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ANNUAL PERFORMANCE MONITORING REPORT

OCTOBER 1, 2012 – SEPTEMBER 30, 2013

November 2013

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The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project will help to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team will work with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, $209 million global project will increase the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG will support countries as they navigate the economic transitions needed to achieve universal health care.

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Office of Health Systems
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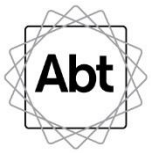

Abt Associates Inc. | 4550 Montgomery Avenue, Suite 800 North | Bethesda, Maryland 20814
T: 301.347.5000 | F: 301.652.3916 | www.abtassociates.com

Broad Branch Associates | Development Alternatives Inc. (DAI) | Futures Institute | Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)

HEALTH FINANCE AND GOVERNANCE PROJECT ANNUAL PERFORMANCE MONITORING REPORT

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ACRONYMS

AFG	Aids Free Generation
AIDS	Acquired Immune Deficiency Syndrome
AIRS	Africa Indoor Residual Spraying
ANAM	*Agence National d'Assurance Maladie*
AOR	Agreement Officer Representative
ANHSS	Asia Network for Capacity Building in Health Systems Strengthening
APR	A Promise Renewed
ASH	African Strategies for Health
CASN	Canadian Association of Schools of Nursing
CBHI	Community-based Health Insurance
CDC	Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CIDA	Canadian International Development Agency
COP	Chief of Party
CONSAMUS	*Le Conseil National des Structures d'Appui aux Mutuelles de Santé*
CPT	Co-trimoxazole Preventive Therapy
DAB	*Direction de l'Administration et du Budget* (Department of Administration and Budget)
DAI	Development Alternatives Inc.
DFID	Department for International Development
DFPSS	*Direction de la Formation et de Perfectionnement en Sciences de la Santé*
DGS	*Direction General de la Santé* (General Director of Health)
DGLS	*Direction Generale de la Lutte contre le SIDA*
DOTS	Directly Observed Treatment Short
DPPS	*Direction de la Prospective, de la Planification et des Stratégies* (Department of Planning and Statistics)
DQA	Data Quality Assessment
DRH	*Direction des Ressources Humaines* (Department of Human Resources)
DSW	Department of Social Welfare
EHIA	Ethiopian Health Insurance Agency
EMTCT	Elimination of Mother-to-Child Transmission
eTB	Electronic TB
FCT	Federal Capital Territory
FMOF	Federal Ministry of Finance
FMOH	Federal Ministry of Health
FP	Family Planning
GHB	Global Health Bureau
GHI	Global Health Initiative
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HAPT	Health Accounts Production Tool
HC	Health Center

HCF	Health Care Financing
HCFRTF	Health Care Financing Resource Task Group
HEU	Health Economics Unit
HFG	Health Finance and Governance
HH	Households
HHA	Harmonizing Health in Africa
HIS	Health Information Systems
HIV	Human Immunodeficiency Syndrome
HLTF	High-Level Task Force
HMIS	Health Management Information Systems
HPP	Health Policy Project
HQ	Headquarters
HRH	Human Resources for Health
HSDA	Health Services Delivery and Administration
HSFR	Health Sector Finance Reform
HSG	Health Systems Global
HPP	Health Policy Project
HSS	Health Systems Strengthening
ICAP	International Center for AIDS Care and Treatment Programs
IFC	International Finance Corporation
IGSLS	MSLS Inspector General's office
iHEA	International Health Economics Association
IHP	Institute for Health Policy
ILO	International Labor Organization
INFAS	*Institute National de Formation des Agents de Santé* (National Institute of Health Worker Training)
INFS	*Institut National de Formation Sociale* (National Institute of Social Worker Training)
INSAE	National Institute of Statistics and Economic Analysis
IR	Intermediate Result
IRB	Institutional Review Board
IT	Information Technology
JHPN	*Journal of Health, Population and Nutrition*
JHSPN	Johns Hopkins Bloomberg School of Public Health
JPGSPH-BRAC	James P. Grant School of Public Health at BRAC University
JSI	John Snow, Inc.
KM	Knowledge Management
L3M	Level 3 Monitoring
LGA	Local Government Authority
LLIN	Long-Lasting Insecticide-Treated Net
LMD	License, Master, Doctorate
LMG	Leadership, Management and Governance Project
LSMS	Living Standards Measurement Survey
MAST	*Ministères des affaires sociales* **(**Ministry of Social Affairs and Labor)
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MEF	*Ministère de L'économie et des Finances*

MESRS	*Ministére de l'Enseignement Supérieur et de la Recherche Scientifique*
MHE	Ministry of Higher Education
MINSA	Ministerio da Saude
MM4H	Mobile Money for Health
MNCH	Maternal, Neonatal and Child Health
MOF	Ministry of Finance
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
MOHSW	Ministry of Health and Social Welfare
MOPS	Ministry of Public Service
MOU	Memorandum of Understanding
MSA	Ministry of Social Affairs (*Ministère en charge des Affaires Sociales)*
MSLS	*Ministère de la Santé et de la Lutte contre le SIDA* (Ministry of Health and Fight Against AIDS)
MSPP	*Ministère de la Santé Publique et de la Population* (Ministry of Public Health and Population)
MTR	Mid Term Review
NACA	National Agency for the Control of AIDS
NGO	Nongovernmental Organization
NHA	National Health Accounts
NHAPT	National Health Accounts Production Tool
NHSDP	NGO Health Services Delivery Project
NMAPE	National Medical Academy for Postgraduate Education
NTBLCP	National TB and Leprosy Control Program
NTP	National Transformation Party
OECD	Organization for Economic Co-operation and Development
OFATMA	*Office Nationale d'Assurance Maladie et du Travail* (Office of Workers' Compensation Insurance, Sickness and Maternity
OGAC	Office of the Global AIDS Coordinator
OHA	Office of HIV/AIDS
OHS	Office of Health Systems
P4H	Providing for Health
PAHO	Pan American Health Organization
PATHS2	Phase Two of the Partnership for Transforming Health Systems
PBI	Performance-based Incentives
PDA	Personal Digital Assistant
PEPFAR	President's Emergency Plan for AIDS Relief
PETS	Public Expenditure Tracking Surveys
PFM	Public Financial Management
PFIP	Partnership Framework Implementation Plan
PFSA	Pharmaceutical Fund and Supply Agency
PHC	Primary Health Care
PIP	*Programme d'Investissements Publics* (Public Investment Program)
PLHIV	People Living with HIV
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNDS	National Plan for Health Development 2012–2015

PNLS	*Programme National de Lutte contre le SIDA* (National Program for the Fight against AIDS)
POC	Point-of-care
PRH	Population and Reproductive Health
PSA	Private Sector Assessment
R4D	Results for Development Institute
RAMU	Régime d'Assurance Maladie Universelle
RBF	Results-based financing
RHB	Regional Health Bureau
RMD	Resource Mobilization Department
RMU	Resource Mobilization Unit
RRU	Revenue Retention and Utilization
RSC	Regional Steering Committee
SASED	*Services d'Appui aux Services Exterieurs et a la Decentralisation* (Support for Donor Services and Decentralization)
SCMS	Supply Chain Management System
SHA	System of Health Accounts
SHI	Social Health Insurance
SHOPS	Strengthening Health Outcomes through the Private Sector
SMS	Short Message Service
SNDC	*Service Nationale du Développement Communautaire*
SOW	Scope of Work
SSC	Social Security Commission
SNNP	Southern Nations, Nationalities, and Peoples' Region
STTA	Short-Term Technical Assistance
TB	Tuberculosis
TDY	Temporary Duty
THE	Total Health Expenditures
TOR	Terms of Reference
TOT	Training of Trainers
TRG	Training Resources Group, Inc.
TWG	Technical Working Group
UADS	*Unité d'Appui à la Décentralization Sanitaire* (Decentralization Unit)
UEMOA	West African Economic and Monetary Union
UFR-SM	*Unité de Formation et de Recherches des Sciences Médicales*
UFR-SMA	*Unité de Formation et de Recherches des Sciences Médicales d'Abidjan* (University of Training and Research/School of Medicine)
UHC	Universal Health Coverage
UI	Urban Institute
UN	United Nations
UNICEF	United Nations International Children's Fund
UPE	*Unité de Programmation et d'Evaluation* (Planning and Evaluation Unit)
USAID	United States Agency for International Development
WBI	World Bank Institute
WHO	World Health Organization
ZISSP	Zambia Integrated Systems Strengthening Project

1. INTRODUCTION

The Health Finance and Governance (HFG) project is pleased to present its first annual report. At the end of Year 1, there is clearly a strong demand for HFG technical assistance and capacity building. As many as 14 countries (Angola, Bangladesh, Benin, Burundi, Cote d'Ivoire, Ethiopia, Ghana, Haiti, India, Namibia, Nigeria, Swaziland, Tanzania, and Ukraine) and three bureaus (Africa, Asia, and Eastern Europe and Eurasia) have already bought into HFG. Funding levels also reflect this demand, with $6,353,000 in core funding and $28,678,964 in field support obligated in Year 1. To support this demand, HFG has opened seven site offices, four of which share office space and/or staff with other USAID projects, and hired 85 people in the field.

This higher than expected demand underscores the growing recognition of the integral relationship between strengthening health systems and achieving health outcomes. Stronger health systems will expand access to health care and enable USAID's partners to advance their health priorities, including ending preventable child deaths and progressing toward an AIDS-free generation.

The HFG team views health finance as closely linked to robust health governance. When governance of the health sector is weak, then investments in technical areas are far less likely to achieve their intended results. During the first year, HFG leadership started to more fully define the symbiotic nature between health finance and health governance, and to highlight the governance aspects of health financing activities. Of HFG's activities, for example, 38 percent can be categorized as governance (Intermediate Result (IR)2) and 54 percent as health finance (IR1).

Looking more broadly across the entire project, the requests for technical assistance fall into 10 areas: capacity building, costing, governance, human resources for health (HRH), insurance, measuring and monitoring health systems performance, purchasing, research or analyses, resource mobilization, and resource tracking.

Finally, this annual report also presents the fourth quarter and Year 1 cumulative progress of all activities as well as HFG's Year 1 achievements, including several success stories.

2. YEAR 1 ACHIEVEMENTS

The end of the project's first year finds HFG working with USAID missions and partners in 14 countries and three bureaus, resulting in notable achievements and the laying of a strong foundation for continued progress in Year 2. As the HFG project grows, the project team is exploring and developing its programs to contribute in meaningful ways to two of the Global Health Bureau's key initiatives – *A Promise Renewed* and working towards an AIDS-free generation. In broad terms, HFG supports both initiatives by expanding financial access to priority services, such as maternal and child health (MCH) care, and by improving governance and leadership of the health sector. Looking back over the more than 70 activities implemented during HFG's first year, approximately 60 percent related to more than one Intermediate Result (IR). In the following sections, HFG's achievements are organized by the project's four IRs and appear under the IR that was most prominent in the activity.

IR1 Improved Health Financing for Priority Health Services

Reducing Financial Barriers to Priority Health Services

HFG completed several global and field activities to help reduce financial barriers to health care and expand access to maternal and reproductive health. These activities included:

- Analyzing the price elasticity of demand for health care services in Bangladesh and publicizing the effect of insurance and fee exemptions on the use of MCH services
- Supporting Ethiopian and Beninese policymaker study tours to Ghana, which launched its national insurance scheme 10 years ago
- Investigating country-led efforts to measure their progress towards universal health coverage (UHC)
- Advancing awareness about mobile money solutions to promote financial inclusion.

Demand for Health Services in Bangladesh

In Bangladesh, HFG provided technical analytical support to the Nongovernmental Organization (NGO) Health Services Delivery Project (NHSDP), a network of approximately 200 NGO clinics around the country offering essential health services. The NHSDP faces the dual task of increasing coverage, especially among the poor, and recuperating its costs of operation through user fees. Prior to 2012, the network of NGOs were operating under a different project called Smiling Sun. In 2010, the NGO health delivery sites increased their prices for some services including maternal health. HFG was asked to analyze the impact on the demand for services (price elasticity). The study found that the price increase was not associated with lower utilization of services overall or among the poor. However, the utilization data exhibited patterns that raised questions about its validity, and therefore the validity of the conclusions drawn about the relationship between the price increase and utilization. HFG sent the final report to USAID and the NHSDP.

HFG also contributed to the MCH evidence base by submitting two journal manuscripts to the *Journal of Health, Population and Nutrition* (JHPN). Drawing from literature reviews conducted as part of the USAID Evidence Summit on Financial Incentives for Maternal Health, HFG summarized the effect of insurance in one manuscript and in the other, the role of user fee exemptions on provision and use of maternal health services.

Studying Ghana's National Health Insurance Scheme

Many countries are pursuing UHC and are eager to learn from their neighbors who have achieved significant progress in this area. To address their interest, HFG organized two study tours to Ghana. Over the past decade, Ghana has made great strides in its National Health Insurance Scheme, which aims to provide all residents with financial risk protection against out-of-pocket health expenditures. HFG organized two study tours for Ethiopian and Beninese health officials to learn from the Ghanaian experience through site visits, presentations, and the sharing of best practices. HFG also developed study tour guidelines that will be used to plan a study tour in Canada for Haitian officials in October 2013.

In Ethiopia, HFG facilitated a study tour for six health leaders to draw lessons from the Ghanaian experience specifically in organizational arrangement and staffing, membership registration, claims management, benefit packages, provider payment mechanisms, and other related areas. The lessons drawn from the Ghanaian experience are being shared within the Ethiopian Ministry of Health and the Ethiopian Health Insurance Agency.

Benin's Minister of Health Joins HFG Study Tour in Ghana

In Benin, the government launched a universal health insurance initiative in December 2011 to provide coverage to the workers in the public and private sectors and to the informal sector. Progress since the launch, however, has been slow. As a result, Benin's Ministry of Health (MOH) asked for assistance in defining and implementing their health financing strategy.

Benin's Minister of Health, Professor Dorothée Akoko Kinde Gazard, visits a district hospital in Ghana.

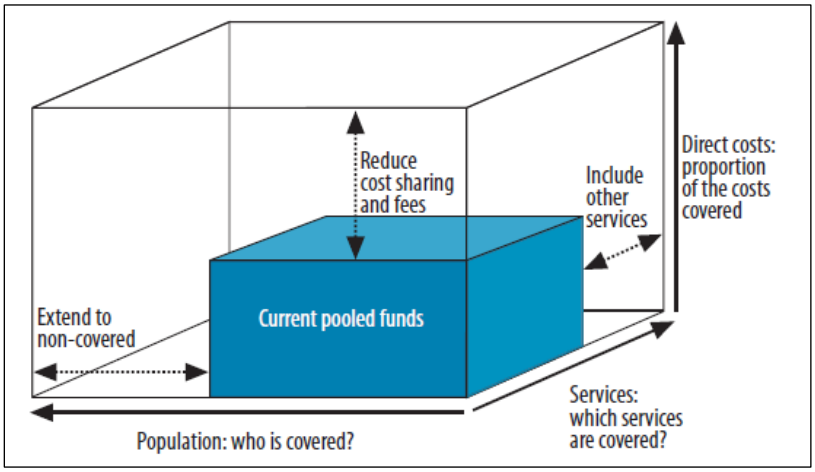
At the request of USAID/Benin, HFG organized a study tour to Accra, Ghana (April 8-12, 2013) for seven participants from the Benin MOH, including the Minister of Health, Professor Dorothée Akoko Kinde Gazard. The objective was to learn about the successes and challenges of operationalizing Ghana's National Health Insurance Scheme. The study tour included key meetings and field visits in order for the delegates to learn about the different aspects of the Ghanaian health insurance system, its evolution, and options for the management of a national scheme. Participants observed workable options for a mandatory health insurance scheme and had significant, extensive exchanges with Ghanaian counterparts on the strengths and constraints of the national health insurance mechanism. They also defined a framework for continued dialogue between the experts of the two countries on matters of health insurance.

As a result of the successful study tour, the Benin mission asked HFG to work closely with the Benin MOH, civil society actors, and the private health sector to provide support to *Régime d'Assurance Maladie Universelle* (RAMU), the UHC initiative that the president of Benin officially rolled out in June 2013.

Measuring Country Progress Towards Universal Health Coverage (UHC)

HFG initiated three country case studies on how to measure country progress towards UHC, which is receiving substantial global attention as the post-Millennium Development Goal indicators debate heats up. The studies complemented and followed the same protocol of a multi-country study led by WHO that included primarily middle- and upper-income countries. The HFG case studies, conducted in Ethiopia, Cote d'Ivoire, and Senegal, explored how these low- and lower middle-income countries are currently measuring progress towards UHC along the three dimensions (see Figure 1). They also examined the countries' capacity to generate and monitor a set of proposed UHC indicators that are being considered for global use by the World Health Organization (WHO), investigated the relevance and usefulness of those indicators in the opinion of key country stakeholders, and identified measurement challenges and opportunities faced by resource-constrained countries as they begin to implement UHC initiatives. HFG completed data collection and preliminary analysis and disseminated preliminary results to a group of researchers representing 15 countries at a September 2013 World Bank/ WHO-sponsored meeting in Singapore. One interesting finding from HFG was that the three countries valued indicators of implementation (e.g. number of families enrolled in a scheme, financial status of a national insurance agency) as much as they valued impact indicators. The countries explained that they are in the early stages of implementing new approaches to increase coverage and need to know if implementation is proceeding as planned. A delegate from a middle-income country commented that this finding was "Music to my ears." The team will finalize the three case study reports, as well as prepare a manuscript for the journal *PLoS Medicine* (a special issue on UHC measurement is planned for mid 2014).

FIGURE 1: WHO'S DIMENSIONS OF UHC



Source: WHO World Health Report 2010

Mobile Money Holds Promise to Expand Access to Health Care

In sub-Saharan Africa, 12 percent of the population without a formal bank account uses mobile phones to conduct financial transactions. In at least 28 countries around the world, there are more mobile money agent outlets than formal bank branches. This lack of formal financial services limits access to credit, savings, remittances, insurance, and other instruments that can play an important role in providing financial protection from health care costs for poor and vulnerable populations, many of whom are women and children.

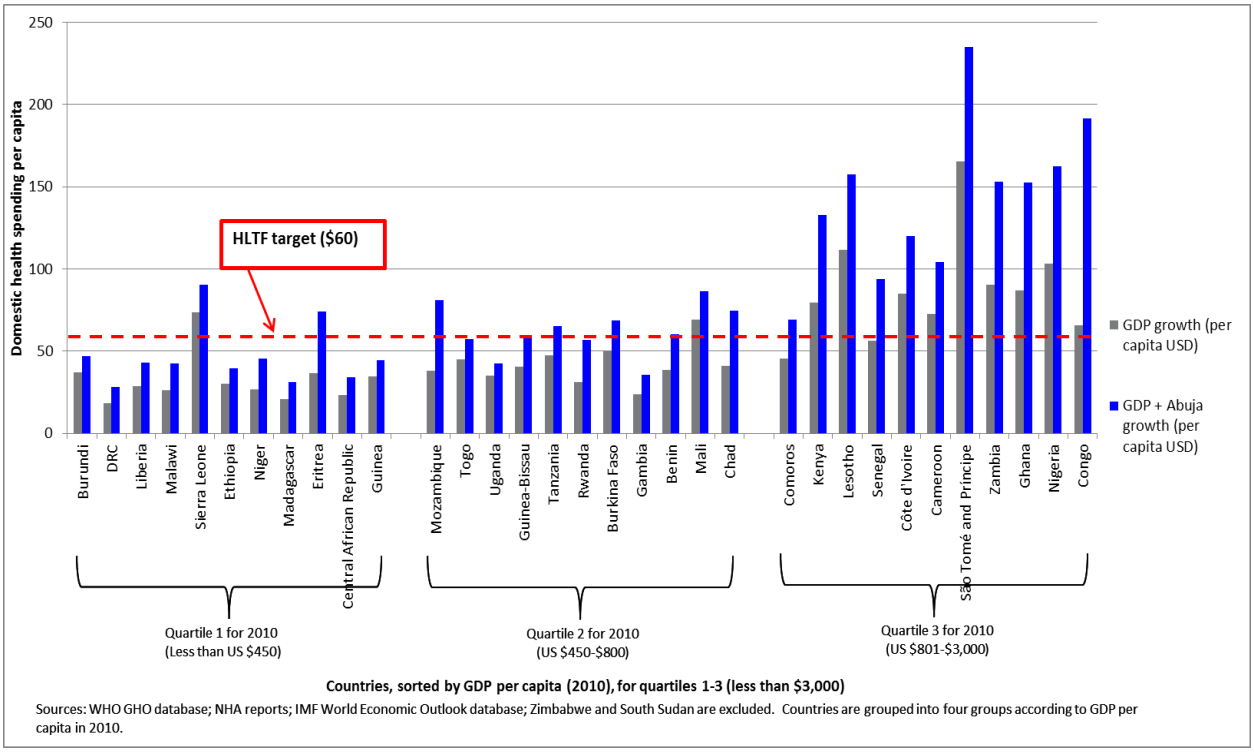
Mobile phone-based financial transactions, commonly referred to as mobile money, promote financial inclusion and can be used to address key financial barriers to health care access for the poor, such as high out-of-pocket spending and prohibitive transportation costs to health facilities, especially in rural areas. By reducing financial barriers, mobile money is a promising route for countries to reach priority health goals, such as ending preventable maternal and child deaths and achieving an AIDS-free generation. However, mobile money for health remains an under-used tool.

To raise awareness of how mobile money could be applied to expand access to care, HFG conducted an extensive landscape analysis of mobile money applications in the health sector. The team used the analysis to develop strategic communications products, including four briefs, webinars, and conference presentations, to share this knowledge with country partners and missions. The first e-newsletter, Mobile Money for Health (MM4H), was disseminated in September 2013. MM4H targets public health professionals and seeks to highlight how mobile money can be used to improve health service delivery. Future editions will provide updates, showcase additional case studies and interviews, and link to a database of mobile money resources on the HFG website.

Increasing the efficiency of health sector resource allocation

High-level advocacy to mobilize more funding for health dominated the first decade of the new millennium, from the Commission on Macroeconomics and Health in 2001 to the Taskforce on Innovative International Financing for Health Systems in 2009. During the same decade, African countries experienced unprecedented economic growth and improvements in governance, trade, health status, and life expectancy. Given the region's healthy economic outlook, will resource mobilization for health still be the most important imperative in 2020? HFG completed an analytical paper, *Universal Coverage of Essential Health Services in sub-Saharan Africa: Projections of Domestic Resources*, which looks ahead at the region's health financing priorities by projecting domestic health spending per capita to 2020 relative to an internationally accepted target for universal coverage of essential health services. The HFG team based this target of $60 per capita on an estimate from the 2007 High-Level Task Force (HLTF) on Innovative International Financing for Health Systems. The HFG analysis suggests that in less than a decade, more than half of sub-Saharan Africa countries will be able to provide universal coverage of essential health services with domestic resources through economic growth and by fulfilling the commitment of the Abuja Declaration to commit at least 15 percent of the government budget to health. Figure 2 projects domestic health spending given continued economic growth and achievement of the Abuja target in sub-Saharan Africa countries in 2020.

FIGURE 2: PER CAPITA DOMESTIC HEALTH SPENDING IN 2020 COMPARING ECONOMIC GROWTH TO ECONOMIC GROWTH WITH THE ABUJA COMMITMENT



Sources: WHO GHO database; NHA reports; IMF World Economic Outlook database; Zimbabwe and South Sudan are excluded. Countries are grouped into four groups according to GDP per capita in 2010.

It is noteworthy, however, that none of the countries that already spends well over $60 per capita on health is perceived as having achieved universal coverage of essential health services. This fact illustrates the need for countries and their partners to not only mobilize resources, but also emphasize other health financing priorities, namely improved risk pooling, allocation to essential health services and underserved populations, and strategic purchasing for quality and efficiency.

Results of the analysis were presented at a brownbag luncheon organized by USAID's Office of Health Systems (OHS) and Africa Bureau. Part of the analysis results were used to inform the Africa Health Forum in March 2013 organized by the World Bank, International Finance Corporation (IFC), USAID, and U.S. State Department.

HFG interventions focused on resource allocation also included health financing strategy work in Bangladesh, where HFG collaborated on a draft community-based health insurance (CBHI) survey instrument and manual and contributed to drafting the Health Care Financing Strategy.

Costing to Support Resource Mobilization

Countries need to estimate the cost of national strategies and health sector plans to mobilize domestic resources. HFG's costing work to date has taken place in Lesotho and Angola. HFG supported Lesotho in producing the updated costing of the revised National Strategic Plan for HIV and AIDS in order for the country to submit its planned interim application to the Global Fund. Responding on a very short notice, and with limited time available, the HFG team completed the work in August 2013. The team used a tool called Resource Needs Model and collaborated with the Clinton Health Access Initiative (CHAI) to gather all the country data necessary to accomplish the task.

Costing Angola's National Plan for Health Development

To support the implementation of the long-term development strategy, "Angola 2025," as well as the National Health Policy, during Year 1 the HFG project completed the costing of Angola's National Plan for Health Development 2012–2025 (PNDS) using the One Health Tool. As part of the national health system reform, PNDS is a strategic and operational document. The PNDS 2012–2025 presents nine health programs subdivided into 50 projects. Each project has specific strategies, targets, activities, and interventions for the government's role in the health sector in collaboration with other sectors and partners for the next 13 years.

The Minister praised USAID and the HFG project for their support to the PNDS and Angola's health priorities. From left: Tania Lourenco – PNDS Secretariat, Andre Zida – HFG team, H.E. the Minister for Health José Van-Dúnem Vieira, Naz Todini – HFG team, Maria José Menezes – PNDS Secretariat, Nkanga K. Guimarães – PNDS Secretariat, Adelino Jorge Manaças – PNDS Secretariat.

At the launch of PNDS 2012–2025 in August of 2012, the plan was still missing budget estimations. The leadership at the MOH (*Ministerio da Saude* (MINSA)), aware that the budget is a critical element of the PNDS that had to be submitted to the Council of Ministers for approval, recognized technical support was needed to achieve the task in a timely and effective manner. MINSA requested USAID's assistance to prepare the budget for the PNDS. HFG was engaged to support the budgeting process, using WHO's One Health Tool. HFG worked with MINSA's technical team to collect data from the various MINSA staff responsible for the PNDS projects to feed the One Health tool, produced a validated budget, trained MINSA staff to use the One Health tool, and presented to the Multi-sector Commission.

It is worth noting the rising visibility of the PNDS in Angola and the implications for health governance. This is the first time that the MINSA has established a Multi-sector Commission comprised of other ministries to accompany and contribute to the process of developing a national health plan. The MINSA noted that the Ministry of Finance (MOF) in particular has attended every meeting since the Commission began a year ago. In September, the MINSA posted the entire PNDS on its website and produced brochures to widely disseminate the PNDS. Currently, the MINSA is developing a TV spot to promote the PNDS nationally. The MINSA is interested in leveraging the PNDS to improve internal financial management and coordination with the MOF. All of these efforts contribute to raising public expectations and improving accountability for the government to fulfill the national health strategy. Overall, the MINSA views the whole PNDS process as demonstrating greater transparency and inclusion in its strategic decision-making.

Furthering capacity to track health resources

As health systems grow in complexity, so does health financing, and policymakers need reliable resource tracking tools to ensure that finite health funds go to where they are needed most. To understand their country's health spending, many governments have used the National Health Accounts (NHA) framework, which is a version of the System of Health Accounts (SHA) adapted to low- and middle-income country contexts. In 2011, the Organisation for Economic Co-operation and Development (OECD), EUROSTAT, and WHO produced an updated version of the SHA ("SHA 2011"), which countries around the world are now using to track health resources.

Building on the efforts under Health Systems 20/20, HFG has provided critical support to WHO, which is leading the global effort to standardize tools for and generate guidance documents on health resource tracking implementation. With HFG assistance, WHO completed Phase II of the Health Accounts Production Tool (HAPT) software, which included usability enhancements and added functionality to accommodate the SHA 2011 framework. To further support the rollout of SHA 2011, the HFG resource tracking team completed a SHA 2011 brief to raise awareness and understanding about the framework. SHA 2011 training materials were also developed to assist audiences without prior NHA/resource tracking experience. An initial draft of the Production Tool Software Guide was prepared, and "help" functionality to improve the user experience with the software was updated. Additional versions of the SHA 2011 survey instruments have been drafted to ensure usability for data collection in low- and middle-income countries and allow countries to prioritize the optional dimensions that are relevant to their policy questions. Testing of the HAPT continues and feedback is being provided to WHO. The resource tracking team also participated in a WHO regional training on SHA 2011 in Tunis and has provided essential country-level technical assistance to seven countries.

In addition, the HFG resource tracking team also conducted analytical work that contributes to the global discussion on health spending and resource tracking. The "Health Promotion and Prevention Spending in Africa" paper, which analyzed NHA data to better understand trends in resource allocations for prevention and public health services, was completed and submitted to USAID. Also, in an effort to increase awareness about SHA 2011 and its linkages with other existing resource tracking methodologies, the HFG resource tracking team drafted a brief comparing SHA 2011 to the Pan American Health Organization (PAHO)'s Satellite Health Accounts, an alternate resource tracking framework used primarily in Latin America and the Caribbean. HFG is finalizing the brief in consultation with PAHO and WHO, and is exploring the possibility of joint publication.

IR 2 Health Governance Capacity of Partner Countries Strengthened

Strengthening Health Governance in Country Systems

HFG's governance activities during Year 1 were aimed at developing practical governance tools and stimulating demand for governance requests from missions in Ethiopia and Cote d'Ivoire. HFG received two specific governance requests from missions in Year 1 and made substantial progress in developing tools in two areas: (1) improving collaboration of MOHs and MOFs, and (2) engaging civil society on health finance and governance.

Improving Governance in Ethiopia

Under the Ethiopia Health Systems Finance Reform (HSFR)/HFG program, there initiatives have helped improve the governance of health services, through the capacity building of governing boards and the Ethiopian Health Insurance Agency (EHIA).

After the project advocated to zone and woreda level government structures in Amhara and Benishangul-Gumuz regions for the need to establish governing boards for new health centers (HCs) implementing the finance reform, 40 new HCs elected governing board members and established a facility governance structure. Also, during the reporting quarter, the project team conducted training on health facility governance in Amhara, Southern Nations, Nationalities, and Peoples' Region (SNNP), and Addis Ababa. A total of 96 governing board members received the training, representing 32 facilities, 30 HCs, and 2 hospitals. The training focused on the health care financing (HCF) reform components and background, and roles and responsibilities of facility governing board/body, management committee, and facility finance and administration staff. The training session was followed by a thorough discussion on the implementation challenges and the way forward.

To support EHIA capacity building, efforts were focused on orienting staff to the social health insurance (SHI). In collaboration with the regional health bureau (RHB), the project organized a half day orientation on SHI features, proclamation, and regulation, and highlighted key issues for the regional and zonal cabinet members in Amhara region. The project conducted a one-day orientation for the heads of human resource of RHBs (Tigray, Oromia, SNNP, Benishangul-Gumuz and Harari regions; and Addis Ababa city administration) on the SHI organizational structure and job descriptions for various job positions available in the agency at EHIA head office and branch offices. It also organized a one-day orientation for EHIA support staff (24 participants) on the concepts of health insurance and its legal frameworks. In collaboration with the EHIA, the project organized a two-day training of trainers (TOT) workshop in Nazareth town to 16 participants from the agency and project staff. The purpose of the TOT was to orient staff on the contents of SHI legal frameworks, implementation procedures, provider payment mechanism, and the SHI system. The trainees were also informed about SHI data requirements and systems for exchanging and updating data as well as the communication channel between the agency, employers, and members. The trainees will cascade the TOT in their respective regions for crews drawn from regional, zonal, and woreda sector offices and other institutions.

HFG completed the first iteration of a toolkit to assist MOHs in communicating and collaborating with MOFs. The toolkit consists of an introductory piece, which summarizes the range of issues where MOHs engage with MOFs, and two completed tools. The first tool addresses how to collect data to assess efficiency within the health sector. Since the health sector accounts for a sizeable proportion of national expenditures in most countries, the pursuit of efficiency in health systems should, therefore, be a central objective of decision makers and health managers. Often, MOHs do not have access to the data to properly assess internal efficiency across their operations, including physician utilization, deployment of health technologies and pharmaceuticals, and use of hospital facilities and hospital care. Measuring efficiency across institutions and across time is a critical element for improving the performance of health systems and communicating resource needs to the MOF.

The second tool focuses on assisting MOHs in the assessment of the relative strength of their internal controls. With growing demands to improve health care quality, access, and outcomes, health sector decision makers face the challenge of putting the resources allocated to them to good use, while also ensuring that those resources are properly accounted for and appropriately safeguarded. Internal control is central to this agenda. Moreover, because of its importance to both fiscal and health sector management, internal control also represents a key intersection point between MOFs and MOHs.

A third set of tools was developed for civil society to engage in issues of health finance and governance. One of these tools – a technical brief on use of Public Expenditure Tracking Surveys (PETS) – was completed as a field activity.

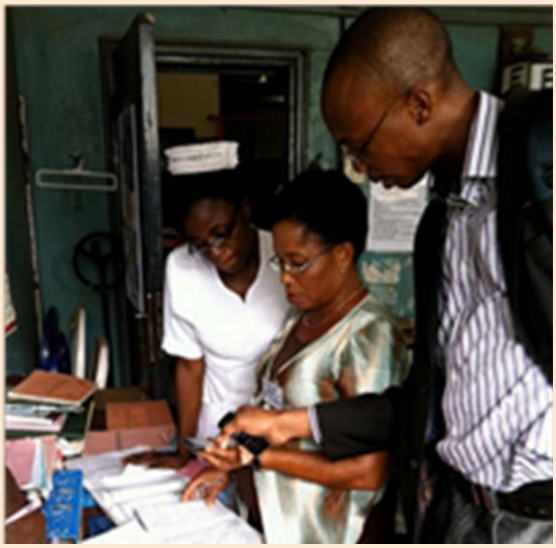
In Cote d'Ivoire, a Technical Working Group (TWG) was established to focus on governance promotion and development of indicators, materials, and tools to measure governance practices (accountability) in the health system. Two events were held to establish and validate governance indicators, one of which was chaired by the minister of health, who personally signed off on the final set of indicators.

IR 3 Improved Country-Owned Systems in Public Health Management and Operations

Strengthening administrative processes and structures for efficient, equitable, and quality services

In Nigeria, health workers at more than 500 facilities are using smartphones to more accurately diagnose and treat tuberculosis (TB) as a result of a successful pilot program to integrate mobile technology into the TB supervision process. Although Nigeria has made significant progress in its fight against TB, the National TB and Leprosy Control Program (NTBLCP) hopes mobile technology will provide more supportive supervision and improve health services, especially in areas with high defaulter rates, drug stock outs, and integrated TB/HIV services.

These efforts were initiated under USAID's Health Systems 20/20 project, which collaborated with NTBLCP's training center to develop a standard,



HFG is scaling up the program to integrate mobile technology into the TB supervision process.

integrated TB supervision checklist to assess and monitor diagnostic laboratories and Directly Observed Treatment Short course services and then piloted the checklist in 16 facilities in 2010 using personal digital assistants (PDAs). Based on the success of the pilot in four states, the program was scaled up to 200 facilities in 2012.

HFG has scaled up the program to an additional 300 facilities (in Kwara, Ogun, Rivers, and Abuja states) and upgraded from PDAs to smartphones (75 phones procured and configured). HFG's support included training 88 control officers, TB program managers, and TB supervisors on the use of smartphones and an integrated checklist, with practice provided in health facilities. At the end of Year 1, supervision rounds had begun, allowing the newly acquired skills to be used.

By using smartphones on their facility visits to collect TB data, supervisors have eliminated the need for printed forms, minimized human error in data entry, reduced the lag time for getting data to policymakers and managers, and helped pinpoint ways to improve the quality of care. Usage has also had considerable clinical impact, as seen in results from Lagos and Abia states (Table 1). In Abia, the percentage of TB- and HIV-positive (co-infected) patients on cotrimoxazol preventive treatment (CPT) jumped from 34 percent to 100 percent in one year. In Lagos, the percentage increased from 33 percent to 57 percent during the same time period. Defaulter rates in both states have declined considerably.

TABLE 1. NIGERIA'S TB INDICATORS

Indicator	State			
	Lagos		Abia	
	Jan-Mar 2012	Jan-Mar 2013	Jan-Mar 2012	Jan-Mar 2013
Percentage of TB-positive patients tested for HIV	96	95	93	100
Percentage of TB-positive and HIV-positive patients (co-infected) on CPT	33	57	34	100
Percentage of TB-positive and HIV-positive patients (co-infected) on antiretrovirals	29	39	26	72
Smear-positive cure rate (in percent)	62	59	47	61
Treatment completion rate (in percent)	29	13	11	14
Treatment success rate (in percent)	91	72	58	75
Defaulter rate (in percent)	21	6	9	6

In areas with declines rather than improvements, the new system allows HFG staff to go back into the phone or database and pinpoint the causes, meaning quality improvements can be driven by evidence and solutions can be tailored to address the root causes of the issues. Both the data and the action plans are reviewed at state-level quarterly meetings, which leads to a further analysis of performance issues and support for Local Government Authority (LGA) supervisors in closing gaps outlined in action plans. Action plans are shared between LGAs and state supervisors and also with the facility.

In a pilot evaluation conducted in 2012, facility managers and supervisors alike reported that the use of the smartphones during the facility visit pinpointed the most urgent problems, which allowed more time for solving these problems rather than simply documenting them.

As one facility manager in Rivers State observed, *"We use the feedback to improve our work. On the issue of defaulters, the last time [the supervisors] said if we call about three times and patient did not come, then we*

should visit. If that fails, then we fill in a form. This has easily decreased the rate of defaulting. We have a plan of action created now to use to improve our work. We get the feedback immediately."

Given the program's rapid growth from 16 facilities (2010) to more than 500 (2013) in less than three years, mobile technology is clearly a powerful tool to improve quality of care and strengthen health systems.

Capacity Building for Stronger Country-Owned Systems in Public Health Management and Operations

In order to meet objectives of country ownership, HFG is strengthening capacity in Benin (RAMU), Haiti (*Unité de Programmation et d'Evaluation, Direction de l'Administration et du Budget, Direction des Ressources Humaines, Direction de la Prospective, de la Planification et des Stratégies, Unité d'Appui à la Décentralization Sanitaire),* and Burundi (*Programme National de Lutte contre le SIDA (PNLS)).* In both Burundi and Haiti, capacity assessments have been conducted, intervention plans established, and capacity-building efforts launched. In Benin, a TWG has been formed with an initial focus on strengthening RAMU's capabilities.

The most notable progress has been in Burundi, where PNLS leadership has strongly supported the capacity-building activity, resulting in excellent participation and engagement. Progress made to date includes development of a vision, values, and strategies; strengthening of key management structures, strengthening of leadership and management skills; development of an accurate operating budget; and initiation of the strengthening of internal project management capacity.

In Haiti, HFG is working with five operating units in the Ministry of Public Health and Population. These units are counterpart offices for HFG activities in health financing, HRH, and public financial management. In Year 1, HFG conducted rapid organizational assessments, developed intervention plans, and initiated implementation in four of the five offices. For example, in the Decentralization Unit (*Unité d'Appui à la Décentralization Sanitaire*, or UADS), the office responsible for supporting the departments, HFG helped to develop vision and values for the office, began to develop an organizational structure, and improved skills in performance management. In the *Direction d'Administration et Budget (DAB)* unit, HFG strengthened the capacity of staff in supervision and improved teamwork in four divisions of the DAB.

Supporting countries to efficiently manage, deploy, and incentivize the health workforce

As part of improving country-owned systems, HFG supported preservice training and health sector reform efforts. In Cote d'Ivoire, three License, Master, Doctorate (LMD) system committees were established. Furthermore, License (BA level) program materials were developed at *Institute National de Formation des Agents de Santé* (INFAS) (health training school), *Institut National de Formation Sociale* (INFS) (social worker training school), and *Unité de Formation et de Recherches des Sciences Médicales d'Abidjan* (UFR-SMA) (School of Medicine). This ensured that the first level and the entry of the three main preservice training institutions in the LMD system were defined at the international level as the standardized training policy to be implemented in all countries. In addition, HFG contributed to the health sector reform document in Cote d'Ivoire, with the support of the Hospital Reform Technical Committee/Department of Human Resources *Ministère de la Santé et de la Lutte contre le SIDA* (MSLS).

IR4 Improved Measurement of Global HS Progress Through Increased Use of Evidence-Based Tools and Innovative Measurement Techniques

Advancing global health systems research and evaluation

During Year 1, HFG made progress in the area of health systems research and evaluation activities by conducting a mid term evaluation of a Tanzania strategic plan, researching the impact of malaria control on Zambia's health system, and supporting the new health systems research society, Health Systems Global (HSG).

HFG supported the mid term review (MTR) of the Tanzania Health Sector Strategic Plan. After the scope of the assignment, timelines, and logistical requirements were finalized, a team was quickly established and in-country data collection was carried out in Q4, with preliminary findings presented to the steering committee in August. The MTR joint review team produced draft and revised versions of a general MTR report, specific reports for each technical area, and reports from regional data collection visits. The team leader presented the report findings to the steering committee and other key stakeholders from the Ministry of Health and Social Welfare (MOHSW) in late September. Feedback from this presentation will be gathered and incorporated into a final report to be presented at the Joint Annual Health Sector Review meeting in October 2013.

Malaria Control Relieves Zambia's Health System

Substantial research has looked at the effectiveness and impact of malaria control interventions on health outcomes, including morbidity and mortality; however, much less research has considered the impact of malaria control interventions on health systems. If scale-up of malaria control results in benefits to the health system more broadly, then this information could support advocacy efforts aimed at maintaining or increasing donor and in-country resources for large-scale malaria control interventions.

Building on the research conducted under Health Systems 20/20, HFG explored the effect of malaria control interventions on the health system through their impact on two health facilities in Southern Province in Zambia. The research examined outcomes, including inpatient admissions, outpatient visits, blood transfusions, and costs incurred by the hospital for treating malaria patients. HFG then finalized the analyses and drafted two manuscripts based on the report completed under Health Systems 20/20 findings. Both manuscripts were reviewed and cleared for dissemination and publication by the MOH in Zambia. The manuscript entitled "Hospitalizations and costs incurred at the facility level following the scale up of malaria control: pre-post comparisons from two hospitals in Zambia" was accepted for publication at the *American Journal of Tropical Medicine and Hygiene* and will be published in late October 2013.

The second manuscript, entitled "Malaria control in rural Zambia and its effect on pediatric blood transfusions: a time series analysis," will soon be finalized and submitted for publication in a peer-reviewed journal. Abstracts were accepted for presentation at the following conferences: the Multilateral Initiative on Malaria conference, the American Society of Tropical Medicine and Hygiene annual meeting, and the Zambia National Health Research conference. In addition, the President's Malaria Initiative (PMI)/USAID received interest from WHO to include the study findings in the upcoming World Malaria Report 2013.

The paper reflects extensive collaboration with a wide range of partners, including co-authors from the MOH, National Malaria Control Center, Macha Research Trust, Livingstone General Hospital, the USAID-funded Zambia Integrated Systems Strengthening Project, PMI/USAID, and PMI/Centers for Disease Control and Prevention (CDC). It also contributes substantially to the evidence base regarding the impact of malaria control on health systems.

Health Systems Global Takes Major Step Forward

Health systems research (HSR) is at a turning point. Calls for greater attention to HSR during the early to mid 2000s have paid off, resulting in two highly successful global symposia, the latest occurring in Beijing in October 2012 and the next to be held in Cape Town in 2014. While HSR is now the subject of intense global interest, most professionals within the field recognize the need to consolidate methods available, build capacity in the field, support researchers through stronger networks and communities of practice, and promote the uptake of HSR in policy and decision-making.

To meet this need, a new society, HSG, was launched in Beijing, in November 2012. The organization has more than 1,200 members from all over the world. HSG board members met for the first time in February 2013 for an inaugural retreat in London, which HFG facilitated and sponsored. During the two-day retreat, the board initiated planning for the 2014 symposium in Cape Town, South Africa, clarified internal roles and responsibilities, revised HSG's mission and vision statements, and identified strategic priority areas for the organization – including building HSR communities and advocacy groups, improving HSR methods, and advancing the skills and competencies of HSG members and their institutions.

HSG's 11 board members are internationally recognized in the field of HSR. They hail from nine countries and represent 10 organizations, including many premier academic institutions. Dr. Irene Agyepong, of the University of Ghana's School of Public Health, chairs the board, and Dr. Sara Bennett, health systems research lead for HFG and associate professor at Johns Hopkins Bloomberg School of Public Health, serves as vice chair.

Following the board retreat, HFG provided continued assistance to HSG in developing a strategic plan for the 2013–2015 period. This strategic plan was developed using a highly participatory process consisting of board consultations, six regional meetings, and a member survey (with responses from 450 members – a 41-percent response rate). The strategic plan will provide the basis for guiding the activities of HSG and, importantly, for mobilizing resources.

Improving Measurement of Global Health Systems Progress

HFG has also made progress in the area of health systems measurement through monitoring and evaluation (M&E) activities in Bangladesh and Namibia, as well as by updating the Health Systems Database, which has been integrated into the new HFG project website. Both the database and the website will be live in October 2013.

Working with the United Nations International Children's Fund (UNICEF) on the conditional cash transfer program in Bangladesh, HFG facilitated a national-level workshop to finalize a monitoring framework and approach, and to develop a research protocol and work plan to guide implementation and testing of the approach in field sites. Framework tools were established and implementation strategy executed. HFG supported UNICEF with field piloting of the monitoring approach in the Khulna and Sylhet zones, including by facilitating consensus on training and data collection materials prepared by HFG, providing support to training activities, pretesting, and collecting data in the field. HFG analyzed the qualitative data and parts of the household questionnaire (i.e., social norms data), while a local firm analyzed the remainder of the household questionnaire data. A report was developed containing a (1) summary of the M&E methodology used and reflections on the field implementations and future iterations, and (2) synthesis of findings related to UNICEF interventions, based on the data analysis mentioned above. The report was shared with UNICEF in early September 2013 and HFG is awaiting its inputs.

In Namibia, HFG worked with the Development Fund in the Social Security Commission (SSC). Intensive technical assistance resulted in the following components:

- Working in partnership with the Development Fund M&E officer, a detailed matrix of indicators was developed that will measure the operational effectiveness of the Development Fund and benefits accruing to the Fund beneficiaries.
- A structured M&E plan was developed based on the indicators described above to serve as a guide for the Development Fund staff in carrying out their mandate.
- During the course of the M&E assignment a revised set of data collection tools was made more detailed to ensure that the most granular level of information was obtained (e.g., disaggregation by age, gender, and region in which beneficiaries live) to allow for appropriate M&E. A set of capacity-building training materials for the Development Fund was developed during this assignment. As a way of institutionalizing the M&E activities and building the capacity of regional compliance officers at the SSC, the M&E technical advisor and M&E officer undertook a three-week training mission in which 34 project managers and accountants in four regions were trained to complete the quarterly reports. A fifth training was undertaken by the SSC staff after the assignment was completed.

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3. CROSS-BUREAU ACTIVITIES

The two leading global health initiatives – *A Promised Renewed* for Child Survival and PEPFAR's AIDS-free generation – both call for targeting selected interventions and populations. *A Promised Renewed* recognizes that under five mortality is concentrated in select populations of a few countries and subregions of other countries where national averages mask a disproportionate burden disease. *A Promised Renewed* also recognizes that the causes of under five mortality are concentrated in a few diseases and conditions. Similarly, the PEPFAR road map for an AIDS-free generation targets smart investments in evidence-based interventions for populations at greatest risk. These initiatives rely on a strategy of targeting that requires mobilizing and pooling resources and aligning financial incentives with the targeted interventions and populations. Both initiatives also appreciate that economic growth among many developing countries creates an opportunity for greater country ownership and sustainability.

HFG's cross-bureau activities contribute directly to these two global health initiatives by helping countries mobilize resources for health, promote mutual accountability, target priority services and populations, and generate new evidence to inform country actions. The value added of cross-bureau activities is to accelerate the adoption of state-of-the-art policies by countries and interventions by USAID missions by facilitating learning among countries and other partners, gathering and generating evidence, and packaging and disseminating knowledge in ways that are accessible.

Cross-bureau activities are funded by the various offices in USAID's GHB – Population, MCH, HIV/AIDS, and other infectious diseases – which represent a broad constituency for cross-bureau results. Cross-bureau activities are global technical leadership activities that contribute to the project's four IRs and to the results of the GHB offices to reduce the unmet need for family planning, end preventable mother and child deaths, and secure an AIDS-free generation. In Year 1, HFG established a foundation of technical materials, collaborative relationships with external partners, and integration among the IRs. This foundation will advance the implementation of health financing and governance work at the global and country levels over the life of the project.

ACTIVITY 1 *Support USAID's Collaboration with Global Partners to Advance USAID's Objectives in HEalth Financing and Governance.*

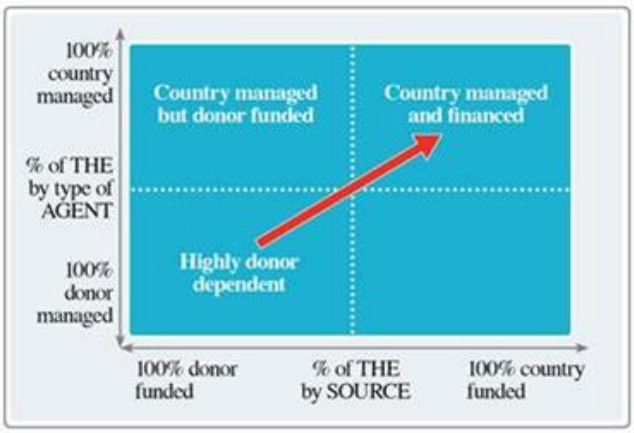
Year 1 Objectives

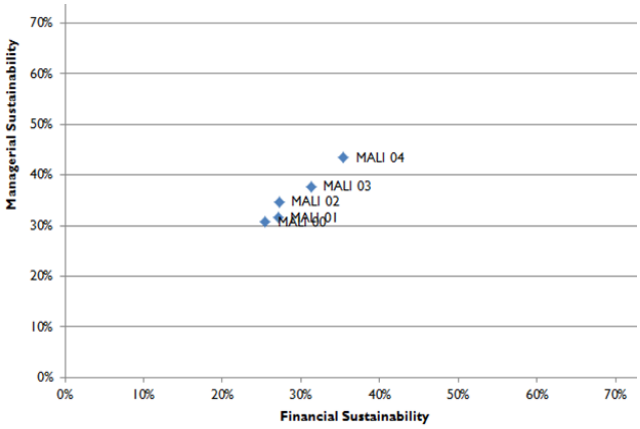
- Support coordinated efforts to provide leadership on health financing and governance at the global, regional, and country levels
- Ensure that discussions on health financing and governance issues at the highest levels are well informed and help support leveraging resources in a coordinated, efficient, and effective fashion
- Help eliminate duplicative or contrary health financing and governance efforts and initiatives
- Promote increased use of technical products produced by HFG.

Year 1 Progress Against Objectives: This activity provided flexible funding to support various HFG-related meetings in collaboration with USAID. HFG advanced USAID's objectives in health financing and governance through several such meetings with implementing partners.

HFG supported the GHB Monitoring and Evaluation (M&E) Working Group meeting in February 2013 which focused on M&E of the Global Health Initiative (GHI) principles of capacity building, country ownership, gender, and integration. More than 90 participants from USAID and implementing partners participated. HFG planned and facilitated the session on country ownership, and demonstrated how the NHA data could be used to measure country ownership in financial and programmatic terms. Figure 3 shows the framework for analysis, where ownership is measured both in terms of financing (percentage of total health spending originating in domestic sources) and management (percentage of total health spending managed by country actors). Another slide shows the application of this framework in Mali, where data indicate a clear upward trend in ownership along both dimensions.

FIGURE 3: USING NHA DATA TO UNDERSTAND TRENDS IN COUNTRY OWNERSHIP IN HEALTH FINANCE: FRAMEWORK FOR ANALYSIS AND EXAMPLE FROM MALI





HFG provided technical support for the design and delivery of the *Conference on Scaling Up Health Insurance and Financial Protection in Health* co-hosted by the World Bank, IFC, and USAID in March 2013. Several HFG team members provided technical inputs to the agenda and presented on topics in health governance and regulation, implementation of financing schemes, capacity building, and policy formulation.

In September 2013, HFG participated in the Office of Health Systems (OHS) Implementing Partners Meeting and identified numerous opportunities to collaborate with partners going forward.

This activity initially supported HFG's work for USAID Asia Regional Bureau to deliver the World Bank's Universal Health Coverage Flagship Course in the Asia Region in 2014 in collaboration with the World Bank Institute. This effort continues fully funded by the Asia Bureau.

Recommended Follow-up Actions – HFG supports USAID collaboration with global partners across many core- and field-funded activities. Going forward, such collaboration and event participation will be reflected as part of the appropriate cross bureau, directed core, or field activity.

Table 2 provides additional activity-specific updates.

TABLE 2. ACTIVITY 1 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Continue to collaborate with other implementing partners as agreed upon with USAID	HFG and nine partners convened at the OHS Implementing Partners meeting on September 11, 2013.	HFG identified numerous opportunities to collaborate with OHS partners.
Conduct quarterly briefings for USAID	Beyond the quarterly report, no additional briefings were conducted in Q4.	As event participation is integrated into cross bureau, directed core, or field activities, quarterly briefings will be integrated with the activity reporting.

ACTIVITY 2 *Develop Analytical Framework for Innovative Financing.*

Year 1 Objectives –The objective of this activity is to outline a framework for innovative or alternative health financing approaches for USAID missions, countries, and health sector development partners, drawing upon a review of practical country experiences from the published literature.

Year 1 Progress Against Objectives – Early in Year 1, the activity team acknowledged that the scope of this activity needed to be refined and more carefully specified. Specifically, while innovative approaches to generate funding in the international sphere have been discussed extensively, there is less understanding of the range of approaches being explored on a smaller scale to generate *domestic* funds. The team determined that a literature review of the broader innovative financing literature and conceptual frameworks, as well as low- and middle-income countries' specific experiences generating domestic financing in innovative or previously untried ways, was an essential first step in conceptualizing a framework and producing useful guidance. A comprehensive review was then conducted. The team prepared a report, "*Domestic Innovative Financing for Health: Learning from International Theory and Country Experience,*" that defines innovative financing, discusses existing frameworks and categorizations of innovative financing mechanisms, and summarizes experiences from 10 countries, ranging from diaspora bonds to catalyzing private investments. The team also prepared an outline for a practical guide to innovative financing.

Recommended Follow-up Actions – In Year 2, the *Domestic Innovative Financing for Health* report will be finalized. The report will then form the basis for a practical guide to innovative financing. The report and guide may be adapted to the MOH-MOF Toolkit (see cross-bureau activity 6). The products may be used in HFG country programs and will be shared with other partners such as the African Development Bank, which is conducting regional seminars with ministries of health and finance.

Table 3 provides additional activity-specific updates.

TABLE 3. ACTIVITY 2 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Conduct literature review on innovative health financing approaches and draft report	The draft literature review document was completed and has undergone several iterations of interal quality review prior to submission to USAID for comments.	The literature review will be finalized after incorporating comments and feedback from USAID. This activity has also received funding for Year 2 and will receive priority attention in the first quarter of Year 2 to overcome some prior delays. Additional staff have been brought onto the team to ensure that the work moves forward quickly.
Draft practical guide on innovative health financing strategies, drawing upon the literature review and practical experiences of countries	An outline of the guide was produced and circulated internally for comment.	The draft guide outline will be shared with USAID for comment. Work on the guide will proceed in Year 2 Q1, and will draw upon the results of the literature review. Once the draft is finalized, it will be shared with USAID for feedback and comments.
Solicit feedback from partners, incorporate comments from partners, and finalize the guide	Not yet started.	In consultation with USAID, the document will be shared with other relevant stakeholders for input and feedback in the first half of Year 2.

ACTIVITY3 *UHC Through Research and Development, Capacity Building, and Standard Setting.*

Year 1 Objectives – Objectives included:

- Synthesize evidence for critical, relevant open research question(s) related to universal health coverage (UHC) approaches and health impact
- Complete case studies summarizing low- or middle-income countries' experiences with measurement of their progress toward UHC
- Increase the recognition of USAID's contributions to expanding coverage worldwide
- Generate common understanding among USAID stakeholders of UHC definition and approaches.

Year 1 Progress Against Objectives – UHC is receiving substantial global attention as the post-Millennium Development Goal indicators debate heats up. HFG can harness the international movement toward UHC to prioritize the interventions and populations that are targeted by *A Promise Renewed* and AIDS-free generation. A key aspect is how country progress toward UHC will be measured. In Year 1 HFG completed data collection and preliminary analysis for three country case studies on how to measure country progress toward UHC. The case studies, conducted in Ethiopia, Cote d'Ivoire, and Senegal, explore how these low- and lower middle-income countries are currently measuring progress

toward UHC, examine each country's capacity to generate and monitor a set of proposed UHC indicators that are being considered for global use by the WHO, investigate the relevance and usefulness of those indicators in the opinion of key country stakeholders, and identify measurement challenges and opportunities faced by resource-constrained countries as they begin to implement UHC initiatives.

Recommended Follow-up Actions – HFG will maximize the impact of the case studies by preparing a manuscript for the open-access journal *PLoS Medicine* (a special collection on UHC measurement is planned for mid-2014), and if feasible, contributing to the next WHO-World Bank meeting on measuring progress toward UHC tentatively planned for December 2013

Table 4 provides additional activity-specific updates.

TABLE 4. ACTIVITY 3 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Finalize activity work plan through discussions with AOR team.	The AOR team approved the revised concept note for this activity in early July 2013. The project agreed to conduct case studies reviewing current capacity in three resource-poor countries to generate a set of proposed indicators of progress toward UHC (including service coverage, financial protection, and equity). These cases complement 12 similar country case studies currently being supported by the WHO.	
Select three countries for case study research in consultation with AOR team	In July, HFG quickly reached out to its network of country counterparts and local consultants to identify relevant contexts (low- and lower middle- income countries with an expressed interest in or commitment to achieving UHC), available researchers with the necessary qualifications, and the established linkages to senior health financing policy makers that would be necessary for rapidly completing the assignment. After initial discussions with the AOR team, HFG staff interviewed a subset of potential consultants. The final three countries (Cote d'Ivoire, Ethiopia, and Senegal) were selected based on the quality and availability of local researchers in the targeted countries.	To ensure timely completion of field work, HFG directly communicated with USAID missions in the three selected countries, with the AOR team copied on all correspondence. Local USAID-funded bilateral health financing projects were also contacted.
Conduct three country case studies on measuring and monitoring progress toward UHC	HFG staff developed terms of reference, an Excel-based data collection template, and qualitative data collection tools for the case studies. Three local researchers were engaged under consulting agreements. With frequent monitoring from HFG staff based in Bethesda, MD, and France, the local consultants conducted approximately 15 to 20 key informant interviews with senior stakeholders in each country. They reviewed secondary data sources (including Demographic and Health Surveys, expenditure survey reports and routine data reports) and completed the Excel templates summarizing available service coverage and financial coverage indicators. The team prepared PowerPoint presentations summarizing current UHC initiatives in each country, indicators already being used for UHC measurement, perspectives on the WHO's proposed indicators, and areas in need of capacity building.	Given that the timeline for completing the key informant interviews was so short, it was not possible for HFG headquarters staff to conduct the field research directly. The pairing of local consultants with headquarters staff was intended to ensure the quality of the research and facilitate resolution of any conceptual or logistical problems.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
		In Q1 of Year 2, each consultant will prepare a short report summarizing key findings from the case studies.
Draft brief on definitions, interpretation, and evidence around UHC	Project staff completed a literature review of seminal documents on UHC from the WHO, World Bank, International Labor Organization, and peer-reviewed literature. An outline for the brief was drafted.	Next step: Finalize draft brief and submit to AOR team for feedback.

ACTIVITY4 *Support WHO to Convene, Support, and Inform the Global Health Community on UHC.*

Year 1 Objectives – HFG will support a meeting, workshop, or other high-profile global event sponsored by the WHO, resulting in greater consensus on UHC and UHC measurement as well as identified concrete next steps for the global community.

Year 1 Progress Against Objectives – HFG supported two global meetings in the first year of the project. The first was held in Geneva in February 2013 and aimed at building consensus among ministerial-level health and finance officials from around the world on the goal of UHC. Senior-level political officials from dozens of countries shared experiences of what has and has not worked in country efforts toward UHC, identified actions the global community can take to support these efforts, and highlighted how development partners can support countries at country and global levels, including in discussions about future internationally-agreed development goals.

HFG also contributed to a meeting in Singapore organized by the WHO and World Bank on the topic of UHC measurement in September 2013. The project disseminated preliminary results from the three UHC measurement case studies (described above under cross-bureau Activity 3) to a group of researchers representing 15 countries of varying income levels. The developing country representatives in particular were very receptive to HFG's findings that countries value indicators to monitor implementation of UHC as much as impact indicators. Feedback received from these researchers will be incorporated into the draft case study reports.

Recommended Follow-up Actions – With remaining funds, the project will support a future global stakeholder meeting (tentatively proposed for December 2013) to be determined in conjunction with USAID.

Table 5 provides additional activity-specific updates

TABLE 5. ACTIVITY 4 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Present preliminary findings from the three case studies at a WHO- and World Bank-sponsored technical meeting in Singapore	HFG economist Laurel Hatt and Ethiopian consultant Abebe Asfaw traveled to Singapore to participate in the September 2013 WHO-World Bank meeting on Measuring Country Progress towards UHC. Dr. Hatt gave a synthesis presentation on the two francophone case studies (described under Activity 3 above), while Mr. Asfaw presented the Ethiopian case.	Each of the participating researchers has been invited to prepare a manuscript for publication in a special collection of *PLoS Medicine*. With remaining funds, the project will support a future global stakeholder meeting (tentatively proposed for December 2013) co-sponsored by the WHO and World Bank.

ACTIVITY 5 *Institutionalize and set Standards for Health Resource Tracking and Help the World Health Organization to Convene, Support, and Inform the Global Community.*

Year 1 Objectives – Mutual accountability is a key element of both *A Promise Renewed* and the AIDS-free generation initiatives. Countries and donors are to be accountable for their commitments and measurable progress. Standardized, internationally consistent methodologies for tracking health expenditures are key to enforcing this accountability. USAID has been a leader in health resource tracking in collaboration with WHO, World Bank, and the OECD. HFG has set the following objectives:

- Institutionalize tools to support country-led resource tracking within the WHO, such as an updated Health Accounts Production Tool (HAPT) and the NHA-Satellite Accounts brief.
- Increase knowledge of the Systems of Health Accounts (SHA 2011) framework through training and awareness-raising activities.
- Demonstrate the value of resource tracking data by analyzing national investments in health promotion and disease prevention.
- Reduce the cost and streamline the production of health expenditure data by harmonizing the PEPFAR Expenditure Analysis framework with NHA, embedding expenditure questions into the Living Standards Measurement Survey (LSMS), and updating the HAPT to reflect the SHA 2011 framework.

Year 1 Progress Against Objectives – Significant progress has been made in efforts to standardize tools for and provide guidance on health resource tracking. In collaboration with WHO, the HFG resource tracking team completed Phase II of the HAPT software. Phase II included usability enhancements and added functionality to accommodate the SHA 2011 framework. To support the roll-out of the SHA 2011 framework, which is an updated version of the previous NHA framework, the resource tracking team completed a SHA 2011 brief to raise awareness and understanding about the framework. SHA 2011 training materials were also developed to assist audiences without prior NHA or other resource tracking experience. An initial draft of the HAPT software guide was prepared, and

"help" functionality to improve the user experience with the software was updated. Additional versions of the SHA 2011 survey instruments have been drafted to ensure usability for data collection in low- and middle-income countries and to allow countries to prioritize the optional dimensions that are relevant to their policy questions. Testing of the HAPT continues and feedback is being provided to WHO. The resource tracking team also participated in a WHO regional training in Tunis and has provided country-level technical assistance to seven countries.

In addition, the HFG resource tracking team also conducted analytical work that contributes to the global discussion on health spending and resource tracking. The "Health Promotion and Prevention Spending in Africa" paper, which analyzed NHA data to better understand trends in resource allocations for prevention and public health services, was completed and submitted to USAID. Also, in an effort to increase awareness about SHA 2011 and its linkages with other existing resource tracking methodologies, the HFG resource tracking team drafted a brief comparing SHA 2011 to the Pan American Health Organization (PAHO)'s Satellite Health Accounts, an alternate resource tracking framework used primarily in Latin America and the Caribbean. HFG is finalizing the brief in consultation with PAHO and WHO, and is exploring the possibility of joint publication.

Recommended Follow-up Actions – Schedule a regular conference call with WHO to continue the discussions on HAPT testing and updates, identify additional items to include in the HAPT user guide including accommodating items added into the recent iteration of the tool, and collaborate on country-level support.

Table 6 provides additional activity-specific updates.

TABLE 6. ACTIVITY 5 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Work with WHO on development/adoption of the necessary guides and instruments to support countries in their transition to the new SHA framework for conducting future resource tracking exercises	• HFG continued to test the HAPT and identify areas that require updates. Updates were relayed to WHO for incorporation into the HAPT. • The SHA 2011 brief was finalized, aiming to create awareness and understanding about the framework. • HFG finalized an optional set of SHA 2011 survey instruments for discussion with WHO. The project is finalizing a draft of the HAPT software guide. • Teleconferences with WHO were held to share progress and align our work. • Based on introductory demonstration of the the Analysis Tool[1] by WHO, HFG began to test the tool to provide feedback to WHO.	In the next quarter, HFG will continue discussions with WHO to identify the additional items, aside from explaining the mechanics of the HAPT, to be included in the HAPT guide. The project will research methods to organize and store all of the electronic guides and documents that accompany SHA 2011. HFG will identify a country to jointly (with WHO) test the training materials and HAPT. User testing is ongoing and the project will continue to provide feedback on HAPT, survey instruments, and training materials based on observations from practical application.

[1] The Health Accounts Analysis Tool is a complementary tool to the production tool that is under development to provide the country teams with a program that can compile and produce interactive graphs and tables out of multiple rounds of NHA results.

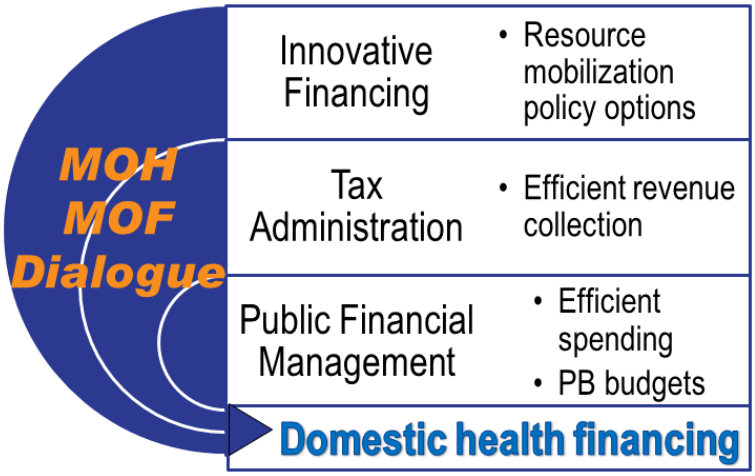
Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Prepare final draft of a brief on PAHO's Satellite Health Accounts and its linkages to the SHA 2011	A draft of this Satellite Health Accounts brief was finalized and circulated for comments with partners (PAHO and WHO).	Finalize brief based on input and comments received.
Assess health promotion and disease prevention spending through analysis of country NHA datasets	All USAID feedback on the "Health Promotion and Prevention Spending in Africa" paper was incorporated into the document. The paper was finalized and submitted to USAID.	This activity is complete.
Harmonize PEPFAR expenditure analysis and the NHA HIV subaccounts.	The scoping of this activity is under discussion based on recent developments.	Activity scope is being re-evaluated.
Build LSMS Health Expenditure Module: Discuss with World Bank's LSMS team	Activity on hold at request of USAID.	On hold – this activity has been postponed until Year 2.

ACTIVITY 6 *Develop a Toolkit for ministries of Health to Work More Effectively with ministries of finance*

Year 1 Objectives – MOFs have significant control over the funding and budget flexibility of MOHs. For MOHs to increase influence over funding for health priorities to improve health outcomes, they need practical and sustainable tools to formulate budget justifications that are consistent with how MOFs approach financial compliance and whole of government budget formulation (see Figure 4 below). Host countries will have a set of tools they can apply to improve coordination between MOHs and MOFs that will improve health outcomes.

Year 1 Progress Against Objectives – During Year 1, HFG completed a toolkit to assist MOHs in improving dialogue and collaboration with MOFs. The toolkit consists of an introductory piece summarizing the range of issues in which MOHs engage with MOFs and two completed tools. In future years, HFG will be able to add tools from other cross-bureau activities.

FIGURE 4: TOOLKIT FOR EXPANDING DOMESTIC FINANCING OF HEALTH



The first tool addresses how to collect data to assess efficiency within the health sector. Since the health sector accounts for a sizeable proportion of national expenditures in most countries, the pursuit of efficiency in health systems should be a central objective of decision makers and health managers. Often, MOHs do not have access to the data to properly assess internal efficiency across their operations, including physician utilization, deployment of health technologies and pharmaceuticals, and use of hospital facilities and hospital care. Measuring efficiency across institutions and across time is a critical element for improving the performance of health systems and communicating resource needs with the MOF.

The second tool focuses on assisting MOHs in assessing the relative strength of their internal controls. With growing demands to improve health care quality, access, and outcomes, health sector decision makers face the challenge of putting the resources allocated to them to good use, while also ensuring that those resources are properly accounted for and appropriately safeguarded. Internal control is central to this agenda. Moreover, because of its importance to both fiscal and health sector management, internal control also represents a key intersection point between MOFs and MOHs.

Two additional tools are nearly complete and will be finalized in October 2013. One focuses on guiding MOHs through a public financial management self-assessment and the other on how to develop key performance indicators for health institutions.

Country programs have already shown interest in the MOH/MOF toolkit. The Key Performance Indicator tool will be tested in Nigeria in November 2013 as HFG assists the National Agency for the Control of AIDS (NACA) in developing key performance indicators to align with the government's shift toward performance-based budgeting. In addition, the completed tools have been shared with Cote d'Ivoire to inform their proposed Year 2 programming to secure additional funds for HIV from the MOF.

Recommended Follow-up Actions – The Key Performance Indicator tool will be revised after the completion of the field test. Other tools will be revised and updated once they are used in the field. HFG will share the toolkit broadly within the project in anticipation of Year 2 field support programming and work with the communications team to ensure easy access through the HFG website.

Table 7 provides additional activity-specific updates.

TABLE 7. ACTIVITY 6 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Develop tools.	The preliminary toolkit, consisting of an introduction and two tools, was completed. Two additional tools will be completed during October 2013.	
Field test tools.		The field test of the Key Performance Indicator tool will take place in November 2013 as part of the HFG Nigeria field support program.
Revise tools based on feedback		The Key Performance Indicator tool will be revised after the completion of the field test. Other tools will be revised and updated once they are used in the field. HFG will share the toolkit broadly within the project in anticipation of Year 2 field support programming and work with the communications team to ensure easy access through the HFG website.

ACTIVITY 7 *Develop tools to engage civil society in health systems finance and governance*

Year 1 Objectives – Host country governments, development partners, and civil society organizations at national to local levels will have a guide to a set of tools they can apply to effectively engage in health finance and governance, and at least two tools will be developed for use in engaging civil society in health sector governance.

Year 1 Progress Against Objectives – As observed by the African Development Bank, "…*after 10 years of robust economic growth in Africa, given Africa's economic potential and in the face of declining aid, focus now needs to be on domestic accountability. … Accountability is no longer an agenda between governments and donors; what matters most today is accountability of governments towards their citizens*." During Year 1, HFG made progress in developing tools for civil society to engage on health finance and governance issues. A technical brief on use of Public Expenditure Tracking Surveys (PETS) was completed. The Guide to Effective Tools for Engaging Civil Society in Health Finance and Governance has been completed and reviewed through the HFG quality assurance process. The guide will be finalized in October 2013. In addition, a tool for Entry Point Mapping for Civil Society Organizations has been drafted and is under review. It will be tested in Cote d'Ivoire and completed in November 2013. HFG is also working with Internews in Kenya to pilot a media toolkit and trainings for MOH professionals and a briefing kit and training for health journalists to improve their reporting on health finance and governance topics. Both trainings will take place in Nairobi in November 2013.

Recommended Follow-up Actions – HFG will finalize and disseminate products in Q1 of Year 2 and work to identify opportunities for introducing them through country programs.

Table 8 provides additional activity-specific updates.

TABLE 8. ACTIVITY 7 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Develop tool concept and circulate for review	Completed	
Document social accountability tool's impact on health in three countries	The draft of the "tool description" annex of the "Guide to Effective Tools for Engaging Civil Society in Health Finance and Governance" completed and reviewed internally.	To be finalized in Year 2 Q1 quarter.
Develop tools	"Guide to Effective Tools for Engaging Civil Society in Health Finance and Governance" completed and reviewed internally. Technical brief on the use of PETS to engage civil society in health finance and governance completed. Partnership with Internews forged for piloting media training for MOH professionals and journalists to report health finance and governance topics developed. Briefing kits are being developed for both workshops.	Guide will be finalized in Year 2 Q1 Media brief and training materials to be finalized and piloted in the next quarter.
Field test tools	The Entry Point Mapping field test has been scheduled for November 2013 in Cote d'Ivoire.	To be conducted in the next quarter.
Document field test and revise tools based on feedback	The Entry Point Mapping field test has been scheduled for November 2013 in Cote d'Ivoire	To be conducted in the next quarter.

ACTIVITY 8 *Tax Administration Reform and Resource Mobilization for Health*

Year 1 Objectives – Launch activity examining the effect of increased tax revenue mobilization and resource allocations for health to ultimately produce two to three country case studies.

Year 1 Progress Against Objectives – The scope for this activity was agreed to with USAID in Q4 and some preliminary desk research began. Substantial work on the activity will happen mainly in Year 2.

Recommended Follow-up Actions – The planned two to three case studies highlighting examples that have successfully directed increased tax revenues toward the health sector will be completed in Year 2.

Table 9 provides additional activity-specific updates.

TABLE 9. ACTIVITY 8 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Launch activity	Team members from DAI and R4D have been identified, and the work order has been issued.	Preliminary desk research has been initiated, and expert interviews are being scheduled.

ACTIVITY 9 *Promote Use of Mobile Money for Health Solutions.*

Year 1 Objectives – At the end of Year 1, the objective was to have widely disseminated the menu of mobile money solutions to missions and governments and identified potential partnerships with donors, IT partners, and other stakeholders implementing mobile money programs. The expectations were to (1) support at least two country missions in including mobile money solutions in their financing or governance work, with Bangladesh as a potential first country, and (2) initiate preparations for a global conference in Africa on mobile money for health.

Year 1 Progress Against Objectives – Year 1 accomplishments include an extensive landscape analysis of mobile money applications in the health sector. HFG has conducted interviews to identify best practices and challenges, and explore potential partnership opportunities both for country-level work and regional workshops on mobile money and health, with a broad set of more than 45 stakeholders. Findings from the landscape analysis are being disseminated in the form of thematic briefs, webinars, conference presentations, quarterly newsletters, and on the HFG website. While HFG has not yet begun to support countries in implementing mobile money solutions in their health programs, the team has developed concept notes exploring potential opportunities for support in several countries and has shared these with implementing partners and missions. The team has received mission approval to support an activity in Nigeria and will begin this work in Year 2. The team also is prepared to support at least one additional country in Year 2, pending mission approval. Proposals for conferences, workshops, and panels on mobile money and health have also been developed and shared with the Africa Bureau, mHealth Alliance, and USAID Mobile Solutions Team. The Africa Bureau has confirmed funding for a best practices paper on mobile money and health to be disseminated at the November 2013 International Conference on Family Planning to be held in Addis Ababa, Ethiopia, and a study exploring the cost-effectiveness of mHealth interventions.

Recommended Follow-up Actions – In Year 2 HFG will follow up with countries for which concept notes for country support have been submitted to date in addition to exploring opportunities in new countries.

Table 10 provides additional activity-specific updates.

TABLE 10. ACTIVITY 9 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Carry out landscape analysis and best practice report	• Interviews have been conducted with an additional set of stakeholders (10+) to develop a compendium of best practice mobile money and health applications. • We also have used this additional landscaping to build on our efforts to identify opportunities for new donor collaboration and public-private partnership agreements. We currently are exploring potential partnership opportunities with NGOs implementing mobile money solutions in health programs, including Pathfinder and D-tree.	Best practice case studies will be disseminated at the 2013 International Conference on Family Planning, through the HFG Mobile Money newsletter and on the HFG website.
Carry out knowledge dissemination	• The first e-newsletter was disemminated in September. The e-newsletter targets public health professionals and seeks to highlight how mobile money can be used to improve health service delivery. Future editions will provide updates on the HFG Mobile Money Activity, showcase additional case studies and interviews, and link to a database of resources on the HFG website. • The HFG team continues to seek opportunities to present key learnings from its landscape analysis and has submitted an abstract to the African Health Economics Assocation. • A Mobile Money section of the HFG website is in development, to serve as resource center and community of practice for mobile money in health.	
Provide technical support to 2–4 missions or governments	The HFG team continues to engage with the USAID Mobile Solutions team, HFG project staff, and implementing partners in the mobile money space to identify potential countries for technical assistance support. • The HFG team has received approval from the mission in Nigeria, supporting HFG collaboration with a DFID-funded pro-poor health insurance product to introduce mobile premium collection. • In Malawi, the HFG team continues to hold conversations with bilateral mMAP project to identify possible opportunities to transition targeted MOH payments • The HFG team has also developed exploratory concept notes for mobile money support in health programs in South Sudan and Haiti and continue to explore potential collaboration with the Joint Learning Network for UHC to support the Ghana National Health Insurance Scheme.	As work is just beginning in many HFG countries, identifying missions or governments that are ready for support will be an ongoing activity.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	Additionally, the HFG team continues to engage with HFG project staff to identify opportunities for joint country-level operations research on IT and finance partners on mobile money for provider payments and performance-based incentives (PBI).	
Identify opportunities for joint country-level operations research with IT partners on mobile money for provider payments and PBI		Work on deliverables 4 and 5 has been conducted in the context of discussions with the USAID Mobile Solutions team, HFG project staff, and implementing partners to identify country-level technical support opportunities and document best practices, lessons learned, and challenges in implementing mobile money solutions in health programs.
Provide technical support for new donor collaboration or public-private partnership agreements		Work on deliverables 4 and 5 has been conducted in the context of discussions with the USAID Mobile Solutions team, HFG project staff, and implementing partners to identify country-level technical support opportunities and document best practices, lessons learned and challenges in implementing mobile money solutions in health programs. The team continues to identify opportunities for new donor collaboration or public-private partnership agreements.

ACTIVITY 10 *Develop USAID Strategy for Health Systems Research*

Year 1 Objectives

- Provide USAID with a clear strategy to guide its investments in health systems research (HSR) and how it invests in HSR
- Build consensus around USAID's HSR strategy
- Stimulate mission interest in HSR, leading to additional support for HSR

Year 1 Progress Against Objectives – The launch of this activity was delayed, due to ongoing dialogue with USAID regarding its scope and approach. During Q2, HFG received approval on a final activity scope, which included a consultative process to solicit perspectives and inputs from USAID and non-USAID stakeholders, coupled with country case studies to gather information from country-level stakeholders (policy makers, donors, and researchers) in up to four countries. During Q2 and Q3, HFG developed interviewee lists for Agreement Officer Representative (AOR) review and approval, as well as draft instruments for the in-depth interviews and a concept note for country-level work. Given ongoing delays in finalizing elements of this approach, HFG and the AOR team decided in Q4 to modify the scale

of the consultative process through a streamlined interview process coupled with complementary approaches (such as group meetings and/or webinars) to gather inputs. The work is expected to begin in full during Year 2 Q1.

During Year 1, HFG developed several concept notes in attempt to stimulate mission interest in conducting HSR. A concept note was developed and submitted to the USAID/Mozambique Mission in Q2 for an evaluation approach to measure the effects of USAID's investments in population health in central Mozambique. (The availability of funding for this evaluation was subsequently unclear in-country.) Also in Q2, HFG drafted a concept note on evaluating the effects of devolution in Kenya to be shared with USAID/Kenya. There have also been continuing discussions with HFG staff regarding Namibia and Barbados PEPFAR sustainability planning, with work on this transition and sustainability process expected to be covered during Year 2.

Recommended Follow-up Actions – In line with recent discussions with USAID on the scope of this activity, HFG plans to proceed with carrying out the bulk of the work in Year 2 Q1. HFG is proceeding to work with two of its regional partners to issue subawards to carry out the country case studies in up to four countries (expected to include Zambia, South Africa, India, and possibly Burma).

Table 11 provides additional activity-specific updates.

TABLE 11. ACTIVITY 10 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Develop detailed plan for implementation of prioritized USAID research agenda	• In Q4, based on continued dialogue with the AOR team, the stakeholder list was further refined and streamlined. • During Q4, the HFG team discussed slight modifications to this activity with the AOR team. The final decision was to reduce the number of interviewees and utilize alternative approaches to gathering broad input from stakeholders, such as in-person group consultations at USAID/Washington, as well as online consultations (e.g., webinar) to solicit input from additional mission staff.	Next step: • Initiate interviews with selected USAID respondents • Develop detailed plans for group and online consultations for broader reach
Conduct in-country interviews/consultations with USAID missions and country policy and decision makers. Conduct GHB interviews and consultations	• A draft list of USAID/Washington and mission staff was reviewed with clients (see above). List was revised based on client feedback. Awaiting final stakeholder list based on additional AOR review. • The consultations will be conducted in Year 2 Q1.	Next steps: Finalize stakeholder list with client
Convene core regional partners: • Train on research agenda setting approaches • Determine what USAID might do to strengthen capacity	In Q3, HFG developed draft terms of reference for country case studies in up to four countries to complement the USAID consultative process. This was submitted to the AOR team on June 28, 2013; HFG received approval to proceed on August 1 with studies in South Africa, Zambia, and India (further discussion required regarding a proposed study in Burma).	Next step: The AOR team will communicate with each proposed country mission to determine interest and approval to conduct studies in each proposed country. HFG will initiate subaward processes with regional partners.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Consult with other USAID cooperating agencies and other global actors regarding their research and identify priority research topics	This milestone will be achieved mainly through desk review of existing research priorities, plans, and objectives of other key partners, including global actors and other USAID cooperating agencies. The desk review was started in Q4.	Next step: Finalize desk review.
Review research strategies for other agencies and/or countries	This milestone will be achieved mainly through desk review of existing research priorities, plans, and objectives of other key partners, including global actors and other donors. The desk review was started in Q4.	Next step: Finalize desk review.
Develop first draft of three concept notes for possible cross-country research	• The IR4 team continues to engage with HFG technical teams to identify potential opportunities for collaborative research across the project. • A concept note was developed and submitted to the USAID/Mozambique Mission in Q2 for an evaluation approach to measure the effects of USAID's investments in population health in central Mozambique. The availability of funding for this evaluation is now uncertain. • HFG drafted a concept note on evaluating the effects of devolution in Kenya to be shared with USAID/Kenya. The note was shared with clients on February 18, 2013, before forwarding to the mission. • Continuing discussions with HFG staff regarding Namibia and Barbados PEPFAR sustainability planning.	Next steps: • The IR4 team continues to dialogue with HFG technical teams to identify potential research activities. • As appropriate, the IR4 team will develop additional concept notes for potential cross-country research after the health systems research agenda has been drafted and vetted by key stakeholders.
Draft cohesive HSR strategy and implementation plan	Given delays in start of Activity, this is not expected until Year 2.	HFG will conduct consultations and desk review in order to draft the plan.
Disseminate strategy	Given delays in start of Activity, this is not expected until Year 2.	Once the HSR strategy and implementation plan are drafted in Year 2, HFG will discuss with the AOR team the best approach for dissemination.

ACTIVITY 11 *Co-sponsor the International Society for Health Systems Research*

Year 1 Objectives

- Create a strengthened organization with clear roles and responsibilities between the Health Systems Global (HSG) board and secretariat
- Develop a robust strategy and business plan for HSG, leading to the leverage of additional funding

Year 1 Progress Against Objectives – HFG helped to provide some essential building blocks in creating a sustainable organization to develop the field of HSR. In a Health Systems Global Board retreat

conducted in February 2013 in London, HSG developed draft mission and vision statements and strategic goals, better defined roles and responsibilities of the board and secretariat, and initiated planning for the 2014 HSR symposium in South Africa. HFG also assisted HSG in developing a strategic plan for the 2013-2015 period. This strategic plan was developed using a highly participatory process consisting of board consultations, six regional meetings, and a member survey. The plan will provide the basis for guiding the activities of HSG and, importantly, for mobilizing resources.

Recommended Follow-up Actions – HFG will continue to support HSG in Year 2. Support will consist of a second board retreat to continue to develop the organizational structures, development of a business plan based on the strategic plan, and assistance in implementing selected activities based on discussions with the board and secretariat.

Table 12 provides additional activity-specific updates.

TABLE 12. ACTIVITY 11 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Develop strategic plan	During Q4, HFG conducted data analysis of data collected during Q3 (through online board consultations, six regional consultations, and a member survey with over 450 responses). This analysis was used to develop the draft HSG strategic plan for review by the HSG Strategic Planning Committee. The plan was further revised based on comments, and subsequently approved by the HSG Board.	Next step: HFG will finalize the strategic plan (report formatting and production) and send to HSG for dissemination.

ACTIVITY 12 *Develop and Improve Tracking and Reporting Systems, Including Indicators, for Health Systems Strengthening*

Year 1 Objectives

- Ensure the GHB, missions, and implementing partners have access to a common menu of indicators for measuring and monitoring USAID investments in health systems strengthening (HSS)
- Ensure global access to comprehensive health system performance data through the Health Systems Database

Year 1 Progress Against Objectives – HFG has made progress against both activity objectives. The main achievements are summarized below, organized by stream of work, namely work on HSS indicators and work on the Health Systems Database.

HSS indicators:

- Identified a list of USAID-funded health projects that have a HSS specific mandate and a sample of 'traditional' health projects with elements of health systems strengthening. Projects include both global and bilateral health projects.
- Compiled and reviewed projects' performance monitoring plans and consolidated information from the review.

- Starting with the health financing health system building block, reviewed available indicators based on standard M&E criteria, and produced a revised list of indicators.
- Presented progress to date to AOR team and elaborated next steps.

Health Systems Database:

- Updated all data from each source that has modified or released new data since May 2012.
- Updated the Country Reports section to include improved visualizations and a cleaner layout.
- Improved layout and functionality, including filters.
- Incorporated the database into the HFG website, in collaboration with the Knowledge Management team.

Recommended Follow-up Actions – Enter any recommended follow-up actions to build upon progress made to date or to address issues or problems.

HSS indicators:

- Conduct indicator consolidation, review, and short-listing for all other health system building blocks.
- Present findings at USAID/OHS.
- Develop compendium of recommended health systems strengthening indicators.

Health Systems Database:

- Conduct presentation at the OHS to demonstrate the capabilities of the updated Health Systems Database.
- Carry out a onetime update of all newly released data.
- Conduct troubleshooting as needed.

Table 13 provides additional activity-specific updates

TABLE 13. ACTIVITY 12 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Health Systems Strengthening Indicators		
Identify list of current USAID-funded health projects and review PMPs	Ongoing	
Consolidate information and generate and analyze list of commonly used indicators.	Ongoing	Next step: Continue to consolidate, review, and analyze health systems strengthening indicators.
Hold consultative meetings and conversations with implementing partners	Ongoing – meeting with HFG, Measure Evaluation, and USAID planned for mid-October 2013	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Vet and review draft list of indicators with selected missions, global offices, and their projects	Planned for Year 2 Q1	
Health Systems Database		
Improve country reports section, layout, and functionality, including filters; identify and add available service and financial coverage indicators from public sources; integrate into HFG website.	Almost final. Integrated with HFG website. Currently tweaking some web features.	
Conduct presentations and meetings with USAID.	Postponed until Year 2 Q1 due to delays in finalizing the HFG website.	

ACTIVITY 13 *Stimulate USAID Field Research into Advancing UHC and Results-based Financing*

Year 1 Objectives – USAID missions and country counterparts will gain a deeper understanding of the value of research to advancing UHC and result-based financing and of how to integrate research in this context.

Year 1 Progress Against Objectives – Since this activity was approved, WHO released the 2013 World Health Report: "Research for universal health coverage." This detailed report provides a strong overview of research questions related to UHC and methods to answer these questions. To avoid duplication or overlap with this new resource, through HFG, USAID can contribute to the field of research to guide UHC by focusing on the less developed field of implementation research. Two fundamental questions for policymakers are: what strategies will accomplish the goals of UHC, and how can they be implemented most effectively? Research about program design and implementation is needed to answer the latter. If impact evaluations function "to investigate whether schemes devised to achieve universal health coverage really succeed in their aims" (WHO 2013, p. 22), then implementation research explores how and why. HFG determined through a literature search that the vast majority of research available on UHC are evaluations, which tend to focus on a relatively small range of interventions, mainly insurance, or on expanding coverage of interventions related to specific health areas or diseases. These evaluations aim to measure the effects of interventions, not to document lessons of implementation, or to explore how design and implementation modify impact. HFG also identified the need for a guide to implementation research that provides guidance on how to conduct IR and how to synthesize, use, and share the evidence generated through IR. We propose to alter the scope of this activity to address this gap.

Recommended Follow-up Actions – Share revised concept with USAID for input into and guidance on the revised activity.

Table 14 provides additional activity-specific updates.

TABLE 14. ACTIVITY 13 DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Select priority research questions together with USAID	Since the objectives and scope of this research primer were clarified with USAID, WHO released the 2013 World Health Report. In order to add value and not to replicate this report, HFG revised the scope to focus on guidance on how to conduct implementation research on UHC. Discussions held with the Activity 10 team on the potential opportunity to include additional questions to USAID consultations with missions on perceived need for research on UHC-related topics.	Next steps: Internal HFG brainstorming on implementation research for UHC guide followed by meetings with USAID

Develop research guide	In Q4 HFG conducted a literature review on implementation research oriented toward UHC and produced a concept note to produce an implementation research for UHC guide, complemented by field-based implementation research activities.	Next steps:
		• Finalize modified scope with AOR team with new focus on implementation research. Launch activity in Year 2 Q1.
		• New scope may include:
		  ◦ Conducting a survey to understand what implementation research guidance would be most helpful to country stakeholders (policymakers, program managers).
		  ◦ Produce guidance document that provides an overview of IR and the key UHC-relevant questions it can help to answer
		  ◦ Develop an approach to implementation research for one to two key UHC interventions such as: results-based financing, insurance, and quality of care approaches
		  ◦ Test and revise the approach by supporting a country team to implement it
		  ◦ Synthesize lessons for use at the country and global levels
		  ◦ Identify country cases to illustrate use of research to guide action in sections of research guide
		  ◦ Develop first draft of research guide

4. DIRECTED CORE ACTIVITIES

This section presents a summary of progress made in the four directed core areas – PRH, MCH, Malaria, and HIV/AIDS.

4.1 *Population and Reproductive Health*

Year 1 Objectives – HFG will complete the research and prepare a paper on the potential for performance-based incentives (PBI) to strengthen supply chains for family planning (FP). HFG will also update PBI voluntarism data from countries that have USAID funding for PBI and countries that have PBI programs funded by other agencies where USAID is also supporting health.

Year 1 Progress Against Objectives – A matrix of country programs that incorporate FP into PBI schemes has been shared with the Office of Population and Reproductive Health (PRH). HFG has collaborated with the USAID Deliver project to identify opportunities for case studies and technical assistance to introduce incentives into supply chains. HFG proposes to conduct a case study in Mozambique in Q2 of Year 2. HFG reviewed eight country proposals requesting support from the United Nations Commission on Life Saving Commodities and provided feedback to the secretariat based on how the proposals addressed results-based financing, financial access barriers, and financial sustainability.

Recommended Follow-up Actions – All Parties involved (John Snow, Inc. (JSI) Deliver, USAID/Mozambique, and HFG) decided to postpone conducting the Mozambique case study until Year 2 despite mission concurrence; all agreed that obtaining more data first would allow the case study a provide a deeper analysis and the team to produce a better product.

Q4 General Update – The team explored conducting a case study together with JSI Deliver in Mozambique based on the experience with the performance incentive model for the Mozambique central medical store. After discussion with the local Deliver/Supply Chain Management System (SCMS) team, the team decided to postpone field work until the final round of the grant is completed. The team anticipates conducting this case study in Q2 of Year 2. In Q4, HFG submitted an abstract, which was accepted, on "Performance-Based Incentives, Voluntarism and Family Planning" to present at the International Conference for Family Planning scheduled in November 2013, in Addis, Ababa. At the request of the secretariat for the UN Commission on Life Saving Commodities, HFG reviewed country proposals with a financing lens.

Table 15 provides additional activity-specific updates.

TABLE 15. PRH ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: PBI to strengthen family planning supply chains.		
Develop framework, country sample, and desk research; hold meetings with DELIVER project colleagues; develop key informant interview guide; liaise with country	Provided technical support to JSI/DELIVER team	
Conduct research in one country	Planned field research of the Central Medical Store performance-based incentive scheme in Mozambique to be carried out jointly with JSI/DELIVER.	Obtain approval to conduct the field research for the Mozambique case.
Finalize report	Report to be finalized after field work is completed in Year 2	
Activity 2: Ensure voluntary service delivery within PBI initiatives.		
Update PBI voluntarism data from countries that have USAID funding for PBI and countries that have PBI programs funded by other agencies and where USAID is also supporting health	Access to World Bank results-based finance initiative FP information remains to be an issue that is delaying completion of this activity. USAID has followed up on this.	
Finalize matrix	Matrix was shared with USAID.	Data on the FP details in many PBI programs are challenging to obtain. The HFG team provided the best information that was accessable given the many bottlenecks and time constraints.
Updated report developed for USAID	Matrix is the final deliverable.	

4.2 *Maternal and Child Health*

Year 1 Objectives – As 2015 approaches, the international community is dedicated to helping countries meet Millennium Development Goals (MDGs) 4 and 5 by reducing child and maternal mortality. While substantial progress has been made in the last several years, only half of women in developing countries receive the recommended health care during pregnancy, and more than six million children worldwide die before their fifth birthday. USAID along with UNICEF and other UN agencies has reemphasized commitment to these goals through the initiative *Committing to Child Survival: A Promise Renewed (APR)*. The USAID Maternal and Child Health (MCH) and HFG teams recognize that without the proper policies in place and the country-level capacity to provide maternal and child health services, as well as reduced financial barriers to access these services, preventable deaths will continue. HFG's MCH Year 1 portfolio consisted of three distinct activities, which support the following intermediate objectives of MDGs 4 and 5 and *APR*:

- Develop and promote analytic and planning tools to support evidence-based MCH planning and budgeting by policymakers
- Improve capacity of countries to apply health financing mechanisms to stimulate uptake of essential MCH services, enhance provision and quality of such services, and improve supply chains for MCH commodities
- Contribute to the evidence base on the effectiveness and cost-effectiveness of various health financing and governance interventions for MCH service use
- Strengthen global partnerships on key MCH-related initiatives to leverage resources and advance the knowledge and practice of MCH programs.

Year 1 Progress Against Objectives – HFG contributed to the MCH evidence base by submitting two journal manuscripts to the *Journal of Health, Population and Nutrition* (JHPN). One manuscript summarizes the insurance literature review and the other summarizes the user fee literature review conducted as part of the Maternal Health Evidence Summit in April 2012. Active involvement in the TWG on Innovative Financing within the UN Commission on Life Saving Commodities for Women and Children has been sustained throughout Year 1. Most recently, HFG reviewed eight country proposals submitted to the commission by countries applying for support to implement initiatives designed to enhance access to a priority list of lifesaving commodities for women and children. HFG reviewed the proposals with the aim of identifying how the countries were incorporating financing and incentives into their programs. Furthermore, in collaboration with the Department for International Development (DFID)-funded Phase Two of the Partnership for Transforming Health Systems (PATHS2) project in Nigeria, HFG staff designed and prepared to implement an evaluation of a micro health insurance pilot in Lagos State. The microinsurance program is expected to stimulate uptake of priority maternal health services for informal sector workers in Lagos who currently lack access to quality care.

Recommended Follow-up Actions –

- The project will respond to any comments received from peer reviewers concerning HFG's two journal manuscripts.
- HFG sees several opportunities to support the strengthening of commodity supply chains and ensure financing for lifesaving MCH commodities; HFG looks forward to discussing these opportunities with the USAID/MCH team.
- Revisions to the pilot microinsurance program in Lagos, Nigeria are keeping the HFG evaluation team "on its toes" as the team considers new options for documenting processes and measuring impacts in the coming year. Because a portion of MCH core funding remains unprogrammed, the

project team looks forward to closer ongoing communication with USAID in the coming months about the MCH team's priorities and objectives as well as broader initiatives such as APR, to ensure that the team can move rapidly toward implementing high-value, relevant activities.

Q4 General Update – In the final quarter of Year 1, HFG further refined the scope of a proposed activity to be supported by remaining Year 1 MCH funds ($110,000). The activity involved using the OneHealth costing and planning tool to support maternal health policy. In particular, the USAID/MCH team had expressed interest in estimating the cost of implementing Option B+ in an integrated manner with maternal health programs in a relevant country. In Q4, the MCH team suggested that HFG identify several suitable contexts for the research. HFG solicited input from Kelly Curran of the Maternal and Child Health Integrated Program (MCHIP) and also identified USAID's "MCH priority countries" where Option B+ has been approved but not yet implemented. The Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, Tanzania, and Zambia were identified as possible contexts. In late July, the USAID/MCH team contacted USAID missions to determine if the proposed analysis was of interest. As of September 2013, HFG understands that no missions have expressed strong interest in the activity. The project understands that the MCH team is now supportive of reprogramming the funds toward an endline survey in the Nigeria microinsurance study.

As noted in previous quarterly reports, a second obligation of MCH funding came in late March 2013 to support the efforts of the UN Commission on Life Saving Commodities for Women and Children. Several discussions between the HFG project and the USAID/MCH team have occurred regarding the use of those funds and whether they were in fact mistakenly obligated to HFG. In August 2013, USAID expressed interest in having the project use a small portion of these funds to conduct a rapid private sector commodity quantification study in Ethiopia, which was to be completed by the first week of September 2013. According to the APR Annual Report released in early September 2013, Ethiopia has reached MDG 4, reducing the rate of children-under-five mortality by two-thirds, progress which highlights Ethiopia as an example of successful MCH interventions, and encourages the continuation of this critical work. The project identified a qualified Ethiopian consultant for this task, but the estimated budget for the activity was higher than the funds USAID wished to allocate, and the activity did not go forward. Instead, USAID indicated that the balance of this second tranche of funding ($130,000) should be carried over into Year 2 of the HFG project. HFG looks forward to working with USAID to program these funds.

Additional activity-specific updates are summarized below in Table 16.

TABLE 16. MCH ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Develop manuscript on effect of financial incentives on maternal health.		
Revise insurance and user fees papers to incorporate feedback from *PLoS Medicine* editors, and resubmit	In August, USAID decided to withdraw the eight Maternal Health Evidence Summit manuscripts previously submitted to *PLoS Medicine*, after the journal's editors indicated that significant alterations to their format and content would be needed. Plans were made to publish the series in a special collection of the *Journal of Health, Population and Nutrition (JHPN)*. With guidance from USAID, HFG submitted the two manuscripts to *JHPN*.	The papers are currently undergoing peer review at *JHPN*, and the project will revise and resubmit them upon receiving feedback from reviewers.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 2: Participate in the Technical Working Group on Innovative Financing within the UN Commission on Life Saving Commodities for Women and Children.		
Conduct conference calls and meetings to participate in technical advisory group	HFG participated in conference calls with the secretariat of the UN Commission on Life Saving Commodities to discuss support on innovative financing, financial access, and financial sustainability. The secretariat requested a review of proposals to identify how financing issues were being addressed.	Additional calls are scheduled for the coming quarter. The activity's funding is nearly exhausted.
Assess eight country proposals using a financing lens	At the request of the secretariat of the UN Commission on Life Saving Commodities, HFG reviewed the eight country proposals submitted to the commission as of September 9, 2013, and produced an assessment report for UNICEF. These proposals were from the first round of countries applying for support to implement initiatives to enhance access to lifesaving commodities for women and children. HFG's review focused on how the proposals integrated or addressed: (1) results-based financing, (2) strategies to overcome financial barriers to accessing lifesaving comodities, and (3) financial sustainability.	• In October 2013, HFG will submit the assessment report to the UN Commission's secretariat, and discuss how the project can contribute to strengthening country programs and support the secretariat. • The focus of the commission's TWG has now broadened beyond the original results-based financing recommendation to include other financing topics to which the HFG project might contribute.
Activity 3: Conduct research on the effects of incentives on micro health insurance enrollment and use of Maternal-Neonatal and Child Health (MNCH) services in Lagos, Nigeria.		
Develop survey tool, sampling plan, and randomization plan, and submit research protocol for ethics review	• HFG drafted three tools to collect process-related data on the microinsurance product as a way to better understand whether it meets clients' needs and what improvements could be made. The tools include a quantitative survey (looking at demographic characteristics, use of health services, out-of-pocket spending, and self-reported health), an in-depth interview guide, and a focus group discussion guide. • In July 2013, in the face of likely delays in the full-scale rollout of the insurance product, HFG revised the proposed research protocol to include a first round of data collection among 200 clients who have already been offered the insurance product (as a means both to test the survey instruments and to collect process data to inform the further rollout of the product). HFG will also review claims data to measure use of services (particularly maternity services) among enrollees. HFG submitted these survey tools as well as a revised research design to the Abt Institutional Review Board (IRB) in August 2013. • In August and September 2013, the DFID-funded PATHS2 project provided technical assistance to improve and finalize the partnership between the health insurance	• As a result of changes made to the insurance product (now a mandatory product), HFG will need to revise the data collection instruments since enrollment is no longer voluntary. • HFG will revise its research protocol and resubmit its IRB application to Abt'sIRB and the Nigerian IRB. • HFG will determine the appropriate timing of data collection, based on the proposed staggered insurance enrollment process. The randomized incentive design is no longer possible, so the

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	provider and the microfinance bank in Lagos. Following substantial in-country work and discussions, a formal contract was signed by both parties. The agreement, however, involved certain changes to the insurance product, including making enrollment in the insurance mandatory for all new or renewing individual microfinance loans. • Since the insurance product will now be mandatory, HFG will no longer be able to test the effect of "nudges," or small incentives, on the likelihood of voluntary enrollment. HFG will again need to revise the research protocol and make adjustments to the process evaluation and proposed endline evaluation. • The launch of the mandatory product is now planned for November 2013, with rollout happening incrementally at the various branches of the microfinance bank as existing clients' loans come up for renewal. Full primary data collection is planned following rollout of the insurance product using the three instruments, though the HFG project is still revising the final evaluation design given these recent developments.	project is now considering a pre-post impact evaluation design.

4.3 *Malaria*

Year 1 Objectives

- Disseminate findings from research conducted under the USAID Health Systems 20/20 project concerning the impact of malaria control on the health system, focusing on hospitalizations, outpatient visits, blood transfusions, and costs incurred at the health facility level.
- The following two objectives will be finalized pending discussion and approval by PMI/USAID:
  a. Conduct a costing study examining long-lasting insecticide-treated net (LLIN) distribution via campaigns. The study's aim will be to provide evidence and guidance to countries on ways to save money while maintaining the objective of increasing LLIN coverage and use.
  b. (Note: Previously, this objective entailed a macroeconomic study. In subsequent discussions with the PMI/USAID, HFG was requested to change the focus of the study to a microeconomic perspective.) Evaluate the impact of malaria control strategies at the microeconomic level, including at the household and, potentially, the firm levels. Limited research exists on the microeconomic impact of malaria control. A rigorous evaluation would help demonstrate the microeconomic benefits of malaria control, thereby helping to place policy discussions about malaria control within the broader discussion of poverty alleviation and economic growth.

Year 1 Progress Against Objectives – HFG finalized its analyses and report findings from research conducted on the impact of malaria control on the health system, at the facility level, in Zambia. The findings were reviewed and cleared for dissemination and publication by the Ministry of Health in Zambia and cleared for publication by PMI/USAID. The manuscript entitled "Hospitalizations and costs incurred at the facility level following the scale up of malaria control: pre-post comparisons from two hospitals in Zambia" was accepted for publication in the *American Journal of Tropical Medicine and Hygiene*

and will be published in late October/early November 2013. The second manuscript "Malaria control in rural Zambia and its effect on pediatric blood transfusions: a time series analysis" will be submitted for publication in the *Malaria Journal*.

Abstracts for both analyses were accepted for presentation at the following 2013 conferences: Multilateral Initiative on Malaria conference (October 6-11), the American Society of Tropical Medicine and Hygiene annual meeting (November 20-23), and the Zambia National Health Research conference (Oct 14-16).

During Year 1, HFG also worked with PMI/USAID to plan additional activities. HFG discussed with PMI/USAID their interest in an LLIN costing study. Through these discussions, PMI/USAID identified operational efficiency and/or areas for potential cost savings in LLIN delivery via campaigns as the activity's main focus. HFG is assessing the feasibility, validity, and usefulness of various proposed study designs and is working to ensure that the activity fits within HFG's scope.

PMI/USAID also expressed interest in a study of the microeconomic impact of malaria control rather than the macroeconomic impact. In response, HFG conducted a rapid scan of the literature to assess the extent and quality of evidence on this topic. In addition, HFG drafted an outline of possible research designs.

HFG met with PMI/USAID on September 24, 2013 to present possible research approaches for the LLIN study and microeconomic impact study. Based on feedback received at this meeting, HFG is drafting a concept note for both studies and will share these with PMI/USAID in Q1 of Year 2. HFG anticipates that the studies will be initiated in Year 2.

Recommended Follow-up Actions – HFG will incorporate the comments received from PMI/USAID and PMI/CDC on the second Zambia study manuscript (blood transfusions) in order to obtain USAID clearance for submission of the manuscript to the *Malaria Journal.* HFG will develop the draft concept notes for the LLIN costing study and the microeconomic studies and share these with PMI/USAID and the AOR team. Once agreement is obtained on the research design for both studies, HFG will finalize the research protocol and final budget, and will determine the timeline and expected deliverables.

Q4 General Update –The remaining Year 1 malaria funds are still to be programmed. At PMI's request, in Q2, HFG submitted draft scopes of work and budgets for an LLIN costing analysis and the initial phase of an analysis of the macroeconomic impact of malaria control. In Q3, PMI indicated a move away from the macroeconomic study and requested that HFG develop a concept paper for assessing the microeconomic impact of scaled-up malaria control. In Q4, with approval to use some of the remaining Year 1 malaria funds, HFG conducted a scan of the literature on this topic and drafted potential research designs for this evaluation. HFG organized a meeting with PMI/USAID to present possible approaches for both studies and to solicit feedback.

Additional activity-specific updates are presented in Table 17.

TABLE 17. MALARIA ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Research on impact of malaria control on the health system: evidence from two facilities in Zambia.		
Prepare paper for journal submission and submit	The manuscript "Hospitalizations and costs incurred at the facility level following the scale up of malaria control: pre-post comparisons from two hospitals in Zambia" was revised, based on feedback received from reviewers at the *American Journal of Tropical Medicine and Hygiene*. The revised manuscript was submitted to the journal in August 2013.	No follow-up.
Publish paper	HFG received notification in September 2013 that the manuscript was accepted for publication.	• Publication of the manuscript is expected in late October/early November 2013. • The study will be presented at the Multilateral Initiative on Malaria conference (October 6-11 in Durban, South Africa), at the American Society of Tropical Medicine and Hygiene annual meeting (November 20-23 in Washington, D.C.), and at the Zambia National Health Research conference (October 14-16 in Lusaka, Zambia). • PMI/USAID received a request from WHO to include the results of the study in the World Malaria Report 2013.
Activity 2: Research on impact of malaria control on use of blood transfusions: evidence from Macha Mission Hospital, Zambia.		
Prepare paper for journal submission and submit	The manuscript "Malaria control in rural Zambia and its effect on pediatric blood transfusions: a time series analysis" was finalized by HFG, and submitted for review by PMI/CDC and PMI/USAID. Both PMI/CDC and PMI/USAID provided comments, which the team will incorporate in order to obtain final clearance from USAID before submitting to the *Malaria Journal*.	Next steps: • HFG will revise the manuscript (incorporating feedback from CDC and USAID reviewers). • HFG will resubmit the revised manuscript for USAID clearance and then submit to the *Malaria Journal.*

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Publish paper		• Submit for publication in Year 2/Q1. • Findings will be presented at the Multilateral Initiative on Malaria conference (October 6 – 11 in Durban, South Africa), at the American Society of Tropical Medicine and Hygiene annual meeting (November 20-23 in Washington, D.C.), and at the Zambia National Health Research conference (October 14-16 in Lusaka, Zambia).

4.4 HIV/AIDS

Year 1 Objectives – HFG activities funded through core resources from the Office of HIV/AIDS (OHA) contribute to USAID and PEPFAR mandates of a more sustainable and country-owned HIV/AIDS response. HFG interventions support PEPFAR blueprint goals for an AIDS free generation (AFG), with a particular emphasis on key actions under the Roadmaps on Smart Investments and Shared Responsibility. As described below, HFG interventions contribute to increased efficiencies and effectiveness, implementing a multispectral approach that leverages expertise and resources from a range of partners at both the international and national level.

The USAID OHA team provided support for the following activities: (1) expand the reach of HIV services by enhancing fiscal space (transitional financing for Botswana), (2) conduct market analysis of optimal price points for novel viral load point-of-care (POC) diagnostics (adult), (3) conduct market analysis of optimal price points for novel HIV nucleic acid load point-of-care diagnostics (pediatrics), (4) complete a costing study that examines the efficiencies of integration of HIV with Family Planning (FP) services, and (5) provide financial management and costing support to Global Fund applicants and recipients.

Year 1 Progress Against Objectives – HFG achieved substantive progress despite experiencing some of the challenges of implementation associated with first year start-up. The project received a late obligation of funds and experienced delays in approval of critical activities. However, achievements have been made, including finalization of key scopes of work for all the respective activities. In addition, field assessments and coordination trips have been conducted. For example, a joint USAID-Abt trip to Botswana facilitated the final development of the "transitional financing" activity scope for Botswana. The USAID/Botswana mission team has approved the concept, and together with the OHA activity lead, will be providing further recommendation to the project team as implementation moves forward. The project has also established activity teams, developed preliminary budgets and implementation plans, and conducted the relevant literature reviews for most activities. Finally, HFG has identified key implementing partnerships with other central projects (USAID-funded Strengthening Health Outcomes in the Private Sector (SHOPS) project and Health Policy Initiative (HPI) project in Activity 1), research institutions (Activity 2 and 3 – Dr. Helen Lee and local country organizations, Activity 4), and

multilateral organizations (Activity 5 – Global Fund), generating a rich and robust set of collaborative activities.

HFG supported Lesotho in producing the updated costing of the revised National Strategic Plan for HIV and AIDS in order to submit their planned interim application to the Global Fund; this was the first request received by the project under Activity 5. Responding on a very short notice, and with limited time available, the HFG team completed the work in August 2013. The team used a tool called Resource Needs Model and collaborated with the Clinton Health Access Initiative (CHAI) to gather all the country data necessary to accomplish the task.

Recommended Follow-up Actions –

- To maintain momentum and ensure timely execution of key tasks, HFG will benefit from increased support from both the USAID central and mission teams on travel concurrences, as well as from regular feedback on proposed scopes to facilitate travel plans for field implementation.
- HFG is committed to working closely with the different client teams within the OHA and wider bureau to ensure communications are streamlined and effectively managed with the respective teams.
- Some of the core field activities are also dependent on evolving missions plans (e.g., the integration efficiency study), and the HFG team anticipates that closer collaboration with the mission teams will ensure that core activities are aligned with these broader programs.

Q4 General Update – Throughout Q4, formative discussions continued between HFG and OHA.

HFG's Dr. Carlos Avila traveled to Botswana in July to refine the scope of Activity 1 with input from the mission, as well as from key stakeholders and in-country partners such as the Botswana MOH, National Agency for the Control of AIDS (NACA), UNAIDS, and the WHO. As a result, there has been substantive progress toward identifying the interests of each organization and refining the HFG scope of work. Given the similarities between activities 2 and 3, HFG proposes conducting the market analyses in parallel in possibly the same countries, once the concurrence with the USAID missions has been approved. USAID OHA and HFG activity leads agreed upon Uganda as a potential country where the analyses will occur, with Malawi as an additional possibility.

The leadership of the HFG HIV/AIDS portfolio was transferred in Q4 from Dr. John Palen to Dr. Milly Kayongo, who is new to Abt Associates. A physician with an MPH, Dr. Kayongo possesses strong technical expertise in HIV/AIDS programming and draws from her recent experience as senior advisor with the OHA at USAID. Dr. Palen, the previous portfolio manager, will continue to provide support as a Quality Advisor.

In Q3, the HFG project was chosen to support grant applications to the Global Fund under the new funding model. More specifically, the project will work with selected countries to strengthen the capacity of country coordinating mechanisms and principal recipients in financial management through targeted technical assistance in costing, budgeting, and planning. This activity also supports the PEPFAR Blueprint for an AFG Roadmap for Smart Investment, generating greater value for money in its investments. In Q4, HFG completed the first request received for Lesotho, and $750K was officially allocated to support this work. HFG continued to hold discussions with the multilateral team at OHA, and, given the new funding model that has delayed startup of country programs, HFG anticipates activities under this resource envelope will pick up after national concept development processes are completed.

Additional activity-specific updates are presented in Table 18.

TABLE 18. HIV/AIDS ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Expanding the reach of HIV services by enhancing fiscal space.		
Complete concept note	Concept note revised and finalized. Sent to OHA lead Dr. Chutima Suraratdecha for discussion in initial meetings with government of Botswana	
Develop resource mobilization plan for government of Botswana in collaboration with Health Policy Project and SHOPS	Carlos Avila traveled to Botswana to meet with key government stakeholders, NACA, and other partner organizations (SHOPS, HPI). The draft work plan was developed and presented to the government and donors. HFG is working closely with the OHA technical lead on next steps in consultation with USAID Botswana team.	More detailed next steps to be determined folowing the recommendations from the mission.
Activity 2: Conduct market analysis to determine the optimal price points for novel viral load point-of-care (POC) technologies.		
Complete concept note	In Q4, the concept note for this activity was revised, finalized, and presented to OHA counterparts Tom Minior and Chutima Suraratdecha for feedback.	
Collaborate with Dr. Helen Lee re: sharing data in Kenya and Malawi	Dr. Lee was contacted by HFG and has agreed to share data of the novel point of care cost, performance, consumables, and number of tests.	HFG experiencing delays in receiving Dr. Lee's data on the novel point of care technology. USAID is informed and has initiated direct contact in order to facilitate.
Review literature related to viral load testing and antiretroviral therapy treatment	HFG has initiated the literature review and plans to finalize prior to data collection.	HFG will send draft literature review to USAID for review.
Select countries for assessment	In collaboration with USAID, HFG has selected Uganda for the assessment. The team has tentatively proposed Malawi as an additional country, but this decision is still pending USAID agreement.	Uganda: Preparing submission for IRB approval/exemption. Contacting potential consultants for local coordinator role. Malawi: Waiting for POC data from Dr. Lee, USAID is deciding whether to include Malawi in this assessment.
Collect data on the SAMBA viral load POC technology	This milestone is pending response from Dr. Lee's team (Malawi) and will likely be started in late Year 2 Q1 or Q2 for Uganda.	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Collect data in-country (if needed)	If Dr. Lee's data from Malawi is not attainable, HFG will determine additional countries where data collection can take place.	
Develop model	This step is pending final selection of countries and is anticipated to be underway by the end of Year 2 Q4.	
Present initial model	This step is pending final selection of countries and is anticipated to be underway by Year2 Q2.	
Activity 3: Conduct market analysis to determine the optimal points for novel HIV nucleic acid test POC technologies.		
Complete concept note	Concept note revised and finalized and presented to OHA counterparts Tom Minior and Chutima Suraratdecha for feedback.	
Review literature related to pediatric HIV	This milestone has been initiated by HFG staff and will be finalized prior to data collection.	
Select countries for assessment	In collaboration with USAID, HFG has selected Uganda for the assessment and is moving forward. The team has tentatively proposed Malawi as an additional country, but this decision is still pending.	Uganda: Preparing submission for IRB approval/exemption. Contacting potential consultants for local coordinator role. Malawi: Waiting for POC data from Dr. Lee, USAID is deciding whether to include Malawi in this assessment. May need to determine additional countries where data collection can take place.
Review literature related to pediatric antiretroviral therapy costs	HFG wil iniitate this step in Year 2 Q1.	
Collect data on new POC nucleic acid technology	This milestone is pending response from Dr. Lee's team (Malawi) and will likely be started in late Year2 Q1 or Q2 for Uganda.	
Collect in-country data (if needed)	If Dr. Lee's data from Malawi is not attainable, HFG will need to determine additional countries where data collection can take place.	
Develop model	This step is pending final selection of countries and is anticipated to be underway by the end of Year2 Q2.	
Present initial model	This step is pending final selection of countries and is anticipated to be underway by Year2 Q2.	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Finalize model	This milestone is anticipated to be underway by Year2 Q3.	
Activity 4: Prepare costing studies on integration.		
Develop and submit draft concept note to OHA for review	The scope of work (SOW) for this activity has undergone numerous interations/submissions to USAID. It was recently sent to Chutima Suraratdecha and Nithya Mani (new OHA counterpart for this activity whose area of expertise is integration). Based on this latest review, another set of revisions is curently underway.	HFG and USAID will work toward agreement upon final scope of work in Year 2 Q1.
Identify countries where integration has occurred for exploratory travel and potential case studies	Initial study sites of Tanzania and Zambia have been identified. Country clearance is still being sought with both missions, with delays arising from the need to coordinate with accelerated FP/HIV integration efforts.	USAID has calls scheduled with both missions to discuss this activity further and assess the feasabilty of collaboration.
Review literature of integration and efficiency in health and HIV services	HFG completed and submitted first draft of literature review to USAID in Q4.	
Prepare study protocol design	The initial draft of protocol design has been delayed. Broad protocol design concepts are underway, and final protocol will be completed once study type is determined at the country level.	USAID/Washington has requested that the SOW include an "option menu" that offers different scopes for study as an initial step.
Conduct exploratory TDY to survey possible integration models	Temporary duty (TDY) scheduled for early October was postponed due to lack of country clearance.	Country clearance is still being sought in Tanzania and Zambia with delays arising from the need to coordinate with similar studies.
Submit protocol for IRB approval	The HFG team will pursue IRB submission and approval once countries are finalized.	This step is expected to be completed in Year2 Q1.
Review study protocol	HFG will seek review of the study protocol after countries are finalized.	
Explore subcontracting regional partner	HFG aims to involve regional parners after the SOW is approved and countries are finalized.	
Activity 5: Provide Financial Management and Costing Support to Global Fund Applicants and Recipients		
Support Lesotho in producing the updated costing of the revised National Strategic Plan for HIV and AIDS in order to submit their planned interim application to the Global Fund	Responding on a very short notice, and with limited time available, the HFG team completed the milestone as necessary in August 2013. Two HFG staff members traveled to Lesotho (August 4 – 16, 2013) and used a tool called Resource Needs Model. HFG collaborated with CHAI to gather all the country data necessary to accomplish the task.	**Problems encountered:** No real problems were encountered, but the extremely limited time available for the task posed a significant challenge and increased the risk of introducing error in the model.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
		Next Steps: HFG will maintain contact with USAID/Lesotho and provide long-distance support if any members of the Global Fund proposal team wishes to make changes to the costing files (i.e., analyze how changes to coverage of prevention programs impact total costs).

5. FIELD SUPPORT ACTIVITIES

The section provides a summary of progress made in the 14 countries and three regional bureaus (Africa Bureau, Asia Bureau and Eastern Europe and Eurasia Bureau).

5.1 *Africa*

5.1.1 Africa Bureau

Year 1 Objectives – Under Africa Bureau activities, HFG sets out to work on three basic areas: (1) reaching a common understanding of health resource mobilization trends and gaps in providing universal health coverage (UHC) of priority health services, and discussing possible solutions to fill these gaps with policymakers in the region; (2) developing country case studies around the community-based health insurance (CBHI) experience to assist African countries in understanding how other countries in the region have developed and implemented their respective health insurance reforms; and (3) building on the regional network USAID health officers established in 2012 to enhance learning and continued sharing of best practices in health financing and governance (on hold by the mission).

Year 1 Progress Against Objectives – The analysis of health resource mobilization trends and gaps toward offering UHC of priority health services was revised to address feedback from USAID and a final version was submitted to the bureau in Q4. Part of the results of the analysis were used to inform the

Africa Health Forum organized by the World Bank and U.S. State Department. In addition, a series of case studies on lessons learned from CBHI schemes and their linkages to the respective country's overall health financing/insurance reforms were drafted and are being finalized in three countries: Ghana, Ethiopia, and Senegal. Finalized cases studies will be available to USAID by early Year 2 Q1.

Recommended Follow-up Actions – In Year 2, HFG proposes to build on the completed CBHI case studies by conducting follow-on in-country field work (in select African countries) to capture new perspectives and input from the community. To identify avenues for more efficient use of resources to the health sector, HFG has also proposed a set of activities aimed at promoting the use of mobile money platforms in health systems. The objectives are to improve the security and efficiency of public sector payments and to increase the reach and performance incentives of service delivery. Mobile money platforms are part of a large ecosystem of mhealth applications that leverage mobile technology to improve health outcomes.

Q4 General Update – Activity 3 was put on hold at the request of the client because missions are facing resource constraints that may limit participation in the networking workshop. Discussions regarding potential Y2 activities have taken place with the client. HFG submitted a potential activities plan for Year 2 to the client for review and further discussion. This plan included activities related to economic transition, mobile money initiatives, and follow-on work building on the health insurance case studies. Activity-specific updates are shown in Table 19.

TABLE 19. AFRICA BUREAU ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Identifying resource mobilization trends and funding gaps in Africa.		
Develop an analytical paper on "Resource Mobilization Trends and Gaps for Financing Universal Coverage of Priority Health Services in Africa."	• Paper has been finalized. • Results of the analysis were presented at a brownbag organized by USAID's Office of Health Systems and Africa Bureau. • Parts of the results of the analysis were also used to inform the Africa Health Forum organized by the World Bank and U.S. State Department	Final report is to be disseminated to missions and posted on HFG website for public use.
Activity 2: Undertake health insurance (with focus on CBHI) case studies in four countries.		
Revise work plan with updated scope of work and develop concept note.	Revised work plan and concept note approved.	
Develop a template for the case.	Case study templates completed.	
Identify and contact potential co-authors in each of the four countries.	Country team authors have been formed.	
Review existing literature around health insurance reforms in the four countries.	Completed.	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Synthesize the information from the literatures and refine the key elements of focus for each country.	Completed.	
Identify gaps in the literature that may require additional collection of information from the countries.	Completed.	
Depending on the gaps, conduct key informant interviews (which may entail in-country visits).	Completed.	
Finalize the draft and share with key stakeholders (especially in the respective countries).	Final drafts have been developed and are currently undergoing internal quality review.	• Finalized draft case studies will be submited to the mission early in Year 2 Q1. Avenues for dissemination will be discussed. • Specific SOW for follow-on in country work to broaden the case studies and include community perspectives has been proposed for YR2 of HFG.
Activity 3: Develop health insurance experience sharing workshop and study tour for the network of USAID health officers in Africa.		
Revise work plan with updated scope of work and develop concept note.	Activity put on hold by client.	

5.1.2 Angola

Year 1 Objectives – The National Plan for Health Development 2012–2015 (PNDS) is a strategic and operational tool designed to support the implementation of the principles expressed in the document long-term development strategy "Angola 2025" and in the National Health Policy, within the frame of the National Health System reform. The preparation of the PNDS fits within a context of political stability and socioeconomic growth, and it is seen as a fundamental pillar of the process of sustainable development in which the country is currently engaged. HFG has been asked by USAID/Angola to support the Ministry of Health (MOH) in the costing of the PNDS, which will be done using the One Health tool.

Year 1 Progress against Objectives –

To support the implementation of the long-term development strategy, "Angola 2025," as well as the National Health Policy during its first year, the HFG project completed the costing of Angola's National Plan for Health Development 2012–2015 (PNDS) using the One Health tool. Since it is part of the National Health System reform, PNDS is a strategic and operational document. The PNDS 2012-2025 presents nine health programs subdivided into 50 projects. Each project has specific strategies, targets, activities, and interventions for the government to undertake in the health sector in collaboration with other sectors and partners for the next 13 years.

At the launch of PNDS 2012-2025 in August 2012, an estimated budget linked to the plan was still missing. The leadership at the Ministerio da Saude (MINSA), fully aware that the budget is a critical element of the PNDS that had to be submitted to the Council of Ministers for approval, recognized the need for technical support to achieve the task in a timely and effective manner. MINSA requested USAID's assistance to prepare the budget for the PNDS, and HFG was engaged to support the budgeting process, using WHO's One Health tool. HFG worked with MINSA's technical team to collect data from the various MOH staff responsible for the PNDS projects to feed the One Health tool, produced a validated, benchmarked costed health plan, trained MINSA staff to use the One Health tool, updated the Multi-Sector Commission, validated budget estimates, and participated in a Ministry of Finance seminar.

It is worth noting the rising visibility of the PNDS in Angola and the implications for health governance. This is the first time that the MOH has established a Multi-sector Commission comprised of other ministries to accompany and contribute to the process of developing a national health plan. The MOH noted that the MOF in particular has attended every meeting since the Commission began a year ago. In September, the MOH posted the entire PNDS on their website in September and produced brochures to widely disseminate the PNDS. Currently, the MOH is developing a TV spot to promote the PNDS nationally. The MOH is interested to leverage the PNDS to improve internal financial management and coordination with the MOF. All of these efforts contribute to raising public expectations and accountability for the government to fulfill the national health strategy. Overall, the MOH views the whole PNDS process as demonstrating greater transparency and inclusion in their strategic decision-making.

Recommended Follow-up Actions –HFG anticipates training will occur in Year 2 Q1.

Q4 General Update –Considering USAID funding mechanisms and the requested timeline, most likely, activities in Angola will fall off for project Year 2 as USAID/Angola requests for HFG support were not yet known at the time this budget cycle was submitted.

Additional activity-specific updates are shown in Table 20.

TABLE 20. ANGOLA ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Costing of the Angola National Health Development Program		
Continue the analytical and proofing work on data already collected	During Q4 there have been several iterations of the analytical product, partly due to the missing data trickling in and to inherent proofing needs, given the complex nature of the projection.	No specific or unexpected problems.
Follow up with remaining project coordinators to collect missing data	Throughout July and August, and well into September, the HFG team took stock of additional data and revisions to existing information in order to complete the data collection.	The final projection numbers were only available when all data were collected. This did not overly disrupt the estimated timeline, however.
Collaborate further with in-country missions in July and August to finalize data collection and elaboration, facilitate validation process, and	During Q4, the HFG team proceeded to continue the coordination exercise, mainly focused on obtaining missing data, finalizing the elaboration, and validating the projection, which happened in July.	The validation of the projection was partially limited by missing data. However, most programs were detailed enough to give a realistic view of the cost of the PNDS during the validation

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
provide training on the methodology		process. Training in the methodolgy will happen in Q1 of Y2, during a trip lasting from Oct 5 through 18.
Benchmark the initial costing results with the reality of health spending in Angola in recent years.	This has been accomplished as well during the last trip in Q4, and the results were both satisfactory to the government counterparts and realistic considering past allocations.	

5.1.3 Benin

Year 1 Objectives – In support of Benin's priorities to invest in universal health coverage (UHC) to serve the poorest and most vulnerable populations within the country, especially women and girls, in Year 1 HFG, coordinating closely with other partners in Benin, focused on (1) providing support to the revision of the *Régime d'Assurance Maladie Universelle* (RAMU) roadmap; (2) assisting in the identification of how best to include the private sector in UHC discussions; (3) supporting the role and involvement of community-based health insurance actors (mutuelles) via *Le Conseil National des Structures d'Appui aux Mutuelles de Santé* (CONSAMUS); (4) investigating civil society governance aspects; (5) supporting the development of the RAMU Technical Working Group (TWG); and (6) providing technical support to the ongoing National Health Accounts (NHA) process. These key objectives are interconnected with the ultimate goal of building the capacity to support the RAMU initiative as well as support the country's efforts to understand its health spending.

Year 1 Progress Against Objectives – HFG assisted in organizing a study tour to Ghana for Benin Ministry of Health (MOH) officials to visit Ghana's National Health Insurance Authority. As a result of the successful study tour, which included the last-minute participation of Benin's minister of health, the Benin mission asked HFG to work closely with the Benin MOH, civil society actors, and the private health sector to provide support to RAMU, the universal health care system that the president of Benin officially rolled out on June 21, 2013. Following the HFG-facilitated study tour to Ghana in collaboration with Benin and the Ghana MOH and Ministry of Social Affairs personnel, the project continued its support to the Benin MOH through active engagement in and support to RAMU and through private health sector discussions, with inputs approved by the mission and Benin's minister of health in June. In addition, HFG contracted with a local consultant, a former Abt employee, to provide technical support on health financing activities and serve as the project's representative at meetings with the mission, implementing partners, and relevant stakeholders. Soon thereafter, the HFG consultant was rehired as a full-time Abt employee as the HFG Benin resident activity manager in order to continue to provide technical support to the Benin MOH's health financing activities, as well as serve as the key focal point in-country.

In regards to RAMU, HFG has continued to support the thinking and implementation behind the RAMU roadmap spearheaded by the *Agence Nationale de l'Assurance Maladie (*ANAM). The HFG Benin resident activity manager has participated in mutuelles' workshops in July, as well as in the first RAMU TWG, which took place in August. Following the *arrêté,* or decree, issued by the MOH on the creation and implementation of the RAMU TWG, the TWG launched its first session. The TWG is composed of major stakeholders, including CONSAMUS, World Health Organization, and the United Nations Development Programme.

As a result of the first session of the RAMU TWG, HFG began to explore civil society governance aspects. The 15 participants discussed technical aspects of RAMU, including its potential strengths, weaknesses, outcomes, and threats. HFG also aims to support the implementation of the administrative authority of mutuality according to the existing West African Economic and Monetary Union (UEMOA) regulations, and, therefore, provided technical assistance to the Service Santé Communautaire within the MOH in formulating a request to the UEMOA to finance activities related to the administrative authority of the mutuality.

In addition, through HFG's support to the private sector, the HFG team is providing support to the Benin Private Sector Assessment (PSA) Dissemination event, which is set to take place in Q1 of Fiscal Year (FY) 2014. The HFG team will develop a more concrete understanding of its support to the development and implementation of the Private Sector Platform in Q1 of FY 2014 as well.

In terms of providing technical support to the ongoing NHA exercise in Benin, the HFG NHA expert traveled to Benin to facilitate a week-long working session around the review of the data that have already been compiled. The HFG NHA expert flagged gaps and provided practical guidance in moving around those gaps. In addition, he supported the revision of the action plan based on the status of the NHA exercise, which included a detailed data collection, analysis, report writing, and dissemination. The HFG NHA expert provided guidance regarding the development of distribution keys to allocate some of the spending that is not disaggregated at the required level, and also provided input regarding the use of the NHA production tool. Currently, data collection is ongoing and the HFG NHA expert coordinating closely with WHO Geneva continues to provide remote technical support to the NHA country team for any technical issues that arise.

Recommended Follow-up Actions – HFG will continue to support the RAMU initiative through the monthly RAMU TWG sessions.

HFG is also available to provide support to the RAMU TWG and CONSAMUS for other technical assistance within existing budget constraints. In order to be responsive to the Benin mission's requests, HFG has set aside funding for activities pertaining to research and technical assistance not yet programmed.

HFG also aims to engage in continued regular follow-up with the Benin NHA team and WHO Geneva to help tackle technical challenges that arise and to encourage the team to adhere to the calendar they have established. Once the data collection is complete, HFG will support the team in the data cleaning, analysis, and report writing phases of the NHA process.

Lastly, HFG will further develop the Year 2 work plan based on the requests of the mission and needs expressed by the Beninese stakeholders, including the MOH, mutuelles, and the private sector. Those areas might include aspects of governance, systems strengthening, or even costing support to contribute to better estimates of the coverage package once it is determined. However, these additional activities would probably require an increase in funding levels.

Q4 General Update – In addition to having ongoing representation in various forums, HFG is moving rapidly toward having a fully functioning project infrastructure in place to support activities, such as paying vendors and organizing workshops. HFG has set up a local bank account, hired a local staff member as the HFG Benin resident activity manager, and developed an agreement with the USAID-funded, Abt-implemented Africa Indoor Residual Spraying project in Benin, to share local finance and administrative support. HFG is currently finalizing an agreement after having identified an office location.

Additional activity-specific updates are shown in Table 21.

TABLE 21. BENIN ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Capacity-building around *RAMU,* Benin's UHC initative.		
Conduct Ghana study tour follow-up.	As a follow-up to the study tour that took place in Ghana in April 2013, the HFG team drafted a lessons learned document in order to demonstrate the numerous lessons learned by the Benin MOH delegation, as well as possible next steps and recommendations.	The recommendation was made that a TWG be set up to support the development of UHC (RAMU TWG). The MOH set this up by decree in July 2013.
Support the role and involvement of community-based health insurance actors (mutuelles) via (CONSAMUS).	• The HFG team provided support in the organization of a meeting that focused on dialogue amongst actors and promotors of mutuelles as it relates to RAMU, which took place over the period of July 11-12, 2013. • Several participants attended, including representatives from the MOH, representatives from other ministries, the WHO, UNICEF, and the Swiss Cooperation. Additionally, eight different community-based health insurance actors attended the event. • The mutuelles' roadmap was validated as a result of the mutuelles workshop that took place in July 2013.	• Implementation of the mutuelles' roadmap will begin in 2014. • As a result of the workshop that took place with mutuelles in July 2013, the specified objective is to define the organizational mechanisms of mutuelles. • HFG plans to support CONSAMUS in creating a departmental network (three unions) of mutuelles in FY 2014. • HFG will support the training of CONSAMUS personel in mamgement/upkeep of a web-based mutuelle database . Since this database is being set up by another international donor, our implementation depends on their timely exectution of their activities.
Launch the RAMU *Groupe Téchnique de Travail* (GTT) or Technical Working Group (TWG).	• The MOH issued a decree on July 9, 2013, to create and support the RAMU TWG. • The HFG resident activity manager participated in RAMU TWG's first session, which took place from August 25-30, 2013. Financed by the WHO, this meeting attracted 15 participants and proved to be a productive and useful session. • During this first retreat that took place in August, participants discussed technical aspects of RAMU, including its potential strengths, weaknesses, outcomes, and threats. Additionally, the first session of the RAMU TWG encouraged participants to think about providers and reimbursement procedures.	• The RAMU TWG sessions are intended to meet on a monthly basis. HFG staff will participate and support them, as the TWG sessions help provide the key framework of the RAMU initiative. • The second RAMU TWG session is scheduled to take place during the second week of October 2013. The TWG has been tasked to specify conditions on operationalization around RAMU. Additionally, the second RAMU TWG session will focus on putting forth conditions of how ANAM will deploy RAMU.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Provide technical assistance to the GTT in its efforts related to RAMU.	The RAMU TWG has been tasked to generate dialogue regarding the smooth implementation of universal health coverage. Specifically, the RAMU TWG has begun to inform and provide ANAM within the following scope: • Research-backed evidence in determining costs of membership fees to RAMU as well as costs of various risks; • A technical financial simulation cost of RAMU based on realistic assumptions and expansion financing; • A financing strategy for RAMU; • A procedures manual for reimbursement of health care providers; • The development of a progressive extension of RAMU to different target groups; • Clarification of what to do for RAMU participants who are already members of mutuelles; • Definition of the functional organization and powers of the third-party payer as an integral part of RAMU; • Clarification of the specific role of Departmental Health Insurance Agencies (ADAM) in the management of RAMU.	• The RAMU TWG's scope is large and there is a lack of sufficient resources to fully support it. Also, ongoing commitment of the individual members might be an issue. • Robust costing data will be needed once the package of services has been defined.
Support the implementation of the administrative authority of mutuality according to West African Economic and Monetary Union (UEMOA) regulations.	Technical assistance was provided to the Service Santé Communautaire/MOH in formulating a request to the UEMOA to finance activities relating to the administrative authority of the mutuality.	The results of this activity are highly dependent on the commitment and leadership of the technical staff within the MOH. This activity involves an administrative process that is beyond our control.
Activity 2: Provide technical assistance to Benin's NHA.		
Evaluate the NHA data for years 2010, 2011, and 2012.	• The Benin NHA team produced complementary tools that would aid in the collection of data for community health insurance and municipalities. • The team received and organized the MOH's public data for years 2010, 2011, and 2012. • The necessary preparation for the data collection from insurance, NGOs, corporations, as well as municipalities is being finalized by the Benin NHA team. • In order to further refine their distribution keys, the Benin NHA team is taking a purposive sample of two health facilities.	• HFG and the USAID/Benin mission assumed that the NHA data were ready and available when the HFG NHA Activity Lead arrived in-country. However, the data were still in the process of being collected from various actors. • The HFG team clarified its role to provide technical assistance to the NHA team, and continues to provide support. • The Benin NHA team is working to finalize the methodologies used to build various distribution keys,

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	• In collaboration with the National Institute of Statistics and Economic Analysis (INSAE), the Benin NHA team extrapolated the household data during the HFG NHA Activity Lead's visit.	especially at the hospital level, for inpatient and outpatient services.
Activity 3: Health Financing Strategy support.		
Provide technical assistance to the Health Financing Strategy.	Technical assistance was provided to support the health financing strategy in Benin through the Mission's request to provide input on Question #12, which aimed to answer the role that private health care providers would play in the RAMU initiative.	Due to the president's launch of the RAMU initiative in Q3, the health financing strategy workshop was rescheduled and will take place in mid-October 2013, during Q1 of FY 2014.
Possible new activity	TBD in Q1 of FY 2014.	We have been made aware of a Providing for Health (P4H)-sponsored event in Benin on the topic of UHC, which will bring representatives from the region to Cotonou in December 2013.

5.1.4 Burundi

Year 1 Objectives –

In Burundi, the project's Year 1 objectives were the following:

- Conduct organizational capacity assessment of *Programme National de Lutte contre le SIDA* (PLNS), the National Program for the Fight against AIDS), and develop intervention plan
- Initiate implementation of capacity-building activities identified in intervention plan
- Assist PNLS in finalizing the costing of the prevention of mother-to-child (PMTCT) elimination plan and use of cost information to identify financing gaps and develop resource mobilization strategies.

Year 1 Progress Against Objectives

Upon completion of the PNLS organizational capacity assessment, HFG developed an intervention plan, which was then validated with PNLS. Implementation of the plan is fully underway. PNLS leadership has strongly supported the capacity-building activity, resulting in excellent participation and engagement. Progress made includes the following:

- Development of a vision, values, and strategies for implementing the vision
- Strengthening of key management structures, namely the establishment of a senior management team and building of more effective division teams
- Strengthened leadership and management skills
- Development of an accurate operating budget to address the acute lack of operating funds and understand the steps needed to access operating funds from the Global Fund and other sources

- Initiation of strengthening of internal project management capacity, a key area of need.

HFG also made good progress in finalizing the costing of the PMTCT elimination plan. Unit costs have been validated, indicators and targets updated, priority actions reviewed, and estimates of available resources made to determine the financial gap. These improved budgets will be more accurate and evidence-based, and will be a useful tool to advocate both within and without the government for increased funding.

Recommended Follow-up Actions

HFG recommends the following:

- Continue implementation of PNLS capacity-building plan
- Finalize costing of PMTCT elimination plan in Q1 of FY 2014
- Develop a Year 2 work plan to begin in January 2014

Q4 General Update – Progress has also been made in setting up a local project infrastructure. HFG is now officially registered in-country, has a local bank account, and has hired two local staff – a coordinator and a finance and administrative specialist, whose costs will be shared with the USAID-funded Africa Indoor Residual Spraying project. HFG is moving rapidly to have a fully functioning project infrastructure in place to support activities such as the payment of vendors, organizing of workshops, ongoing representation of HFG in various forums, and follow-up activities related to short-term technical assistance visits. In Q1 of FY 2014, HFG will establish a small local office for the two local staff. HFG is identifying possible office locations.

Additional activity-specific updates are shown in Table 22.

TABLE 22. BURUNDI ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: PNLS organizational capacity building.		
Implement intervention plan.	• All-staff retreat held for the PNLS to develop a vision and values and outline a strategy for achieving the vision • One-day workshop to establish a PNLS senior management team held • One-day workshop held for each of the five divisions of PNLS to strengthen division teams and develop action plans. • Two leadership and management skill-building workshops held for 30 PNLS staff (15 persons per workshop) • Follow-up workshops held with senior management team and division chiefs to monitor their functioning and continue to strengthen their respective roles. • Operating budget developed, as well as clear guidelines to access GFATM resources	• To date, PNLS leadership has strongly supported the capacity-building activity, resulting in excellent participation and engagement. • Update functions of each division and job responsibilities of each staff member • Build staff capacity in stakeholder engagement • Follow-up execution of operational budget and submission of documents for disbursement of funds for technical activities • Completion of project management system • Continued strengthening of PNLS leadership and divisions to work together effectively

	• Activity to strengthen project management system and skills of staff initiated	
Identify modest procurement needs that will have an immediate impact on PNLS functioning	Procurement needs identified and process initiated	Implement procurement plan
Assess progress and adjust plan accordingly	Implementation is proceeding as planned	Progress in Year 1 (through FY 13) will be assessed in November to develop Year 2 work plan
Develop plans for Year 2	Planned for November and December since activity did not start until mid FY 2013	See above
Activity 2: HIV/AIDS costing and financing.		
Define scope of HFG assistance in costing PMTCT elimination plan	Clarified scope of HFG assistance in July visit	
Collect and assess existing data, which will inform the status of the exercise	• Reviewed transmission elimination plan to determine gaps • Unit costs were validated, indicators and targets updated, and priority actions reviewed • Using stakeholder inputs, further developed coordination and monitoring and evaluation section of the plan	• Final draft of Elimination of Mother-to-Child Transmission (e-MTCT) plan to be circulated for comments • E-MTCT plan transmited to e-MTCT technical committee (formerly PMTCT technical committee) • Draft e-TMTC plan/costing shared with the Office of the Global AIDS Coordinator (OGAC) technical working group
Determine resource gaps to implement plan	Detailed information collected from funders to determine funding gaps and finalize plan	EMTCT plan to be considered by the policitcal EMTCTcommittee for planned donor round table
Finalize plan for future health financing activities and assist in their implementation.	• HFG support to mid term HIV strategic plan review (financing component/consultant) offered • Discussions of HFG support to EMTCT technical committee ongoing with mission	• Awaiting mission feedback on HFG participation if mid term HIV strategic plan review • HFG travel and contracting delays may be a barrier to fielding a finance consultant for the mid term review

5.1.5 Cote d'Ivoire

Year 1 Objectives – USAID Cote d'Ivoire has asked HFG to address three major health areas: (1) human resources for health (HRH), including an assessment of the preservice training institutions for health personnel; (2) health financing; and (3) health governance/decentralization.

Year 1 Progress Against Objectives - Activities were proposed in Q1 and initiated in February 2013 with the hiring of additional technical staff. HFG worked with the *Ministère de la Santé et de la Lutte contre le SIDA* (MSLS) to identify activities under these priority areas. HFG submitted a work plan to the mission, which was approved officially in March 2013 of Q2. A minor delay in the implementation of activities was encountered in Q3, caused by the loss of HFG information technology (IT) and other equipment resulting from a theft that occurred at the project office. The Côt e d'Ivoire work plan was updated in Q3, and adjustments in deliverables/outcomes were made. During

Q4, activities have progressed toward achieving project Year 1 objectives based on the revised work plan, timeline, and deliverable/outcomes adjustments made in Q3.

Year 1 progress includes the following highlights:

(1) The successful ceremony launching the HFG project in Côte d'Ivoire, which was attended by U.S. Government officials

(2) The establishment of three License, Master, Doctorate (LMD) system committees and the developed license (BA level) program materials at *Institute National de Formation des Agents de Santé* (INFAS) (health training school), *Institut National de Formation Sociale* (INFS) (social worker training school), and *Unité de Formation et de Recherches des Sciences Médicales d'Abidjan* (UFR-SMA) (School of Medicine), ensuring the first level and the entry of the three main preservice training institutions in LMD system defined at international level as the standardized training policy to be implemented in all countries

(3) The health sector reform document that HFG contributed to with the support of the Hospital Reform Technical Committee/Department of Human Resources MSLS

(4) The establishment of a Technical Working Group (TWG) on governance promotion and development of indicators and materials/tools for measuring governance practices (accountability) in the Côte d'Ivoire Health system

(5) The governance indicators validation workshop held on June 17, 2013, was chaired by the minister of health who personally signed off on the final set of indicators.

Recommended Follow-up Actions – The President's Emergency Plan for AIDS Relief (PEPFAR) funding availability does not correspond to the fiscal year cycle (funding is often not available until Q2 of the fiscal year and not in Q1, which makes it difficult to develop and implement a 12- month fully-funded work plan, as carry over funds are needed to maintain operations. Delays in receiving Y2 PEPFAR funds required a revision to the Year 1 work plan and a delay in the implementation of Year 1 activities. The option to use a forward-funding mechanism is being explored.

Q4 General Update – During Q4, achievements reflect the revised work plan and deliverable/outcomes that resulted in the postponement of some Q4 activities to Year 2 Q1, due to the constraints of the availability of PEPFAR funding before the end of the fiscal year.

The HFG home office procured replacement equipment after the theft occurred. The site office IT system was reestablished with technical assistance from the Ghana office. Office renovations and other measures to improve security were initiated.

General updates by health area are as follows:

- HRH: A short-term technical assistance (STTA) mission was undertaken by HFG's HRH advisor in September to assist the project and partners in implementing HRH activities. Meetings held with local staff and external stakeholders contributed to the discussion of opportunities to collaborate with other partners such as Agence Française de Développement (AFD), Jhpiego, and International Center for AIDS Care and Treatment Programs (ICAP) in supporting preservice training institutions. Major HFG-supported activities were related to revising the career profiles and evaluation criteria to reflect updated MSLS position descriptions. The HFG project participated in the universal health coverage (UHC) workshop hosted by the World Health Organization and provided the *Direction des Ressources Humaines* (DRH) with technical assistance in the definition of Cote d'Ivoire's HRH needs for UHC and in achieving the health millennium development goals (September16-20, 2013)
- Health governance/decentralization: HFG project assisted the Inspector General's office / MSLS through a dedicated technical working group to develop the health system accountability assessment's tools (protocol and questionnaires). The HFG team met with the general director of

health at the MSLS for clarification and to receive official guidance on the national planning methodology that should be used for the regional development plans.

- Health financing and financial flow analysis: The local consultant turned in both the first drafts of the document reviews of the performance-based financing (PBF) and the first draft of the budgetary and expenditure process. The local consultant for mapping of financial flows turned in the first draft of the documentary review of the budgetary and expenditure process.

Additional activity-specific updates are shown in Table 23.

TABLE 23. COTE D'IVOIRE ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Updating the HRH strategic plan for 2014/2015.		
Conduct a desktop review to provide context to the government's HRH plans and operational activities, including the strategic plan, annual reports, budgets, and financial statements	• Assisted DRH team to complete desktop review findings with additional data collection on HRH. • Prepared for the HRH strategic plan 2013–2015 validation workshop.	• Difficulties encountered in monitoring HRH annual reports, budgets, and financial statements due to the absence of validated indicators and a monitoring and evaluation plan for the HRH plan (2009–2013). • The HRH strategic plan validation workshop was postponed until Oct 7-11, 2013, because of ministry schedules
Conduct a joint rapid assessment, with MSLS and other stakeholders, of the changes in human resource needs and production since the development of the 2009–2013 strategic plan, from existing data sources at MSLS and implementing partners.	A first draft of health reform document (including the preliminary findings on HRH) is available.	Activity linked to the completion of the document related to the new health reform in health sector; draft document is currently being revised by the ministry cabinet.. **Next steps:** • Organize a TWG meeting (15 people) to validate the joint rapid assessment.
Review policies and support MSLS to hold stakeholder meetings to identify and prioritize strategies for implementation in 2014/2015.	HRH policy review was part of health sector reform work achieved.	Activity is dependent on the findings of the assessment and the new health sector reform development process. **Next steps**: • Organize a TWG meeting to prioritize and select strategies for implementation and prepare workshops • Support MSLS to validate the revised strategic plan through a stakeholder workshop and develop an operational plan in preparation for costing in subsequent program year.
Revise strategic plan for 2014/2015 to reflect selected strategic priorities	Future milestone	
Establish an operational plan in preparation for costing in subsequent program year	Future milestone	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 2: Development of HRH performance management system.		
Conduct a rapid assessment to gather information on performance motivators, including causes of absenteeism and maldistribution between rural/remote and urban posts	Critical activity planned to be conducted as part of the new health reform implementation	The developing national health reform will guide HRH activities and, in particular, the HRH performance management system. Next steps: Once the new health reform is validated, the following activities will be implemented: • Establish a TWG for HR performance management system • Conduct a rapid assessment of performance motivators in health sector • Analyze survey data and produce the first draft of the rapid assessment report • Organize one-day workshop to validate the rapid assessment report
Develop a proposed incentive policy, including post-differential payments and non-financial incentives, using data gathered from rapid assessment and best practices from other countries.	Planned to start in Y2	This activity is subsequent to the rapid assessement findings: • Organize a TWG meeting to elaborate the first draft of the incentive policy • Organize a technical workshop to validate the incentive policy • Organize a TWG meeting to finalize the incentive policy • Organize a workshop to cost the incentive policy.
Support MSLS to host a stakeholder review with the Performance Management Multi-Sectoral Subcommittee, to include the Ministry of Public Service and Employment, the Ministry of Planning, health care workers, and other stakeholders, to validate the proposed incentive policy	Future milestone	Activity is a part of the steps subsequent to incentive policy being proposed (in Y2),
Prepare the incentive policy for costing and resource mobilization in subsequent program year	Future milestone	This step is to be realized once the proposed incentive policy is validated (in Y2)
Review the MSLS health positions description and HRH skills index drafted for level 1 and level 2 health facilities and revise to reflect the clinical and management competencies required for each cadre and level of the health pyramid and HIV-specific	The activity is ongoing and will be completed in Y2.	The timeline of the health positions review activity was revised. Next steps: • Organize TWG meeting to revise the MSLS health position descriptions and HRH skills index • Organize one-day workshop to validate the MSLS health position descriptions

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
competencies.		and HRH skills index • Support the MSLS in designing a performance management system, using the revised evaluation criteria, including the identification of new tools required for implementation.
Revise the career profiles and evaluation criteria to reflect updated MSLS position descriptions.	• Organized a working session of the TWGs and other unions in elaborating career profiles and conceptualizing career management • Organized 8 TWG meetings (in August and September, 2013) to develop a mobility card and define access criteria; job evaluation was organized • Organized 2 workshops to support DRH/MSLS with developing a career planing tool: July 28-31 (23 participants) and September 1-3, 2013 (17 participants))	Next steps: • Support MSLS in conducting a survey on sample health personnel on the determinants of career profile • Organize a workshop to validate career planning tool • Organize TWG meeting to validate career planning tool • Organize one-day workshop to present the career profile project.
Support the MSLS in designing a performance management system, using the revised evaluation criteria, including the identification of new tools required for implementation	Future milestone	
Activity 3: Preservice training institutional assessment.		
Provide technical assistance to the MSLS, Ministry of Higher Education (MHE), and Ministry of Social Affairs (MSA) to design and develop and/or adapt tools for an institutional capacity assessment for preservice medical, paramedical, and social sector health preservice training institutions	Delays were encountered because the preservice training schools' schedules were not always in line with project activities.	Next steps: • Organize a technical meeting with UFR-SMA to develop and/or adapt tools • Organize a technical meeting with INFAS to develop and/or adapt tools • Organize a technical meeting with INFS to develop and/or adapt tools • Organize a technical meeting with UFR-SMA managerial team to validate tools • Organize a technical meeting with INFAS managerial team to validate tools • Organize a technical meeting with INFS managerial team to validate tools.
Support INFAS, the INFS UFR-SMA, in the implementation of the LMD policy	Organized a dissemination findings workshop about the impact of LMD reform on INFAS status and perspectives (September 9-11, 2013) in Agboville	For each training institution, INFAS, INFS, and UFR-SMA, the next steps include: • Organize an information session with the students to share the vision of the LMD reform (one day) • Organize an information session with the teachers to share the vision of the

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
		LMD reform (one day) • Support INFAS in organizing a workshop on emergencies (priorities?) in the implementation of the LMD system (three days) • Organize a workshop to develop the syllabi of the license courses (five days) • Organize one-day workshop to validate the LMD system within INFAS
Support the MSLS, MHE, and MSA to obtain stakeholder buy-in from preservice training institutions for the institutional capacity assessment, and pilot the assessment tools with one institution	Planned to start next quarter	Activity to be implemented consecutively with preservice training institutional assessment, to include support of the assessment, analysis survey, and validation workshop
Provide technical assistance to the MSLS, MHE, and MSA to carry out the institutional capacity assessment in the institutions providing medical, paramedical, and social sector health care training, including the medical school, INFAS, INFS, and others	Activity planned to begin in next period	Next steps: • Support the assessment with INFAS, INFS, and UFR-SM • Support analyzing survey data and product the first draft of the assessment report of INFAS, INFS, and UFR-SM • Organize one-day workshop to validate the assessment report of INFAS, INFS, and UFR-SM
Support the MSLS, MHE, and MSA to analyze the results of the assessment and provide feedback results to stakeholders, in preparation for developing individual institutional capacity-strengthening plans in the subsequent program year	Activity planned to begin in next period	Activity subsequent to institutional assessment findings
Activity 4: Health finance.		
Work with MSLS to understand current health finance policy. Assist *Direction de la Prospective, de la Planification et des Stratégies* (DPPS) with reviewing health financing work done to date (including Cote d'Ivoire experience with Free Health Care mechanism, innovations in financing, etc.) to identify evidence gaps, particularly for a health financing model adapted to chronic care needs	Activities planned for implementation in Q1 Year 2	• Since the PBF was identified by MSLS and USAID as a priority area for HFG support in Q3, the timeline of this activity aiming to identify gaps for health financing model (adapted to chronic care needs) was adjusted. • Support health financing TWG with collecting and analyzing data and recommend appropriate health financing initiatives.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Work with MSLS to assess the current state and coverage of risk-pooling mechanisms. Support the design of a pilot for a community prepayment scheme or other risk-pooling mechanism.	• The local health finance expert participated in dialogue within MSLS to identify a PBF model for Cote d'Ivoire. • HFG, through the local consultant, assisted the DPPS with designing a concept note, including assisting in the process for developing the Côte d'Ivoire PBF model • Initiated the PBF document review. The process for developing the first draft of review findings is ongoing	The PBF activity was replaced by the activity related to the assessment of the current state and coverage of risk-pooling mechanisms since HFG has been asked to focus its support on the newly identified priority.
Assist MSLS to identify a plan of action for addressing identified health financing priorities.	Future milestone	MSLS mobilizing for PBF; HFG health financing expert will participate in Q1 Y2 discussions.
Closely collaborate with other donors concerning financing and represent PEPFAR at meetings and forums relating to health finance.	HFG participated in a meeting held by MSLS/*Direction Generale de la Lutte contre le SIDA* (DGLS)-General Directorate to Fight AIDS and contributed to the preparation for the future annual workshop of the National Council to Fight AIDS	Participation in key meetings by MSLS relating to health financing.
Activity 5: Improve accountability at national and regional levels.		
Assist to develop materials and measurement tools of health system governance practices	• Assisted the MSLS team to develop the assessment accountability tools (protocol and questionnaires) • Supported the MSLS in testing the tools in sampled health districts (September 2013). The assessment protocols are being finalized	
Assist *Direction General de la Santé* (DGS) (and Inspection Generale) to promote and strengthen capacity of managers (at central level and from eight regions) in accountability practices	Future milestone	Capacity building will be based on the needs identified through an analysis of accountability gaps.
Conduct assessments on accountability practices and progress at central level and in eight health regions (initial and final)	Prepared for the MSLS self-assessements in selected regions	Complete assessments on accountability practices and progress at central level and in selected health regions to be conducted in October/November 2013.
Analyze findings of the assessment tool and identify priorities	Activity to be implemented once the assessments are completed	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 6: Strengthen decentralization of health delivery.		
Assist the TWG (on decentralization in health) with conducting site visits in eight regions for information, sensitization, and dissemination of the policy on decentralization to the decentralized entities	Held a meeting with the general director at MSLS to discuss the planning methodology (July 23, 2013)	• Activities stopped due to delays resulting from (1) the lack of coordination within the MSLS concerning distribution of partners' implementing area and (2) the absence of guidance within the MSLS about the unique planning approach • The Results-Based Management approach was chosen instead of the Project Cycle Management approach • As a consequence, HFG needs to re-engage, before continuing to help the region in health regional planning
Provide training to eight health regions on participatory planning, with emphasis on including local elected leaders and civil society in drafting regional health development plans	The previous planned activity was not implemented due to the decision to change the participatory planning methodology	Next steps: • Review and adapt training module • Initiate planning for training events (training of trainer and training of actors from regional level).
Provide the TWG assistance with decentralization in health sector with light equipment and technical support.	Continued to hold meetings with *Services d'Appui aux Services Exterieurs et a la Decentralisation* (SASED) and the decentralization TWG.	• The basic IT equipment to be procured was postponed. • Continuation of technical support will occur through HFG assistance to TWG.
Support SASED to train 25 actors from each of eight selected regions for decentralized health sector planning in liaison with community and local government leaders	Activity planned to start in Y2	• The training of actors from the regions wasn't organized, because the MSLS decided to change the participatory planning methodology. • Once the training modules are adapted and the training of trainers is realized, the actors at the regional level will be trained.
Collaborate with the eight selected regions to elaborate costed health development plans	Activity planned to start in Y2	The support to develop the health development plan will be subsequent to the training sessions.
Activity 7: Mapping health financing flows (joint finance/governance activity)		
Document existing policy on financial flows from the national to district levels for health programming	First draft of the document review process completed	• Finalization of the document review will be in Q1 of Year 2. • Funding is available for the on-the-ground review.
Document the on-the-ground reality of financial flows from the national to district levels for health programming	Future milestone	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Draft a report on the significant gaps between policy and current levels of compliance on financial flows	Future milestone	

5.1.6 Ethiopia

Year 1 Objectives – In Year 1, the HFG project worked to generate evidence on the performance of health facility governing boards, strengthen the Ethiopia Health Insurance Agency (EHIA), build capacity of government institutions (new objective from the Health Sector Finance Reform (HSFR) project), and conduct a health facility governance study for policymaking (new objective from the HSFR project).

Year 1 Progress Against Objectives –

HFG made progress toward objectives in Year 1, namely, the following:

- Advocated for critical health finance staff within government structures in Ethiopia at the regional, zonal, and woreda (district) levels
- Trained 420 people on health care financing (HCF) reform and health facilities financial management
- Revised and shared an existing supportive supervision checklist with the regional project office
- Produced and distributed the Health Services Delivery and Administration (HSDA) directive and revenue retention and utilization (RRU) manual for financial management training participants.

In addition, the project developed and submitted a draft document on new community-based health insurance (CBHI) design parameters to the EHIA for endorsement. The latter in turn distributed the document to the CBHI pilot regions (Tigray, Amhara, Oromia, and the Southern Nations, Nationalities, and Peoples' Region (SNNP)) for implementation. With the exception of Amhara, where the expansion CBHI pilot schemes already approved the design parameters earlier, the pilot regions incorporated selected design parameters into their regional CBHI directive.

The HFG team also facilitated the recruitment of CBHI executive staff for pilot expansion woredas, organized zonal-level CBHI training of trainers (TOT) for zonal and woreda cabinet members, and supported the establishment of schemes in the expansion woredas. Of the total 161 CBHI pilot expansion woredas, 26 woredas in Amhara successfully established schemes. Moreover, the Amhara and Tigray regional governments allocated 19.3 million Birr (14 million Birr in Amhara and 5.3 million Birr in Tigray) as a targeted subsidy to cover the health expenditures of the poorest of poor households. As per their agreement, the respective woreda administration will cover the balance (30 percent of targeted subsidy).

Successful implmenetation of CBHI schemes on the ground-level is based on the registration and enrollment of new households (HHs) within woredas and on health sevices provision. Since the summer months (Year 1 Q4) constitute the rainy season for most parts of the country, which deters community sensitization and mobilization activities, registration of new HHs was static during this time. Health services provision in pilot woredas, however, is progressing well, with 87, 333 beneficiaries in 13 pilot woredas receiving health care services in health facilities (health centers (HCs) and hospitals) during Q4. During the reporting quarter, facilities requested 3,298,158.55 Birr for reimbursement from the CBHI schemes.

At the facility level, the project team supported the establishment of facilities governing structure for new functional HCs, trained 96 governing board members drawn from 32 facilities in Amhara, Addis Ababa and SNNP, and carried out various capacity-building activities for the EHIA. Capacity-building interventions included the following:

- Orientation on the social health insurance (SHI) legal framework and implementation manual to government officials at federal and regional levels
- Training for EHIA staff and heads of human resources of regional health bureau(RHB)s
- Development of a bylaw for the EHIA board of directors.

Under a separate activity (Activity 4 below), HFG played a key role in the fifth round of national health accounts (NHA) in Ethiopia by generating preliminary output tables both for general NHA and for five subaccounts, and prepared and submitted a draft NHA report to the Federal Ministry of Health (FMOH). The project team also provided technical support for the revision of the HSDA directive and implementation manual, and for the development of a comprehensive HCF legal framework for federal referral and teaching hospitals. In addition, the team conducted supportive supervision visits in health facilities (67 HCs and one hospital) and CBHI schemes and sections (13 pilot woredas), and supported the Benishangul-Gumuz RHB annual health sector review meeting.

The project facilitated a study tour to Ghana to draw lessons from the Ghanaian experience in running health insurance in areas of organizational arrangement and staffing, membership registration, claims management, benefit packages, provider payment mechanisms and other related areas. These lessons are being shared in the FMOH and the EHIA. In addition, one senior health insurance communication specialist and three regional health insurance communication specialists were seconded to EHIA and employees have already on-boarded.

Recommended Follow-up Actions – No follow-up actions were identified at this time.

Q4 General Update – The USAID bilateral HSFR project ended in July 2013 and transitioned to HFG in August 2013. The project's name and logo were revised to reflect the new project status. The field office rehired most of the bilateral project staff for the HFG project, and the project has continued its technical support to the Federal FMOH, RHB, Woreda Health Offices (WorHOs), EHIA, and health facilities.

Activity-specific updates are shown in Table 24.

TABLE 24. ETHIOPIA ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
HSFR/HFG Activity 1: Improve quality of health services		
Provide training on health care financing (HCF) reform implementation	SNNP/Gambella: In collaboration with the RHBs, HFG conducted a two-day training on HCF reform implementation from September 19-20, 2013, at Honey-Café (Arba Minch town) and Fura Institute of Development Studies (Yirgalem town). The training aimed to increase awareness and build capacity of HCF focal persons on the curative and rehabilitative processes of WorHOs; the rationale, guiding principles and status of HCF reform; and the major components of reform and data	In the closing sessions, representatives of the RHB underlined that there is a need to monitor and report inappropriate utilization of retained revenue, as well as illegal practices in health facilities.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	collection instruments. A total of 86 persons (73 men and 13 women) attended.	
Advocate for the approval of structure and recruitment of critical finance staff	Amhara/Benishangul-Gumuz : The project team has advocated at the regional, zonal and woreda government levels for the approval of structure and recruitment of critical finance staff for health facilities (new and existing) in Amhara and Benishangul-Gumuz regions. During the reporting quarter, 40 new HCs in the Amhara and 31 existing HCs in Benishangul-Gumuz region recruited critical finance staff. After the Benishangul-Gumuz regional government approved new structure for head of Procurement Finance and Property Management, 10 HCs recruited heads for this department.	
Print and distribute HSDA directive and RRU manual	SNNP/Gambella: The project team produced and distributed 90 copies HSDA legal documents, 200 copies of procurement and cash management manual, and 90 copies of the RRU manual for the financial management training participants.	
Provide eight-day financial management training	In collaboration with RHBs and Bureaus of Finance and Economic Development, HFG organized an eight day financial management training in Amhara, Oromia, Harari and SNNP regions. HFG provided training to 334 people, (242 men and 92 women) in these regions. The trainings were held in Woldia town (Amhara), Modjo and Woliso towns (Oromia), Harar town (Harari), and Wolkite and Hossana towns (SNNP).	
Adapt private wing establishment directive	SNNP: The project team adapted a private wing establishment directive in line with regional HSDA legal frameworks and submitted the document to the RHB for feedback. Once approved, this legislation will facilitate the implementation of private wing/room services in public hospitals in the region.	
HSFR/HFG Activity 2: Improve access to health services		
Develop CBHI prototype design parameters for pilot expansion woredas	The project central health insurance team prepared and submitted a draft document on the CBHI design parameters to the EHIA for review and endorsement. Design features include: various levels of general subsidy among CBHI expansion woredas, premium levels for HHs with different income levels, a capitation payment mechanism at the HC level, and the application of some form of copayment in the urban HCs.	The document will be finalized and shared with the CBHI pilot regions for adaptation into their local context, and subsequently issued to CBHI pilot expansion woredas for implementation.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Support the revision and issuance of a regional CBHI directive and bylaw for pilot expansion	• SNNP: The observed implementation challenges in the CBHI pilot woredas, coupled with the introduction of the CBHI new design parameters (capitation, copayment, and general subsidy), necessitated the revision of the existing CBHI implementation directive. The existing CBHI directive was enhanced using lessons learned from the CBHI pilot program implementation, quarterly review meetings (CBHI Regional Steering Committee (RSC) and woreda), and findings of quarterly supportive supervision. The CBHI directive was submitted to the CBHI RSC through the RHB for further comments and approval. • Tigray: The project team in collaboration with the RHB revised the CBHI directive and submitted to the CBHI RSC. The revised directive incorporated the new design parameters (capitation payment mechanism at the health center level in some CBHI pilot expansion woredas and premium based on HH income level).	Tigray: The CBHI RSC will discuss the revised directive and submit to regional government for approval.
Follow up on the recruitment and placement of CBHI executive organs at zone and woreda levels	• SNNP: The project team facilitated the approval of the structures of CBHI executive organs for the CBHI pilot expansion woredas. The RHB approved the structure of CBHI executive organs (job grade, qualification, and salary) for 50 CBHI pilot expansion woredas. Recruitment of executive organs is in progress in most woredas selected for the CBHI pilot expansion. • Tigray: The project team facilitated the recruitment of CBHI executive staff for CBHI pilot expansion woredas. Each scheme requires three personnel: team leader, accountant and data manager. The team supported the regional government in the recruitment of accountant and data manager for the CBHI schemes.	• SNNP: Since the job grade and required qualifications for the IT position seem high and may deter the selection of appropriate personnel, the RHB is attempting to downgrade requirements to enable local candidates to apply for the position. The RHB is jointly working with regional Civil Service Bureau on the new job structure for zonal CBHI coordinators. With this partnership in place, HFG hopes the recruitment process will advance soon. • Tigray: As per the decision of the regional government, the respective woreda administration will assign team leaders from woreda health offices.
Provide training for selected regional, zonal and woreda cabinet members	• Oromia: The regional government decided to pilot expansion the CBHI program in 60 woredas (59 rural and 1 urban) and revise the CBHI directive. Prior to the actual TOT, HFG prepared training materials that encompass the new CBHI design parameter (capitation) and lessons learned (major achievements and challenges) during the CBHI pilot program implementation. With support from the RHB,	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	HFG provided a two-day TOT for zones and woredas selected for the CBHI pilot expansion. The TOT aimed to increase awareness of government structures at zone and woreda levels, secure buy-in from participants, and facilitate the implementation of the CBHI pilot expansion program. The TOT was provided in four rounds at three sites: Adama (August 22-23, 2013 and September 1-2, 2013) and one round each in Shashemene and Nekemte towns (September 17-19, 2013). A total of 208 persons (203 men and 5 women) drawn from zonal administrations, zonal health departments, woreda administration, head of Oromo People Democratic Organization (O.P.D.O) and head of WorHO attended the TOT. The head of the regional health bureau and representatives of zonal administrations made an opening and closing remark during these events. • SNNP: The project team in collaboration with the RHB, organized zonal level CBHI TOT for zonal higher officials. Trainees cascaded the training to woreda cabinet members in their territory. Most CBHI pilot expansion woreda cabinets provided orientation to the Kebele cabinet members.	
Support the establishment of CBHI schemes	• Amhara: As per the decision of regional government, 39 new woredas are preparing to implement CBHI pilot expansion program. Of these, 26 woredas held general assembly meetings where they elected members of the board of directors and officially established the schemes. The other 13 woredas have been conducting community mobilization and sensitization activities to facilitate the establishment of a scheme in their respective woreda. • SNNP: The CBHI RSC decided to pilot expansion the CBHI program in 47 woredas. Woreda administrations, in collaboration with kebele cabinet members, have been conducting community mobilization and sensitization events in Kebeles and Gots (Smaller Units of Kebele administration). Some CBHI pilot expansion woredas finalized community mobilization and sensitization tasks and will hold general assembly meetings soon. The regional government agreed to cover printing costs of CBHI materials (ID card and receipts), but developments have not yet been observed.	• Of 1,062,180 eligible HHs residing in 26 woredas, 210,862 HHs (158,102 paying and 52,760 non-paying) joined schemes. The overall HHs enrollment in these woredas is 19.9%. However, highest enrollment rate is observed in Oromia zone (44.1%) followed by South Wollo (39.3%), North Wollo (22.2%) and North Shoa (21.3%). The schemes generated Birr 16,916,093.00 Birr from paying members. Of the 26 woredas, only 14 woredas started providing health care services to their beneficiaries. • Schedules for submitting health facilities reimbursement request to the schemes (10 days after quarter ends—Ethiopian calendar) and project report submission due date (Gregorian calendar) are usually at odds. The project plans to discuss the issue with the USAID health

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	This delay may have a negative impact on the establishment of schemes, enrollment of HHs, and collection of premiums.	system strengthening team to harmonize reporting schedules
Follow up on CBHI orientation/training of health care providers at HC level	Amhara: HFG in collaboration with the RHB's curative and rehabilitative care process advocated the need to orient the HCs staff in the CBHI pilot expansion woredas on the concepts and rationale of CBHI program, service provision, and agreement between scheme and facilities. The RHB agreed to allocate additional funds to train selected staff from the HCs (head of HC, head of procurement and finance and record keeper), WorHO and zonal health departments. The team organized the training in Dangila and Kombolcha towns in four sessions; and trained 194 people (162 men and 32 women). Training cost (participants Per Diem and Lodging) was covered by the RHB.	
Track the enrollment and premium collection in the CBHI pilot woredas	A total of 146,088 HHs (123,858 paying and 22,230 non-paying) are registered in the CBHI pilot woredas up to the end of September 2013. The overall enrollment rate is 48.6%. Due to the rainy season, registration of new HHs into CBHI schemes has been static.	
Support the provision of health care servcies in the pilot woredas	At the end of Q4, 650,460 beneficiaries residing in the pilot woredas had received health care services. Health facilities that signed contract agreement with the schemes requested 3,298,158.55 Birr (1,978,730.85 Birr in Amhara; 422,527.00 Birr in Oromia; 180,339.07 Birr in SNNP; and 716,561.63 Birr in Tigray) from schemes during Q4 and schemes are currently processing the payment requested. To date, facilities have requested 20,200,242.40 Birr from schemes as reimbursement.	
Follow up on the implementation of fee-waiver system	• Amhara/Benishangul-Gumuz : The new fee-waiver system has been implemented in all zones and woredas in the Amhara region. The project team used quarterly supportive supervision and review meetings to mentor the provision of waived services in health facilities implementing first-generation reforms, giving special attention to the new HCs likely to implement these reforms. In addition, all 39 CBHI expansion woredas revised the lists of fee-waiver beneficiaries and reviewed and revised the allocated budget (targeted subsidy). Woredas will soon start providing waived services.	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	• The project team also distributed 900 fee-waiver ID cards to Homosha (100), Bullen (300), and Dibate (500) woredas in Benishangul-Gumuz region.	
Follow up on the allocation and transfer of targeted subsidy to the schemes	• Amhara: As per the CBHI directive, the regional government and woreda administration will cover 70% and 30%, respectively, of the targeted subsidy in the CBHI expansion woredas. The project team, in collaboration with the RHB, requested the regional Bureaus of Finance and Economic Development release Birr 14 million to the CBHI expansion woredas. The bureaus agreed and each woreda will cover the balance (30%). • SNNP: HFG appealed to the governments at various levels (region and woreda) to identify the poorest of the poor households (indigents) and allocate budget referred as targeted subsidy to ensure equity in health care service provision. The selection of indigents is in progress in the CBHI expansion woredas. • Tigray: The project team facilitated the transfer of a targeted subsidy from the regional government (70%) and woreda administrations (30%) to the schemes. The regional government promised to transfer Birr 7.6 million to schemes (pilot and expansion woredas) and is processing the transfer of Birr 5.3 million to schemes. The woreda administrations (pilot and expansion woredas) are expected to transfer Birr 2.3 million (30%) to schemes.	
Strengthen management of exempted health services	Nearly all health facilities implementing HCF reform have been providing exempted health services free of charge to the public. Oromia and Gambella regions have validated supportive supervision data and the majority have posted the list of exempted services in their compound. The project team used to ensure the provision of exempted health services through regular quarterly supportive supervision in health facilities and will provide feedback to woreda administration and WorHO if there are gaps.	
HSFR/HFG Activity 3: Improve governance of health services and health insurance		
Support auditing of health facilities	Amhara/Benishangul-Gumuz : The project team discussed the need to conduct financial and performance audit in health facilities with the Benishangul-Gumuz regional auditor general.	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	Consensus was reached on a plan to conduct an audit (financial and performance-based) in HCs and Assosa hospital.	
Support the establishment of governing boards in new HCs	Amhara/Benishangul-Gumuz : The project team advocated to zone and woreda-level government structures on the need to establish governing boards for new HCs implementing the reform. Accordingly, 40 new HCs elected governing board members and established facility governance structure.	
Conduct health facility governing body training	The project team conducted training for health facility governing board members on health facility governance in Amhara (Sept 30, 2013 – Oct 1, 2013), SNNP (Sept 1, 2013) and Addis Ababa city administration (Sept 16-17, 2013). The training events took place in Woldia town (Amhara), Aregash Lodge, Yirgalem town (SNNP) and D'Africque hotel (Addis Ababa). All the training costs for Amhara and Addis Ababa were covered by the HSFR/HFG project. In the SNNP, the project partially covered the training cost, hall rent and refreshment, and the Clinton Health Access Initiative (CHAI) paid per diem for participants. A total of 96 governing board members (81 men and 15 women) received training	
Conduct consultation/orientation on SHI legal framework	• Central: As a continuation of the HSFR Year 5 undertaking, the team carried out consultative meetings/orientation at the federal (Office of the Prime Minister and Ministry of Trade) and regional levels (Dire Dawa city administration and Benishangul-Gumuz regional state). Senior federal government officials, regional presidents, and cabinet members participated in these meetings. • Amhara/Benishangul-Gumuz : The project team, in collaboration with the RHB, organized a half-day orientation on SHI in Amhara region for regional and zonal cabinet members. Highlights of the health insurance, SHI proclamation, regulation, and key issues for next steps were covered.	
Organize TOT on SHI legal frameworks and implementation manual	The HSFR/HFG project in collaboration with the EHIA organized a two-day (September 23-24, 2013) TOT workshop in Nazareth town to orient agency and project staff on the contents of SHI legal frameworks, implementation procedures, provider payment mechanism and the SHI system. Trainees were informed about data requirements, data exchanges, and data updates on SHI, as well as	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	the communication channels between the agency, employers, and members. The trainees will cascade the TOT in their respective regions for crews drawn from regional, zonal, and woreda sector offices and other institutions. A total of 16 persons (8 from EHIA and 8 from HSFR/HFG project) attended the TOT.	
Organize capacity-building trainings for EHIA support staff	• The project health insurance team conducted a one-day (September 17, 2013) orientation for the heads of human resources of RHBs (Tigray, Oromia, SNNP, Benishangul-Gumuz and Harari regions, and Addis Ababa city administration) on the SHI organizational structure and job descriptions of positions available in the agency at EHIA head office and branch offices. The EHIA is processing the recruitment of staff for its head office and branch offices. Staff recruitment for agency branch offices will be undertaken by the agency in collaboration with the RHBs. Registration, shortlisting, and interviewing of candidates for various positions in the branch offices are underway. • The project organized a one-day orientation (September 20, 2013) for EHIA support staff on the concepts of health insurance and its legal frameworks. This is part of the overall capacity-building initiative planned for the EHIA. A total of 24 agency support staff attended.	
Develop bylaw for the EHIA board of directors	The project health insurance team developed a draft bylaw for the EHIA board of directors and submitted to the board for review and comments. The project submitted the draft bylaw to the agency after incorporating the comments of board of directors. HFG also developed the annual work plan for the EHIA board of directors and submitted to the agency for review and comments.	
HSFR/HFG Activity 4: Improve program learning		
Compile, analyze and report on the status of HCF reform implementation in health facilities	• Amhara/Benishangul-Gumuz : The project team developed and distributed data collection templates to zones and hospitals. The team received feedback from 10 zones, one city administration (Bahir Dar), and six hospitals and is awaiting responses from the remaining 4 zones and 13 hospitals. The data compilation process is in progress. In the Benishangul-Gumuz region, all zones and hospitals provided data on revenue retention and utilization, governing board, fee-waiver, exempted health	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	services, private wing and outsourcing of non-clinical services using the template and submitted to the project cluster office. • SNNP/Gambella: The team developed a data collection template and distributed to HCF focal persons (curative and rehabilitative work process) during the two-day HCF reform training held at Honey-Café and Fura Institute of Development Studies. Data compilation is in progress in 85 woredas and one town administration. Data collection in the remaining 70 woredas and one town administration will proceed after the team conducts HCF training at Mizan and Hosana towns in the upcoming quarter.	
Produce and finalize NHA reports	The project received the final reports of general HH and targeted People Living with HIV (PLHIV) surveys (conducted for the fifth round of NHA) together with survey datasets and other deliverables from the respective consulting firms. The NHA technical team generated preliminary output tables for the general NHA and the five subaccounts (RH, CH, HIV, TB & Malaria) using the NHA Production Tool. The team reviewed, discussed, analyzed and revised the tables. The project research and knowledge management advisor circulated the NHA output tables (general and subaccounts) to technical team members to prepare draft reports on their respective chapter (General NHA, RH, CH, HIV, TB and Malaria) as per the agreed-upon division of labor. Each team prepared draft reports and a consolidated comprehensive NHA V draft report was produced. The project submitted the NHA V draft report to the FMOH for comments, and a half-day discussion was held on the report's major findings.	The FMOH advised the project team to incorporate additional government expenditure data from Pharmaceutical Fund and Supply Agency (PFSA) and validate donors' expenditure data before finalizing the NHA V report. The project team is working to incorporate the additional expenditure data recently obtained from PFSA and will validate donors' health expenditure data. The final NHA V report will be produced after making these changes and producing final output tables.
Support the development of a comprehensive HCF legal framework for federal referral and teaching hospitals	Central: The central HCF team participated in the development of an HCF legal framework for federal referral and teaching hospitals through the technical working group. The group's 11 members, drawn from FMOH (Resource Mobilization Directorate, Medical Service Directorate, and Legal Services Directorate), federal hospitals (St. Paul and Alert), RHBs (Addis Ababa and Oromia) and HSFR/HFG project, produced a draft terms of reference for the amendment of the HCF legal framework for federal hospitals. This document will enable systematic documentation and dissemination and expansion best practices in HCF reform implementation among public health	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	facilities.	
Support the revision of HSDA directives, RRU guidelines, and HCF manual	SNNP/Gambella: The project team, in collaboration with the RHB and CHAI, revised the HCF legal framework documents (Proclamation, Regulation, and Directive) and HCF implementation manual. The team submitted the revised documents to the RHB for approval.	
Support systematic revision of user fees	Oromia/Harari/Dire Dawa: As per the Dire Dawa city administration health bureau's request, the project team provided orientation on the simplified cost analysis tool and instrument used to gather input data from health facilities for the user fee study committee. The committee is composed of five members (social advisor of the president's office, and representatives of Dire Dawa health bureau, Bureaus of Finance and Economic Development, Dil Chora hospital and HCs). After the orientation, nine health facilities (Dil Chora hospital and eight HCs) were selected for the assessment. The project team, in collaboration with the user fee study committee, conducted the assessment from September 20-29, 2013. The project team encoded and cleaned the dataset and will prepare the report, which will be submitted to the Dire Dawa city administration cabinet for the final decision on the user fee revision.	
Facilitate the design of the new directive on revenue collection during off hours, weekends and holidays	SNNP/Gambella: The project team planned to assess the status of HCF reform implementation in 30-35 HCs that had weak performances in implementing HCF reform components in the SNNP. The team developed an independent checklist that could be used to assess the profile of the HCs such as their cash collection and management during off hours, weekends, and holidays.	In the following quarters, the checklist will be reviewed by the RHB, and the project team will collect data and analyze and prepare an assessment report to facilitate design of new directive on the collection of revenue during off hours, weekends and holidays.
Conduct regular supportive supervision in health facilities	The project team visited 68 health facilities (one hospital and 67 HCs) in Oromia and SNNP regions.	
Provide support for and participate in the RHB annual and bi-annual review meeting	Amhara/Benishangul-Gumuz : The project team participated in the Benishangul-Gumuz RHB annual health sector review meeting held at Assosa town from September 16-18, 2013. The team provided a t-shirt, cape and stationary materials for participants. HCF reform was one of the primary agenda items for discussion. The team also presented highlights of the health insurance initiatives of the Ethiopian government. A total of	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	350 persons drawn from RHB, zonal health departments, WorHOs, health facilities and implementing partners participated.	
Conduct supportive supervision at scheme and section levels	• The HSFR/HFG project in collaboration with the EHIA, carried out supportive supervision visits in the CBHI pilot regions (Tigray, Amhara, Oromia, and SNNP). The supervision visit aimed to assess the status of CBHI pilot implementation, identify the challenges encountered, and strive for remedial action in collaboration with government structures at regional and woreda levels, and with other stakeholders. The team visited 13 existing CBHI pilot schemes, as well as the woreda administration, two selected kebeles, one HC, and one referral hospital in respective pilot woredas. The supervision team used a standard checklist to gather necessary information from each of these institutions. Following the supervision visits, each team organized a debriefing meeting with the respective head of the RHB to discuss observed gaps and next steps. The EHIA General Director and Deputy Director also participated in the supportive supervision, as well as the debrief meeting held with heads of the RHBs. • SNNP: The project team, in collaboration with the RHB, carried out similar supportive supervision visits in 18 CBHI pilot expansion woredas to check preparatory activities (status of community mobilization and sensitization events). The team realized that continuous supportive supervision is indispensable to strengthen implementation of the CBHI pilot expansion program.	
HSFR/HFG Activity 5: Field office program operation and HFG home office support		
Finalized branding and marking plan for HSFR/HFG project	The project communication specialist, in collaboration with senior communication experts at Abt Associates, formulated the branding and marking plan for the HSFR/HFG project. The global HFG project's communication, branding, and marking plan was used as a guiding framework while formulating this document.	All the project briefs, brochures, banners, and other branding items will be produced in line with this branding and marking plan.
Produced publications/reports	The project produced and disseminated a Health Financing Quarterly Newsletter (Volume 4 # 4), that embraced major issues of July 2013, under the HSFR project, and the subsequent newsletter will reflect major issues under the HSFR/HFG project.	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Provide project management and oversight	The project finance and administration staff facilitated the HSFR project close-out process and start-up of the HSFR/HFG project (field support program). In addition, the team worked on project staffing and office set-up. The official contract start date for the HSFR/HFG project was August 1, 2013.	
Prepare work plan	The project prepared and submitted a detailed workplan for the HSFR/HFG project Year 1 (August 20013–July 2014) and illustrative work plan for Year 2 (August 2014–September 2015) during the reporting quarter.	
Recruit staffing	The HSFR/HFG project hired health insurance and HCF reform senior advisors for its central office, to replace the two senior project advisors who left the project during the reporting period. It also recruited one health insurance communication advisor for EHIA and two regional health insurance communication specialists for Oromia and Amhara regions (both on secondment basis). Due to the project's widening scope, the team planned to hire additional technical and operational staff for its regional offices and satellite offices. Currently, the team is proccessing staff recruitment and substitutions for existing vacant positions.	
Establish offices	To be cost-effective, the Oromia/Harari/Dire Dawa and Addis Ababa regional project offices are co-located with the HSFR/HFG central office in Addis Ababa, while the Amhara/Benishangul-Gumuz , SNNP/Gambella, and Tigray regional project offices are established at Hawassa, Bahir Dar and Mekelle towns, respectively. In addition, HFG established two satellite offices in Gambella and Assosa towns for Gambella and Benishangul-Gumuz regions respectively. The project signed a contract agreement for office space for its ever-increasing staff in Mekelle town, and it intends to open additional satellite offices in Dessie, Shashemene, Wolkite, and Nekemte towns.	
Process major procurements	The HSFR/HFG project, in collaboration with the Abt home office, is processing the procurement of vehicles, laptops, and IT equipment for the project office, and motor bike, desk top computers and printers for the CBHI schemes. After evaluating three insurance company bids and obtaining approval from the Abt Home Office, the project entered into agreement with Nile Insurance Share Company for staff's life & health insurance. It also procured a new vehicle insurance policy and	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	collected proforma invoices to procure office furniture and equipment.	
Undertook additional actions not included in the work plan	• The project team participated in the Ethiopian Hospital Alliance for Quality (EHAQ) auditing committee meeting held at FMOH-Medical Services Directorate (MSD). The meeting's purpose was to develop objective criteria (best leadership, innovative ideas, etc.,) that would assist in selecting hospitals for the intended award. • The project staff served as facilitators in the TOT organized jointly by the FMOH and Management Sciences for Health, held at the Ethiopian Management Institute, in Bishoftu town September 16-22, 2013. A total of 25 persons (22 men and 3 women) participated.	
HFG Activity 1: Organize study tour to selected African and Asian countries to draw lessons from operation of health insurance schemes.		
	• No study tours were conducted in Q4. • A comprehensive report was produced and disseimnated. The lessons drawn from the Ghanaian experience are being shared in FMOH and with the EHIA	• Future study tours are on hold as the ramp up and implementation of the national health insurance schemes is taking priority. • One study tour is anticipated in Year 2 and the budget has been allocated for Year 1 work plan.
HFG Activity 2: Recruit and second technical staff to health insurance agency.		
Recruit HI technical advisor, communication advisor, communication specialists, membership affairs specialist, providers affairs specialist, and finance specialists.	• Four positions (one senior communication specialist and three regional HI communication specialists for the regions of Amhara, Amhara and SNNP) have been filled, with employees on-boarded. • Job positions were posted for technical HI advisor and the remaining two HI communication specialists, as well as for additional positions, including HI members affairs specialist, HI providers affairs specialist, HI research specialist, and HI finance specialist. Applications have been received, short-listed candidates will be interviewed, and the remaining posts are expected to be filled.	Open positions still need to be filled. Finding appropriately qualified candidates has been difficult and the team is determining best alternatives.
Sensitize relevant stakeholders on health insurance.	This work will be continuous following hiring of the senior advisors and regional communication specialists.	Senior communication specialist has been hired, as have two regional communication specialists. Hiring is underway for another two regional communication specialists and HI professionals. Filling these positions increase/improve EHIA's capacity,

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
		sensitization of stakeholders, and the public at large's knowledge of health insurance.
Review and document performance of communication advisors/consultants	Future milestone	
HFG Activity 3: Study on performance of health facility governing boards.		
Develop study instruments/tools	HFG has secured exemptions from both the Johns Hopkins School of Public Health and ABT Institutional Review Board. The team is now developing the study protocol and first study instrument.	
Recruit and hire local consultants	Subaward to Miz Hasab is being processed.	
Define and reach agreement on scope of work for regional partner	Scope of work and budget are already finalized. Waiting for umbrella subaward before issuing task order for this study.	This milestone has been delayed due to subaward revisions needed and the rainy season in Ethiopia. Though the weather is permissive now, approval of the subaward is still being sought. Study expected to start early in Year-2.
Collect data	No progress on this yet; hope to begin in Y2Q1.	
Data analysis and report writing	Future milestone	
Data validation and dissemination of finding	Future milestone	

5.1.7 Namibia

Year 1 Objectives – The HFG project continued to support the government of Namibia's Social Security Commission (SSC) in its efforts to operationalize the Development Fund. This support included development of a monitoring and evaluation (M&E) framework and an M&E implementation plan, and the building of general M&E capacity for the Development Fund's project team. HFG provided technical assistance to the SSC by seconding an M&E technical advisor for a period of three months beginning in early spring 2013. This work built upon the support provided to the SSC's Development Fund under the Health Systems 20/20 Namibia Associate Award, one activity of which was to bring the Development Fund leadership team on a two-country study tour (state of Georgia-run programs in the United States and federal programs in Brazil) to review similar programs, M&E structures, and companion policies.

Year 1 Progress Against Objectives –The intensive technical assistance resulted in the development of the following components:

A detailed matrix of indicators was developed that will measure the long-term impact of bursaries and grants dispersed by the Development Fund. Prior to this assignment, no mandated reporting indicators existed for the Development Fund. The M&E technical advisor worked in partnership with the Development Fund M&E Officer to compile both process and outcome indicators. The process indicators focus on the operational effectiveness of the Development Fund in carrying out its mission. The outcome indicators focus on the benefits accruing to the beneficiaries of Development Fund grants and program support. Both sets of indicators will be compiled in the Development Fund annual report for stakeholders.

A structured M&E plan was developed based on the indicators described above to serve as a guide for the Development Fund staff in carrying out their mandate. The M&E plan provides a description of the lens through which the Development Fund activities will be evaluated, describes the sources of data for carrying out the monitoring activities, defines the roles of both Development Fund staff and support recipients in compiling the requisite data, and outlines the timelines under which these activities will take place.

At the start of the M&E assignment, Namibians used a set of paper forms to apply for grants. During the course of the M&E assignment, a set of data collection tools was revised to include more detailed information in order to ensure that the most granular level of information was obtained (e.g., disaggregation by age, gender, and region) to allow for appropriate monitoring and evaluation. Grantee reporting templates were updated and recommendations were made for improving the Development Fund's tracking database.

A set of capacity-building training materials for the Development Fund was developed during this assignment. To institutionalize the M&E activities and assist in building the capacity of regional compliance officers at the SSC, the M&E technical advisor and M&E officer undertook a three-week long training mission in which 34 project managers and accountants from four regions were trained in how to complete the quarterly reports. A fifth training was undertaken by the SSC staff after the assignment was completed.

Recommended Follow-up Actions – USAID/Namibia and the SSC requested additional technical assistance from the M&E technical advisor in Year 2 to pilot implementation of the M&E plan and support training of Development Fund regional staff in carrying out their M&E functions.

Q4 General Update – The HFG M&E technical advisor completed the three-month secondment at the SSC Development Fund in July 2013.

Feedback from the SSC on the completed M&E work was very positive. In the SSC Weekly Bulletin (July 12, 2013, Volume 01/07/2013, Issue #01), the SSC wrote the following account of the HFG technical advisor's work: "While we highly value the contribution she made during her short stay, we do wish that she would come back towards the end of the year when we commence with the actual M&E work at ground level. This will ensure both a smooth transition from theory to practice as well as an effective handover of the work she assisted with. It will also allow for the training of SSC's Compliance Officers to play the role of M&E Officers on behalf of the DF….We would also like to extend our heartfelt gratitude to those colleagues with whom she interacted for lending her a helping hand when it was needed."

Additional activity-specific updates are shown in Table 25.

TABLE 25. NAMIBIA ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: M&E technical assistance to the SSC.		
Finalize M&E framework and M&E implementation plan	M&E plan was completed and submitted to USAID/Namibia in September 2013.	
Assist in building the capacity of Development Fund staff and compliance officers based in regions/districts to carry out M&E activities	Trainings were completed in July 2013 on compiling data/quarterly reports, in 4 regions (34 participants). A set of M&E tools were submitted to USAID/Namibia in September 2013.	
Provide recommendations for future strengthtening of the Development Fund's M&E system	The final report with recommendations was submitted to USAID/Namibia in September 2013.	

5.1.8 Nigeria

Year 1 Objectives – The HFG project's work with the government of Nigeria is twofold. The first aspect is to mobilize additional government funding for national HIV programming. There are three primary objectives in our multiyear strategy to support the mobilization of additional government funding for HIV programming. These objectives are:

- Generate financial evidence on the costs, impact, and sustainability of HIV programming
- Use this financial evidence to mobilize additional government resources
- Ensure efficient, effective, and equitable use of national HIV programming resources.

In Year 1, the HFG project will address Objective 1 through an activity that will model the effects of HIV program funding over past years and analyze the sustainability of HIV/AIDS programs by estimating the resources required to deliver services over the next five years. A second activity will address Objective 2 by building the capacity of the National Agency for the Control of AIDS (NACA)'s Resource Mobilization Department (RMD). This will involve performing an institutional assessment to identify priority areas for strengthening and using the results from the analysis in Objective 1 to finalize NACA's resource mobilization strategy. Another activity will begin addressing Objective 3 by developing the indicators for the implementation of performance-based budgeting.

The second aspect of the project's work is to support the national response to tuberculosis (TB) programming by improving the diagnosis and treatment of TB through improved supportive supervision at the local government area (LGA) level. The TB supportive supervision activity started as a pilot under the Health Systems 20/20 project and is in full scale mode in two of the original pilot states (Lagos and Abia). The TB supportive supervision pilot and scale-up throughout Lagos and Abia have proven their ability to strengthen TB program performance and TB treatment outcomes. Specifically, the supportive supervision program has helped to set desired performance goals, assess performance, establish plans for corrective action, and monitor progress over time. Since this activity has brought positive changes to

supportive supervision in TB in Nigeria, the USAID mission funded continued scale-up of the activity to cover more states during Year 1 of the HFG project.

Year 1 Progress Against Objectives – Activity implementation for HIV activities is underway. Following receipt of approval of the work plan and an agreement on the dates for the launch of the activities with NACA, HFG began preparations to launch all HIV-related activities in October and November 2013.

To date, implementation of the supportive supervision system has taken place in four states (Abia, Kano, Lagos, and Kwara), and has included complete coverage in Lagos and Abia. In Year 1, HFG scaled up the TB supportive supervision pilot to full coverage, not only in the aforementioned states, but also in Kwara, Ogun, and Abuja. The TB supervision team in Nigeria has wrapped up training on the use of smartphones in Federal Capital Territory (FCT) Abuja, Rivers and Ogun, and Kwara states (75 smart phones were procured and set up for the supervisors). During the trainings, the supervisors were introduced to the integrated checklist and the use of smartphones to administer the checklist. They practiced using this tool in health facilities where they identified issues and worked with the team of trainers to address these issues. A total of 88 supervisors, including state control officers, state TB program managers, and state TB supervisors, from all four states, participated in the training. Since supervisors have migrated from using Episurveyor as a data collection platform to using Open Data Kit (ODK), the Zaria Institute and National Transformation Party (NTP) officers participated in a refresher training on the use of the new platform and checklist in order to continue to monitor the activity and provide trainings to additional supervisors. Supervision rounds were completed at the end of August 2013.

Recommended Follow-up Actions –HFG has met with NACA representatives to discuss the planned HIV-related activities. HFG is also addressing concerns related to the delayed start-up of those activities due to NACA's limited availability and sudden and unplanned changes in direction during Q4. HFG invited NACA, represented by an official at the highest level of the institution, to discuss these concerns, and NACA has since agreed with HFG on firm timelines for moving these activities forward. Furthermore, HFG has prioritized the hiring of an embedded health finance advisor, which is expected to strengthen the collaboration between HFG and NACA.

It is recommended that further scale-up of TB activities continue. In addition, other key opportunities to strengthen TB care in the country can now be explored due to the success of the TB supportive supervision activity. Exploring these new opportunities will allow for a more unified TB management system in Nigeria and help provide reliable real time data for strategic decision-making. Recommended activities for Year 2 include the following:

- In close collaboration with the Global Fund, continue to scale up ongoing TB supportive supervision activities in three additional states.
- Create an interactive web-based dashboard to supplement supportive supervision and M&E. The enhanced database will aggregate all data emanating from the electronic TB (eTB) register, TB supportive supervision, and GXAlert systems to reduce redundancy. This database will also provide the eTB manager with a denominator on the number of mycobacterium TB- and rifampicin-resistant cases. It can also deploy the alert system (see below) that will track the management of TB cases and keep track of facility performance indicators.
- Create an eTB register allowing clinical staff to record *complete and more accurate* patient interactions (e.g., determine patient ID, collect patient data) and create a platform to receive diagnostic results, including those from GeneXpert machines (see next bullet) and from TB supportive supervision data.

- Develop a rapid messaging system based on TB supportive supervision and GeneXpert results that would alert key actors (via Short Message Service (SMS)/email) when a TB diagnosis or treatment issue arises.
- In close collaboration with the Global Fund, program the 40 GeneXpert machines to report results and generate alerts to the TB supportive supervision supervisors and the National Tuberculosis and Leprosy Control Programme via their smartphones and the TB supportive supervision dashboard when a multidrug-resistant TB patient is diagnosed.

Q4 General Update – USAID/Nigeria reviewed the Year 1 work plan submitted in June and granted approval to begin implementation on the condition that a health finance advisor be embedded in the RMD. An updated version of the work plan with the embedded health finance advisor was submitted to USAID/Nigeria in July, and HFG has now received final approval for the work plan.

Additional activity-specific updates are shown in Table 26.

TABLE 26. NIGERIA ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: HIV/AIDS financing analysis.		
Analyze the impact of previous programmatic funding on the AIDS epidemic and provide a draft for NACA and USAID review	The launch of the activity, originally scheduled for August 2013, was postponed to October 2013 in order to ensure NACA's availability and full participation in the event.	HFG will begin implementation in Q1 of FY 2014.
Collect costing programmatic targets data and build capacity on OneHealth	HFG prepared the technical contents for a stakeholder's workshop, which will be held as part of the launch event in October 2013, and will provide key information for the costing activity. A draft agenda and objectives for the workshop have been shared with NACA.	HFG will begin implementation in Q1 of FY 2014.
Analyze the results and produce a draft for NACA and USAID review	The activity will be launched in October 2013, as described above.	HFG will begin implementation in Q1 of FY 2014.
Disseminate findings and conduct a 3-day workshop on turning the findings into action	The activity will be launched in October 2013, as described above.	HFG will begin implementation in Q1 of FY 2014.
Activity 2: Build the capacity of NACA's RMD.		
Conduct capacity assessment and develop organizational capacity strengthening plan	The launch of the activity, originally scheduled for August 2013, was postponed to October 2013 in order to ensure NACA's availability and full participation in the event.	HFG will begin implementation in Q1 of FY 2014.
Implement organizational capacity-strengthening interventions	The activity will be launched in October 2013, as described above.	HFG will begin implementation in Q1 of FY 2014.
Implement technical capacity interventions	The activity will be launched in October 2013, as described above.	HFG will begin implementation in Q1 of

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
		FY 2014.
Monitor and evaluate progress and adjust capacity-strengthening plan	The activity will be launched in October 2013, as described above.	HFG will begin implementation in Q1 of FY 2014.
Activity 3: Development of a Resource Mobilization Strategy.		
Conduct key informant interviews and technical meetings with key stakeholders (Federal Ministry of Health (FMOH), Federal Ministry of Finance (FMOF), and major donors)	NACA shared with HFG a draft resource mobilization strategy, which was prepared with support from the United Kingdom's Department for International Development (DFID). HFG's review of that document has revealed gaps in the draft document, which have been brought to the attention of NACA. Going forward, NACA has agreed to work with HFG to address the gaps identified and help to use the existing document as a starting point to lead to the eventual final resource mobilization strategy for which HFG support is being provided.	HFG will begin implementation in Q1 of FY 2014.
Promote the establishment of a core resource mobilization strategy technical advisory committee (composed of NACA – RMD head, and representatives of appropriate units in FMOH and FMOF)	This was discussed with NACA in September 2013 and further discussions will continue with stakeholders during the TDY in October 2013.	HFG will begin implementation in Q1 of FY 2014.
Map existing and potential sources and mechanisms of HIV/AIDS resource mobilization in Nigeria (including reviewing the fiscal space in consultation with FMOF and other relevant agencies)	This was discussed with NACA in September 2013 and further discussions will continue with stakeholders during the TDY in October 2013.	HFG will begin implementation in Q1 of FY 2014.
Estimate the total and additional resources that will be mobilized from all sources	This was discussed with NACA in September 2013 and data collection will start during the TDY in October 2013.	HFG will begin implementation in Q1 of FY 2014.
Facilitate consultation meeting with the core resource mobilization strategy technical advisory committee	This was discussed with NACA in September 2013. Further discussions will continue with stakeholders during the TDY in October 2013.	HFG will begin implementation in Q1 of FY 2014.
Draft resource mobilization strategy	This is dependent upon the above-mentioned activities, which will take place in Q1.	HFG will begin implementation in Q1 of FY 2014.
Present the draft strategy to the core resource mobilization strategy technical advisory committee	This is dependent upon the above-mentioned activities, which will take place in Q1.	HFG will begin implementation in Q1 of FY 2014.
Hold stakeholder engagement workshop – share with NACA and	This is dependent upon the above-mentioned activities, which will take place in Q1.	HFG will begin implementation in Q2 of

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
stakeholders the strategy and total estimates of resources to be mobilized from all sources		FY 2014.
Refine the strategy and estimated resources based on inputs and feedback from all stakeholders	This is dependent upon the above-mentioned activities, which will take place in Q1.	HFG will begin implementation in Q2 of FY 2014.
Support/facilitate policy advocacy and consultation workshops to popularize the strategy and secure support from all relevant stakeholders	This is dependent upon the above-mentioned activities, which will take place in Q1.	HFG will begin implementation in Q2 of FY 2014.
Produce the final resource mobilization strategy	This is dependent upon the above-mentioned activities, which will take place in Q1.	HFG will begin implementation in Q2 of FY 2014.
Activity 4: Development of indicators for performance-based budgeting.		
Develop detailed activity work plan	The launch of the activity was postponed to November 2013 in order to ensure NACA's availability and full participation in the event. Preparations for the launch are currently underway. Background materials and information on NACA's budgeting structures and systems have been collected and reviewed by HFG, to the extent that they were available.	HFG will begin implementation in Q1 of FY 2014.
Conduct consultations with NACA officials.,	The activity will be launched in November 2013, as described above.	HFG will begin implementation in Q1 of FY 2014.
Develop performance-based budget indicators.,	The activity will be launched in November 2013, as described above.	HFG will begin implementation in Q1 of FY 2014.
Activity 5: Support for essential equipment for RMD of NACA.		
Identify priority items for purchase	A questionnaire, which will be used to identify the equipment needs of RMD staff, was developed. The questionnaire will be administered to NACA staff following the launch of several HFG activities in Nigeria in October 2013.	HFG will begin implementation in Q1 of FY 2014.
Purchase essential equipment	The purchase of the equipment is pending a determination of the RMD staff's equipment needs, as described above.	HFG will begin implementation in Q1 of FY 2014.
Activity 6: Embedded health finance advisor		
Submit health financing policy briefs.	The health finance advisor position was advertised and applications were received. However, based on further discussions between HFG and NACA, the	The advisor will be selected in Q1 of FY 2014.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	position will be readvertised to take into consideration additional input that resulted from the discussion. This will ensure that the right candidate is selected and the organizational needs of NACA are reflected in the advertisement. Candidates from both advertisements will be considered for shortlisting, interviews, and eventual selection.	
Prepare weekly progress reports (ongoing).	The hiring of the advisor is currently underway, as described above.	The advisor will be selected in Q1 of FY 2014.
Activity 7 TB supportive supervision scale-up.		
Conduct quarterly supervision rounds.	At least one supervision round was conducted in each LGA in each state. Selected 'before/after' results can be found in the "additional information" section below.	

Additional Information: Please see selected 'before and after' data at the LGA level for the TB supportive supervision activity.

Abia State

- In Arochukwu LGA, the new smear positive cure rate increased from 66 percent in Q3 of 2012 to 100 percent in Q3 of 2013.
- In Bende LGA, the new smear positive cure rate increased from 63 percent in Q1 of 2012 to 76 percent in Q4 of 2013. Treatment success rate increased from 66 percent in Q1 of 2012 to 86 percent in Q2 of 2013.
- In Obi Ngwa LGA, in Q1 of 2012, 86 percent of TB patients were tested for HIV. By Q4 of the same year, 100 percent of TB patients were tested, a level that has been maintained through Q3 of 2013. Similarly, 77 percent of TB-HIV co-infected patents were on co-trimoxazole preventive therapy (CPT) in Q1 of 2012. By Q3, 100 percent were on CPT and that level has been maintained through Q3 of 2013.
- In Uwa East LGA, the smear positive cure rate increased from 36 percent to 71 percent between Q2 of 2012 and Q2 of 2013. Similarly the treatment success rate increased from 36 percent to 86 percent during the same time period.

Lagos State

- In Agege LGA, the proportion of TB patients tested for HIV increased from 18 percent to 43 percent between Q1 of 2012 and Q3 of 2013.
- In Ajeromi-Ifelodun LGA, the new smear positive rate decreased from 72 percent in Q2 of 2012 to 71 percent in Q1 of 2013. The defaulter rate also decreased from 36 percent to 22 percent during the same time period.
- In Eti-Osa, the proportion of TB/HIV co-infected patients on CPT and antiretroviral therapy increased from 16 percent to 77 percent between Q1 of 2012 and Q1 of 2013.

- In Ifako Ijaiye LGA, the proportion of TB patients tested for HIV increased from 20 percent to 90 percent between Q1 and Q3 of 2012.
- In Lagos Mainland, the proportion of TB/HIV co-infected patients on CPT and antiretroviral therapy increased from 33 percent to 100 percent between Q3 of 2011 and Q2 of 2012 and has remained at that level through Q3 of 2013. The new smear positive cure rate increased from 36 percent to 60 percent to 84 percent in the same time periods, and the treatment success rate increased from 36 percent to 80 percent to 84 percent, respectively.

5.1.9 Swaziland

Year 1 Objectives – Constraints in human resources for health (HRH) capacity have been identified by the government of Swaziland as a major limitation to the HIV/AIDS response as well as to the delivery of basic health and social services. HFG's HRH program activities will focus primarily on building the capacity of the Ministry of Health (MOH) to implement essential HRH interventions, including implementation of the HRH strategic plan and workforce planning. HFG will work with the MOH to assess challenges, develop solutions, and build capacity among staff to implement the restructuring.

In addition, the social welfare and development sector in Swaziland is currently under severe strain as a result of increased demand for welfare and development services, especially for the most vulnerable groups such as orphans and disabled persons. HFG will provide organizational development and change management support to the Swaziland Department of Social Welfare (DSW) during its ongoing restructuring process. In addition, the project will work to build the supervisory capacity of DSW senior management and the technical skills of social workers to enhance the DSW's ability to more effectively deliver social services in Swaziland.

Year 1 Progress Against Objectives – HFG received Swaziland funding in August 2013. By the end of HFG Year 1, the project had launched the development of the initial work plan and commenced in-country office and partner scoping. A field trip was conducted by four HFG team members in September to meet with relevant partners and stakeholders to gather information, forge partnerships, and finalize the project work plan. Discussions were held with USAID/Swaziland, MOH, DSW, Ministry of Public Service (MOPS), World Health Organization, and Human Resources Alliance for Africa (HRAA).

Recommended Follow-up Actions – The project will continue to develop its activities and work plans. Logistical issues surrounding the setup of a field office, including registering the project with the local government, hiring staff in Swaziland, and identifying and equipping an office, will be addressed.

Q4 General Update – Since HFG received Swaziland funding in August 2013, all Year 1 progress was achieved during Q4. As noted above, planning is underway with the mission and a final scope of work is being drafted. Although a number of activities have been proposed, a final selection of activities has not been made thus far, as shown in Table 27. HFG will continue working with the mission over the coming quarter to finalize a work plan.

TABLE 27. SWAZILAND ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Strengthen capacity of MOH for HRH implementation of plans, policies, and systems.		
Quick assessment of support needs	Quick assessment of MOH conducted and support needs identified	Next step is to develop implementation plan for this activity
Activity 2: Address workforce shortages through health worker planning, recruitment, retention, and productivity.		
Quick assessment of support needs	Quick assessment of MOH conducted and support needs identified	Next step is to develop implementation plan for this activity
Activity 3: Provide organizational development and change management support to the DSW during the DSW restructuring.		
Quick assessment of support needs	Quick assessment conducted and support needs identified	Next step is to develop implementation plan for this activity
Activity 4: Strengthen supervisory capacity of DSW senior management and technical skills of social workers to enhance the DSW ability to more effectively deliver social services.		
Quick assessment of support needs	Quick assessment conducted and support needs identified	Next step is to develop implementation plan for this activity

5.1.10 Tanzania

Year 1 Objectives – The Tanzania USAID mission is a key donor among a group of development partners who are supporting the Ministry of Health and Social Welfare (MOHSW) to conduct a Mid Term Review (MTR) of the country's Health Sector Strategic Plan III. The mission approached HFG to coordinate the MTR activity in collaboration with an in-country steering committee. HFG will recruit and manage all consultants for the Joint Review Team of the MTR and assist with in-country logistics for data collection and report dissemination. HFG will also lead the health financing section of the report.

Year 1 Progress Against Objectives – During Year 1, HFG carried out nearly all tasks related to this work and related objectives. During Q2, terms of reference for the MTR and for all team members were finalized. HFG successfully managed the contracting of all selected consultants, who were competitively selected by the MTR secretariat and steering committee in Tanzania. The MTR team leader conducted an initial scoping trip in April 2013 to finalize the scope of the assignment, timelines, and logistical requirements. In-country data collection was organized and carried out by the team of consultants in Q4, with preliminary findings presented to the steering committee on August 2nd. The MTR Joint Review Team has produced draft and revised versions of a General MTR Report, specific reports for each technical area (see below), and reports from regional data collection visits. The team lead, Dr. Jaap Koot, presented the report findings to the steering committee and other key stakeholders from the MOHSW on September 27, 2013. Feedback from this presentation will be gathered and incorporated into a final report, to be presented at the Joint Annual Health Sector Review meeting on October 23, 2013.

Recommended Follow-up Actions – The Joint Review Team is currently revising the final draft reports to incorporate feedback and comments from in-country review processes.

Q4 General Update –The MTR activities have been implemented according to plan, despite tight timelines and limited budget. The activity is co-funded by multiple development partners. The MOHSW is closely involved in the activity through its MTR secretariat and HFG communicates/coordinates directly to it as well as to the mission. One significant outstanding issue for this work is the receipt of MOHSW/World Bank funding, which is still outstanding. HFG has been in ongoing contact with relevant parties in attempts to expedite this process.

Apart from this activity, there has not been any other buy-in from the mission.

Additional activity-specific updates are shown in Table 28.

TABLE 28. TANZANIA ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Coordinate the MTR of Health Sector Strategic Plan III.		
Consultant team has been identified and consulting agreements signed	All selected consultants (5 international, 5 Tanzania nationals) were contracted and travelled to Dar es Salaam for the data collection period.	Partial funding for the MTR will come directly to Abt Associates from the World Bank; this contract is still pending.
MTR data collection conducted	Data collection was successful, ran from July 15–August 2, 2013.	Funding for domestic flights and vehicle hire for data collection and future conference-related costs are the responsibility of the MOHSW.
Analysis, report development, stakeholder reviews completed	Completed. The Joint Review Team has received feedback and comments from a range of stakeholders (from in-person presentation of findings by the team leader, as well as electronic dissemination of drafts to reviewers). The MTR team is revising their reports in line with feedback.	
Mid Term Review report completed	Team lead, Dr. Jaap Koot, presented the full general report to the steering committee and key stakeholders from the MOHSW on September 27, 2013. The final round of reviews is scheduled from October 4–11, after which the reports will be finalized.	The Joint Review Team is currently integrating feedback into the final version of the report. The report will then go through a final editing and formatting by HFG.
Report to be presented	The MTR Team Lead is scheduled to present the final MTR findings at the Technical Review Meetings of the Joint Annual Health Sector Review on October 23, 2013.	

5.2 *Asia*

5.2.1 Asia Bureau

Year 1 Objectives – HFG will collaborate with the World Bank Institute (WBI) and its regional partner, Asia Network for Capacity Building in Health Systems Strengthening **(**ANHSS), to jointly plan and prepare a one-week course, The Challenges to Advancing Universal Health Coverage, for government officials, nongovernment leaders, and senior donor-partner agency staff, including USAID. This course will address demand among countries and their partners in the World Bank and USAID, to facilitate country progress toward universal health coverage (UHC). Indonesia, the Philippines, and Vietnam are all currently implementing financing reforms in an effort to move toward UHC. In addition, Malaysia, Burma, and Cambodia are all in various stages of developing reforms. In the context of limited time and resources, countries and USAID missions want to pursue steps that are most likely to succeed and benefit from global experience and evidence.

Year 1 Progress Against Objectives – HFG has been collaborating closely with the WBI and the Institute for Health Policy (IHP), an ANHSS member, to make all logistical and budgetary arrangements regarding course delivery. The IHP subaward is currently awaiting USAID approval. The training course has been set for the week of March 10, 2014, and USAID's Asia Regional Training Center has been reserved. Technical review of course curriculum and materials began in Q3, led by the course director, Winnie Yip, to tailor the course to the Asia region.

Recommended Follow-up Actions – HFG has established monthly conference calls to discuss updates, next steps, and any issues or new requests that arise. Conference call participants include HFG staff, USAID clients, World Bank stakeholders, IHP staff, and the technical consultants.

Q4 General Update –See activity detail in Table 29.

TABLE 29. ASIA BUREAU ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: World Bank's Universal Health Coverage Flagship Course for the Asia Region.		
Identify and contract with local ANHSS organization for course logistical support	• Contact initiated with IHP as subawardee for logistical support; SOW and budget agreed upon. • HFG prepared detailed timeline with roles and responsibilities, and has hosted four large conference calls (WBI, IHP, USAID) to track progress.	Next steps: • October call with full team to update on logistics • IHP subaward with USAID for approval
Support course curricula adaptation as necessary	• Lead technical consultant (Dr. Winnie Yip) contracted and will act as course director • Bill Hsiao and Marc Roberts have been confirmed as faculty members. • Technical review of course curriculum and materials began in Q3, led by Winnie Yip.	• HFG in discussions with faculty members to finalize contracts

Develop precourse "drumroll" events	HFG and USAID have discussed the potential development of course "drumroll" events leading up to course, but budget availability remains unclear at this time.	

5.2.2 Bangladesh

Year 1 Objectives – HFG and the USAID mission have agreed on each activity's funding level and strategic approach and on concentrating program activities in the following three areas related to improving access to health services and improving health outcomes, particularly for girls and young women: (1) provide economic and policy analysis supporting the new USAID nongovernmental organization (NGO) Health Services Delivery Project (NHSDP) being implemented by Pathfinder; (2) collaborate with the United Nations International Children's Fund (UNICEF) to pilot an approach, consistent with UNICEF's monitoring and evaluation (M&E) framework, for monitoring progress of its conditional cash transfers and adolescent stipend activities, which aim to encourage girls and young women to delay marriage and family formation; and (3) provide technical, analytical, and logistical support to the Health Care Financing Resource Task Force (HCFRTF) and to the Ministry of Health and Family Welfare (MOHFW) Health Economics Unit (HEU).

Year 1 Progress Against Objectives – HFG provided focused technical analytical support aimed at enhancing and complementing the primary activities of the NHSDP. An assessment of the price elasticity of demand for health care services of the Smiling Sun Franchise program was finalized and sent to USAID and the NHSDP. This assessment explored the impact on demand/utilization of the price rise during the previous project. The second analysis involved a review of existing data from MEASURE's recent impact evaluation of the Smiling Sun NGO network to assess demographic characteristics of people who access different types of service providers. This analysis also provides a partial look at factors that may influence demand. A preliminary analysis has been drafted and is awaiting feedback from Pathfinder on the methodology and overall analytical approach necessary to finalize the report. The final analysis will be completed early in Q1 of Year 2. As part of the third analysis, HFG will carry out a discrete choice study to assess the relative importance of a set of variables, factors, or domains in determining how people decide where to seek health care services.

Working with UNICEF on developing a monitoring approach for a conditional cash transfer program, HFG facilitated a national-level workshop to finalize the Level 3 (L3) monitoring framework and approach, and develop a research protocol to guide implementation and testing of the approach in field sites. Monitoring tools were developed and tested and the monitoring approach was piloted in two sites: Khulna and Sylhet zones. HFG support for the pilot included training and data collection materials prepared by HFG, support to training activities, pretesting instruments, and data collection in the field. HFG analyzed the qualitative data and portions of the household questionnaire data related to social norms. A local firm analyzed the remainder of the household questionnaire data. A report was developed that (1) summarized the M&E methodology that was tested, reflected on field implementation, and made recommendations for strengthening the approach in future iterations, and (2) synthesized findings related to UNICEF interventions, based on the data analysis mentioned above. The report was shared with UNICEF in early September 2013 and HFG is currently expecting inputs.

Collaborating with the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), HFG drafted a community-based health insurance (CBHI) survey instrument and manual. HFG contributed to the drafting of the Health Care Financing Strategy, building on the HFG-drafted health care financing action plan.

Recommended Follow-up Actions – HFG will work with UNICEF during Year 2 Q1 to finalize the report and discuss avenues for dissemination within UNICEF, with USAID Dhaka, and with other actors, as applicable. HFG is awaiting feedback from NHSDP on the initial demographic analysis before finalization of the report can occur.

Q4 General Update – Preliminary discussions with the mission for possible Year 2 scope of uncommitted funding have been initiated during September 2013 TDY. Additional activity-specific updates are shown in Table 30.

TABLE 30. BANGLADESH ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Technical support for the NGO health services delivery project.		
Conduct reanalysis of data from the impact evaluation of the Smiling Sun NGO network	Data with more detailed variables received and prelimnary analysis started	Communications with NHSDP started, and comments on initial analysis expected before finalization can occur.
Conduct discrete choice study	Five-year subaward agreement package with regional partner James P. Grant School of Public Health at BRAC University (JPGSPH-BRAC) was approved by USAID. Year 1 work order, including implementation plan, was agreed upon with JPGPSH-BRAC. Internal Review Board (IRB) approval process received from Abt Associates; currently being requested from local IRB.	Discrete choice study will be completed in Year 2 of the project as agreed upon by the mission.
Activity 2: M&E assistance to an adolescent empowerment program using conditional cash transfer program to raise age of marriage.		
Complete analysis of the qualitative data and the household questionnaire	HFG analyzed the qualitative data and parts of the household questionnaire (i.e., social norms data). A local firm analyzed the remainder of the household questionnaire data. A report was developed to contain 1) summary of the M&E methodology used and reflections on the field implementations and future iterations, and 2) synthesis of findings related to UNICEF interventions, based on the data analysis mentioned above.	
Finalize report with UNICEF inputs	The report was shared with UNICEF in early September 2013 and HFG is currently expecting inputs. The revisions to the report and final edits will be completed by the end of October 2013.	HFG will work with UNICEF during Year 2 Q1 to finalize the report and discuss avenues for dissemination within UNICEF, with USAID Bangladesh, and with other actors, as applicable.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 3: Health care financing strategy implementation support.		
Provide support to HCFRTF and HEU. Undertake agreed-upon analytical and technical support related to the new health financing strategy.	An investment plan was drafted by WHO consultant with HFG contribution.	Implementation of the Health Care Financing Strategy is ongoing. Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and Universtity of Dhaka are also doing CBHI inventory/ assessment, need to coordinate to avoid duplication. WHO consultant drafted a health finance law. Progress will be slow until new governement is in place.

5.2.3 India

Year 1 Objectives – HFG will build national ownership of National Health Accounts (NHA), with a national plan for conducting India's third round of NHA and with the help of a team of trainers. These trainers will be able to train and support state teams in collecting and analyzing health financing and expenditure data to support decision-making and the health planning processes, with the aim of reducing inequalities and improving health conditions among women, poor, and young populations. HFG will strengthen the country's capacity for managing the health work force, including by developing a functional and country-owned Human Resources Management Learning Exchange. In addition, HFG will conduct a reliable assessment of health information systems (HIS) data quality and provide a synthesis of the current state of HIS in the country, with a roadmap for key priorities to strengthen the health system. A work plan will be developed to address facility-level and lower level constraints to complete and reliable reporting and will ensure that timely, reliable, and complete health data are available at the HIS portal to support program managers in planning and decision-making. Another objective is a country-owned partnership for health system research that improves research quality and engages in policy dialogue and discussions with decision makers.

Year 1 Progress Against Objectives –

HFG provided the following in Year 1:

- HFG opened an office in India and three key local staff were hired to begin working in Q3 and Q4. These staff included a senior advisor on HIS, finance advisor, and human resources for health (HRH) advisor.
- The HFG operations office includes administrative staff as well as full technical support from HFG headquarters (HQ), where alternative approaches for project management and Chief of Party (COP) are being discussed.
- Following submission of a revised work plan, including gender-specific activities and the performance monitoring plan, the HFG team worked with the mission to obtain final approval in Q4 and to identify local partners. Implementation plans remain in process with the addition of activities to support the government of Haryana.

- Work is underway in individual activities, with technical advisors from HQ working closely with field staff. The draft report on the landscape of HIS has been submitted.
- In fall 2013, the HFG team attended a meeting with USAID partners in Chandigarh and in the State of Haryana to begin conversations on providing technical assistance in the areas of health financing, information systems, and HRH.
- HFG, under the Data for Decision Making component, supported the Ministry of Health and Family Welfare (MOHFW) with the Reproductive and Child Health register by designing and customizing the register for printing. Once this activity is completed, HFG will help with cascading training.

Recommended Follow-up Actions –

Travel to India has been approved for October and November for three members of the HQ technical team, with approval pending for a fourth member. The objectives of this travel will be to support the activities being implemented by field office staff, clarify project roles and working relationships, answer questions, and build relationships with field office staff and local contacts.

The team is working to adapt the proposed activities to the State of Haryana, one of the six priority states in India where USAID is focusing its technical assistance. Updates of the work plan and activity concept notes based on the changes and feedback received from USAID are described below under the Q4 General Update.

Q4 General Update – In Q4, the HFG team worked with the mission to continue refining its work plan, which was approved earlier in Q4, and began work with newly hired field staff in its site office. Following the departure of the previous HIS senior technical advisor in Q4, HFG has successfully worked with a local search firm to fill this position. Although HFG has also worked with this firm to identify a project lead, this position has remained difficult to recruit because of the appropriate level of managerial experience and specialization in HFG key technical areas needed.

Following feedback from the USAID mission after a visit to Chandigarh, HFG redirected its focus from the national level to Haryana state. This shift will require an adjustment in the work plan activities in the areas of HRH, HIS, and health financing to meet the specific needs of the priority states requesting technical assistance. A gap analysis meeting in September also led to additional collaboration with the National Rural Health Mission of Haryana state in the area of HIS, and continued collaboration is anticipated.

At the request of the USAID mission, the field office has been working with a local consultant to reformat the Reproductive Child Health register used by the Indian Ministry of Health (MOH). Field staff are continuing to work with the consultant, the MOH, and USAID to complete this work.

Additional activity-specific updates are shown in Table 31.

TABLE 31. INDIA ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: NHA.		
Obtain MOHFW and other stakeholder buy-in and support	• Ongoing work plan finalization with the mission.	Based on initial visit to Haryana and interest of the state to undertake the state-level health account exercise, as well as its institutionalization, discussion is ongoing to shift the scope of the NHA activity to focus on state level and use the process and products from the state-level application to inform furture institutionalization efforts at the national level.
Assess NHA production and use in India to date	• Landscape of NHA production and use in process. Completed a prelimenary review and analyses of past NHA exrecises. • Provided analytical inputs to proposed areas to revise in the National Sample Survey Organization's household survey to enable generation of information for NHA and other resource-tracking exercises	
Produce briefs to support stakeholder engagement	Awaiting activity scope finalization	
Organize NHA introductory meeting with key stakeholders (with initial key discussions of what it takes for its institutionalization)	Awaiting activity scope finalization	
Activity 2: Assessment of financing mechanisms targeting Maternal, Newborn and Child Health (MNCH).		
Identify MOHFW counterpart	Ongoing work plan finalization with the Mission.	Initial background work has begun, with a draft concept note completed, and currently under review before submission to the USAID mission.
Finalize scope of work for assessment	Awaiting activity scope finalization	
Activity 3: HRH landscape analysis		
Develop and finalize an Assessment Protocol, including field testing of data collection tools, etc.	The concept note has been drafted and is currently under review and discussion by the HFG HQ and field team.	HRH activities have shifted focus to Haryana state following feedback from the USAID mission. The work plan will be updated as needed.
Hire data collectors and report writer/editor	Work will commence following finalization of the Assessment Protocol.	
Conduct fieldwork in the six USAID states to identify key focus areas for HFG's HRH activities	Work will commence following finalization of the Assessment Protocol.	
Conduct desk review	Work will commence following	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	finalization of the Assessment Protocol.	
Activity 4: Support a human resources learning exchange for health managers, administrators, and policymakers.		
Engage with MOHFW staff responsible for health resource management to plan joint learning network activities	Continual discussions to define the detail of the activity are under way	
Develop scope of work for HRH areas regarding literature review, synthesis, identification of tools and related assistance materials, and reporting process	Work is continuing in tandem with progress on activity 3.	
Develop scope of work for organizing and managing content materials on website	Dependent on milestone above	
Develop scope of work for state-level advocacy workshops	Dependent on milestone above	
Activity 5: Provide support to the MOH to identify, analyze, and operationalize key HRH reform.		
Develop scopes of work in two to three technical assistance areas as determined by USAID and MOH	Continual discussions to define the detail of the activity are under way	
Develop Terms of Reference (TOR) for HRH advisor's role and responsibilities in executing technical assistance activities	Dependent on milestone above	
Review of documents and informational interviews on technical assistance related to task shifting provided to USAID partner organizations to incorporate into policy review	Dependent on milestone above	
Complete policy review and field research in support of the new cadre	Dependent on milestone above	
Activity 6: Synthesize existing Health Management Information Systems (HMIS) assessments to inform design and implementation of technical assistance for strengthening HMIS.		
Develop scope of work for HMIS synthesis study.	Completed – this scope of work may be further expanded once discussions with MOHFW are initiated.	Further implementation pending full approval of work plan and identification of key local partner in coordination with the mission. First HIS technical advisor hired in India office departed to take fellowship externally. New HIS technical advisor was identified and hired.
Draft HMIS synthesis study	HIS technical advisor in India Initiated document review ,	

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
report.	developed outline, completed initial synthesis draft report.	
Share HMIS synthesis report findings and identify priority areas for improvement	Dependent on milestone above	
Activity 7: Assess and develop capacity building plan to improve HMIS data quality and data use.		
Identify data quality assessment (DQA) training teams	New HIS technical advisor hired in Q4. The activity was approved by the USAID mission in Q4.	Further work is required on the scope of work before submission to the mission.
Activity 8: Support agenda setting and capacity building for health systems research.		
Complete literature review	Draft scope of work was completed and will be forwarded to the mission pending review	
Activity 9: Assessment of financial barriers for accessing TB care.		
Activity pending approval	Draft scope of work has been completed with the study protocol currently under discussion and review	Work and discussion on the study protocol are currently in progress with input being solicited from key stakeholders.
Identify MOHFW counterpart	Dependent on milestone above	
Finalize SOW for assessment	Depependent on milestone above	

Note: MNCH=maternal, neonatal, and child health, HRM=human resource management

5.3 *Eastern Europe and Eurasia*

5.3.1 Eastern Europe and Eurasia Bureau

Year 1 Objectives – The Bureau has not provided direction yet.

Year 1 Progress Against Objectives – Objectives have not been established.

Recommended Follow-up Actions – There are none at this time.

Q4 General Update – No discussions or direction have occurred.

TABLE 32. EASTERN EUROPE & EURASIA REGIONAL BUREAU ACTIVITY DETAIL

Activity Name	Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activities not defined.			

5.3.2 Ukraine

Year 1 Objectives – HFG in Ukraine will work closely with country counterparts to test new ways of managing and financing basic HIV services that are fully aligned with the government's current health reforms. The piloted activities will include HIV testing and counseling, as well as basic HIV care, through their integration into the primary health care in selected towns and districts in Chernigiv Oblast.

Given the current reforms in Ukraine aimed to improve health services, the purpose of this work is to explore the following questions:

- What are the costs and benefits of providing integrated HIV testing and treatment at primary health care centers, as compared to the current vertical model of provision based on specialized trust/AIDS centers?
- What are the impacts of the integrated HIV care model on HIV testing rates, counseling uptake, and timely AIDS treatment?

Year 1 Progress Against Objectives – Funds for work in Ukraine were approved in Q3, and work planning commenced in earnest during that quarter. HFG is moving quickly and on pace with its targets, as described below according to the four activities of the work plan.

1. **Develop a model for managing and delivering integrated HIV/AIDS services at primary health care clinics.** This activity was the main focus of Year 1 as the project laid the groundwork for implementation. HFG Ukraine worked with local stakeholders to establish locations within the Oblast for the pilot, and to develop the governance and supervision structure and model for service delivery of HIV/AIDS counseling, testing (including rapid testing), and ongoing non-specialized care at the primary health care (PHC) level. These structures were based on a situational analysis of the management structures, supervision, terms of references of entities involved in HIV/AIDS counseling, and service delivery. HFG Ukraine facilitated partnerships among Chernigiv Oblast, the national-level State Services for HIV/AIDS, TB and Other Socially Dangerous Diseases (a.k.a. "the State Service"), and the Clinton Health Access Initiative (CHAI) (which is advising on supervision protocols). A memorandum of understanding (MOU) outlining the roles and responsibilities of HFG Ukraine, the Chernigiv

Health Administration, and State Services was signed by all parties at the end of Year 1. The project steering committee membership has been determined and the first meeting is anticipated to be held in Q1 of Year 2.

2. **Develop institutional and human resources capacity for providing HIV/AIDS services at PHC facilities.** HFG Ukraine accomplished all of its Year 1 objectives for this activity by reviewing curricula and the training providers' competency in training PHC physicians and nurses to acquire the skills needed for the service delivery model; by remaining in close consultation with stakeholders, local experts, and the National Medical Academy for Postgraduate Education (NMAPE), and by adapting the current curriculum for PHC physicians. Nurse training will be provided using materials already developed and tested by CHAI, and training of the first tranche of nurses will be funded by CHAI as well. The project has secured verbal agreement from CHAI and Alliance Ukraine for supplies of test kits and other materials to support the training and actual administration of testing at PHC facilities, and the written agreements are expected to be signed early in Year 2. Supervision protocols were developed and agreed upon at the end of Year 1 and the internationally accepted algorithm for administering rapid tests at the PHC level will be used in the pilot activity.
3. **Propose health financing framework for the integration of HIV/AIDS services into PHC.** HFG Ukraine conducted an initial situational analysis in May 2013, which included an audit and interviews of the health financing framework stakeholders and opportunities for optimization, to access incentive payments and to redirect funding flows. This analysis and the accompanying recommendations for improving the flow of funding in support of optimal financing for the HIV/AIDS response at the Oblast level will be completed in Year 2 per the work plan. A draft situational analysis for incentives for PHC has been produced for internal review and will be shared with counterparts in Q1 of Year 2.
4. **Provide an economic evaluation of an innovative model of integrated HIV/PHC services.** In Year 1, HFG Ukraine developed the sampling frame and initiated the study design for the cost-effectiveness study. The data collection will begin in Q2of Year 2, at the point when the first facilities will begin offering HIV services.

Recommended Follow-up Actions – HFG will continue working with NMAPE in Ukraine to develop and obtain accreditation for continuing medical education credits for the training program and curriculum for family doctors and nurses to provide HIV services. HFG will support the organization of this training for doctors and nurses. Agreements between the Chernigiv Oblast Administration and the Clinton Foundation, as well as between Chernigiv Oblast Administration and Alliance Ukraine, regarding the provision of HIV rapid test kits and other supplies have been drafted and will be signed early in Year 2. Analyses on financing flows, including the use of incentives, will be finalized and reports submitted to counterparts early in Year 2. Work on developing the cost-effectiveness study will progress, and steps will be taken to obtain approval from and compliance with necessary Ukraine and Abt-based Internal Review Board procedures.

Q4 General Update – In Q4, the project recruited and hired three additional consultants – a logistical coordinator and a clinical supervision specialist based in Chernigiv Oblast and an infectologist and professor – to assist in the adaptation of NMAPE curriculum to create a two-week course for PHC physicians in HIV/AIDS counseling, testing, and non-specialized care. Two field trips were conducted in Q4 by Dr. Peter Cowley: the first trip to solidify partnerships with local stakeholders in support of the development of the model, and the second trip to review and develop training material and the supervision protocol and to sign the project MOU with local stakeholders (a necessary step for project registration and some operations).

Additional activity-specific updates are shown in Table 33.

TABLE 33. UKRAINE ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Develop a model for managing and delivering integrated HIV services at primary health care clinics.		
Discuss situational analyses on management structures, supervision, Terms of Reference (TOR), and the use of incentives	Ongoing – During the May trip, the team discussed the feasibility of including incentives in the program, and it was determined this would not be possible at this time. HFG received preliminary agreement from the head of the Chernigiv Health Administration to put trust offices under the managerial and financial control of the AIDS center.	To be finalized early in Year 2.
Select districts	Three districts and the city of Chernigiv were selected to take part in the pilot.	
Consult with stakeholders on roles for MOU and TOR	Ongoing for TOR; MOU draft completed.	
Develop first draft of MOU	Draft MOU was developed and reviewed by all signatories and other relevant stakeholders (i.e., USAID/Ukraine).	
Fully execute the MOU	MOU finalized in both English and Ukrainian and approved by local authorities and USAID/Ukraine.	Signing will take place in a ceremony on October 1, 2013.
Conduct first meeting of the steering committee and initiate the pilot		First meeting to be held in Q1 of Year 2.
Provide ongoing support for steering committee	Composition of the steering committee agreed with stakeholders.	HFG will assist with organizing meetings, including setting agendas, facilitating, assisting members with updates, and producing meetings.
Provide written documentation of pilot project design, management, and scale-up		This is a Year 2/3 activity.
Activity 2: Develop institutional and human resources capacity for providing HIV/AIDS services at PHC facilities.		
Gather current curricula and discuss partnerships with training institutions	This milestone was achieved in Q4. The project is adapting the currently available CME training materials on HIV testing and care for family practitioners and nurses at NMAPE. HFG Ukraine is partnering with NMAPE to accredit the courses and offer the trainings to physicians. CHAI will provide training to the first batch of nurses and, after the inaugural training, CHAI will provide the training materials for HFG Ukraine to deliver.	NAPME is managing the accreditation process for the training materials, which should be completed by October 18, 2013. The training of trainers and first trainings of physicians is scheduled for November.
Adapt current training materials for family practitioners	Ongoing –Training materials have been collected and reviewed from CHAI and National Academy curricula. CHAI training materials for nurses will be	Materials for physicians will be finalized by October 18, 2013.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	used by the project, and the current two-week course at NAPME for infectologists is being adapted for family medicine physicians.	
Develop algorithm for PHC service provision	This was achieved. The internationally accepted algorithm for rapid testing will be used by this project, as will best practices in counseling and non-specialized care.	
Develop supervision protocols	This milestone was achieved in Q4.	
Activity 3: Propose health financing framework for the integration of HIV services into PHC.		
Conduct audit and interviews about current health reform financial and management optimizing practices that could be used in Chernigiv Oblast.	Ongoing – Local consultant is reviewing documents and speaking with local counterparts.	
Finalize options for funding flows with recommendations, including discussing benefits and challenges to using Social Order Grants to fund HIV/AIDS prevention, outreach, and supportive services	Year 2 milestone	
Draft situational analysis for incentives for PHC	A draft outline of the Situational Analysis of Health Reform Incentive Schemes has been produced.	To be finalized in Year 2.
Provide ongoing technical assistance to identify, with the steering committee, new funding opportunities and analyze the feasibility of the options.	Ongoing	
Activity 4: Economic evaluation of an innovative model of integrated HIV/PHC services.		
Develop sampling frame and begin study design for cost-effectiveness study.	The team has completed a preliminary concept note for the design of the study using cost, utilization, access, and output data from AIDS centers, trust offices, and PHC clinics.	.
Provide data collection of costs, utilization, access, and output data		To begin in January 2013, according to the new study protocol.

5.4 *Latin America and Caribbean*

5.4.1 Bolivia

Year 1 Objectives – HFG's objectives are to support USAID/Bolivia's goals of expanding health care coverage, eliminating social exclusion in health, increasing healthy life years, and promoting a population that is participatory and responsible for their health. HFG proposed the following illustrative activities:

1. Develop a roadmap to lay the foundation to achieve universal health coverage
2. Develop a resource mobilization strategy and financing scenarios to increase public funds for the health sector
3. Estimate the average cost to provide PHC services in the municipalities
4. Improve the provision of essential drugs in hospitals and municipalities
5. Produce short-term technical assistance from high-level experts on health.

Year 1 Progress Against Objectives – The HFG team submitted a revised work plan with proposed activities to the mission in late January. A trip was agreed upon by the mission for Q3 (mid May to early June 2013) to allow for further discussions and more concrete planning for HFG technical assistance that could be accomplished in the intermediate term. The USAID program in Bolivia was cancelled in Q3. All HFG Bolivia activities/plans were cancelled.

Recommended Follow-up Actions – N/A

Q4 General Update – No discussions or direction have occurred.

TABLE 34. BOLIVIA ACTIVITY DETAIL

Activity Name	Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Program cancelled.			

5.4.2 Haiti

Year 1 Objectives – At the start of HFG, USAID Haiti requested that the HFG project work closely with the Haitian MSPP *(Ministère de la Santé Publique et de la Population*) with the objective of strengthening the ministry's capacities in human resources for health (HRH) management and in health financing, enabling it to carry out its role as an effective steward of the health sector. In response, HFG developed a country strategy of eight activities to address the mission's request. In order to execute this strategy HFG planned to work directly with five MSPP units – Unité d'Appui à la Décentralisation Sanitaire (UADS) (decentralization unit), Unité de Programmation et d'Evaluation (UPE) (planning and evaluation unit), Direction de l'Adminstration et du Budget (DAB) (budget and administration directorate), Direction des Ressources Humaines (DRH) (human resources directorate,) and Direction et de Formation et Perfectionnement de Sciences de la Santé (DFPSS) (training) – and.– on institutional and technical capacity building as well as technical implementation support. During .Year 1 .of the HFG project the UPE was focused on developing MSPP's '*plan directeur*' or operation plan for 2012–2022. Therefore it was anticipated that in Year 1 HFG would focus on institutional capacity building and on the development of processes and plans that would help staff in each of the five units to implement the

specific unit-related strategies of the operational plan as it becomes available and operable. In addition to the main operational plan, it was envisaged that HFG would support each of the target units in the planning and institutional capacity development for their own specific unit objectives.

For the UADS, HFG's objectives included helping this unit to identify its own role, as its role has changed in recent times, and to identify the skills UADS needs as well as to strengthen its link to other technical units within MSPP. With the UPE, HFG's main areas of support were the completion of the ongoing National Health Accounts (NHA) and the startup of the next NHA, operational planning and budgeting support, as well as the development of a health financing policy. With regards to the DAB, HFG's activities focused on the objective of increasing the DAB's ability to submit timely, evidence-based budgets.

With the DRH, HFG's objectives were to support the planning and implementation of its HRH strategy with focus on specific priorities. Working with the DFPSS, HFG's main activity for the year focused on providing support for the development and implementation of an accreditation process for Haiti's nursing schools. In addition to these specific activity objectives, HFG planned to work on institutional capacity building across all five of its focal units and was asked to provide three senior advisors to be embedded within the MSPP.

Year 1 Progress Against Objectives – The Year 1 work plan for the project was developed using the Partnership Framework Implementation Plan (PFIP) agreement between the U.S. Government and the Haitian Government as well as the priorities that USAID Haiti had identified for HFG. This project's country strategy was approved by the minster and presented to the directors of the five units as per the protocol given to the project by USAID. However, since that approval, there has been mixed feedback from each of the five units who were understandably keen to have their own unit's priorities addressed rather than those identified in the PFIP, particularly in cases where there is no overlap. For example, although the minister requested a senior public financial management (PFM) advisor be hired, after discussions with the DAB itself, HFG discovered that the DAB did not wish to have such an advisor but would rather have a more administrative-focused 'chief of staff' who could improve the unit's processes, along with some additional mid-level support staff who have specific accounting skills. Similarly, the DRH expressed a preference for a mid-level advisor (now hired) with experience in HRH management rather than the original senior advisor requested by the ministry. In other technical areas, there appears to be more overlap between the PFIP and the unit priorities. For example, the NHA activity is a priority for the UPE and this activity has made good progress while the health financing strategy activity, for which a senior health financing advisor was requested and hired rapidly, has moved more slowly, and this is most likely because the activity has been less of a priority for the UPE. Similarly, the activity around strengthening the *Programme d'Investissements Publics* (PIP) did not move forward in Year 1 with the UPE, who did not request HFG's support on this issue directly. This difference in priorities will be discussed between USAID and MSPP during Year 2 work planning.

The HFG site office team has therefore focused on engaging MSPP at the unit level to identify its priorities and to build support for a jointly agreed-upon set of activities. This engagement began in earnest in June (Year 1 Q3) when the site office was staffed. Setting up the site office took time since Abt Associates has not previously had a site office in Haiti, and the set-up was challenging, given the country's weak infrastructure.

Nonetheless, with the site office in place, progress has been made in all the proposed activities, albeit at a varying pace across the program. The capacity assessments of all the units that HFG is working with (UPE, DAB, DRH, DFPSS, and UADS) have been completed and submitted to the directors of these units and the USAID mission. The 2010/2011 NHA report has also been completed and submitted.

HFG was able to quickly engage the UADS to develop more clarity around it functions and roles. In fact, at a national retreat, UADS was the only unit able to present its own vision and values and articulate its

role (developed with the support of HFG) to the entire ministry and minister. Other units, including the DRH, are now working on a similar approach. After a rapid engagement with the UPE, a difference in priorities between the HFG work plan and the UPE priorities' has meant that while some activities such as support to the NHA and operational planning have progressed well, the health financing strategy development was slower to launch; however, this activity is due to complete its first milestone (completion of a situational analysis) in Year 2 Q1.

Engagement of the DAB did not occur until Q3 at the unit's own request due to the need to focus on the annual budget. Following the budget submission, however, the DAB has been fully engaged with HFG in terms of institutional capacity building, alignment/planning of HFG activities, and the identification of the support that it needs. An assessment to identify issues with the processing of finance requests was designed and carried out in collaboration with the DAB's director. HFG used the assessment results to guide its follow-on activities, which included the development of a unified identification and filing system for requests and specific support to assist the DAB in training other units that are submitting requests so that they better understand the finance request package DAB needs and, as a result, help DAB improve its processes.

Activity planning and therefore implementation with the DRH has been slower than anticipated due to the DRH's desire to have an HFG person embedded. It took longer than anticipated to finalize a mutually agreed-upon scope for an advisor, but the outcome was positive because the candidate hired is appropriate for the tasks that the DRH believes to be a priority. HFG has been working in coordination with the Canadian International Development Agency (CIDA), as instructed by MSPP, to determine specific priorities, and although this process has been slow, the DRH has praised HFG for its collaboration with the DRH and CIDA. Institutional capacity building within the DRH has progressed, as staff have overcome their initial skepticism and have been more engaged and willing to discuss and address management and leadership issues that the unit has experienced.

Although technical progress in HFG's work with the DFPSS appears to be slow, it is will come to fruition in Q4. The main focus has been the building of a learning relationship with the Canadian Association of Schools of Nursing (CASN) who will be supporting the development of the nursing school accreditation process with DFPSS. This has required a major logistical effort, but in Year 1 Q4, the first exchange visit between the CASN group and MSPP has been successful, with the Canadian team working with the DFPSS in Port-au-Prince on planning the accreditation process and the study tour itself. The study tour's second exchange visit will occur late in Year 2 Q1 when the Haitian team visits Canada. Shortly after this second visit a draft accreditation process should be available.

Recommended Follow-up Actions – In response to the lessons learned in Year 1, HFG's Year 2 activities have been developed in much closer coordination with each of the five focal units of MSPP. The draft plans have been presented to the director general of the ministry with USAID Haiti present. In general, these activities closely follow the country strategy envisaged in Year 2. Four of the five units are satisfied with the proposed plans; however, the UPE has requested further refining. In general, the ministry and the units would prefer to see less capacity building and more implementation support by HFG at a national level, and this will be reflected in the Year 2 work plan when HFG has a clear idea of its Year 2 budget and capacity.

Q4 General Update – The site office officially opened on June 1, 2013, and all four HFG staff members are currently working in the office, including the chief of party and the finance and administration director. Additional staffing needs will be identified as activities continue to scale up. The health financing advisor is currently working with the UPE and the capacity building advisor is working with all five units. An HRH advisor has been hired by HFG and has been approved by the DRH and the minister. It is anticipated that the advisor will arrive in-country to begin work the week of October 15, 2013. Terms of reference for the remaining advisors in the DAB have been developed and approved by

the DAB and the minister's chief of staff. It is anticipated that these positions will be filled by local candidates shortly.

At the end of July a team retreat was held in Port-au-Prince with HFG Haiti team members from Bethesda present. The objective of the retreat was to lay out a clear pathway to handing over technical responsibility for HFG's activities over to the site office and to identify clear communication pathways that align with the this handover. These objectives were achieved and are reflected in the fact that regularly scheduled meetings with clients have been initiated, the chief of party has taken control of all communication with MSPP and USAID Haiti, and communication no longer occurs between HFG Bethesda and any Haiti counterparts.

Additional activity-specific updates are shown in Table 35.

TABLE 35. HAITI ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Supporting PNS target setting with a needs and outcomes analysis.		
Conduct skills building with UPE/data needs identification	In June UPE had agreed with HFG on a template for the costing and target-setting activity. The template would have been used to estimate the cost to operationalize the plan of MSPP activities for the next three years, linked with the Plan Directeur's domains, subdomains, and interventions. The HFG costing and target-setting team was scheduled to travel in early September to discuss with UPE the broad parameters of the costing and target-setting exercise. However, in August, the UPE produced costing and target-setting templates for the Health Departments and Central Departments that were very different from what was agreed in June, and the work scheduled for September had to be postponed.	HFG is working with the UPE to find a methodology to produce meaningful costing and target setting to be implemented in the near future.
Engage stakeholders (data collection and prioritization)	Because of issues identified above, this milestone will have to be postponed to Year 2.	See above.
Develop report of current parameters and target ranges	Because of issues identified above, this milestone will have to be postponed to Year 2, depending on achievements of previous milestones.	See above.
Activity 2: Health financing strategy (HFS) development and resource mobilization capacity building.		
Reengage UPE in health financing strategy development activity	Support received from UPE Deputy Director Jean Patrick Alfred for HFS activity and to initiate work with UPE colleagues on development of health financing strategy	

Identify team to serve on the health financing strategy activity	• UPE chose members within its organization to work on the HFS activity and included the steps involved in drafting the health financing strategy document.
	• These staff include the following:
	  ◦ Claude Padovany
	  ◦ Jean Yonel Antoine
		• Initial focal point Julio Désormeaux could not continue due to other responsibilities, but he remains involved.
		• Current focal points are Claude Padovany and Jean Yonel Antoine.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	• Julio Désormeaux • Jean Germane Exumé • R. Christina Daurisca	
Hold weekly meeting with health financing advisor	UPE-selected team has met with Health Financing Advisor Daouda Mbengue on a weekly basis since August to discuss progress and next steps.	
Develop interview guides	Interview guides to elicit information for the situation analysis from the following organizations were drafted and reviewed: • Dash • Insurance company AIC • Office Nationale d'Assurance Maladie et du Travail (OFATMA) • Ministères des affaires sociales (MAST) • Ministry of Finance • Ministry of Social Affairs • MFCE	Interviews have been taking place throughout the months of August and September and continue through October.
Draft situation analysis outline	An outline for the situation analysis was developed. Sections include the following: • Literature and Report Review • Population and Demographics • Health Sector • Health Financing	Feedback about the outline was solicited from key stakeholders and others with experience working in Haiti's health sector. Sections will be added or amended based on comments received.
Initiate situation analysis development	Three sections of the situation analysis have been drafted: Population and Demographics, Health Sector, and the Resource Mobilization section within Health Financing.	• Information about remaining sections continues to be collected and sections drafted. • A working session that includes the health financing advisor and UPE staff team involved in the activity will take place from October 2-4. The objectives of the meeting will be to finalize the outline, develop necessary content, identify where gaps occur, and identify strategies to fill those gaps.
Conduct MSPP capacity building and draft strategy development	• Finalized Terms of Reference (TOR) for local consultant to assist UPE in restructuring. • HFG UPE capacity-building consultant traveled to Haiti to assist in the planning of the consultancy. He met with local consultant to provide him with background on HFG capacity-building activities to date with UPE; discussed local Organizational Development (OD) consultant's approach, assessment tools, and strategy for assessing the functions and structure of the UPE; and determined process of communication and coordination.	• Review consultant's detailed work plan and provide comments. • Review consultant's deliverables and provide comments.

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 3: Strengthening PFM/budget preparation and execution.		
Evaluate current PFM priority areas	This milestone was completed in Q4. Owing to the improvement of the availabity of DAB management, the HFG team was able to complete the evaluation through key meetings and interviews that led to the finaliztion of a plan of action.	
Develop a plan for addressing the PFM priority areas	Following the successful evaluation of priority areas in this quarter, the HFG team was able to draft and get approved a work plan of PFM activities for the next two years of cooperation with DAB.	• The plan relies on the presence of two key advisors, the Comptable Delegue and a specialist in Administration and Finance. • Scopes for these advisors have been approved by the minster's cabinet and the DAB and recruitment adverts have been posted.
Assess health expenditures	• This milestone has been started but with substantial modification with respect to the initial thinking. • An initial assessment has been implemented in the form of an operational review of the flow of requests for payment that go throught the various offices at the DAB, including an evaluation of the conformity of the current process to the relevant procedures and steps mandated by the Ministry of Finance in Haiti.	There were several internal process issues at the DAB that affected the progress of this milestone and the results of the review. The issues encountered, however, formed a solid base for the actions and improvements recommended for the future and included in the HFG Year 2 work plan in consensus with DAB management.
Conduct institutional capacity building	Conducted two-day workshop in July focused on team building and supervision for 18 staff of the four services of the DAB, primarily supervisory staff. At DAB's request, the same workshop was repeated for 11 DAB staff in September. HFG also mapped out a program of capacity building through January.	DAB capacity-building activities planned for December (operational planning and time management) and January (leadership and management training).
Activity 4: Resource tracking / NHA.		
Support the Ministry of Health's NHA dissemination workshop	• HFG helped to finalize the 2010-11 NHA report, prepare the NHA presentation, and produce NHA flyers for the dissemination workshop • Dissemination workshop held on August 2, 2013, attended by over 100 participants. 2010-11 NHA results were presented and the 2011-12 NHA process was officially launched	Final NHA report printed and disseminated
Prepare materials for primary data collection	• NHA work plan, particularly for data collection phase, has been prepared, with roles, responsibilities, and deadlines assigned • NHA codes have been customized to the Haitian context • Surveys for nongovernmental organizations (NGOs)	• Finalize and validate NGO and donor surveys • Finalize and sign MSPP letter to NGOs and donors to explain the NHA process and the need for data

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	and donors were drafted • Discussions with the ministry's website developer took place to assess how to operationalize NGO data collection via the MSPP website	• Send surveys to all NGOs and donors who incurred expenditures in the health sector in FY 2011-12
Prepare secondary data collection	• Government data for 2011-12 have been collected • HFG worked with the MSPP to develop the list of remaining secondary data to be collected and potential sources • Letter from MSPP to Ministère de L'économie et des Finances (MEF) has been sent, to permit MEF to release any necessary data	• Contact with the Ministry of Finance (Direction Générale du Budget and Direction Général des Impôts) has been made • MSPP to set up a meeting with MEF to discuss secondary data required
Confirm addition of NHA questions into World Bank's Living Standards Measurement Survey (LSMS)	• HFG's suggestions for NHA questions have been successfully added to the LSMS • Field work for the LSMS will commence in October and HFG expects to receive preliminary results by February 2014	• Financing mechanism between USAID/Haiti and World Bank in preparation
Activity 5: Strengthening the preparation of the "Programme d'Investissements Publics" (PIP).		
Develop better understanding of the requirements for submitting successful investment proposals for inclusion in the PIP	This activity has not had traction with the UPE as they do not view it as a prioirty. HFG did conduct some background work and interviews with the Ministry of Planning to identify issues with the PIP process	This activity will be discussed by USAID and MSPP during Year 2 work planning to see if priorities can be aligned.
Develop a set of guidelines for proposal preparation and submission, to include documented processes	See above.	
Activity 6: Development of MSPP UADS capacity to strengthen department-level health directorates.		
Develop vision and strategy for UADS.	Met twice with UADS subcommittee to finalize the document.	Finalize document with vision, values, mission, functions, and organizational relationships.
Strengthen the organizational structure	Initial data collection, including a review of position descriptions documents describing the current structure, and current practices.	• Complete data collection and update position descriptions • Identify gaps in organizational structure and staffing.
Build coaching and consulting skills	Training scheduled for October for UADS staff.	Conduct training in consulting and coaching in October.
Build management skills of UADS staff.	No action on this in Q4.	Plan for leadership and management training

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Improve performance management	Training in performance management conducted at the end of Q3.	• Analyze performance management practices • Establish a formal system for performance management
Strengthen capacity to engage MSPP stakeholders	Met with four directorates (DAB, DRH, DFPSS, and UPE) to identify interventions where UADS support is needed	Determine skills needed to develop capacity of UADS staff in stakeholder engagement
Activity 7: Support institutional capacity building of the MSPP DRH to implement, manage, and monitor civil service reforms, and conduct workforce capacity assessments.		
Prioritize up to two objectives for detailed national HRH policy operational planning, scheduling and costing – one on improving retention and one additional objective TBD	• DRH shared draft operational plan with HFG project • HFG outlined a suggested process to address rural retention issues in Haiti.	It is important that the HFG team continue communication and collaboration with the Health Management Capacity Building Project (PARC) pt to avoid duplication and ensure complementarity of activities.
Provide an embedded advisor to DRH/DFPSS from HFG to support MSPP's efforts to improve HRH management	Embedded advisor hired. Will begin work in Haiti on October 15.	
Develop an institutional capacity-strengthening strategy	Facilitated a two-day workshop for seven upper and mid-level DRH managers, to explore how individual beliefs show up in leadership styles; examine the functions of leadership in relation to the functions of management, the activities of technical work, and the constellation of team skills; and present key concepts and principles of change management	Two-day retreat for DRH managerial staff to develop vision and values for DRH planned for October 22-23.
Activity 8: Accreditation of HRH training institutions and professional bodies.		
Lead nursing school accreditation study tour	• Identified experienced, bilingual nursing accrediation partner, the CASN. • Finalized subaward with CASN to organize pre-study tour to Haiti, study tour to Canada, and the development of a nursing accreditation manual. • Held pre-study planning tour of CASN in Haiti with DFPSS to establish concrete learning objectives and develop a 5-day agenda for the study tour in Canada and begin to frame key areas to include in the manual that are required to strengthen the accreditation system for nursing institutions in Haiti. • Arranged logistics and prepared materials for study tour	Study tour scheduled to take place in Ottawa from October 24–October 31

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Support the DFPSS unit in the design and validation of a nursing school accreditation process	• Conducted telephone meetings with U.S.-based experts in Haiti nursing education to understand context. • Began development of online accreditation process protype.	It is important that the HFG team continue communication and collaboration with PARC Project (working on accreditation of medical doctor training institions) to avoid duplication and ensure complementarity of activities.
Strengthen institutional capacity of DFPSS	No activity took place this quarter. DFPSS postponed the activity scheduled for September 16-20.	DFPSS proposes inititating institutional capacity-building interventions in February 2014 .

Note: DFPSS= *Departement de la formation et du perfectionnement des services de santé* (Department of training),

6. INDICATORS

The HFG attribution and contribution indicators are listed in tables 36 and 37

TABLE 36. ATTRIBUTION INDICATOR TABLE

Result	Performance Indicator	Year 1				
		Q1	Q2	Q3	Q4	Total
Linkages	Indicator					
All IR	Number of organizations contributing to HFG-supported work (cumulative)	0	12	19	23	23
All IR	Number of HFG-supported partnerships (cumulative)	0	1	4	5	5
All IR	Number of participants at HFG-supported events	0	205	266	1,060	1,531
All IR	Number of HFG-supported technical resources	0	17	37	85	139
IR1.3, 3.3	Number of HFG-supported PBI schemes	0	0	0	0	0
IR 2.2	Number of HFG-supported mechanisms established to improve transparency and/or accountability	0	0	0	0	0
All IR	Number of organizations where HFG-supported technical resources are used (cumulative)	0	0	0	5	5
All IR	Management capacity to perform core functions in country institutions (score)	0	2.4	2.0	-	N/A
All IR	Technical capacity to perform core functions in country institutions (score)	-	-	1.5	3.1	N/A
IR1.3	Country capacity to perform NHA estimations (score)	-	-	-	-	-
IR2.2, 2.3, 4.3	Use of evidence-based information to perform core functions in country institutions (score)	-	-	-	-	-

N/A: Not appropriate

"-": Not measured

TABLE 37. CONTRIBUTION INDICATOR TABLE

Linkages	Country	Baseline Year	Baseline	Y1	Y2	Y3	Y4	Y5
All IR	Births attended by skilled health staff, percentage of total births							
	Angola	2011	47%	-				
	Bangladesh	2011	31.7%	-				
	Benin	2012	84%	-				
	Burundi	2010	60.3%	-				
	Cote d'Ivoire	2012	59%	-				
	Ethiopia	2012	10%	-				
	Haiti	2012	28%	-				
	India	2009	57.7%	-				
	Namibia	2012	81%	-				
	Nigeria	2008	38.9%	-				
	Swaziland	2012	82%	-				
	Tanzania	2010	50.6%	-				
	Ukraine	2012	99%	-				
All IR	Percentage of children under 5 years with Acute Respiratory Infection taken to a health facility							
	Angola	-	-	-				
	Bangladesh	2011	35.2%	-				
	Benin	2012	31%	-				
	Burundi	2010	54.7%	-				
	Cote d'Ivoire	2012	38%	-				
	Ethiopia	2011	27%	-				
	Haiti	2012	37.9%	-				
	India	2008	67.3%	-				
	Namibia	2012	53%	-				
	Nigeria	2008	45.4%	-				
	Swaziland	2010	58%	-				
	Tanzania	2010	71%	-				
	Ukraine	-	-	-				
All IR	Contraceptive prevalence rate							
	Angola	2011	6%	-				
	Bangladesh	2011	61.2%	-				

Linkages	Country	Baseline Year	Baseline	Y1	Y2	Y3	Y4	Y5
	Benin	2012	13%	-				
	Burundi	2010	21.9%	-				
	Cote d'Ivoire	2012	18%	-				
	Ethiopia	2012	29%	-				
	Haiti	2012	35%	-				
	India	2012	55%	-				
	Namibia	2012	55%	-				
	Nigeria	2011	14.1%	-				
	Swaziland	2012	65%	-				
	Tanzania	2010	34.4%	-				
	Ukraine	2012	67%	-				
All IR	Proportion of women who have received intermittent preventative treatment during antenatal care visits during their last pregnancy							
	Angola	2011	17.5%	-				
	Bangladesh	-	-	-				
	Benin	2012	23%	-				
	Burundi	-	-	-				
	Cote d'Ivoire	2012	18%	-				
	Ethiopia	-	-	-				
	Haiti	-	-	-				
	India	-	-	-				
	Namibia	2007	19.6%	-				
	Nigeria	2010	13%	-				
	Swaziland	2007	1%	-				
	Tanzania	2010	26.3%	-				
	Ukraine	-	-	-				
All IR	Treatment success rate for new pulmonary smear-positive tuberculosis cases							
	Angola	2010	48%	-				
	Bangladesh	2010	92%	-				
	Benin	2010	91%	-				
	Burundi	2010	92%	-				
	Cote d'Ivoire	2010	77%	-				
	Ethiopia	2011	90%	-				
	Haiti	2010	82%	-				

Linkages	Country	Baseline Year	Baseline	Y1	Y2	Y3	Y4	Y5
	India	2010	88%	-				
	Namibia	2010	85%	-				
	Nigeria	2010	84%	-				
	Swaziland	2011	73%	-				
	Tanzania	2010	90%	-				
	Ukraine	2010	60%	-				
All IR	Number of people on antiretroviral therapy							
	Angola	2011	33,500	-				
	Bangladesh	2011	681	-				
	Benin	2011	19,900	-				
	Burundi	2011	26,400	-				
	Cote d'Ivoire	2011	82,700	-				
	Ethiopia	2012	288,100	-				
	Haiti	2012	41,051	-				
	India	2011	543,000	-				
	Namibia	2011	104,500	-				
	Nigeria	2011	395,569	-				
	Swaziland	2012	87,500	-				
	Tanzania	2011	277,100	-				
	Ukraine	2012	40,400	-				
1.1	General government expenditure on health as a percentage of total health expenditure							
	Angola	2011	62%	-				
	Bangladesh	2011	37%	-				
	Benin	2011	53%	-				
	Burundi	2011	33%	-				
	Cote d'Ivoire	2011	27%	-				
	Ethiopia	2011	14.6%	-				
	Haiti	2011	44%	-				
	India	2011	31%	-				
	Namibia							
	Nigeria	2011	37%	-				
	Swaziland	2011	69.4%	-				
	Tanzania							

Linkages	Country	Baseline Year	Baseline	Y1	Y2	Y3	Y4	Y5
	Ukraine							
1.2	Out-of-pocket expenditure on health as percentage of total health expenditure							
	Angola							
	Bangladesh	2011	61%	-				
	Benin	2011	43%	-				
	Burundi	2011	44%	-				
	Cote d'Ivoire	2011	64%	-				
	Ethiopia	2011	79.9%	-				
	Haiti							
	India	2011	59%	-				
	Namibia							
	Nigeria	2011	60%	-				
	Swaziland	2011	42.7%	-				
	Tanzania							
	Ukraine							

-: No data available

Shaded: Indicator not relevant to HFG work in country

7. FINANCIAL UPDATE

The financial overview for Quarter 4 is presented in Table 38.

TABLE 38. FINANCIAL OVERVIEW

Client	USAID
Project Director	Ann Lion
Total Potential Worth	$199,702,730
Obligated to Date	$28,678,964
Expensed to Date	$11,481,958 (thru September 2013)
Funded Backlog Remaining	$17,197,006
Project End Date	09/29/2017

Cost Share

Since the beginning of the project, HFG has stressed the importance of identifying potential cost share contributors early in the process. Staff at all levels have been encouraged to work with HFG's Core Management Team to identify such opportunities. Through the end of September 30, 2013, the HFG project has obtained $640,276 in actual cost share contributions. Sources of cost share contributions are the Namibia Social Security Commission, the Benin Ministry of Health, Health Systems Global, and the Department for International Development (DFID). A list of potential future cost share contributors has been developed and staff have been urged to follow up with these organizations to get them to commit to providing cost share contributions. The cost share needed for this period was $575,000 (112 percent of goal).

8. KNOWLEDGE MANAGEMENT/ COMMUNICATIONS UPDATE

Year 1 Objectives – USAID and other important U.S. government and global audiences are aware of and use the knowledge generated by HFG.

Year 1 Progress against Objectives –

In Year 1, the knowledge management and communications functions ramped up quickly to support HFG needs. In Q1, the Branding and Marking Plan and Knowledge Management (KM) Plan were both developed through collaboration with project stakeholders and submitted to USAID and approved the following quarter. During Q2 and Q3, project communication templates were developed, a project overview brief was created, and HFG activity-specific briefs and other communication vehicles were supported.

During Year 1, processes were developed and refined for capturing knowledge through new trip reports, quarterly reports, and staff meetings formats. They are all now reliable sources of information and knowledge. Systems to manage knowledge generation and flow in the project, such as a project calendar (highlighting significant events and major conferences), an editorial calendar, and an HFG document tracker, were created. In collaboration with the M&E advisor, a new quarterly report format was developed. The quarterly meeting process was streamlined as well.

By the end of Year 1, the permanent HFG website (www.hfgproject.org) was completed and sent to USAID for its review. The site will be launched early in Year 2 once approval is received from USAID. At that point, HFG's social media outreach will begin via Twitter and Facebook. A Twitter account has already been established for the project (@HFGProject).

The KM coordinator continues to work closely with the M&E advisor and HFG program and activity leads to identify successes and technical content for the website and other potential KM and communications products. HFG staff received training in how to take photos in the field to illustrate achievements and impact. The photos will be used on the website and in documents.

Recommended Follow-up Actions-

- Develop phase two of the website based on feedback and input from USAID and Google Analytics.
- Develop and add more content to the website as the project evolves, implements more activities, and produces more deliverables that can be translated into knowledge and communications products.
- Continue to meet with Kim Wilson to determine how best HFG can support OHS in the coming year.
- Launch HFG's social media outreach to build awareness of HFG's new website and reach target audiences with HFG's knowledge and communications products.

Q4 General Update –The KM coordinator also finalized the text and design for phase one of the website and sent the link to USAID for review. The KM coordinator continued to work closely with the M&E manager to track and monitor all HFG activities and identify achievements.

Additional activity-specific progress is included in Table 39 below.

TABLE 39. KNOWLEDGE MANAGEMENT ACTIVITY DETAIL

Y1Q4 Planned Milestones	Y1Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Meet with USAID and the OHS to identify and prioritize communications goals.		
Hold communications planning meetings with the new KM advisor	The KM coordinator and M&E advisor met with OHS' KM advisor, Kim Wilson, and began discussions about how HFG can support OHS' KM/communications goals.	HFG will continue to reach out to Kim Wilson and schedule follow-up meetings.
Activity 2: Define key messages for the project.		
Identify project strengths and main messages to convey to key audiences	Initial development of key messages underway based on HFG's work over the first year.	Collaborate with new KM advisor, project leadership, and AOR team to agree upon messages in Year 2 Q1.
Activity 3: Develop tools and templates for agreed-upon communciations deliverables (e.g., newsletters, success stories).		
Develop a list of templates needed for communications products and meet with designers to begin producing them	Identification of HFG templates is underway and several templates have been designed and are in use.	Continue to develop HFG KM/communications templates and products with input from HFG leadership and KM advisor.
Activity 4: Collaborate with IR leads and M&E director to identify first-year results and achievements that can be translated into communications products.		
Attended meetings with IR and program leads to monitor HFG's activities and capture achievements and deliverables	In close communication with technical staff to track HFG activities' progress.	At the end of Year 1, a number of deliverables have been produced that can be disseminated.
Activity 5: Develop and disseminate communications products to meet the agreed-upon goals.		
Meet with KM advisor to identify priority products for OHS	Met with KM advisor, Kim Wilson. Assisted with information for HSS infographic as well as speaker recommendations for high-level HSS forum on 11/18 and 11/19.	Once website is launched, HFG will have a good platform for disseminating its knowledge. High-level HSS forum cancelled. Awaiting further information from USAID.
Activity 6: Establish an appropriate social media presence (e.g., Facebook, Twitter, YouTube)		
Established Twitter account (@HFGProject)	Draft Tweets have been written and will be updated once website launch date is approved by USAID.	Launch of HFG's social media depends on website going live. As soon as website is live, then HFG will start Twitter and Facebook.

9. GENDER UPDATE

In Q4 the Gender team continued to work with country teams to develop country gender strategies. To date, the team has worked with seven country teams. At the close of Year 1, India and Bangladesh have completed their gender strategies. These have been submitted to the respective missions for feedback. The gender strategy for Benin has been drafted but not yet finalized. Three additional HFG country teams began working on their gender strategies in Q4 with a goal of completion in Year 2, Q1: Haiti, Nigeria, and Burundi. The Gender team also met with HFG Namibia staff. The team decided to postpone the Namibia gender strategy until greater clarity had been achieved on the Namibia Year 2 work plan. The remaining country teams will develop country gender strategies in Year 2.

The Gender team drafted and submitted HFG's gender framework in December 2012. Following feedback from the AOR team in March 2013, the gender framework was revised and resubmitted in April 2013. It serves as a guide to HFG managers in planning and executing an assessment of the role of gender in country technical assistance programs. The Gender team continues to meet with country program managers as country teams develop their work plans to discuss gender and equity considerations and to review existing USAID country gender analyses, where available. The gender advisor serves as a resource and a liaison for HFG on issues of women's empowerment and gender equity.

10. M&E UPDATE

In Year 1, the HFG M&E plan was developed and approved by the AOR. It includes the M&E approach, framework, attribution, and contribution indicators. The plan will be updated with results in Q1 of Year 2.

In addition to the HFG project-wide M&E plan, country PMPs were developed and submitted to nine countries (Angola, Bangladesh, Burundi, Cote d'Ivoire, Haiti, India, Namibia, Nigeria, and Tanzania). The development of country PMPs requires collaboration with each mission to understand the mission's results framework, mission PMP, and expected PMP template. Each country PMP includes attribution and contribution indicators relevant for the expected HFG country program. While indicators typically remain consistent with the HFG M&E plan, at times country-level indicators vary. The PMPs for Benin and Ukraine were drafted in Q4 and will be delivered to the respective missions in Year 2 Q1. The Swaziland PMP will be drafted after the Swaziland work plan is progressed further.

The HFG M&E team continues to meet with new HFG activities to understand the latest activity plan, confirm deliverables, relate the activity to the HFG results framework, and identify relevant indicators and M&E tools and resources required for the activity. To date the team has met with approximately 76 HFG activity teams. These meetings have been successful both in creating activity-level M&E plans and in ensuring that M&E is a priority throughout activity implementation.

Collection of activity-related M&E required data is occurring across activities/programs. Until the M&E system is available, data is temporarily being stored in team shared drives. Physical data is being stored in site offices and project headquarters.

In Q4, the M&E team collaborated with the HFG NHA experts to begin developing an NHA capacity assessment tool. The assessment tool will be used for NHA technical capacity development initiatives to help understand a country's capacity to conduct NHA and can be used to identify gaps that can be focused on for future NHA capacity-building initiatives.

The web-based HFG M&E system remains under development. In Q4, the work plan and M&E data collection requirement capabilities were established. Loading of historical work plan-related data also began in Q4. Indicators are currently being developed in the system, which will be piloted to the project in Year 2 Q1. Once finished, this system will integrate project management, M&E requirements, project deliverables, and reporting in one centralized project system.

11. MANAGEMENT UPDATE

The demand for our work in the first year of the HFG project has far surpassed our expectations both in the field and from USAID headquarters. We are now working in 14 countries, with 76 activities and $28,678,964 in obligated/authorized funds. Our monthly "burn-rate" for the last month of Year 1 was $2 million. To support this fast growth, we have processed over 11 subawards and 52 partner work orders and hired over 85 staff in the field and 22 in headquarters. We have opened field offices in seven countries and are in the process of opening offices in three more. This rapid growth has required a strong and efficient management system to ensure that this demand is met both efficiently and with high quality. This year we have made good progress with efficiency and quality, which provide the foundation for the management systems through the life of the project. We have also ensured that there are clear internal management processes so that health governance receives the priority it needs in HFG. The following summarizes our efforts to achieve each of these.

Ensuring Efficiency

We are dedicated to ensuring that the HFG project is managed as efficiently as possible. This has required actions both for internal management and for implementation at the field level. Internally, we are carrying out cost-saving efforts for travel, sharing staff where feasible, and involving core partners as much as possible as this allows us to carry out our work without the expansion of full-time staff. Efficiencies in field implementation are taking place in all sites where SHOPS also has offices. We have MOUs with SHOPS that outline shared staff, offices, and other costs. This is resulting in important savings for HFG and the U.S. government. We are also meeting regularly with partners that have potential overlap with our work to ensure that scopes are clearly synergistic and complementary. We have held coordinating meetings with the Leadership, Management and Governance (LMG) project, Health Policy Project (HPP), and Capacity Plus, and we are now following up with all OHS partners who presented at the OHS coordinating meeting on September 11, 2013.

Attaining Quality

At the outset of HFG, we reinforced our quality oversight system to ensure that every core and country program has a well-defined management structure, led by a senior manager, and that each activity within the program has a quality advisor who is involved from the initial planning phases and accompanies the implementation through its completion. We ensured that each quality advisor is a senior, technical expert, who is considered an integral part of the activity team. We carefully selected each quality advisor using these criteria. We provided training to all staff throughout the year to ensure that the expectations for their role were clear, and that they had strong feedback skills to ensure their involvement would be as effective as possible. The system is working well and we are pleased with results to-date.

In addition to reinforcing quality through quality advisors, we have introduced a more systematic planning and implementation process, to ensure uniformity across activities. This process involved taking the "exemplar" planning process and rolling that process out through all country programs. We have, for example, also instituted regular country meetings, which have senior project presence, and conduct monthly communications with missions and bureaus. This ensures that the implementation process is uniformly implemented and links synergies between countries, wherever possible.

Ensuring the "G" in HFG

In Year 1, we have been aware that for a number of reasons, the demand for health financing work is greater than the governance work. Our vision is that governance activities be both stand alone and integrated into all our activities; however, that is not enough. In the last months of Year 1, we have launched processes that will result in a more invigorated emphasis on health governance. This process involves joint coordination of the IR1 and IR2 planning processes, ensuring that, wherever feasible, activities include governance indicators that will be measured. This will allow us to more clearly define that the points of integration between IR2 and IR3 are integrated, especially around public financial management, and to establish that our fourth quarterly reporting system has an overt governance lens. Every program and country manager will be asked to report on how they are improving health governance in their activity and how they will ensure these efforts over the coming year. The results will be documented. As of the end of Year 1, we have governance activities being measured in 38 percent of our activities.

Overall, it has been a fast-paced year, and our management systems have kept pace.

12. COLLABORATION WITH OTHER COOPERATING AGENCIES

During Year 1, HFG began collaboration with other USAID GHB and World Bank programs that focus on specific aspects of HSS and defined how HFG's activities will complement these programs. These programs include the following:

- Bureau of Global Health M&E Working Group – HFG continues to maintain active support of the working group through stakeholder committee membership. Approximately 20 cooperating agencies gathered on February 6th with USAID staff to review indicators and methods for measuring performance in four GHI principles: capacity building, gender, integration, and country ownership.
- CapacityPlus project – In order to collaborate with the CapacityPlus project and address any potential overlap, HFG and CapacityPlus leadership decided to review each country on a case-by-case basis and to coordinate with USAID before travel. This has been done for both Haiti and Cote d'Ivoire.
- DELIVER - The USAID DELIVER project, in partnership with MOHs and other organizations, improves health outcomes in developing countries by increasing the availability of health supplies. Under the PRH Directed Core activities, the HFG project met with DELIVER to plan a joint program that works toward the goal of strengthening family planning supply chains through PBI. HFG also jointly presented the concept with DELIVER to the USAID PBI interest group on March 28. In addition, HFG helped to develop a jointly written blog that has been posted on the World Bank's results-based financing website (www.rbfhealth.org).
- Health Policy Project (HPP) – beyond project plan sharing, HPP will do the following:
    - HPP will share information about a multi-partner capacity-building working group. HFG will seek to be involved moving forward.
    - HFG will share progress on civil society advocacy tools with HPP to leverage their experience and lessons learned.
- Health Sector Financing Reform (HSFR) – The HFG project will work on generating evidence on performance of health facility governing boards and in strengthening the EHIA of Ethiopia in collaboration with the HSFR bilateral project. Activities include building capacity of government institutions and conducting a study in specific areas required for policy making.
- Leadership, Management, and Governance (LMG) project –
    - LMG will focus on the development of individual skills and HFG will target systemic governance improvements to support improved health outcomes.
    - Both projects will share an emphasis on research (with the same lead research partner, Johns Hopkins), where LMG may have access to important datasets related to individuals involved in governance activities.
    - HFG may provide inputs on transparency and accountability in LMG training courses. Before launching field support programs, HFG will coordinate with LMG on whether the project (or predecessor projects) has supported governance activities and, if so, with whom.

- In countries where both projects have field support presence they will share information on whether HFG activities to improve accountability and transparency of health resources engage LMG trainees, seek to engage those organizations supported by the LMG program if HFG activities target civil society, and leverage and support LMG activities to improve the skills of senior leaders.

- MEASURE Evaluation – This program is collaborating with HFG on the health systems strengthening indicator activity.
- NGO Health Services Delivery project – In Bangladesh, HFG will provide economic and policy analysis support to the new NHSDP being implemented by Pathfinder. The activity is part of a program designed to improve access to health services and improve health outcomes, particularly for girls and young women.
- Strengthening Health Outcomes through the Private Sector (SHOPS) project – HFG is in close contact with the Abt-led SHOPS project and is sharing office space in Cote d'Ivoire and India.
- Urban Institute (UI) –
    - UI and HFG determined that they work in a number of overlapping areas, and as a result, agreed on possible areas in which to pursue synergies. Bangladesh was identified as a prime opportunity for deeper conversation about synergy. Specifically, UI is assisting the MOF with the analytics to identify the percentage of national budget that is staying at the central level vs. being decentralized. This analysis estimated that only 16 percent of the national budget is being used locally. The World Bank and the MOF will use the results of the analysis to design interventions to attempt to rebalance this situation. This information could also contribute to HFG Bangladesh activities.
    - Benefits to HFG/UI collaboration include the following:
        - Since UI is looking at cross-sectors, and HFG is not, this expanded optic could likely be useful to HFG.
        - UI is taking a "governance" lens to this work, similar to what HFG is doing, so there may be ways that they can work together to have one lens.
        - Collaboration with UI, which is World Bank funded, is useful from a cost-share perspective.
- Zambia Integrated Systems Strengthening Project – The HFG research on malaria control and health systems in Zambia reflects extensive collaboration with a wide range of partners, including coauthors from the MOH, National Malaria Control Center, Macha Research Trust, PMI/USAID, and PMI/CDC, and USAID's Zambia Integrated Systems Strengthening Project. ZISSP technical staff contributed to the implementation of the study, served as coauthors, and will facilitate in-country dissemination.