an opportunity to highlight the unique mental health-related challenges and considerations for Liberia's health system and present the MHU and Accelerator collaboration approach and learnings. The team will continue to work with the MHU, USAID in Liberia, and DDI-VOT to align on the content, logistics and approach for participating in the symposium early in Y5.

## **Deliverables**

- [Forecasting and Quantification of Mental Health Products: Report on mental health quantification exercise in Liberia 2022](#)
- [PowerPoint Presentation: Working Session for Dissemination & Consultation: Community-Level Mental Health Services in Liberia: Programs, Learnings, & Challenges](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Sub-activity 1: Health System Strengthening for MHPSS in Liberia</b>				
<b>1. Strengthening the MOH Mental Health Unit</b>				
1.1. Revamp the mental health ledger within the health management information system (HMIS)		X	X	X
1.2. Build MHU personnel competencies in monitoring and evaluation		X	X	X
1.3. Review and develop the next five-year National Mental Health Policy		X	X	
<b>2. Supporting local systems to train and position mental health workers</b>				
2.1. Revise curriculum				X
2.2. Develop faculty			X	X
2.3. Generate best practice learning			X	X
2.4. Select infrastructure improvements			X	X
2.5. Set up a key stakeholders committee to advance MHC sub-systems (development and deployment of clinicians) in select counties			X	X
<b>3. Enhancing MOH Mental Health Unit stewardship of mental health-related medicines</b>				
3.1. Update the national essential medicines list for MH with stakeholders		X		
3.2. Conduct a first-of-its-kind national forecasting and quantification exercise for mental health medicines		X	X	X
<b>4. Strengthening community-level mental health programming</b>				
4.1. Provide a situational analysis and best practice advice to the MHU team on community-level mental health programming, for incorporation in both the community and mental health strategies	X	X	X	

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
Given that the procurement of the LAPS and Phebe H&SN sub-awards were delayed during Y4, the timeline for implementing associated components of the Accelerator's scope of work has been tightened.	The Accelerator will support its sub-awardees in Y5 to adhere to timelines stipulated in their respective work plans, working with Accelerator management and R4D Finance staff to meet partner needs whenever possible.

## Priority Activities for Next Quarter

The Accelerator will focus on the following priorities in Y5 Q1:

- Coordinate with the MHU to support revision of the training module for MHPSS delivery at the community level and design a piloting modality that will allow for CMH implementation in a systematic manner under the community health strategy.
- Support Phebe H&SN to lead the TWG as it produces a well-validated, nationally recognized post-basic training curriculum for MHCs.

- Support Phebe H&SN to conduct outreach to regional MH training institutions to answer key learning questions and translate observed best practices to the Liberian context.
- Support LAPS to conduct a rapid roll-out and testing of the mental health ledger at selected facilities.
- Support the MHU and LAPS to convene local MHPSS stakeholders to update the national policy on mental health.
- 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 continue to adjust its working methods to ensure that work can be carried out safely and efficiently.

# Improving Equity and Resiliency of the Future Health Workforce

## Key Achievements

1. Engaged in discussions to develop scope of Activity and finalized Y5 workplan with USAID
2. Began rapid scans of global literature related to financing, recruitment, training, and digital innovation in the community health workforce
3. Conducted key stakeholder interviews with Accelerator and R4D staff
4. Developed a preliminary list of stakeholders from global and regional community health worker initiatives for consultation and began conversations with relevant contacts
5. Developed preliminary scopes of work for Cote d'Ivoire and Nigeria in order to begin process of mission concurrence

USAID initiated discussions with the Accelerator to undertake a new program of work in Year 4 focused on the recruitment and education of the future workforce, with an interest in exploring possibilities for “designing and implementing socially accountable and more equitable health education and recruitment policies and practices.” Building on these conversations, this workplan encompasses planned activities for Quarter 4 of Year 4 and all of Year 5. This reflects USAID Office of Health Systems interest in applying an equity and systems strengthening lens towards the creation of high performing health care systems, but also aligns to the broader objectives of the Biden-Harris Administration's recently announced Global Health Worker Initiative to advance equity and inclusion in the recruitment and retention of skilled health workers, utilize digital innovations for frontline workers, and other actions to ensure a more sustainable and responsive workforce.

In particular, the first line providers broadly categorized as Community Health Workers (CHWs) are increasingly seen by countries as having an integral, and no longer peripheral, role within the healthcare system. There is compelling evidence of the effectiveness/cost-effectiveness of CHW programs in delivering a wide range of essential health services to hard-to-reach communities, and growing awareness of the critical role of CHWs in providing a broad range of health services, in particular for maternal and child health and for management of infectious diseases such as COVID-19. However, many challenges remain, such as ensuring that the selection and recruitment of CHWs reflects the communities they serve, that CHWs are adequately trained and supported to undertake their roles, and that governments can prioritize and sustainably finance these programs as an extension of the broader health system. Moreover, as interest in digital health innovations to train, support or empower health workers have taken root in many countries,<sup>6</sup> there are additional opportunities to apply such innovations to the design of appropriate solutions that bridge CHW gaps and contribute to greater impact with limited resources. Many of these issues are reflected and re-enforced as strategic priorities for investment across several country Community Health Roadmaps.

The Accelerator aims to utilize evidence to explore and inform country-level work in these areas and also create opportunities for peer learning and knowledge exchange across countries. The challenges articulated above suggest the following as urgent priorities for advancing CHW program objectives:

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<sup>6</sup> Bollinger R, Chang L, Jafari R, O'Callaghan T, Ngatia P, Settle D, McKenzie-White J, Patel K, Dossal A, Al Shorbaji N. Leveraging information technology to bridge the health workforce gap. Bull World Health Organ. 2013 Nov 1;91(11):890-2.

- Recruitment of key community health workforce cadres informed by data and analytics which address workforce needs and evolving roles and bolstered by strategies that ensure community acceptance and promote diversity and equity
- Training which is widely accessible, of good quality and regularly offered, utilizing appropriate learning methods and innovations to improve performance, quality care and facilitate professional development
- Financing to improve the integration, efficiency, and mobilization of resources for the community health workforce, utilizing best evidence on CHW compensation models and their implications<sup>7</sup>

### Sub-activity 1: Rapid Review of Progress to Date/Challenges to the Community Health Workforce

The Accelerator team has begun work on the rapid review of progresses and challenges to date in the community health workforce. The team has conducted a preliminary desk review of global policy documents and peer reviewed literature related to the recruitment, training, financing, and digital innovation in the community health workforce. The team is synthesizing this information and identifying key themes, along with innovative practices and challenges that have been identified across the areas of focus.

The Accelerator team has also been scoping the overall global health landscape to understand potential synergies and gaps in activities addressing the community health workforce. This has involved reviewing key documents related to the Community Health Roadmap, Financing Alliance for Health, and other relevant initiatives and organizations. The team has also developed a preliminary list of key stakeholders to interview for specific inputs related to the rapid reviews, as well as to gather feedback on the shape of the Activity. The Accelerator team is consulting with USAID on the proposed stakeholders, and has developed a semi-structured interview protocol, and begun consultation with a select group of these informants.

Findings from the desk review and interviews will be consolidated in 2-3 page briefs that are organized by theme, as well as a typology of policy responses, practice models, and innovations.

### Sub-Activity 2: Country-Level Analysis

The Accelerator team has engaged in several internal key informant interviews to begin country-level analysis of challenges and opportunities in the community health workforce. The team developed an interview protocol for these semi-structured conversations which have sought to understand the composition of the country-level community health workforce, the impact of the covid-19 pandemic, key challenges, and opportunities in areas of focus (financing, training, and recruitment, as well as digital innovations and equity), and recommendations on design of the Accelerator Activity. Interviews were conducted with R4D or Accelerator country and program-level leads in Nigeria, Ethiopia, Ghana, Guinea, and Cote d'Ivoire. These interviews will be further expanded to include stakeholders in 2-3 specific countries, likely candidates being Cote d'Ivoire and Nigeria.

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<sup>7</sup> Ballard M, Westgate C, Alban R, et al. Compensation models for community health workers: Comparison of legal frameworks across five countries. *J Glob Health*. 2021;11:04010. Published 2021 Feb 15. doi:10.7189/jogh.11.04010

In order to conduct interviews in Cote d'Ivoire and Nigeria and further conversation about sub-Activity 3, the Accelerator team has prepared 1-page scopes of work and identified relevant contacts in the two country offices to support the process of mission concurrence. Next steps will be to seek mission concurrence so that formal conversations can commence which help in analysis of the community health workforce in both of these countries and plan for sub-activity 3.

### Sub-Activity 3: Country Level Application

No work has been done on this sub-activity this quarter.

### Sub-Activity 4: Cross-Country Networking and Peer Learning

No work has been done on this sub-activity this quarter.

### Deliverables

No deliverables this quarter.

### Implementation Timeline

ACTIVITIES AND BENCHMARKS	Y4 Q4	Y5
<b>Sub-activity 1: Rapid review of progress to date/challenges in community health workforce (2 months)</b>		
Explore and identify existing resources to inform sub-activity	X	X
Engage with key global stakeholders to assess ongoing evidence and activities regarding community health workforce	X	X
Conduct rapid desk review and key informant interviews on key features, challenges and innovations related to recruitment, training, and financing of the community health workforce at global level	X	X
Develop typology/consolidated inventory on community health workforce challenges and opportunities based on desk review and stakeholder interviews	X	X
Scope opportunity to support country-based implementation research	X	X
<b>Sub-activity 2: Country level analysis (2 months)</b>		
Conduct rapid desk review and key informant interviews on key features and challenges related to recruitment, training, and financing of the community health workforce in 2-3 countries		X
Identify and develop country activity plans and urgent investment areas for future focus		X
Consolidate findings into country, region, and/or thematic profiles		X
Engage with in-country and regional stakeholders to validate and further develop country activity plans, validate findings and country specific profiles		X
<b>Sub-activity 3: Country level application (~8-12 months)</b>		
Develop country-level implementation plans in 2-3 countries based on findings of country level analysis		X
Country level engagement activities (TBD)		X
<b>Sub-activity 4: Cross country networking and peer learning (~8-12 months)</b>		

Participate in global convenings with country and regional leaders in CHW space to design peer learning activities		X
Plan knowledge sharing and learning events, select participants		X
Begin peer learning exchanges		X

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
There was a challenge in narrowing the scope of the activity, particularly in the analytical phase, given the diverse body of literature as well as existing networks/platforms devoted to CHW issues so as to ensure added value for the Accelerator.	Through conversations between the Accelerator team and USAID, it was decided that the analytical work will focus on CHW recruitment, training, and financing, with a particular emphasis on equity. Focuses will be further refined through analytical work and stakeholder outreach.
There are a number of global initiatives that address the community health workforce, and the Accelerator activity is keen to avoid duplication of efforts.	The Accelerator team will conduct key informant interviews with relevant stakeholders from organizations such as UNICEF, WHO, Community Health Impact Coalition, etc. These interviews and ongoing outreach will collect input on the Activity and share emerging findings.

## Priority Activities for Next Quarter

The Accelerator will focus on the following activities during Y5 Q1 (October 1 – December 31):

- Continue rapid review of progress to date of global literature and conduct key informant interviews with key stakeholders including representatives at the Community Health Impact Coalition, WHO, UNICEF, etc. These interviews will gather input on the shape of the Accelerator activity while also ensuring coordination and complementarity with existing initiatives.
- Synthesize findings from desk review and key informant interviews on the topics of recruitment, training, financing, and digital innovation in short briefs.
- Synthesize findings from thematic rapid scans into a typology/consolidated inventory of policy and programmatic response with possible country/regional clustering.
- Once USAID mission concurrence is received, develop rapid scans on the community health workforce in 2-3 countries in West Africa and South and Southeast Asia, such as Nigeria and Cote d'Ivoire. Consolidate data generated from rapid scans in 1-2 page briefs that focus on country-specific findings.
- Engage with in-country stakeholders to scope opportunities for country-based application, implementation research and cross-country learning
- Identify and hire any necessary country-based teams and consultants to support agreed upon activities.

## Administrative and Financial Progress

### Administration

No updates this quarter.

## Human Resources

The team has developed and finalized scopes of work for sub-awards with HSDF and ICF. HSDF will be leading potential analysis of the community health workforce in Nigeria, along with country-level implementation activities in the country, as well as one of the thematic rapid scans. Melanie Morrow, a community health expert, will provide technical advisory across the Activity, while also leading a thematic rapid scan. Further contributions from sub-partners to the Activity will be determined as the work progresses.

# Safe Blood Systems for Maternal Health

## Key Achievements

3. Successfully completed a three-week scoping trip and workshop in Liberia to assess challenges and opportunities with using the Safe Blood Starter Kit (SBSK) to inform a Scope of Work for technical assistance
4. Hiring local consultants for the Liberia, Malawi, and Rwanda sub-activities
5. Engaged with the Rwanda Biomedical Centre (RBC) and developed a SOW for a planned trip in November 2022
6. Engaged with the Malawi Blood Transfusion Society (MBTS)
7. Engaged with Liberia Ministry of Health National Blood Safety Program to obtain buy-in and further develop a scope of work. Selected ICF as on-the-ground partner.
8. Further development of the USAID Safe Blood Starter Kit for use in country programs, including due diligence for implementation in Liberia and Rwanda

Postpartum hemorrhage (PPH), or excessive bleeding after childbirth, remains a leading cause of maternal mortality worldwide. Despite significant progress in skilled birth attendance and availability of proven interventions for prevention and management of PPH, timely access to blood transfusions as an essential component of emergency obstetric care remains a challenge in settings where the national blood supply and safe blood systems are inadequate.

In Q1, USAID's Office of Maternal and Child Health and Nutrition (MCHN) within the Bureau for Global Health provided funding to the Accelerator to develop and implement a program of work in safe blood. Throughout Q1 and Q2, the Accelerator collaborated with USAID's Market Access and Innovative Finance (MAIF) project to utilize a Safe Blood Starter Kit in select countries to analyze existing blood systems, identify primary barriers/challenges to the availability of safe blood for treatment of PPH, and highlight solutions and opportunities in three program countries (Liberia, Malawi, and Rwanda).

This quarter, the Accelerator and MAIF, in consultation with USAID, shaped country scopes of work and advanced the five sub-activities in the Safe Blood System Strengthening portfolio as listed below.

For each of the country-level sub-activities, three phases of work were envisioned, subject to modifications for in-country needs: 1) a rapid review of relevant stakeholders, progress to date, and challenges to the safe blood availability; 2) comprehensive assessment to understand challenges to safe blood availability; and 3) technical assistance to implement prioritized blood systems reforms.

## Sub-activity 1: Augment the Safe Blood Starter Kit and Prepare Country-Specific Applications

In collaboration with USAID and MAIF, the Accelerator augmented the existing Safe Blood Starter Kit (SBSK) to include appropriate health systems thinking and incorporate the Accelerator's health systems strengthening expertise. The toolkit has been applied to in-country activities in Liberia, Malawi, and Rwanda. It was presented to in-country stakeholders in each country and used to inform due diligence for ongoing country-based activities.

## Sub-Activity 2: Liberia

The Accelerator – in collaboration with MAIF – conducted an in-country scoping trip to utilize the USAID SBSK to generate a baseline understanding of the current status and challenges in Liberia's safe blood system and to co-create interventions with country stakeholders to address challenges. Throughout the trip, the team worked closely with Liberia's National Blood Safety Program, the USAID Mission, and MAIF. In the first two weeks, the team facilitated key informant interviews at both the national, county, and facility levels to inform the assessment of the blood system using USAID's SBSK. In the final week, the Accelerator co-led a two-day workshop with over 30 stakeholders representing various facets within the Ministry and partners to validate the assessment findings and co-create solutions to address the identified challenges.

The SBSK assessment found that Liberia had a weakened national safe blood system, unable to meet the needs of the country. In this environment, blood is collected through two parallel systems: (1) the national system overseen by the National Blood Safety Program (NBSP) which is meant to rely on voluntary non-remunerated blood donors, and (2) hospital blood banks which rely on family and paid donors. Neither system is currently able to meet the blood needs of the country or ensure safe blood supply. In particular, the SBSK identified the following key challenges:

1. Communication and coordination on safe blood activities are not prioritized, resulting in fragmented implementation
2. Draft national policies, implementation strategy, lab and clinical guidelines or standard operating procedures have not been adopted or operationalized
3. Need for national hemovigilance guidelines or formal program to identify, treat, and track transfusion complications
4. Blood system has significant funding gaps at the national and facility level, and does not have a clear, sustainable source of funding
5. Sustainability and capacity of human resources is a challenge at the national and facility level
6. Inadequate blood supply at regional blood centers (RBCs) and hospital blood banks (HBBs) to meet patient demand, which can be attributed to poor funding, infrastructure, and donor awareness

As a result of the SBSK findings, the Accelerator drafted and shared proposed interventions to implement in Liberia to address some of the identified challenges with USAID. The proposed interventions focus on catalytic activities to (1) develop foundations to continually strengthen the national system, and (2) alleviate pressing challenges inhibiting the functionality and coherence of the current parallel system. In the coming weeks, the Accelerator will work with USAID and NBSP to review and finalize the proposed interventions.

The Accelerator hired a national consultant, national operations manager, and strategic advisor (not based in Liberia but has led a previous CDC-funded effort to strengthen the safe blood system in Liberia).

## Sub-Activity 3: Malawi

The Accelerator and MAIF presented the activity to the Safe Motherhood Subcommittee Technical Working Group (TWG) of key stakeholders in Malawi, during which the team received approval for this activity go forward.

The team had a launch call with the members of the Malawi Blood Transfusion Society (MBTS) to introduce the starter kit and agree on the SOW. Planned activities include the introduction of the SBSK to relevant stakeholders to identify progress to date in diagnosing challenges to safe blood

availability, a comprehensive assessment to understand challenges to safe blood availability, and technical assistance to implement prioritized blood system reforms.

The team is in discussion with both the mission and the MBTS to plan a scoping trip for the beginning of Y5 Q1 to meet with in-country stakeholders and gather initial feedback to help build out the activity. Prior to the scoping trip, the team is working with MBTS to identify stakeholders for Key Informant Interviews (KIIs) to begin to populate the SBSK.

The Accelerator has also developed and posted a SOW for a consultant who will support the team's work on this activity, which was shared with and approved by the MBTS. The team is currently receiving applications and interviewing applicants.

## Sub-Activity 4: Rwanda

The Accelerator had a launch call with the members of the Rwanda Biomedical Centre (RBC) to introduce the starter kit and agree on the SOW. Planned activities include introducing the SBSK to relevant stakeholders to identify progress to date in diagnosing challenges to safe blood availability, a comprehensive assessment to understand challenges to safe blood availability, and technical assistance to implement prioritized blood system reforms.

The team is currently planning a scoping trip for Y5 Q1 to meet with in-country stakeholders and get initial feedback to help build out the activity. The RBC has identified two individuals that will serve as key points of contact to help identify stakeholders and facilitate meeting for the trip. Prior to the scoping trip, the team has worked with the RBC members to reach out to country stakeholders and plan KIIs. The team has begun work on due diligence in preparation for the scoping trip, including conducting a rapid review of recent work done on maternal health outcomes and PPH in Rwanda, as well as major blood system policy documents, challenges, and opportunities.

The Accelerator has developed and posted a SOW for a consultant who will support the team's work on this activity, which was shared with and approved by the RBC. The team is currently receiving applications and interviewing applicants.

## Sub-Activity 5: Cross-Country Learning

The Cross-Country Learning sub-activity will be shaped and launched in Y5 as the first phases of work kick off in each of the intervention countries.

## Deliverables

- [USAID Safe Blood Starter Kit and scopes of work for strengthening systems for safe blood – PowerPoint Presentations delivered to USAID Missions in Malawi and Rwanda and the Liberian National Blood Safety Program](#)
- [Rwanda SOW](#)
- [Malawi SOW](#)
- [Liberia SOW](#)
- Drafted Partnership Models for HSSA, BCG and locally-based partners for Rwanda and Liberia sub-activities
  - [Liberia](#)
  - [Malawi](#)
  - [Rwanda](#)

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
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Augment the Safe Blood Starter Kit and prepare country-specific applications				
Continue to work with MAIF on the adaptations of the Safe Blood Starter Kit so that it can be used for initial country landscape and for facilitation in country workshops			X	
Liberia				
Finalize workplans for engagements with USAID Missions in Liberia			X	
Finalize activity workplan, budget and implementation timeline			X	
Begin landscaping assessment in Liberia to evaluate progress to date, challenges to safe blood availability and proposals for action			X	
Identify stakeholders for a government-led Safe Blood Working Group or similar implementation committee			X	
Facilitate workshops with Safe Blood Working Group in target countries to assess current barriers and opportunities to improving the national blood system (using SBSK as facilitation framework)*			X	X
Provide technical assistance to analyze findings from country workshops and landscape assessment and develop feasible and actionable plans for improving access to safe blood*			X	X
Organize cross country learning among 3 country working groups and USAID missions as work progresses to share findings and implementation strategies*			X	X
Refine SBSK materials based on findings from in-country application*				X
Malawi				
Finalize workplans for engagements with USAID missions in Malawi			X	
Finalize activity workplan, budget and implementation timeline			X	
Begin landscaping assessment in Malawi to evaluate progress to date, challenges to safe blood availability and proposals for action			X	
Identify stakeholders for a government-led Safe Blood Working Group or similar implementation committee			X	
Facilitate workshops with Safe Blood Working Group in target countries to assess current barriers and opportunities to improving the national blood system (using SBSK as facilitation framework)*			X	X
Provide technical assistance to analyze findings from country workshops and landscape assessment and develop feasible and actionable plans for improving access to safe blood*			X	X
Organize cross country learning among three country working groups and USAID Missions as work progresses to share findings and implementation strategies*			X	X
Refine SBSK materials based on findings from in-country application*				X
Rwanda				
Finalize workplans for engagements with USAID Mission in Rwanda			X	
Finalize activity workplan, budget and implementation timeline			X	
Begin landscaping assessment in Rwanda to evaluate progress to date, challenges to safe blood availability and proposals for action			X	

Identify stakeholders for a government-led Safe Blood Working Group or similar implementation committee			X	
Facilitate workshops with Safe Blood Working Group in target countries to assess current barriers and opportunities to improving the national blood system (using SBSK as facilitation framework)*			X	X
Provide technical assistance to analyze findings from country workshops and landscape assessment and develop feasible and actionable plans for improving access to safe blood*			X	X
Organize cross country learning among three country working groups and USAID missions as work progresses to share findings and implementation strategies*			X	X
Refine SBSK materials based on findings from in-country application*				X
<b>Cross-Country Learning</b>				
<i>*These activities are anticipated to commence in Y4 Q4 and Y5 Q1</i>				

## Challenges and Proposed Solutions

CHALLENGES	PROPOSED SOLUTIONS
None to report this quarter	

## Priority Activities for Next Quarter

The Accelerator will focus on the following activities during Y5 Q1 (Oct 1 – Dec 30):

- Hire consultants to support work in Rwanda and Malawi
- Conduct scoping trips in Rwanda and Malawi, which will include meetings and workshops with key country stakeholders
- Continue to develop Starter Kit assessment and tailor it for in-country contexts
- Continue to conduct rapid review of major work done and blood systems challenges in each country
- Country preparation for workshops, including content prep, workshop organization, and logistics preparation
- Develop technical assistance scope of work for work in Liberia, and convene activities agreed upon with NBTS and USAID Mission in Liberia

## Administrative and Financial Progress

### Administration

No updates this quarter.

### Human Resources

No updates this quarter.

### **The Health Systems Strengthening Accelerator**

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