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ANNUAL PERFORMANCE MONITORING REPORT

OCTOBER 1, 2015 - SEPTEMBER 30, 2016

November 2016

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The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works 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 increases 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 supports countries as they navigate the economic transitions needed to achieve universal health care.

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| RTI International | Training Resources Group, Inc. (TRG)

HEALTH FINANCE AND GOVERNANCE PROJECT ANNUAL PERFORMANCE MONITORING REPORT

OCTOBER 1, 2015 - SEPTEMBER 30, 2016

DISCLAIMER

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CONTENTS

Acronyms ..... **vii**

1. Introduction **1**

2. Highlights **5**

3. Cross-bureau Activities **9**

4. Directed Core Activities **45**

4.1 Global Health Security 45

4.2 Health, Infectious Diseases and Nutrition 48

4.3 HIV and AIDS 50

4.4 Malaria 58

4.5 Maternal and Child Health 63

4.6 Population and Reproductive Health 68

4.7 Tuberculosis 70

5. Field Support Activities **75**

5.1 Africa 76

5.1.1 Africa Bureau 76

5.1.2 Angola 79

5.1.3 Benin 83

5.1.4 Botswana 86

5.1.5 Burundi 89

5.1.6 Côte d'Ivoire 90

5.1.7 Democratic Republic of the Congo 99

5.1.8 Ethiopia 109

5.1.9 Ghana 124

5.1.10 Guinea 140

5.1.11 Mali 149

5.1.12 Namibia 152

5.1.13 Nigeria 155

5.1.14 South Africa 162

5.1.15 Swaziland 167

5.1.16 Tanzania 174

5.1.17 West Africa Regional 176

5.2 Asia 181
5.2.1 Asia Bureau 181
5.2.2 Bangladesh 187
5.2.3 Cambodia 194
5.2.4 India 199
5.2.5 Indonesia 206
5.2.6 Vietnam 209
5.3 Eastern Europe and Eurasia 228
5.3.1 Eastern Europe and Eurasia Bureau 228
5.3.2 Ukraine 230
5.4 Latin America and Caribbean 234
5.4.1 Eastern and Southern Caribbean 234
5.4.2 Guatemala 238
5.4.3 Haiti 239
5.4.4 Peru 258
6. Financial Update 261
7. Knowledge Management/Communications Update 263
8. Gender Update 267
9. M&E Update 269
10. Management Update 271
11. Collaboration with Other Cooperating Agencies 273

List of Tables

Table 1. Cross-bureau Activity 1 Detail 11
Table 2. Cross-bureau Activity 2 Detail 12
Table 3. Cross-bureau Activity 3 Detail 13
Table 4. Cross-bureau Activity 4 Detail 15
Table 5. Cross-bureau Activity 5 Detail 16
Table 6. Cross-bureau Activity 6 Detail 18
Table 7. Cross-bureau Activity 7 Detail 19
Table 8. Cross-Bureau Activity 8 Detail 21
Table 9. Cross-bureau Activity 9 Detail 23
Table 10. Cross-bureau Activity 10 Detail 26
Table 11. Cross-bureau Activity 11 Detail 29
Table 12. Cross-bureau Activity 12 Detail 30
Table 13. Cross-bureau Activity 14 Detail 32
Table 14. Cross-bureau Activity 15 Detail 34
Table 15. Cross-bureau Activity 16 Detail 36
Table 16. Cross-bureau Activity 18 Detail 39
Table 17. Cross-bureau Activity 19 Detail 41

Table 18. Cross-bureau Activity 20 Detail 42
Table 19. Global Health Security Activity Detail 47
Table 20. Health, Infectious Diseases and Nutrition Activity Detail....49
Table 21. HIV and AIDS Activity Detail 55
Table 22. Malaria Activity Detail 60
Table 23. Maternal and Child Health Activity Detail 66
Table 24. Population and Reproductive Health Activity Detail....69
Table 25. TB Activity Detail 72
Table 26. Africa Bureau Activity Detail 78
Table 27. Angola Activity Detail....82
Table 28. Benin Activity Detail 85
Table 29. Botswana Activity Detail....87
Table 30. Côte d'Ivoire Activity Detail....95
Table 31. Democratic Republic of Congo Activity Detail 105
Table 32. Ethiopia Activity Detail.... 113
Table 33. Ghana Activity Detail.... 135
Table 34. Guinea Activity Detail.... 144
Table 35. Mali Activity Detail 150
Table 36. Namibia Activity Detail 153
Table 37. Nigeria Activity Detail 158
Table 38. South Africa Activity Detail.... 164
Table 39. Swaziland Activity Detail.... 168
Table 40. Tanzania Activity Detail.... 175
Table 41. West Africa Regional Activity Detail 180
Table 42. Asia Bureau Activity Detail.... 185
Table 43. Bangladesh Activity Detail 192
Table 44. Cambodia Activity Detail.... 196
Table 45. India Activity Detail 202
Table 46. Indonesia Activity Detail 208
Table 47. Vietnam Activity Detail 220
Table 48. Eastern Europe and Eurasia Bureau Activity Detail 229
Table 49. Ukraine Activity Detail.... 231
Table 50. Eastern and Southern Caribbean Activity Detail.... 235
Table 51. Haiti Activity Detail.... 246
Table 52. Financial Overview 261

ACRONYMS

AFD	*Agence Française de Développement* (French Development Agency)
AfHEA	African Health Economics Association
AFR/SD	Africa Bureau Office of Sustainable Development
AIDS	Acquired Immune Deficiency Syndrome
ANAM	*Agence National d'Assurance Maladie* (National Agency for Health Insurance)
ANCRE	Advancing Newborn, Child and Reproductive Health
ANHSS	Asia Network for Capacity Building in Health Systems Strengthening
AO	Agreement Officer
AOR	Agreement Officer Representative
APPF	Asia Public Policy Forum
APTS	Auditable Pharmacy Transaction and Services
ARC	Advocating Reproductive Health Choices
ARC	African Health Profession Regulatory Collaborative
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASH	African Strategies for Health
ASHA	Accredited Social Health Activist
ASSIST	Applying Science to Strengthen and Improve Systems
ASTMH	American Society of Tropical Medicine and Hygiene
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
BHSP	Basic Health Services Package
BNHA	Bangladesh National Health Account
BoFED	Bureau of Finance and Economic Development
BPR	Business Process Reengineering
BSC	Balanced Score Card
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CASH	Clean and Safe Hospitals
CASN	Canadian Association of Schools of Nursing
CBHI	Community-based Health Insurance
CCSS	*Comité de coordination du secteur santé* (Health Sector Coordination Committee)
CCT-SS	Technical Coordination Committee for the Health Sector
CDC	Centers for Disease Control and Prevention
CDC-CRED	Competencies Development Centers for Children's Growth and Development Control
CDD	Center for Democratic Development
CFC	Child-Friendly Court
CGAT	Country GeneXpert Advisory Team
CGD	Center for Global Development
CHAG	Christian Health Association of Ghana

CHAI	Clinton Health Access Initiative
CHF	Community Health Fund
CHP	Country Health Partnership
CHPM	Center for Health Policy and Management
CHPS	Community-based Health Planning and Services Initiative
CHR	Centres Hospitaliers Regionaux
CHU	*Centres Hospitaliers Universitaires*
CHW	Community Health Worker
CIDRZ	Centre for Infectious Disease Research in Zambia
CIH	Commission on Investing in Health
CMAM	*Central de Medicamentos e Artigos Médicos* (Central Medical Store, Mozambique)
CONSAMUS	*Le Conseil National des Structures d'Appui aux Mutuelles de Santé*
COP	Chief of Party
COP	Country Operational Plan
COP	Country Operational Plan
CPHL	Central Public Health Laboratory
CPP	Provincial Steering Committee
CPR	Contraceptive Prevalence Rate
CPU	Central Procurement Unit
CPWA	Child Protection and Welfare Act
CSI-FBP	Interdepartmental Scientific Committee for the Implementation of the National Performance-Based Financing Strategy
CSO	Civil Society Organization
CWFD	Concerned Women for Family Development
DAB	*Direction de l'Administration et du Budget* (Department of Administration and Budget)
DAF	*Direction des Affaires Financieres* (Directorate of Financial Affairs)
DAI	Development Alternatives, Inc.
DALY	Disability-Adjusted Life Year
DCE	Discrete Choice Experiment
DEP	Directorate of Economy and Planning
DEP	*Direction des Etudes et Planification* (Studies and Planning Directorate)
DFID	Department for International Development
DFPSS	*Direction de la Formation et de Perfectionnement en Sciences de la Santé*
DG	*Directeur Generale* (Director General)
DGFP	Directorate General of Family Planning
DGHS	Directorate General Health Services
DGS	*Directeur Générale de la Santé*
DHI	Department of Health Insurance
DHO	District Health Office
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DOGSS	*Direction de l'Organisation et de Gestion des Services des Soins de Santé* (Directorate of the Organization and Management of Health Services)
DOH	Department of Health
DOSS	*Direction d'Organization des Services de Santé*

	(Directorate of the Organization of Health Services)
DPF	Department of Planning and Finance
DPHI	Department of Planning and Health Information
DPS	Provincial Health Division
DPPEIS	*Direction de la Prospective, de la Planification et des Stratégies* (Department of Planning and Statistics)
DQA	Data Quality Assessment
DR-TB	Drug-Resistant Tuberculosis
DRC	Democratic Republic of Congo
DRG	Center of Excellence on Democracy, Rights and Governance
DRG	Diagnosis-Related Group
DRH	*Direction des Ressources Humaines* (Department of Human Resources)
DRM	Domestic Resource Mobilization
DSCMP	*Direction de la Santé Communautaire et de la Médecine de Proximité*
DSGRH	*Direction des Ressources Humaines* (Directorate of General Services and Human Resources)
DSIM	*Direction des Soins Infirmiers et Maternels*
DSO	*Department de Santé de l'Ouest*
DSW	Department of Social Welfare
E&E	Eastern Europe and Eurasia
E2Pi	Evidence to Policy Initiative
EADS	Economic Analysis and Data Services
EAHF	East Africa Health Federation
eCMS	Electronic Case Management System
EFY	Ethiopian Fiscal Year
EGPAF	Elisabeth Glaser Pediatric AIDS Foundation
EHAC	Ethiopian Hospital Alliance for Quality
EHIA	Ethiopian Health Insurance Agency
EHRIG	Ethiopian Hospital Reform Implementation Guideline
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother-to-Child Transmission
ENAP	Every Newborn Action Plan
EOI	Expression of Interest
EPCMD	Ending Preventable Child and Maternal Deaths
EPHS	Essential Package of Health Services
EPM	Entry Point Mapping
EQUIST	EQUitable Impact Sensitive Tool
ESP	Essential Services Package
EVD	Ebola Viral Disease
F&A	Finance and Administration
FARA	Fixed Amount Reimbursement Agreement
FENAMUS	*Federation National des Mutuelles de Santé* National Federation of Health Mutuelles
FMOF	Federal Ministry of Finance
FMOH	Federal Ministry of Health
FP2020	Family Planning 2020
FP/RH	Family Planning/Reproductive Health
G-DRG	Ghana Diagnosis-Related Group

GAR	Results-Focused Management
GDP	Gross Domestic Product
GEPE	*Gabinete de Estudios, Planeamiento e Estatística* Department of Research, Planning and Statistics
GFF	Global Financing Facility
GHB	Global Health Bureau
GHI	Global Health Initiative
GHS	Ghana Health Service
GHSA	Global Health Security Agenda
GoDRC	Government of DRC
GIS	Geographic Information System
GOP	Government of Peru
GRN	Government of the Republic of Namibia
GTT	*Groupe Technique de Travail* (Technical Working Group)
GVN	Government of Vietnam
HA	Health Accounts
HAAT	Health Accounts Analysis Tool
HAPT	Health Accounts Production Tool
HBP	Health Benefit Plans
HC	Health Center
HCF	Health Care Financing
HCFRTF	Health Care Financing Resource Task Force
HCFS	Health Care Financing Strategy
HCM-II	Healthy Communities and Municipalities II
HCMC	Ho Chi Minh City
HEU	Health Economics Unit
HF	Health Facility
HFA	Health Financing Assessment
HFG	Health Finance and Governance
HFS	Health Financing Strategy
HFS-IP	Health Financing Strategy Implementation Plan
HFTWG	Health Financing Technical Working Group
HHA	Harmonizing Health in Africa
HIDN	Office of Health, Infectious Diseases, and Nutrition
HIS	Health Information Systems
HIV	Human Immunodeficiency Syndrome
HIWG	Health Insurance Working Group
HMIS	Health Management Information Systems
HP	Health Policy Reform
HPMI	Hospital Performance Monitoring and Improvement
HPNSDP	Health, Population, and Nutrition Sector Development Program
HPP	Health Policy Project
HRAA	Human Resources Alliance for Africa
HRH	Human Resources for Health
HRHMC	Human Resources Management Committee
HRHTWG	Human Resources for Health Technical Working Group
HRIS	Human Resources Information System
HRU	Human Resources Unit

HSA	Health Services Assessment
HSAA	Health Systems Assessment Approach
HSB	Health Systems Benchmarking
HSCM	Sacré Coeur Hospital of Milot
HSDA	Health Services Delivery and Administration
HSDP	Health Sector Development Program
HSFR	Health Sector Finance Reform
HSG	Health Systems Global
HSHRC	Haryana State Health Resource Center
HSPI	Health Strategy and Policy Institute
HSR	Health System Research
HSS	Health Systems Strengthening
HSSP	Health Sector Strategic Plan
HTC	HIV testing and counseling
HUM	Hôpital Universitaire de Mirebalais
ICAP	International Center for AIDS Care and Treatment
ICB	Institutional Capacity Building
ICT	Information and Communication Technology
IDI	Infectious Disease Institute
IDU	Injecting Drug Users
IG	Inspector General
IGSLS	Inspector General for Health and the Fight Against AIDS
iHEA	International Health Economics Association
IHME	Institute of Health Metrics and Evaluation
IHP	Institute for Health Policy
IMCI	Integrated Management of Childhood Illness
INFAS	*Institute National de Formation des Agents de Santé* (National Institute of Health Worker Training)
INFS	*Institut National de Formation Sociale* I(National Institute of Social Worker Training)
IP	Implementing Partner
IPPF	International Planned Parenthood Federation
IPS	Provincial Health Inspectorate
IR	Intermediate Result
IR	Implementation Research
IRB	Institutional Review Board
IRS	Indoor Residual Spraying
ISS	Integrated Supportive Supervision
IT	Information Technology
JHPN	*Journal of Health, Population and Nutrition*
JHSPH	Johns Hopkins School of Public Health
JICA	Japan International Cooperation Agency
JKN	*Jaminan Kesehatan Nasional*
JLN	Joint Learning Network
JPGSPH	James P Grant School of Public Health, BRAC University
JSI	John Snow, Inc.
KEMRI	Kenya Medical Research Institute
KPI	Key Performance Indicator

KSPH	Kinshasa School of Public Health
L3M	Level 3 Monitoring
LAC	Latin America and the Caribbean
LCMS	Living Conditions Monitoring Survey
LGA	Local Government Authority
LLIN	Long-Lasting Insecticide-Treated Net
LMD	License, Master, Doctorate
LMG	Leadership, Management and Governance Project
LMIC	Low-and Middle-Income Countries
LOA	Letter of Agreement
LOE	Level of Effort
LSMS	Living Standards Measurement Survey
MA	Management Assessment
M&E	Monitoring and Evaluation
MaHTAS	Malaysian Health Technology Assessment Section
MARP	Most At-Risk Population
MCDMCH	Ministry of Community Development, Maternal and Child Health
MCH	Maternal and Child Health
MCPR	Modern Contraceptive Prevalence Rate
MCSP	Maternal and Child Survival Program
MCTS	Mother and Child Tracking System
MDA	Ministries, Departments, and Strategies
MDG	Millennium Development Goal
MDR	Multidrug Resistant
MDSR	Maternal Death Surveillance and Response
MDTF	Multi-Donor Trust Fund
MEF	*Ministère de l'économie et des Finances* (Ministry of Economics and Finance)
MeLSAT	Medical Laboratory Scientists Association of Tanzania
MHE	Ministry of Higher Education
MHIF	Mandatory Health Insurance Fund
MINSA	*Ministerio da Saûde* (Ministry of Health)
MIS	Malaria Indicator Survey
MIS	Management Information Systems
MMT	Methadone Maintenance Treatment
MNCH	Maternal, Neonatal, and Child Health
MOE	Ministry of Education
MOEF	Ministry of Economy and Finance
MOF	Ministry of Finance
MOFED	Ministry of Finance and Economic Development
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
MOHSS	Ministry of Health and Social Services
MOHSW	Ministry of Health and Social Welfare
MOJ	Ministry of Justice
MOPS	Ministry of Public Service
MoWCA	Ministry of Women's and Children's Affairs
MOU	Memorandum of Understanding

MPCE	Ministry of Planning and Donor Coordination
MPH	Masters in Public Health
MSA	Medical Services Administration
MSD	Medical Services Directorate
MSF	*Médecins Sans Frontières* (Doctors Without Borders)
MSH	Management Sciences for Health
MSHP	*Ministère de la Santé et de l'Hygiene Publique*
MSLS	*Ministère de la Santé et de la Lutte contre le SIDA* (Ministry of Health and Fight Against AIDS)
MSM	Men Who Have Sex with Men
MSP	*Ministère de la Santé Publique* (Ministry of Public Health)
MSPLS	Ministry of Health and Fight Against HIV/AIDS
MSPP	*Ministère de la Santé Publique et de la Population* (Ministry of Public Health and Population)
MTR	Mid-Term Review
NAA	National AIDS Authority
NACA	National Agency for the Control of AIDS
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NDOH	National Department of Health
NGO	Nongovernmental Organization
NHA	National Health Accounts
NHIA	National Health Insurance Authority
NHIA	National Health Insurance Administration
NHIS	National Health Insurance Scheme
NHM	National Health Mission (formerly National Rural Health Mission (NRHM))
NHSDP	NGO Health Services Delivery Project
NHSSPII	National Health Sector Strategic Plan II
NICE	National Institute for Health and Clinical Excellence
NMCC	National Malaria Control Centre
NRM	National Health Mission
NURM	National Urban Health Mission
NT	National Treasury
NTBLCP	National Tuberculosis and Leprosy Control Program
OECD	Organization for Economic Co-operation and Development
OECS	Organization of Eastern Caribbean States
OGAC	Office of the Global AIDS Coordinator
OGEI	Office of Statistics and Informatics
OHA	Office of HIV/AIDS
OHS	Office of Health Systems
OHT	OneHealth Tool
OMRH	*Office de Management et des Ressources Humaines* (Office of Management and Human Resources)
OOP	Out-of-Pocket
OP	Operational Plan
OPC	Outpatient Clinics
OR	Operations Research

ORAS	*Organismo Regional Andino de Salud* (Andean Health Agency)
ORT	Other Recurrent Transactions
OSM	Office of Strategic Management
P4H	Providing for Health
PAC	Provincial AIDS Center
PANCAP	Pan Caribbean Partnership Against HIV-AIDS
PATHS2	Partnership for Transforming Health Systems, Phase Two
PBF	Performance-Based Financing
PBI	Performance-Based Incentives
PCRP	President's 2013 Comprehensive Response Plan
PDS	*Plan Directeur de Santé*
PE	Personnel Emoluments
PEPFAR	President's Emergency Plan for AIDS Relief
PER	Public Expenditure Review
PF	Partnership Framework
PFIP	Partnership Framework Implementation Plan
PFM	Public Financial Management
PFPA	Procurement, Finance, and Property Administration
PGI	Post Graduate Institute of Medical Education and Research
PHC	Primary Health Care
PHC CTT	Primary Health Care Costing Task Team
PHER	Public Health Expenditure Review
PHFI	Public Health Foundation of India
PHR	Partners for Health Reform
PIO	Public International Organization
PLHIV	People Living with HIV
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNDS	*Plan National de Développement Sanitaire* (National Plan for Health Development)
PNDS	*Plano Nacional de Desenvolvimento Sanitário* (National Health Development Plan)
PNLS	*Programme National de Lutte contre le SIDA* (National Program for the Fight Against AIDS)
PNS	*Politique Nationale de Sante* (National Health Policy)
POC	Point-of-care
PPJK	Center for Health Financing and Insurance
PPP	Public-Private Partnership
PPPN	Preferred Primary Care Provider Network
PRB	Population Reference Bureau
PRH	Population and Reproductive Health
PRODESS	Procedures Manual for the Health Sector Development Plan
PS	Permanent Secretary
PSI	Population Services International
PSS	Provincial Social Security
PSSP	*Plateforme du Secteur Sanitaire Privé* (Private Health Sector Platform)

QA	Quality Advisor
QA	Quality Assurance
QHC	Quality Healthcare
R4D	Results for Development
RAMU	*Régime d'Assurance Maladie Universelle* (Universal Health Insurance Scheme)
RBF	Results-based Financing
RBM	Results-Based Management
RCM	Regional Coordinating Mechanism
RDQA	Routine Data Quality Audit
RFA	Request for Applications
RGA	Request for Application
RHB	Regional Health Bureau
RHSA	Rapid Health Systems Assessment
RMD	Resource Mobilization Department
RMG	Ready-made Garment
RMNCH+A	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RMS	Resource Mobilization Strategy
RPME	Research, Policy, Monitoring, and Evaluation
RRU	Revenue Retention and Utilization
S4H	Systems for Health
SACA	State Agency for the Control of AIDS
SADC	Southern African Development Community
SAMBA	Simple Amplification-based Assay
SASCP	State AIDS and STD Control Program
SCTF	Single Donor Trust Fund
SDG	Sustainable Development Goal
SEARO	South East Asia Regional Office
SEGAL	Secretary General's Office
SFI	Sustainable Financing Initiative
SGBP	State Guaranteed Benefit Package
SHA	System of Health Accounts
SHI	Social Health Insurance
SHOPS	Strengthening Health Outcomes through the Private Sector
SHP	Strategic Health Purchasing
SIAPS	Systems for Improving Access to Pharmaceuticals and Services
SIFPO	Support for International Family Planning Organizations
SIGRH	*Systeme d'Information et de Gestion des Ressources Humaines* (Human Resource Information Management System)
SIHFW	State Institute of Health and Family Welfare
SIMPA	Swaziland Institute of Management and Public Administration
SIS	*Sistema Integral de Salud* (Integrated Health System)
SLA	Service-Level Agreement
SLHA	State-Level Health Accounts
SME	Small and Medium Enterprises
SMC	Seasonal Malaria Chemoprevention
SMT	Senior Management Team
SMT-RHD	Regional Health Directorate in San Martin
SNC	Swaziland Nursing Council

SOP	Standard Operating Procedures
SOTA	State of the Art
SOW	Scope of Work
SQA	Service Quality Assessment
SSC	Social Security Commission
SNNP	Southern Nations, Nationalities, and Peoples Region
SRI	Sustainable Financing Initiative
SRM	Sustainability Road Map
SSA	Sub-Saharan Africa
SSNIT	Social Security and National Insurance Trust
SVG	St. Vincent and the Grenadines
SW	Social Welfare
TA	Technical Assistance
TACAIDS	Tanzania Commission for AIDS
TAG	Technical Advisory Group
TASC	Technical Assistance and Support Contract
TB	Tuberculosis
TBSS	Tuberculosis Supportive Supervision
TDY	Temporary Duty Yonder
TFR	Total Fertility Rate
TMS	Tibetan Medicare Scheme
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UADS	*Unité d'Appui à la Décentralization Sanitaire* (Decentralization Unit)
UEMOA	*Union Economique de Monitaire Ouest Africaine* (West African Economic and Monetary Union)
UEP	*Unité d'Evaluation* et *de Programmation* (Evaluation and Planning Unit)
UFR-SM	*Unité de Formation et de Recherches des Sciences Médicales* (Training and Research Unit/School of Medicine)
UHC	Universal Health Coverage
UHCAN	Universal Health Care Advisory Committee for Namibia
UN	United Nations
UNAG	United Nations Association of Georgia
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Fund
UNMSM	University of San Marcos
UoPH	Yangon University of Public Health
UPE	*Unité de Programmation et d'Evaluation* (Planning and Evaluation Unit)
US	Under Secretary
USAID	United States Agency for International Development
USG	United States Government
UWI	University of the West Indies
VAAC	Vietnam Administration of HIV/AIDS Control

VCT	Voluntary Counseling and Testing
VL	Viral Load
VSS	Vietnam Social Security
WAHO	West Africa Health Organization
WA/RHO	USAID West African Regional Health Office
WB	World Bank
WBI	World Bank Institute
WHO	World Health Organization
WoFED	Woreda Office of Finance and Economic Development
WorHO	Woreda Health Office
WRAI	White Ribbon Alliance
ZHD	Zone Health Department
ZISSP	Zambia Integrated Systems Strengthening Project
ZPCT-II	Zambia Prevention, Care, and Treatment Project

1. INTRODUCTION

Countries need strong health systems that are well-managed and country-financed if they are to increase the use of life-saving health services, especially by women and children, or by poor and/or rural populations. USAID's Global Health Bureau launched the Health Finance and Governance (HFG) project to support countries in their quest for stronger health systems that deliver the life-saving services their citizens need, when and where they can access them, and at affordable prices.

To achieve this goal, domestic financing for health will need to increase in many countries. At the same time, and as policymakers and donors know, strong governance at all levels of the health system is necessary to ensure that the resources indeed go to the health sector and achieve their intended results. HFG integrates governance into country programs to improve government stewardship, civil society voice, transparency, and accountability.

HFG's strategy is to deliver country-responsive technical assistance and interventions that reduce system bottlenecks in order to increase the use of priority health services, including for tuberculosis (TB), HIV/AIDS, malaria, maternal and child health (MCH), and reproductive health (RH). HFG collaborates with other USAID projects and other donors to ensure harmonized and efficient progress. HFG partners with local institutions and builds their capacity to sustain the impact of project interventions.

HFG's four Intermediate Results (IRs) (Figure 1) work in concert to move countries towards self-sufficient health system financing and governance, and to advance global learning and consensus:

> IR1: Improved financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems
>
> IR2: Strengthened governance for better health system management and greater accountability and transparency
>
> IR3: Improved country-owned health management and operations systems to improve the delivery and effectiveness of health care, for example, through mobile money and public financial management
>
> IR4: Improved techniques to measure progress in health systems performance, especially around universal health coverage

The project's monitoring and evaluation (M&E) framework (Figure 2) maps the causal pathway from project inputs to outcomes. This report summarizes the inputs, processes, outputs, and outcomes of more than 200 activities implemented across all project programs: 23 countries, four regional bureaus, five health offices (directed core), and the cross-bureau program of the Office of Health Systems (OHS).

FIGURE 1: HFG RESULTS FRAMEWORK

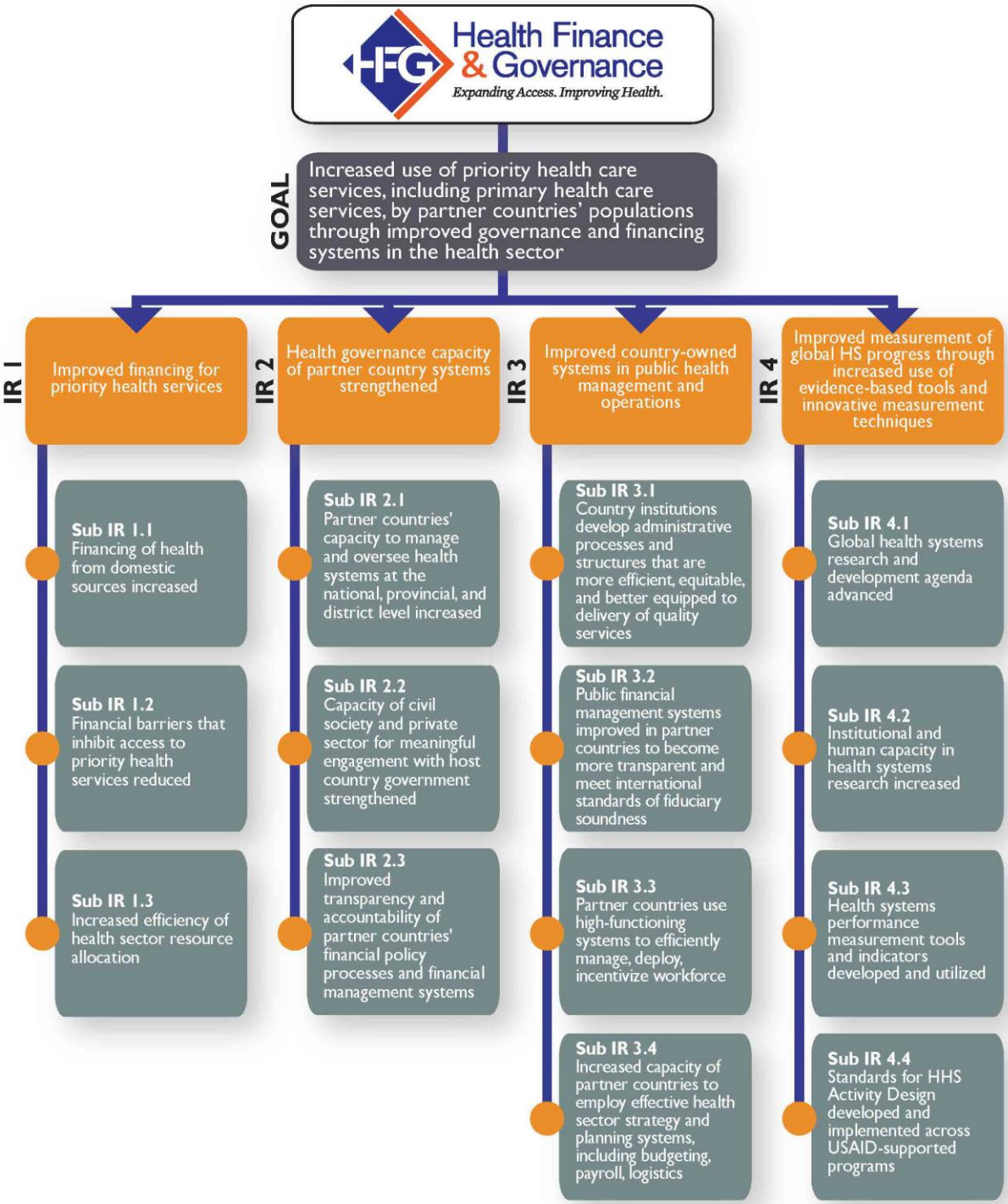
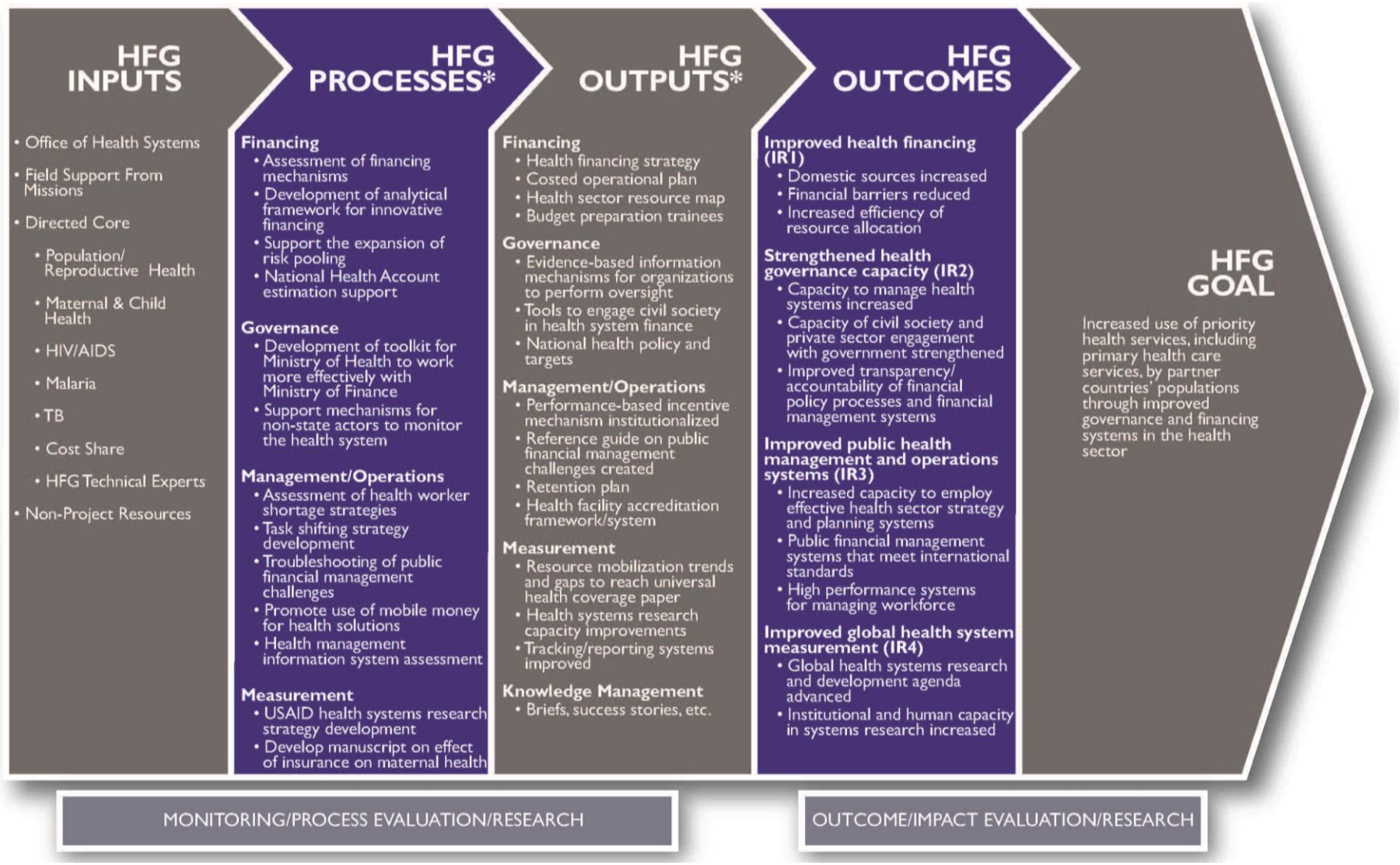


FIGURE 2: HFG M&E FRAMEWORK



2. HIGHLIGHTS

HFG Experts Coauthor Lancet Paper on Quality Maternal Health Care

In September, The Lancet published a series of six papers on maternal health, which summarizes the evidence on maternal health interventions and brings "our knowledge of maternal health, its epidemiology, successes, and current failings together, at a crucial time within the sustainable development framework to 2030. The series concludes with a call to action setting out five key targets which need to be met to ensure the progression of broader SDGs." HFG's health finance lead, Dr. Laurel Hatt, and former HFG Associate Dr. Andrea Feigl coauthored the synthesis paper "Quality maternity care for every woman, everywhere: a call to action."

Health Systems Strengthening Interventions – EQUIST Expert Review Panel

Health systems provide the basic inputs for the delivery of health services, yet there is very little quantifiable evidence that allows public health professionals to link investments in health systems to expected mortality outcomes. As a result, policymakers, health planners, and donors sometimes find it challenging to demonstrate the importance of investing in Health Systems Strengthening (HSS) activities. With support from USAID, and in collaboration with the United Nations Children's Fund (UNICEF) and the World Bank, HFG convened Expert Review Panels over three days in Baltimore to reach consensus on effect sizes that can be included in modeling tools, such as The EQUitable Impact Sensitive Tool (EQUIST), being taken forward in countries by UNICEF and the World Bank.

Health Care Financing Training Impact: Propelling Reform in Cross River State, Nigeria

As a follow-up to the Health Care Financing Training Workshop held in late June 2016, HFG organized a one-day stakeholders meeting on health financing core analytics in Cross River State on July 12. The health financing core analytics activity includes a situation analysis of the state's health financing system and an assessment of the existing system relative to the goal of universal health coverage (UHC). Building on the roadmap developed previously, the purpose of the meeting was to bring together all Cross River State stakeholders on health care financing and create a platform for continuous effective engagement.

Effective, Efficient, Accountable: Ministries Discuss Domestic Resource Mobilization

This quarter, HFG organized a multi-country workshop to support policymakers from public health and finance agencies in developing concrete action plans for mobilizing domestic resources for health. Twenty-five health and finance experts, from Bangladesh, Côte d'Ivoire, Ghana, Peru, Tanzania, and the United States, convened at the Domestic Resource Mobilization (DRM) for Health "Slice of the Pie" Workshop in Abidjan, Côte d'Ivoire on September 1–2, 2016.

How Ethiopia is Empowering Women Through Community-Based Health Insurance

HFG's Gender team began work this year on a series of success stories that will articulate the ways that HFG has advanced gender equality and female empowerment while also achieving successes in health finance, governance, human resources for health, health systems management, and measuring health system performance. The stories will be disseminated via the HFG project website, where the first story, on the links between female empowerment and community-based health insurance in Ethiopia, has been posted.

New Brief Chronicles Progress of Health Systems Global

A new HFG project brief, "Building the Organizational Capacity of Health Systems Global: From Start-Up to Performance," chronicles the progress, lessons learned, and achievements of the organization from 2013 to 2016. Health Systems Global (HSG) is still a young organization, but its start-up has been promising. The story of HSG is one that other professional societies and organizations can certainly draw lessons from. One of the biggest reasons for HSG's success to date has been an appreciation of the need to develop the organization itself and not just work towards the mission. USAID's investment in organizational capacity building through HFG has been instrumental.

Video: Strategic Health Financing for a Healthier Botswana

A priority for the Government of Botswana is to develop a health financing strategy, with the goal of sustaining HIV care and treatment. The question is how to achieve financial protection, equity, and quality, with the provision of essential HIV and health services in a way that ensures government affordability and long-term sustainability. For the past year, HFG has been working with Botswana's Ministry of Health to develop a comprehensive health financing strategy.

Nigerian Radio Stations Advocate for More Domestic Funding for HIV and AIDS

In Nigeria, private organizations, including the media, are heeding the call to take ownership of the HIV and AIDS response. Rivers State radio station Cool/Wazobia FM/Nigeria Info has shown commitment to the cause, signing a deal in July 2016 to provide HIV-related programming over the next two years. The memorandum of understanding – worth over 19 million naira (about $48,000) – was developed in partnership with the Rivers State HIV/AIDS DRM Technical Working Group (TWG).

Stronger Health Governance to Tackle Emerging Health Emergencies

Ebola-affected countries and those on the periphery, including Côte d'Ivoire, are actively working to prevent another disaster. A key step is improving the governance of their health sectors to make them more resilient. Poor governance has been cited as both the cause and effect of weak health systems, and corruption is seen as a major deterrent to people using the health system. Côte d'Ivoire's Institut National d'Hygiène Publique coordinates the country's Ebola response and oversees the prevention, detection, and response to other emerging disease threats. Recently, the institute and the Ministry of Health identified financial control and audit tools as critical components in health emergency preparedness.

The Joint Learning Network in Action: Spotlight on Ghana

On September 22, HFG hosted a technical briefing session on the Joint Learning Network's (JLN's) work on the ground, and focused on Ghana's National Health Insurance Authority (NHIA) and their collaboration with the JLN and HFG. Speakers included Amanda Folsom (JLN Program Director, Results for Development), Nathaniel Otoo (Chief Executive, Ghana NHIA), Dr. Lydia Dsane-Selby (Director, Claims, NHIA), and Chris Lovelace (HFG). More than 70 people joined, both via webinar and in person at Abt Associates in Bethesda.

Operations research: The Research, Policy, Monitoring and Evaluation Directorate at the NHIA recently completed its first operations research project. On average, the estimated time from claims submission to reimbursement takes between 8 and 10 months, even though the NHIA is required by law to pay claims within 90 days of submission. Findings from key informant interviews indicated a number of reasons for the delay, such as insufficient human resources, inadequate funding, and both logistical and structural challenges. The study team developed several short-term and long-term recommendations for the NHIA to implement to resolve the identified issues.

Capitation fees: To support the capitation scale-up process, capitation payment was scaled up to three additional regions (Upper East, Upper West, and Volta), with 100 percent of members enrolled in a preferred primary care provider (PPP). The SHP team designed and supported a large-scale capacity-building program to ensure that regional and district NHIA offices are fully able to operate the capitation payment system and communicate it to health care providers and National Health Insurance Scheme (NHIS) members. HFG trainers provided intensive training for more than 50 NHIS national and regional trainers in a cascading training program that focused on two key modules identified by the NHIA: "Overview of Capitation and How it Works in the NHIS" and "Capitation Communications and PPP Enrollment." The trainers replicated the training modules for district NHIA staff, training nearly 650 staff from all regions of Ghana.

Improved Health Data Allows India Decision Makers to Improve Health Care

Health accounts: Haryana's first ever Health Accounts (HA) is a significant achievement in providing the state with evidence to make decisions for mobilizing and allocating resources for health. The state has successfully completed the first round of State Health Accounts (SHA), Haryana for 2014/15. The SHA report contains meaningful insights and evidence that the state needs for informed decisionmaking and for strengthening health policy process.

Health information: As part of its efforts to improve Health Management Information Systems (HMIS) data quality, the Health Ministry asked HFG to pilot a methodology for regular and structured data verification, building on HFG's previous experience in administering data quality assessment (DQA) methodologies in Haryana. HFG piloted the DQA methodology in 124 facilities across five districts from five geographically dispersed states – Chirang from Assam, Ernakulam from Kerala, Ferozepur from Punjab, Kota from Rajasthan, and Birbhum from West Bengal. The pilot has generated valuable preliminary insights that could inform the Ministry of Health and Family Welfare's (MOHFW's) efforts to improve data quality and use.

Quality of services: HFG also developed and piloted, in consultation with the MOHFW, a service quality assessment (SQA) methodology to assess the perceptions of users and non-users of public health services through a patient satisfaction survey and nonuser questionnaire respectively. The SQA methodology was piloted in the same five districts where the DQA methodology was piloted. The pilot application of SQA methodology and the resultant findings have demonstrated the feasibility of implementing the assessment methodology and its capacity to elicit important issues around the perception of health services.

3. CROSS-BUREAU ACTIVITIES

ACTIVITY 1 *Support Universal Health Coverage Measurement at Country Level*

Activity Objectives - UHC as a goal of health policy has gained wide acceptance at country and global levels since the publication of the World Health Report 2010, and it has been included in the Sustainable Development Goals as a part of the post-2015 development agenda. For this to be feasible, however, policymakers must first be able to define, measure, and monitor UHC.

This activity flexibly supports strategic steps in building and testing affordable data collection processes, guidance, and tools for UHC measurement. The project will continue efforts to find feasible indicators that Ending Preventable Child and Maternal Deaths (EPCMD) and AIDS Free Generation priority countries can adapt and use for country-led UHC progress measurement.

Specific objectives include:

- The development of UHC communication materials geared towards raising USAID missions' awareness and knowledge of UHC and how it fits with USAID's programs
- Providing technical assistance to one or more countries in the area of UHC measurement, including the measurement of service coverage, financial protection, and equity

Year 4 Progress - In Year 4, Quarter 1 (Y4Q1), HFG prepared three additions to complete a "UHC kit." The kit was designed to assist the Office of Health Systems in engaging and educating USAID Mission staff on the topic of UHC and its measurement. First, talking points were added to the PowerPoint presentation on UHC that had been previously submitted to USAID for review. To complement the PowerPoint presentation, HFG compiled two additional items: an annotated bibliography of core UHC publications, and a basic two-page set of frequently asked questions on general concepts in UHC and the role and relevance of UHC in the work of USAID. The UHC kit was submitted to the Agreement Officer Representative (AOR) in December 2015 (Y4Q1).

With respect to the planned technical support of efforts to advance measurement of progress toward achieving UHC, in Q1 HFG continued discussions with country stakeholders in Ethiopia and Ghana to identify a relevant topic and activity that our resources can support. In Ethiopia, a draft consultant scope of work was prepared. The consultant would engage Ethiopian stakeholders (e.g., representing the Resource Mobilization and Planning and Policy Directorates in the Ministry of Health (MOH); the Ethiopian Health Insurance Agency; and the Health Care Financing Technical Working Group) to identify pragmatic, cost-effective proxy indicators of financial protection that could be used in lieu of more-costly and time-consuming household surveys. Several consultations were planned to generate and finalize recommendations on a feasible, relevant proxy indicator or indicators, and to develop guidance on how to establish, update, and use these, reflecting findings obtained from the literature and Ethiopian experience. The main deliverable would be a roadmap to enhance measurement of financial protection in Ethiopia. Other deliverables would include a summary of the process used to engage stakeholders, an assessment of stakeholder readiness to assume implementation of the roadmap, and lessons learned from the process that may be helpful to others attempting to advance their capacity to measure progress toward achieving UHC.

In Q2, HFG identified and engaged a lead consultant in Ethiopia to carry out the defined scope of work. The consultant identified key stakeholders to engage in an initial consultation, where they would discuss potential methods to augment more-costly household surveys to measure financial risk protection under UHC programs in Ethiopia. The first consultation was planned to take place in April 2016.

Also in Q2 (In March), the Ghana MOH submitted a concept note to HFG for proposed technical assistance on UHC measurement. The note identified a need to inventory and consolidate existing disparate sources of information on UHC measurement. A stock-taking exercise was proposed, to allow a baseline assessment of UHC measurement in Ghana, and point to gaps that can be prioritized and addressed in the future. HFG prepared a scope of work for a consultant to carry out this assessment in consultation with the MOH.

In Q3, in Ethiopia, the first stakeholder meeting was cancelled due to unplanned medical leave by key stakeholders. Subsequently, the consultant who was contracted to conduct the activity could no longer continue with the assignment. HFG identified another consultant and contracted him in mid-June. The new consultant identified potential stakeholders/participants and briefed the General Director of the Ethiopian Health Insurance Agency about HFG's proposed technical assistance. He also submitted a request to conduct stakeholder consultations in support of this technical assistance to the Minister of Health.

In Ghana, in accordance with the concept note that the MOH had submitted in Q2, in Q3 HFG prepared a Scope of Work for a consultant. The MOH approved the Scope of Work and identified a senior Ghanaian health economist consultant who would provide technical assistance to generate a baseline assessment of UHC measurement in the country. An initial meeting with the MOH to develop a work plan and more-detailed approach for the technical assistance was scheduled for Q4.

The UHC tool kit that was prepared in Q1 was uploaded to the HFG website and can be found at: https://www.hfgproject.org/universal-health-coverage-toolkit/

In Q4, in Ethiopia, to start the technical assistance, the HFG consultant met with the General Director of the Ethiopian Health Insurance Agency to describe the scope of work and the support that would be needed from the agency to hold a series of stakeholder meetings. Subsequently, a concept note was submitted to the Minister of Health for approval to start and to promote ownership by the Ethiopian government of the outcomes of this technical assistance in UHC measurement. After reviewing the concept note, the MOH requested that the consultant's scope of work be extended to include service coverage and population coverage in addition to the financial protection dimension of universal health coverage. Consequently, HFG's technical assistance will focus on all three key dimensions of UHC. A literature review is under way, and a workshop to identify and vet proxy indicators to measure progress by Ethiopia on each dimension of UHC is now scheduled to take place in Y5Q1.

In Ghana, the HFG consultant met with the Director of Policy Planning, Monitoring, and Evaluation of the Ministry of Health to agree on the composition of a TWG to guide HFG's technical assistance. Members of the TWG include the director's counterpart from the Ghana Health Service (GHS); representatives from the National Health Insurance Authority, the Christian Health Association of Ghana, and other private sector providers; and the unit heads from the Policy Planning Monitoring and Evaluation within the MOH. HFG's consultant facilitated the inaugural meeting of the TWG on August 10, 2016. Following additional discussions with the Director of Policy Planning, Monitoring, and Evaluation about the MOH's plan to develop a comprehensive UHC strategy, the director and HFG agreed that HFG's technical assistance on UHC measurement would contribute to this larger objective. Towards that goal, HFG's assistance is now under way. HFG's consultant will conduct a literature review and key informant interviews with representatives of the NHIA, the GHS, and the MOH to assess measurement of progress toward reaching UHC in Ghana.

Q4 Challenges - The technical assistance in UHC measurement planned by HFG in Ghana and Ethiopia was delayed due to the request made by the Ministries of Health in both countries to expand the scope of work of each of the consultants.

Table 1 provides additional activity-specific updates.

TABLE 1. CROSS-BUREAU ACTIVITY 1 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Perform literature review of UHC measurement.	In Ghana and Ethiopia, a review of the literature is ongoing to assess indicators for UHC measurement.	
Hold workshops with relevant stakeholders.	In Ghana, HFG hosted an inaugural workshop on August 10 with participants from GHS, the NHIA, the Christian Health Association of Ghana, and the MOH. In Ethiopia, HFG is planning a workshop in October 2016.	

ACTIVITY 2 *Pathways to Universal Health Coverage: Cross-country Analysis of Strategies for Covering the Informal Sector*

Activity Objectives - This activity aims to provide EPCMD countries with recommendations on strategies for targeting poor workers in informal employment, based on country experiences documented in the literature and interviews with key informants. The activity will contribute to efforts towards expanding health coverage to informal workers in limited-resource settings.

Year 4 Progress - In Q1, the HFG team held a technical meeting with USAID's Office of Health Systems staff and Daniel Cotlear from the World Bank to discuss the scope of this activity. The activity was originally envisioned as a literature review of strategies for covering the informal sector, with particular relevance for EPCMD countries. An initial scan of the literature highlighted several key documents that had already contributed to this objective, among them Dr. Ricardo Bitran's 2014 literature review and Daniel Cotlear's 2015 publication, Going Universal: How 24 Developing Countries Are Implementing Universal Health Coverage from the Bottom Up, which both draw lessons from case studies.

From these documents and the meeting discussion, the HFG team concluded that the topic of covering the nonpoor informal sector may not be immediately relevant for many EPCMD countries. HFG developed a new scope that instead focused on the poor and vulnerable, proposing to synthesize the experiences of EPCMD countries in expanding coverage of an essential package of health services to informal workers. The goal would be to provide EPCMD country governments with a practical resource while maintaining a link to the theme of informal employment. Dr. Bitran agreed to contribute technically to the activity. At the quarterly meeting in December 2015, HFG discussed the revised scope of work with USAID-OHS and solicited feedback.

In Q2, HFG completed a compilation of statistics on informal employment in all 24 EPCMD countries, including a brief descriptive analysis of these data.

In Q3, HFG selected 10 EPCMD focus countries for the research, primarily based on existing networks of key stakeholders. They are: Bangladesh, Ethiopia, Ghana, India, Indonesia, Mozambique, Nigeria, Senegal, Tanzania, and Uganda. HFG activated its network to identify key informants and began to collect data in these 10 countries, both via a literature review and remote key informant interviews. Key informants were stakeholders familiar with or involved in health financing policy development in their country.

In Q4, HFG conducted additional interviews, for a total of 25 completed interviews. The team transcribed and coded the interview data, and conducted preliminary analysis of the interview recordings using NVivo software. In addition, staff prepared an outline for the report and began to draft sections that draw from existing literature and the data gathered in Q2. Through these activities, HFG has begun to characterize the informal sector in EPCMD countries and identify common themes in the strategies employed by country stakeholders to expand coverage to this population. In Y5Q1, HFG will complete the report.

Table 2 provides additional activity-specific updates.

TABLE 2. CROSS-BUREAU ACTIVITY 2 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Conduct literature review from EPCMD.	HFG completed a literature review for 10 EPMCD countries.	
Conduct key informant interviews.	HFG interviewed 25 informants, and transcribed and coded the interview recordings in NVivo. HFG produced preliminary deductive analysis, based on pre-determined themes, and inductive analysis to identify themes that may have been missed.	HFG will further analyze the information organized in NVivo to better understand how findings from this study compare to other studies that have been done on this topic in developing countries.
Prepare and finalize a product and online material that summarize the information gathered along with the analysis and recommendations. Disseminate results.	HFG prepared an outline for the report and began drafting sections that draw from existing literature and the data characterizing informality in EPCMD sections.	HFG will complete the write-up of these sections. HFG will also write up a section on the findings from the analysis of the key informant interviews, synthesizing them with the literature review.

ACTIVITY 3 *Evidence-sharing Conference: Ensuring Effective Coverage of Priority PHC Services as Countries Move Toward UHC*

Activity Objectives - Policymakers and practitioners who are working toward ensuring effective coverage of priority health services - and moving toward UHC - would benefit from state-of-the-art, up-to-date training around the concrete strategies they can employ. HFG will:

- Co-host a conference that brings together technical and political leaders of health reform, including leaders from nine EPCMD, countries to share new learning on effective coverage of primary care services
- Support four to five EPCMD country participants as they draft implementation plans related to expanding effective coverage of primary care services

Year 4 Progress - In Q1, the HFG team held a series of meetings with the Joint Learning Network for Universal Health Coverage (JLN) to discuss the potential for collaborating on hosting this conference. During these meetings, the HFG team learned that the JLN has already been working with the Gates Foundation and the World Bank to organize a conference on effective coverage of primary health care (PHC). Given the alignment with HFG's objectives, HFG explored the possibility of co-sponsoring the JLN's event. The team discussed objectives, potential modes of collaboration, and any "deal-breakers," including the selection of conference venue.

In Q2, HFG worked with the JLN team to further develop the scope of the "action plan" deliverables, from country teams sponsored with HFG funding and potentially other country teams as well. HFG and JLN also drafted a concept note summarizing the collaboration. Specifically, the note proposed that HFG help fund EPCMD participant country travel, provide logistical support, play an advisory role in agenda setting, facilitate action planning sessions, and present on relevant areas of HFG technical thought leadership at the conference. HFG circulated this concept note with USAID at the end of Q2.

In Q3, HFG received approval from USAID, and the JLN from its funders, to proceed with this collaboration and to hold the conference in Malaysia. HFG worked closely with USAID and the JLN to select Nigeria, Bangladesh, Indonesia, and Ethiopia country delegations for HFG travel support. Cambodia and Myanmar were later identified as countries HFG would support through funding from USAID's Asia Bureau. HFG, JLN, and partners including the World Bank and ACCESS held a series of meetings to further develop the conference agenda, the role HFG's two facilitators will play during the conference, and the specific scope of the action planning activity and deliverables. With information from JLN, HFG also followed up with invitees to begin arranging the logistics around their participation in the conference.

The conference took place in Q4. Two HFG facilitators attended. Dr. Rena Eichler led a well-attended Implementation Research technical session. Country representatives from Indonesia, Nigeria, the Philippines, and Myanmar shared examples of applying implementation research, including challenges faced and strategies to address them. In addition, the three HFG cross-bureau-funded countries (Ethiopia, Indonesia, and Nigeria) participated in the country action planning sessions, and expressed interest in future and deeper involvement with the JLN. After the event, HFG and JLN country teams continued discussions to identify ways of moving the country action plans forward. Overall, this event successfully met its objectives of sharing practical learning on implementing UHC programs and advancing reforms.

Table 3 provides additional activity-specific updates.

TABLE 3. CROSS-BUREAU ACTIVITY 3 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Organize conference logistics.	All necessary logistics were prepared before the event. Also, all HFG country delegates received their travel reimbursements and signed the attendance forms for the conference.	HFG had intended to fund a Bangladesh delegation to the event. However, delays by available country representatives in registering and obtaining visas ultimately prevented them from attending the event.
Develop event content, agenda, and background materials.	HFG worked closely with the JLN, ACCESS, and other partners to finalize the agenda and other materials before the event.	
Conduct event; support development of country action plans.	All three HFG cross-bureau-funded countries completed action plans during the event.	

ACTIVITY 4 *Domestic Resource Mobilization Workshops: Getting Health's Slice of the Pie*

Activity Objectives - Many countries are seeing improvements in DRM for health due to tax administration reforms, substantial economic growth, and low energy prices. However, the work performed by HFG on tax administration reform and allocations to health shows that greater allocations to health are not automatic and cannot be assumed when general government resources increase. To ensure that adequate domestic resources are allocated to the health sector, dedicated analytic, policy, and advocacy efforts are required.

The objective of this activity is to assist selected countries in developing strategies for mobilizing additional domestic resources for health, through a joint learning approach. The activity aims to engage countries that are benefitting from either strong economic growth, falling energy prices, or both, and where government resources devoted to health are relatively low compared to among their peers.

Year 4 Progress - In Q1 HFG conducted two activities aimed at refining the scope of the planned workshops, and identifying potential participant countries.

First, HFG conducted a desk-based landscaping exercise to better understand any past, ongoing, and planned activities focusing on DRM for health. Activities of interest included workshops, conferences, projects, and studies led by national governments, regional bodies, and development partners. Research focused on, but was not limited to, USAID priority countries. Initial findings suggest that existing efforts have focused on (1) African countries, with few activities in Asia and Latin America; (2) DRM through tax policy reform and stopping illicit financial flows, rather than mobilizing private resources, using innovative financing mechanisms, and addressing the topic of resource allocation; and (3) providing a venue for discussion, rather than concrete tools or recommendations.

Second, HFG assembled a matrix of country characteristics to help guide the selection of workshop participant countries. Indicators included: overall economic performance, spending on health, health policy statements and strategies, participation in donor-funded programs, performance against the Millennium Development Goals, and other health statistics. HFG then drafted a short document detailing criteria for selection, and an initial list of potential countries that would especially benefit from participation.

In Q2, HFG developed a Call for Expressions of Interest along with an online application form. The team circulated the Call for Expressions of Interest and application form to HFG country managers in target countries identified in Q1, and began conducting outreach with USAID missions, government representatives, and JLN contacts to facilitate the application process. The Call for Expressions of Interest was shared with Bangladesh, Botswana, Cambodia, Ethiopia, Ghana, and Tanzania, and HFG also began preparations for the first workshop, including drafting a preliminary agenda and list of needed resources/materials, and contacting former ministers of health and finance who could serve as resource persons during the workshops.

In Q3, HFG reviewed applications submitted in response to its Call for Expressions of Interest and selected four countries to participate in the workshops: Bangladesh, Ghana, Côte d'Ivoire, and Tanzania. Each country nominated four high-level representatives from its health and finance agencies. In addition, two former Ministers of Health, one from Nigeria and one from Peru, confirmed their availability to serve as resource persons at the workshops. The team scheduled the workshop in Abidjan, Côte d'Ivoire during the week of August 29–September 2. They began organizing workshop logistics, and developed draft workshop materials including an agenda, worksheets, handouts, and slides. This included a sample dossier containing examples of documents countries might consider using to support budget discussions.

In Q4, HFG held the first of the two DRM for health workshops in Abidjan on September 1–2. The workshop convened 25 health and finance experts from Bangladesh, Côte d'Ivoire, Ghana, Peru, Tanzania, and the United States. Over the course of the workshop, the MOH and Ministry of Finance (MOF) participants discovered common priorities, including poverty reduction, reduced costs, efficient and effective use of resources, investing in healthy and productive workers and students, and eliminating corruption. In addition, participants actively engaged in joint learning across country teams. Each country team presented a thorough and ambitious plan that they are committed to implementing, incorporating one or more of the practical resources presented at the workshop. Among these tools and approaches were HFG's MOH-MOF Toolkit, stakeholder analysis, development of a discussion dossier, and the World Health Organization's (WHO's) Process Guide for Assessing Alignment Between Health Budgeting Practices, Public Financial Management (PFM) Systems, and Health Financing Objective.

According to participant evaluations, attendees found the workshop to be well-organized, and highly appreciated the participatory format. A majority strongly agreed that the workshop helped expand their understanding of DRM for health, and that they intend to take concrete follow-up actions as a result of their learning.

In Q4, the team also began preliminary planning around the location and content of the second workshop in the series, targeted for Y5Q2.

Table 4 provides additional activity-specific updates.

TABLE 4. CROSS-BUREAU ACTIVITY 4 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Organize and hold first workshop.	The first workshop was held in Abidjan, Côte d'Ivoire on September 1–2, 2016. Twenty-five health and finance experts from Bangladesh, Ghana, Côte d'Ivoire, and Tanzania were present.	A workshop report was prepared.
Organize and hold second workshop.	The second workshop is tentatively planned for Y5Q2.	

ACTIVITY 5 *Resource Tracking: Health Accounts for Improved Resource Allocation to Priority Services*

Activity Objectives - Standardized, internationally consistent methodologies for tracking health expenditures are key to keeping countries and donors accountable for their financial commitments. USAID has been a leader in health resource tracking in collaboration with WHO, the World Bank, and the Organisation for Economic Cooperation and Development. This mutual accountability is a key element of USAID's initiatives, including both the EPCMD and AIDS-Free Generation initiatives.

The Year 4 objectives of this activity are as follows:

- Continue to use the lessons learned (through field support) from helping countries in rolling out SHA 2011, to support WHO's further refinement of guidance materials and tools, such as the Health Accounts Production Tool (HAPT), thus enabling countries to better track EPCMD services.
- Support country-led resource tracking, including continued updates to the HAPT and development of in-country capacity to conduct SHA exercises.

- Increase use of health expenditure data through regional trainings and peer-learning events, enabling analyses of sustainability, allocative efficiency, and equity so that health accounts data can inform health policy and management.
- Institutionalize mechanisms for tracking pharmaceutical expenditures using the SHA 2011 framework through collaboration with the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project.

Year 4 Progress - As an ongoing activity in Year 4, HFG continued to test the HAPT and relay suggested updates to WHO for incorporation into the tool. HFG finalized video tutorials and submitted all 16 final videos to the WHO so that they could be uploaded into the HAPT. The team completed definitions of all of the SHA 2011 classifications, and also their French and Spanish translation, and developed pop-up "help" bubbles to improve the HAPT software.

HFG drafted several types of guidance materials to support WHO's efforts to improve the application of the SHA 2011 framework. HFG prepared four chapters of WHO's upcoming disease-specific spending classification guidance document. The Family Planning chapter was finalized, and HFG is awaiting further feedback on the maternal health, TB, and malaria chapters. HFG also submitted a draft of the child health chapter for WHO's review.

Relatedly, HFG worked with SIAPS to develop guidance for countries to track pharmaceutical spending more accurately through SHA 2011. HFG, with SIAPS, identified potential "entry points" in the SHA framework where spending on pharmaceuticals could be tracked. Before continuing further, HFG and SIAPS agreed it would first be useful to collect field experience on tracking pharmaceutical spending in order to tailor the guidance material to what countries need.

In March 2016, HFG co-facilitated a five-day regional training with WHO in Beijing to help institutionalize Health Accounts. HFG and WHO built country teams' capacity to apply the SHA 2011 framework, focusing especially on how to approach disease/priority area classifications; key sources of data and types of information required to undertake the exercises; and use of HAPT to streamline Health Accounts production. Over 50 resource tracking experts from 21 countries in the South East Asia and Western Pacific region participated in the training. HFG led the facilitation of several technical sessions and facilitated small-group sessions with teams from Bangladesh and Indonesia. As a next step, HFG (with field support funds) will work with the Bangladesh team as they practically apply what they have learned from the training in a current Health Accounts exercise. HFG is currently organizing a peer-learning workshop to be held in November 2016 to allow countries to share lessons learned and innovative strategies in institutionalizing Health Accounts. The workshop will include two participants each from over 30 Francophone and Anglophone countries.

Table 5 provides additional activity-specific updates.

TABLE 5. CROSS-BUREAU ACTIVITY 5 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Collaborate with SIAPS to produce guidance for tracking pharmaceutical expenditures with SHA 2011.	Tesfaye Dereje continues to work with the Health Accounts and SIAPS team in Ethiopia to document lessons learned on tracking pharmaceutical spending. A second country is still being identified but could potentially be Zambia.	The development of the guidance material for tracking pharmaceutical spending has been postponed until experience from one or two countries has been collected. The content and format for the guidance material will be based on country feedback.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Production Tool Support to WHO		
Improve the HAPT software.	HFG translated the SHA 2011 classifications into Spanish and submitted the final Spanish definitions to WHO. The text for the "help" bubbles that guide users through the HAPT was finalized and submitted to WHO. The video script for the HAPT promotional video was finalized and a draft audio file has been developed. We await WHO's final feedback and approval before we incorporate the visual images and animations.	
Improve the HAPT software.	The draft Health Accounts Analysis Tool user guide was prepared and is undergoing internal team review.	The user's guide will be sent to WHO for feedback after HFG's internal review.
Trainings		
Conduct Health Accounts peer-learning workshop.	The peer learning workshop on production and use of Health Accounts was postponed to November, given security concerns with the previous location (Tunisia). In Q4, HFG produced a detailed agenda, with different peer-learning formats identified for each session. HFG assigned its facilitators to each of the sessions. WHO approved the agenda and began assigning their facilitators to each session. HFG also drafted a detailed facilitators' guide that explains how each session should be organized and facilitated.	HFG is waiting for WHO's final confirmation for the new dates (14–18 November) and location (Johannesburg) before sending out updated invitations. Most of the planning work for the agenda is complete. The next activity will be to brief the facilitators to prepare for their sessions. However, the beginning of Y5Q1 will also require considerable attention to logistics, as WHO would like to increase the number of participants to 30–35 countries (60–70 participants). This will significantly change how the workshop is designed and organized, and the associated logistical demands, in order to effectively accommodate such a large group in a peer-learning format.

ACTIVITY 6 *Ministries of Health Effectively Engage Ministries of Finance*

Activity Objectives - The importance of an MOH working effectively with a MOF is often viewed through the lens of resource capture. The more effectively an MOH can work with its MOF, the more appropriate resource allocation the health sector will likely receive. The HFG toolkit consists of four tools: 1) Guided Self-Assessment of Public Financial Management Performance; 2) Self-Assessment of Internal Control of Health Sector; 3) Developing Key Performance Indicators; and 4) Data for Efficiency: A Tool for Assessing Health Systems' Resource Use Efficiency. The toolkit offers ministries of health a set of resources to better understand how efficiently and effectively they are spending resources. An MOH can use the outputs of these tools to guide future decisions on allocations and expenditure and demonstrate that additional investments in health will be well spent.

HFG efforts in Year 5 will focus on broad dissemination of the toolkit and the development of a new tool.

Year 4 Progress - This activity builds off of the toolkit that was developed and approved in Years 1–2 to help MOHs engage better with MOFs. The approved toolkit is now posted on the HFG website (Burundi's Health Accounts Data Underline Need for Health Financing Reforms - HFG). During Q4, the MOH/MOF toolkit was presented to participants at the recent HFG DRM Workshop in Abidjan. There was a strong interest in the tools from the participants, and applying the toolkit was included in all four country follow-up plans.

Table 6 provides additional activity-specific updates.

TABLE 6. CROSS-BUREAU ACTIVITY 6 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Disseminate approved toolkit.	HFG will work with the AOR team to identify the best location for field implementation.	

ACTIVITY 7 *Marshalling Evidence for Governance Contributions to Health Outcomes*

Activity Objectives - Governance efforts can play a significant role in improving intermediate health outcomes. For example, enhanced management processes and better quality service delivery inputs – such as more-effective planning and budgeting, improved health worker performance, and timely quality supplies- – can together encourage increased use of services. As donors and governments increase their emphasis on improved accountability and transparency in the health system, there is a need for evaluation and sustained learning of how governance activities can have the strongest impact on these intermediate outcomes. However, there is an overall lack of evidence and understanding of the dynamics of how and in which contexts improved governance can influence intermediate outcomes for health. This knowledge gap can result in avoidance of efforts to improve health governance, or implementation of ill-defined activities.

In Year 4, HFG's objective is to convene a workshop to bring together health governance stakeholders, including USAID, implementing partners, and research institutions, to plan for a large early 2017 event on health governance. This workshop will serve two purposes. First, it will review the results of HFG evidence generation as well as those from the USAID Center of Excellence on Democracy, Rights and Governance Center and other research institutions. Second, it will identify thematic working groups that will produce materials for the early 2017 event. HFG will also assist with planning the early 2017 event, including logistical support and contributing to thematic working groups.

Year 4 Progress - During Q1, on November 12, HFG submitted a revised concept note to the AOR team describing the two events. This concept note was circulated to USAID OHS, the Bureau of Global Health and Democracy, and Rights and Governance colleagues for comments and feedback.

During Q2, on March 7, 2016, HFG met with USAID stakeholders from both OHS and the Center of Excellence on Democracy Rights and Governance to discuss and finalize the concept note, including the four proposed technical working groups. As a result of the meeting, a proposed date of May 25, 2016, was identified for the initial workshop. The group also planned to draft Terms of Reference (TOR) for the technical working groups and seek to identify co-chairs in advance of the May event.

In Q3, HFG initiated planning for the Marshalling the Evidence for Health Governance Launching Event, re-scheduled for July 2016, including updating the event concept note, securing a venue and compiling an invitee list. In consultation with USAID, it was decided that taking additional time to secure external partnerships on this important initiative would be advantageous, particularly the World Health Organization. To this end IR2 Lead Jeremy Kanthor and HFG Project Manager Bob Fryatt travelled to Geneva on June 20–21 to participate in a "Health Systems Governance for Universal Health Coverage" TWG meeting. At this meeting WHO confirmed their interest in collaborating on the Marshalling Evidence agenda and the event preparation. HFG is working closely with the WHO's Health Governance and Finance unit to plan the Launching event.

On September 14, HFG held the technical kick-off for the Marshaling the Evidence activities. The event, cosponsored by USAID and WHO, launched systematic reviews of evidence, both scientific and country-based, in four key dimensions of health governance: public financial management, policy and regulation, health system intelligence, and accountability. The event will serve as a platform for presenting the findings of these reviews and generating discussion about next steps in health governance research and practice. Participants from USAID (BGH, Center of Excellence on Democracy, Rights and Governance Center, and E3), WHO, the World Bank, and USAID implementers were involved in the launching of four thematic working groups that will complete the systematic reviews

Table 7 provides additional activity-specific updates.

TABLE 7. CROSS-BUREAU ACTIVITY 7 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Conduct workshop to further refine governance evidence generation activities.	On September 14, HFG held the technical kick-off for the Marshaling the Evidence activities.	
Lead planning for large Fall 2016 event on health governance.	A secretariat, composed of HFG, USAID, and WHO experts, is supporting the work of the thematic working groups and is involved with planning for the June 2017 event.	

ACTIVITY 8 *Support for Essential Packages of Health Services for Universal Health Coverage*

Activity Objectives - In Year 4 of this activity, HFG planned to build upon the research conducted in Year 3 to better understand the health systems dynamics that have contributed to the design of potentially parallel packages. HFG has developed a three-part strategy to accomplish this. First, HFG will identify the significant risk pooling schemes operating in each of the 24 EPCMD countries, and "crosswalk" each country's Health Benefit Plans (HBP) to its Essential Package of Health Services (EPHS). The country snapshots developed in Year 3 will be updated with these findings. Second, HFG will perform in-depth case studies in Ethiopia and Tanzania to gain a deeper understanding of the process by which the HBPs and EPHSs have become interlinked. This will also better enable us to identify any potential disconnects with essential Reproductive, Maternal, Newborn, and Child Health services. Third, HFG will bring the output of these tasks together in a technical report. This report will include the landscape analyses of HBPs (from Year 4) and EPHSs (from Year 3) as well as the findings from the in-depth country case studies. In this way, the activity proposed here will generate recommendations for policymakers in EPCMD countries, contribute to the global pool of health financing knowledge, and promote USAID leadership in these topic areas.

Year 4 Progress - In Q1, HFG worked with the AOR team to complete a more substantial summary of the findings across the 24 country snapshot series, and minor revisions to the country snapshots. HFG is expanding the Indonesia snapshot and will complete this additional analysis in Q2. The summary and content from the country snapshots will be presented to the Bureau of Global Health in a technical briefing on January 20, 2016. HFG is receiving positive feedback about the snapshot series. Jenna Wright received the following note about the Yemen snapshot: "Hi Janna [sic], thank you for your efforts in writing 'Essential Package of Health Services Country Snapshot: Yemen.' I can imagine how hard to get updated data about Yemen. Your paper is going to help researchers here in Yemen to look more in depth about this issue." Dammag Jamil |MPH

In Q2, HFG expanded the Indonesia snapshot, which the AOR team reported was well received. The summary and content from the landscape analysis and country snapshots were presented to the Bureau of Global Health in a well-attended technical briefing (which was also webcast live) on January 20, 2016.

In Q3 HFG received approval of the revised activity work plan and the proposal for two countries where case studies will be performed. HFG is currently engaged in the following activities:

1. A landscape analysis identifying HBPs in 16 EPCMD countries; another six countries remain
2. A crosswalk methodology for comparing the alignment of EPHSs and HBPs in 23 EPCMD countries
3. In-depth semi-structured interviews with 15 financing and policy experts in Ethiopia
4. Contracting with a local consultant to conduct 15 in-depth semi-structured interviews with finance and policy experts in Tanzania

In Q4, HFG made progress in completing deliverables for this activity. We:

1. Completed the landscape analysis of health benefit plans in EPCMD countries
2. Completed a crosswalk analysis to compare HBPs with essential packages of health services (EPHSs) in 18 countries, where both were found; HFG will document findings from the crosswalk analysis via addenda to the Year 4 EPHS snapshot series on EPHS
3. Coded and analyzed in-depth interviews and drafted a report of the Ethiopian case study

Q4 Challenges - A second case study had been planned in Year 4 in Tanzania. The Tanzania case study was postponed after HFG learned that a similar multi-country research program led by Equinet would be implemented in Tanzania by Ifakara Health Institute, a local research organization. After initial conversations, HFG and Ifakara agreed to provide peer review of reports that each party would produce. HFG is currently working with Ifakara to determine in greater detail the extent to which HFG's study and the Equinet study may overlap, as well as how to maximize the potential complementarity of the two studies in Tanzania. Based on outcome of these discussions, HFG will make a final determination, in consultation with the AOR team and the USAID mission, whether to proceed, and if so, how to coordinate data collection, particularly common key informant interviews, and dissemination.

Table 8 provides additional activity-specific updates.

TABLE 8. CROSS-BUREAU ACTIVITY 8 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Complete landscape analysis to identify HBPs in 23 EPCMD countries.	Identified 18 EPCMD countries with HBPs; completed landscape analysis of these countries.	
Complete crosswalk analysis of EPHSs and HBPs in 18 EPCMD countries.	Completed.	Draft addenda to include in EPHS snapshot series on HFG website.
Conduct in-depth semi-structured interviews with financing and policy experts in Ethiopia.	Interviews coded and analyzed.	Complete case study.
Contract with a local consultant to conduct in-depth semi-structured interviews with finance and policy experts in Tanzania.	Consultant contracted.	Case study did not proceed due to challenges detailed above. Next step: determine degree of potential overlap /complementarity with EQUINET study; recommend whether to proceed or alternatively to focus on dissemination at regional event planned for March 2017.

ACTIVITY 9 *Governance and Quality: Institutional Roles and Relationships to Ensure Service Delivery*

Activity Objectives - In a 2013 survey of JLN member countries, the need to improve the quality of health care emerged as the number one priority. In subsequent collaborative work, JLN countries identified the setting of institutional roles and responsibilities to govern national health care quality improvement as a current challenge on their road to UHC and quality improvement. This activity will respond to countries' expressed need for guidance, and for international attention to ensuring that quality considerations are woven into the fabric of UHC approaches. The activity will review and document global experience in developing institutional relationships that govern quality in the health sector, to provide guidance on success factors when structuring the roles and responsibilities of these relationships. The objective is to provide practical and action-oriented guidance to countries to ensure that quality services are provided as UHC expands.

Year 4 Progress - In Y4Q1, the team analyzed the findings from the literature review of the 25 selected countries. The team finalized the participant list for the Development Roundtable involving lessons learned from JLN and EPCMD countries, made arrangements for this roundtable, and developed a draft agenda. In Q2, the team completed a comprehensive, structured literature review of 25 selected countries' experiences in institutional roles and relationships in governing quality of care. The research framework developed to analyze the literature emphasizes the major functions for governing quality within a country, to assess where these functions are housed and how the various institutions relate to each other in the process of governing. While the evidence provides some indication of how countries manage each function, a major finding of the research from the literature review is that the evidence base is thin, though the literature review did find some interesting associations that will be shared in a soon-to-be- published research report. These findings and others could serve to help inform a global research agenda on the governance of quality at the national and subnational levels.

Also in Q2, HFG and ASSIST engaged government stakeholders further to verify and augment the information found in the literature through a series of semi-structured key informant interviews. The results of some of these interviews have been documented in a series of two-page country profiles. Simultaneously in Q2, HFG along with USAID and ASSIST representatives traveled to Dar es Salaam to conduct a Product Development Roundtable meeting with country stakeholders engaged in governing for improved quality of health services. The three-day roundtable meeting brought together senior government quality stakeholders from 11 of the EPCMD and JLN countries that had been studied in the literature review to validate key plan points and challenges, discuss examples of best practices or solutions that have worked, and identify key unanswered questions. The roundtable offered an opportunity for quality experts in countries including Ethiopia, Ghana, India, Indonesia, Kenya, Malawi, Malaysia, Mexico, the Philippines, Scotland, Tanzania, and Uganda to share experiences governing efforts to improve quality.

During the roundtable, government stakeholders prioritized the following eight key governance elements (or "stones" as the group called them) for improving quality of health services:

1. Governing quality through the use of policies, strategies, and mechanisms
2. Measuring and using quality improvement data
3. Governing to develop a quality improvement culture
4. Using regulatory techniques for governing quality
5. Linking finance to quality
6. Addressing the knowledge gap of quality care at various levels (global, local)
7. Institutionalizing non-state involvement in pursuit of person-centered quality care
8. Garnering political will to pursue quality

In Q3, the HFG team, in collaboration with ASSIST, compiled and analyzed the international experience in defining the roles and relationships governing quality, the functions those roles entail, and the key common challenges associated with each of the "8 Stones" above on which institutional roles and relationships for governing quality must be built. The team worked to finalize three related deliverables highlighting this learning.

The second deliverable finalized in Q3 included the country case profiles for eight of the roundtable participating countries, outlining the strides each country has made in providing and improving quality health services. The above deliverables will be shared through the JLN, the WHO Learning Lab, and the HFG and ASSIST websites, simultaneously distributed with the first two deliverables.

Also, in Q3 and Q4, the ASSIST team hosted two Community of Practice meetings with participants from the roundtable, as well as other stakeholders interested in governance of quality. HFG participated in these meetings, and moving forward, HFG will support ASSIST in ensuring that the Community of Practice meetings are engaging and participatory. The two Communities of Practice focused on sharing work around policies and strategies; defining, assuring, and improving quality in participating countries; using data to measure and improve quality; and defining the agenda for future meetings. In Q4, HFG issued a survey to further elaborate on the priorities of the Community of Practice, and will work with ASSIST to develop TOR to be shared with the Community of Practice members. The Community of Practice is currently being hosted with ASSIST, but will be transitioned to the WHO UHC Learning Lab, which is currently under construction.

In Q4, the HFG team finalized Institutional Roles and Relationships Governing the Quality of Health Care: Country Experiences, Challenges, and Lessons Learned. This report, created in collaboration with many policymakers who had attended the Tanzania roundtable, produced consensus among participating countries on their successes and failures when addressing challenges involving governance of quality. The report outlines the governance best practices and creative solutions that have been attempted to ensure quality health services.

The second deliverable, which was submitted to USAID at the end of Q4, is a report entitled Governing Quality in Health Care on the Path to UHC: a Review of 25 Country Experiences. This report provides a comprehensive analysis of the literature review findings conducted in Q1-32.

In Q4, the HFG team also engaged the Asia Bureau USAID counterparts to present ideas stemming from the work under this activity to potentially pursue in Year 5. The USAID Asia Bureau is interested in assessing the Philippines and Malaysia experiences with institutional arrangements, roles, and responsibilities for governing quality in health care, focusing in particular on the aspects of accreditation and linking financing to quality. Specific recommendations for the Philippines would be developed following the assessments. Furthermore, the lessons learned from the two countries would be documented, disseminated, and leveraged to provide technical assistance to other countries in the region such as Cambodia, which is in the initial stages of designing its arrangements around governing quality in health care.

Finally, in Q4, HFG also began developing a State-of-the-Art Technical Brief, to be used by policymakers, that highlights the learning in this area through Year 4 activities, and includes a framework for governing quality, based on the findings from the literature review, the valuable inputs from policymakers and technocrats from the Tanzania Roundtable, and cascading expert reviews to solicit feedback. This Technical Brief will be ready for USAID review in Y5Q1.

Q4 Challenges - Collaborating with ASSIST project has resulted in valuable technical sharing, although this close collaboration has an impact on the timeliness of joint activity completion. Also, the Community of Practice is in its infancy, and without strong participation could pose a challenge to Year 5 activity implementation.

Table 9 provides additional activity-specific updates.

TABLE 9. CROSS-BUREAU ACTIVITY 9 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Literature review – Matrix and Report	Matrix finalized in Q3. Draft report has been revised repeatedly, and is likely on its final iteration. It will be disseminated Y5Q1.	Currently being edited and formatted for dissemination.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Governance and quality product and dissemination of product	Report submitted to USAID by end of Q4.	ASSIST project-managed formatting and final edits have been delayed and have taken over three months.
Post-roundtable in-person meeting with country stakeholders	Two Community of Practice meetings have been held with country stakeholders post roundtable. Also, by the end of Q4, HFG had reached out to discuss the Asia Bureau-approved concept with PhilHealth stakeholders, to further analyze the PhilHealth example, support lessons for other countries in the region, and also examine the potential to make tweaks or improvements within PhilHealth, per country stakeholder direction.	The Community of Practice has been established. HFG will take a more proactive stance in engaging ASSIST to work together to ensure the Community of Practice meets member needs.
Technical assistance to one EPCMD country (TBD) to implement learnings from the guide to improve quality through changes/enhancements to the roles and responsibilities of institutions governing quality	HFG will carry this activity forward to Year 5. However, in Year 4, HFG began discussions in Q4 with the Asia Bureau USAID client to potentially offer technical assistance to the Philippines, Indonesia, Cambodia and Vietnam. The USAID client is interested in exploring how lessons from the Philippines are translatable to other countries in the region that are strengthening their governing institutions, roles, and responsibilities, to improve quality of health services.	After the Tanzania roundtable, HFG reached out to Ethiopia and Indonesia, but did not receive interest in providing further technical assistance, given other ongoing/similar activities in these countries. However, HFG will explore in other countries in Year 5, and will continue exploring with the USAID Asia Bureau opportunities to leverage the lessons from this activity to ongoing work in Asia.

ACTIVITY 10 *Mobile Money for Health*

Activity Objectives - Cash payments in the health system are susceptible to security risks, fraud, and leakage. Processes for paying health worker salaries, and paying out incentives in a timely and safe manner, are cumbersome, and can carry expensive administrative burdens. Moreover, those without access to bank accounts (75 percent of the world's poor) are burdened by the inability to securely save money, access credit, or pay for health insurance. Mobile money services are emerging throughout the developing world as a banking alternative, and offer promising benefits for health systems.

Mobile money can strengthen health financial systems with improved efficiency, accountability, and transparency, but there is limited information about its potential benefits, barriers, and opportunities within health programs.

Year 4 Progress - In Q1, HFG continued to work with Senegalese stakeholders to provide an assessment of the use of mobile money tools. To promote knowledge dissemination on the potential benefits and barriers to use of mobile money in health, HFG published a compendium of case studies. HFG also continued to support the efforts of USAID's Africa Bureau, OHS, Office of Population, and

Global Development Lab to identify opportunities to convene digital finance stakeholders to serve the objectives of UHC and stronger health systems.

In Q2, HFG finalized its assessment of mobile money options to facilitate payment of incentives in Senegal's Results-Based Financing (RBF) program. To promote knowledge dissemination on the potential benefits of and barriers to use of mobile money in health, HFG is researching its next e-newsletter, due to be published in April, which will feature m-Tiba, a new mobile savings and insurance service in Kenya. HFG also continued to support the efforts of USAID's Africa Bureau, OHS, Office of Population, and the Global Development Lab to identify opportunities to convene digital finance stakeholders to serve the objectives of UHC and stronger health systems.

In Q3, HFG finalized and published its assessment of mobile money options to facilitate payment of incentives in Senegal's RBF program. The assessment found that the case for transitioning to mobile money in Senegal is not compelling at this time, due to higher-priority issues for the RBF program related to data collection, verification, and timely approval for payments. Recommendations included a proposed pilot to be undertaken once planned changes to the RBF program are completed, to realize the potential benefits of mobile payments. These benefits include increased trust of beneficiaries in the RBF program, and improved access to information about payment delivery and payment history. Global lessons for use of mobile money in other RBF programs include the need for negotiation with mobile money providers, due to wide variation in key terms such as transaction fees, back office integration, and routine tracking and reporting. The assessment also highlighted high awareness of and interest in mobile money on the part of RBF beneficiaries, despite relatively low penetration of mobile money subscriptions in Senegal.

HFG's quarterly Mobile Money for Health e-newsletter in Q3 featured a mobile health wallet service in Kenya called m-Tiba. This tool, created through a partnership of mobile, insurance, and health sector actors, is notable because of its comprehensive approach to supply- and demand-side barriers to UHC. HFG shares knowledge about innovations like m-Tiba that may play an important role in empowering low-income individuals to better save for health care and may also improve transparency and efficiency throughout the health system.

In Q4, HFG continued to identify and disseminate content about mobile money applications with potential to strengthen health systems. One area that has been underexplored is understanding lessons from other sectors using digital finance to achieve development objectives. At a recent conference on ICT4Ag, a number of innovative uses of mobile money were featured to increase farmer resilience, strengthen community, and facilitate timely payments. In its Mobile Money for Health e-newsletter sent August 30, HFG highlighted the successes and limitations of three innovative uses of mobile money in agriculture with potential relevance for health programs.

Throughout Year 4, HFG has tracked innovative uses of mobile money in health, including publication in Q1 of the Compendium of Mobile Money for Health Case Studies. Globally, there has been limited traction in the health sector, and evidence of the impact on program efficiency and accountability is lacking. As stated above, HFG's Year 4 assessment of potential use in an RBF program in Senegal concluded that the timing was not appropriate for introducing mobile money given higher-priority operational challenges. The assessment demonstrated high awareness of and interest in mobile money on the part of RBF beneficiaries and program partners, and provided recommendations for designing a pilot in future years. However, it was not able to generate evidence of the value of mobile money to the Senegal RBF program.

Table 10 provides additional activity-specific updates.

TABLE 10. CROSS-BUREAU ACTIVITY 10 DETAIL

Year 4 Quarter 4 Planned Tasks	Year 4 Quarter 4 Progress	Critical Assumptions/Problems Encountered/Follow-Up Steps
Facilitation of Regional Experts and Practitioners meeting	Based upon discussions with OHS, this activity was discontinued in Q3 due to higher-priority needs within the project.	
Knowledge dissemination to advance understanding of mobile money in health	Mobile Money e-newsletter was published on August 30, 2016, and promoted through social media.	

ACTIVITY 11 *Modeling Link between Health Systems Strengthening and Lives Saved: Tool Development*

Activity Objectives - OHS seeks a tool that could be used to build evidence linking health systems strengthening to impact on lives saved. In Year 3, using evidence from a literature review and feedback from a virtual advisory group, HFG produced an Excel-based tool that converts HSS intervention/strategy data into an impact matrix. HFG also participated in meetings with USAID and UNICEF about the relationship between this draft tool and UNICEF's EQUIST tool. Through these meetings, participants realized that both EQUIST and the HSS Impact Tool had incorporated elements of the "Marginal Budgeting for Bottlenecks" methodology and the Lives Saved Tool. Given these similarities, USAID and UNICEF agreed to merge the separate modeling efforts into one work stream, using EQUIST as a platform.

The limitations of the existing HSS research base (including weak evidence, lack of evidence, variations in interventions and observed effects, context dependence, and unmeasured interaction effects, among others) are well known. In order for EQUIST to generate robust, defensible impact projections associated with different health system investments, researchers at both HFG and UNICEF agree that the model's underlying effect measures and assumptions should be vetted by experts.

USAID has thus tasked HFG to collaborate with UNICEF to convene a Health Systems Strengthening Expert Review Panel. Experts will be convened to validate or develop estimates of the effects of a core set of HSS strategies on reducing health systems performance bottlenecks. These impact estimates would be incorporated into EQUIST, but would also be useful to other HSS practitioners.

In Year 4, HFG will collaborate with UNICEF to develop:

1. ***HSS impact estimates that have been validated through a collaborative process.*** HFG and UNICEF will share literature reviewed to date, quantitative evidence gathered, and methodology used to convert HSS strategies into impacts. The teams will develop a plan for collaborating on the development of a common impact matrix to calculate the impact of investing in HSS activities. This will involve convening an expert panel that will review literature-based estimates of the effects of HSS strategies on mitigating health system bottlenecks, and provide recommendations for selecting values in cases of missing or competing data. An advisory Steering Group including key development partners will be established.

2. ***Documentation supporting proposed HSS impact estimates.*** HFG and UNICEF will document the process used to develop the individual impact estimates. This will include a brief discussion of the literature reviewed and reasons for deciding on a certain estimate/range of estimates. This documentation will be in the form of memos or brief working papers.

Year 4 Progress - In Q1, HFG and UNICEF agreed to co-convene a series of expert evidence review panels to review the impacts of strategies to address bottlenecks and strengthen health systems, and come to consensus on effect sizes (whether point estimates or ranges, including contextual factors that influence effectiveness) that can be incorporated into EQUIST's "impact matrix" as default values. The first step was to establish a Steering Group consisting of development partner institutions (including the World Bank, WHO, the United Nations Population Fund (UNFPA), USAID, and HFG, among others) to guide this expert review process.

HFG drafted an evidence review concept note that includes proposed processes for the Steering Group and expert review panel(s). HFG developed an agenda and sent invitations for an initial Steering Group meeting proposed to be held in December with the intention of introducing the draft proposed process and soliciting early feedback. However, due to WHO and UNFPA scheduling constraints, the meeting was rescheduled to next quarter. Given internal deadlines, the HFG team continued moving forward with planning for the evidence review process, and welcomed written feedback on the draft concept note in the interim.

In Q2, the initial Steering Group conference call was held in late January 2016, and representatives from USAID, UNICEF, UNFPA, the World Bank, and WHO participated. Subsequent to this conference call, HFG and UNICEF had several conference calls to discuss the objectives and processes for the expert review panel. At an in-person meeting in early March 2016 attended by HFG, USAID, and UNICEF, the group exchanged information on prior HSS literature reviews and made key decisions about the Health Systems Strengthening Expert Review Panel process. HFG then began to organize the literature reviews conducted by HFG and UNICEF and map them to the causes of the bottlenecks in the EQUIST framework. HFG also developed detailed instructions for USAID, so that USAID can map its priority HSS interventions to the EQUIST framework.

HFG discussed methods to streamline the Expert Review Process, so that it would be more feasible to achieve the objectives of the activity. With UNICEF, the team decided to model the Expert Review Process on the process implemented by Avenir Health for the Family Planning Goals model. This process will require more-intensive preparation for the Expert Review Panel meeting, but will reduce the total number of in-person meetings and ensure that the participants can complete the work necessary during a two- to three-day meeting. HFG revised its Guidelines for Health Systems Strengthening Evidence Review Panel document to reflect this new approach. In addition, HFG and UNICEF began to discuss how to incorporate studies that examine the impact of strategies on coverage (final outcomes), but not on bottlenecks (intermediate outcomes) and their causes. These studies present a challenge for the literature review process, as the EQUIST model requires estimates of impact of strategies on causes of bottlenecks.

During Q3, HFG made progress on this activity in four key areas: 1) promoting relationships with external stakeholders, 2) preparing the literature extraction database, 3) learning more about USAID priority HSS strategies, and 4) preparing for the expert review meeting. With regard to external stakeholders, HFG participated in the Steering Group call on April 19. UNICEF, UNFPA, WHO, NYU and the World Bank were represented on the call. During this phone call UNFPA and WHO decided to leave the Steering Group because they did not agree with the focus on the bottleneck framework and the EQUIST tool. UNICEF is likely to reconvene the Steering Group at some future date and will try to get staff members from WHO to participate in the expert review panel. HFG prepared a two-page summary of the EQUIST activity for UNICEF, which they are using in their discussions with WHO.

UNICEF continues to be closely involved in this activity. HFG held an in-person meeting with UNICEF in NYC on May 17. During the meeting, the group discussed the literature review process, and HFG agreed to capture a few pieces of additional information, so that the literature extraction tool will contain information that is not solely focused on the EQUIST bottleneck framework.

In Q3, HFG continued to organize the literature reviews conducted by HFG and UNICEF, and removed duplicates. Approximately 300 systematic reviews were identified, and HFG extracted key information from these reviews. HFG refined its search terms in order to identify the most recent studies added to the McMaster University Health Systems Evidence database. As of June 30, the literature review has been completed, with 80 systematic reviews meeting the inclusion criteria. These studies have been pulled into a separate database.

HFG developed a process to work with USAID to learn more about priority HSS strategies. The objective is to crosswalk USAID's strategies to the strategies included in the literature review. HFG presented at the OHS staff meeting on June 28 to describe the process of how HFG will conduct phone interviews with USAID to obtain key pieces of information. USAID will make e-mail introductions to internal experts so that HFG can conduct open-ended interviews. HFG also has started to crosswalk some of the USAID HSS strategies to the strategies in the literature review database.

In preparing for the expert meeting, HFG prepared a concept note covering dates, background, objectives, and agenda and draft list of invitees. The meeting took place during the week of September 26.

Also In Q4, HFG progressed with reviewing and extracting data from the included systematic reviews. HFG also conducted several open-ended phone interviews with OHS technical leads to learn more about USAID priorities and activities across the six core health system functions. These conversations informed the crosswalk of USAID HSS priority strategies to the strategies in the literature review database, and the finalization of the HSS strategies list for the Evidence Review Panel. The final list of strategies had a total of 22 core HSS strategies, with 19 of these strategies having adequate evidence in the systematic reviews identified by the literature review. The other 3 were identified as priority HSS strategies by USAID but, to our knowledge, did not have published systematic reviews. These strategies were Accountability and Engagement, Leadership and Management Training, and Health Information Systems. In order to capture all priority strategies for the expert review process, HFG expanded the scope of its literature review to individual articles for the three minimal evidence strategies.

HFG synthesized the extracted information in the form of a tabular handout per strategy. These handouts were developed in batches and reflected several sub-strategies with relative risk of impact on intermediate health outcomes and coverage. During the handout preparation process, a substantial amount of time was dedicated to a rigorous quality assurance process to ensure clear and standardized presentation of the evidence. HFG sent biweekly memos to USAID and UNICEF to keep them updated on the activity progress and solicit inputs and feedbacks. HFG also worked closely with UNICEF to identify experts for the review panel and finalize the meeting agenda.

The Health Systems Strengthening Evidence Review Panel took place at Hotel Indigo in Baltimore on September 26-September 28. The three-day event was attended by 30 HSS experts from more than 15 health and development organizations. During the review of the evidence, experts reached consensus on point estimates and/or range of effect size estimates for 23 out of 26 presented handouts. HFG plans to meet with UNICEF in early November to determine next steps in incorporating the expert-vetted effect sizes into EQUIST.

Q4 Challenges - Following the successful completion of the Evidence Review Panel, HFG now has impact estimates for almost all of the priority HSS strategies. Most of these estimates are linked with coverage and not bottlenecks to health services provision and use of services. This mismatch needs to be addressed accordingly before incorporation into EQUIST, and UNICEF will need to take the lead on this aspect.

Table 11 provides additional activity-specific updates.

TABLE 11. CROSS-BUREAU ACTIVITY 11 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Advisory group preparation and meeting	HFG coordinated with USAID and UNICEF to finalize meeting agenda, instructions, handouts, and list of invitees.	HFG will translate meeting outputs (including consensus effect size values and comments from experts) to a draft impact matrix for USAID.
Review and consolidate evidence in preparation for the Expert Review Panel.	HFG organized and presented the extracted and consolidated effect sizes and other information from the literature review in tabular form for the Evidence Review Panel.	Attending experts provided a significant amount of additional evidence during the panel. HFG will document experts' feedback and review additional materials to determine inclusion.
Engage external stakeholders through Steering Group process	The Steering Group remained on hold throughout Q4.	UNICEF plans to reconvene the Steering Group.
Convene Expert Review Panel.	List of invitees was jointly finalized by HFG and UNICEF, and the Expert Review Panel was held during the week of September 26.	UNICEF will incorporate impact estimates for the reviewed HSS strategies on coverage and bottlenecks into the EQUIST platform.

ACTIVITY 12 *Strengthening People-centered Services through Improved Accountability*

Activity Objectives – Since 2012, SAHAJ has been working in 45 villages in three marginalized districts of the state of Gujarat in India, covering approximately 88,274 people accessing services from 22 tiered government facilities. SAHAJ has been supporting community-based organizations as they work to improve accountability for maternal health by prospectively tracking pregnant and postpartum women's entitlements to maternal health care and compiling this information into a report card, alongside other initiatives to track improvements in service delivery. Few accountability measures to date have combined both demand-side and supply-side elements in this way. The information is used to facilitate community-level and facility-level dialogues to improve health system responsiveness. The project also supports community participation in maternal death reviews, another accountability entry point for improving health systems responsiveness that requires further research.

HFG is undertaking a mixed methods study to evaluate whether the project achieved its intended outputs and outcomes. The study will strengthen the evidence base on what works to strengthen civil society-led local accountability efforts to improve health system responsiveness to communities, in the area of women's rights to maternal health.

The activity started in Y3Q2 and is expected to be completed by Y4Q4. (The team completed the data analysis in Y4Q1, and presented findings to the AOR team at the beginning of Y4Q2.) A final study

report is expected to be completed in Y4Q4. The team will also submit an abstract to the next Health Systems Research Symposium, and may convene a webinar with Health Systems Global.

Year 4 Progress - In Q1, the team completed data analysis of both qualitative interviews and the project monitoring database. A statistician from the team visited Baroda and spent time cleaning the project monitoring dataset during November 29–December 12, 2015. While local partners were initially skeptical about accessing government data to triangulate project outcomes, seeing the positive trends generated by the statistician led them to follow up with government to access their HMIS data.

In Q2 (March 2016), the team prepared a draft report, which has been circulated only internally. The team presented the study findings to the AOR team, who provided valuable comments and encouraged HFG to organize a technical briefing session at USAID.

In Q3 and Q4, the team will organize a technical briefing session and will finalize the study report.

In Q4, there were some delays in the activity because the activity lead and main author relocated to South Africa. The report is now expected to be finalized in Y5Q1. The technical briefing session is also expected to take place in December 2016. The journal submission is expected in Y5Q2.

Year 4 Progress - In Q1, the team completed data analysis of both qualitative interviews and the project monitoring database. A statistician from the team visited Baroda and spent two weeks (November 29–December 12, 2015) cleaning the project monitoring dataset. While local partners were initially skeptical about accessing government data to triangulate project outcomes, seeing the positive trends generated by the statistician led them to follow up with government to access their health management information systems (HMIS) data.

In Q2 (March 2016), the team prepared a draft report, which has been circulated only internally. The team presented the study findings to the AOR team, who provided valuable comments and encouraged HFG to organize a technical briefing session at USAID.

Table 12 provides additional activity-specific updates.

TABLE 12. CROSS-BUREAU ACTIVITY 12 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Finalize report.	Team is still drafting the report.	Activity was delayed. Report expected to be finalized in Y5Q1.
Disseminate via technical briefing session at USAID.	Not yet completed.	Expected in Y5Q1.
Submit article to WHO bulletin.	Not yet completed.	Expected in Y5Q2.

ACTIVITY 13 *Complete Health Systems Strengthening e-Learning Course*

Activity Objectives - The purpose of this activity is to finalize the e-learning course on health systems strengthening developed under Health Systems 20/20. The course was revised and finalized in Year 3 and is now awaiting USAID approval from OHS to make the course available on the USAID University website.

Year 4 Progress - HFG is awaiting USAID approval

ACTIVITY 14 *Understanding the Dynamics of Successful Health Systems Strengthening Reforms: Case Studies and Cross-case Analysis*

Activity Objectives - The goal of this activity is to implement a set of comparative case studies of global HSS interventions to bring into better balance our focus on "what works" in HSS with "how and why HSS" works, to improve the performance of future HSS efforts. We will base our case studies on a sample of six HSS initiatives perceived as successful,[1] and focus the analysis on teasing out some of the policy setting, adoption, and implementation factors and processes that drove the initiative. To ensure a wide global dimension to the analysis, the set of cases examined will be diverse, drawing from HSS initiatives that were implemented in different places under different conditions and with different features.

Year 4 Progress - HFG has staffed the team, submitted the Institutional Review Board (IRB) Form A, and drafted the study design and the case study selection process. Working closely with USAID (Joe Naimoli and Sweta Saxena), we began the case selection process. The Technical Advisory Group of 14 USAID staff from across the Global Health Bureau held its first meeting to review the study purpose and design and solicit their feedback on the study design and case selection progress.

During Y4Q2, the case selection process was successfully completed. Through the process of developing and applying the criteria for what qualifies as a successful HSS intervention, we interrogated the specific criteria that make a health system strengthening intervention, versus a health system support intervention. In so doing, we developed criteria for a "robust" HSS intervention, from which to select the final cases for study. It was determined that robust HSS interventions are those that address multiple diseases, use at least two health system building blocks, and perform at least three subsystem functions within one or more building blocks. After we had selected the final cases, we received permission to include the case in the study from a key point of contact from each prime implementer.

In response to feedback from HFG, it was decided to apply an implementation framework to guide the study and analysis. This again delayed the beginning of data collection. A range of health-specific implementation frameworks was reviewed, and two frameworks combined to apply to this study. The research protocol was updated to reflect this change.

In Y4Q3, we began data collection and analysis. The following are the primary tasks we engaged in during Q3:

- Received final waivers from Abt's and JHU's IRBs
- Began conducting document review and abstraction, literature reviews, and key informant interviews for the case studies
- Developed the qualitative codebook and began coding the interview notes in NVivo
- Developed common case study narrative outline to be used for each case study
- Developed common data analysis guidelines to be used for across cases for analysis

[1] Here we define "successful" as an initiative that has done at least one of the following things: achieved process objectives (initiative was implemented as planned); generated expected outputs; or positively impacted service use and (in some cases) health outcomes.

In Y4Q4, data collection and analysis was completed. This involved completing the document review and abstraction, literature reviews, and key informant interviews for the case studies. The common codebook developed in Q3 was applied to the document abstraction and interview notes in NVivo, after which text analysis was conducted. Case study reports were drafted for three of five cases and were sent out for review. Drafts of the final two case study reports are being prepared in Y5Q1. The case study findings were presented to the USAID Technical Advisory Group and feedback was solicited on the findings and the cross-case analysis.

Q4 Challenges - Some challenges delayed the drafting of the two case reports that have not yet been completed. For one, there was a delay in beginning data collection for one of the cases due to our workload and because of key informant travel schedules. As a result, the case report for this case was drafted later than the others. Secondly, a team member who was leading one of the case studies received a new job, so the transition to a new team member to complete the case delayed the drafting.

Table 13 provides additional activity-specific updates.

TABLE 13. CROSS-BUREAU ACTIVITY 14 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Identify key informants who possess in-depth knowledge on the selected HSS initiatives.	Completed identification of key informants to interview from the project leadership and through professional networks, which we began in Q3. Key informants who worked for prime contractor, subcontractors, USAID missions, and ministries of health were targeted.	Key informants in all respondent categories for all cases were not able to be identified. This was primarily because the projects that are being studied ended several years ago.
Convene a panel of experts and develop a two-page policy brief with recommendations.	This is still in planning/pre-implementation.	The end date for this has been pushed back due to delays experienced in previous quarters. As a result of those delays, case study reports and cross-case reports will not be completed until Year 5. After cross-case reports are completed, then this task will be completed and recommendations developed with the Technical Advisory Group.
Do secondary data collection and analysis (review documentation from each selected HSS initiative).	Secondary data collection of project documents has been completed. Data was extracted from project documents following a common extraction rubric. The document extraction sheets were imported into NVivo for analysis alongside interview data.	
Compose, validate, and revise cross-case analysis.	This is planned for Y5Q1.	This was delayed due to delays experienced earlier in the project. The cross-case analysis will be conducted in Year 5.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Do primary data collection through key informant interviews.	The interviews for all of the cases have been completed; 7-12 interviews per case study were conducted. Project staff were interviewed, including from the prime contractor, subcontractors, and local implementers, and when possible, relevant staff from USAID missions and ministries of health.	
Do within-case analysis of primary and secondary data.	Within-case analysis was completed. A codebook based on the implementation framework and interview guides was developed. Interview guides and document review abstraction were coded in NVivo. Text analysis of the coded data was then conducted in NVivo. The results of this analysis were presented to the Technical Advisory Group at USAID on August 5, 2016.	
Prepare and package findings for wider dissemination (i.e., through high-level communications, conferences, and/or journal publications)	Planned for Y5Q2.	This was pushed back due to delays earlier in the project that have pushed back the final reports.
Do across-case analysis of primary and secondary data.	Planned for Y5Q1.	This has been pushed back because of delays experienced in previous quarters.

ACTIVITY 15 *Stimulate USAID Field Research into Advancing Universal Health Coverage and Results-based Financing*

Activity Objectives - USAID Missions and country counterparts will gain a deeper understanding of the value of research to advancing UHC and RBF and of how to integrate research in this context. This will be done by producing a series of technical briefs to share lessons from specific implementation research for UHC initiatives in Myanmar and Indonesia that is being funded by the Asia Regional Bureau. The briefs will document the experiences in these two countries to test implementation research methodologies. HFG will disseminate lessons globally through publication on the HFG website and other channels.

Year 4 Progress - In Q1, the first of three technical briefs on Implementation Research for UHC in Practice: A Series of Technical Briefs Based on Lessons Learned from the Field in Myanmar and Indonesia was finalized; it is currently featured on the HFG website. Further dissemination of the first brief is being discussed with USAID's Office of Health Systems and Asia Bureau.

In Q2, design phases of implementation research for UHC in Myanmar and Indonesia were in progress, and once they have been completed, the second brief will be prepared, most likely in Q3.

In Q3, the design phase for the first cycle of implementation research was completed in Indonesia. However, it will not be completed until Q4 in Myanmar. We have therefore had to push back the writing

of the second brief (Defining and Designing the IR) until Q4. The third brief, planned for Year 5, will be on Implementing IR: First Cycle Lessons Learned.

In Q4, the design phase of implementation research for UHC in Myanmar is ongoing. The second brief (Defining and Designing the IR) is currently being drafted, and HFG's local counterparts are being included as coauthors. The second brief will be issued in Y5Q1, and the third brief, Implementing IR: First Cycle Lessons Learned, will likely be issued in Y5Q3.

Q4 Challenges - The main challenge with this activity has been the timing. As the briefs are tied to the implementation research for UHC activities in Myanmar and Indonesia, they have been subject to delays, as these activities have rolled out more slowly than anticipated primarily because of the political environments in both countries.

Table 14 provides additional activity-specific updates.

TABLE 14. CROSS-BUREAU ACTIVITY 15 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Produce second brief.	The second brief (Defining and Designing the IR) is currently being drafted and will feature input from HFG's local partners.	Delays in drafting the brief have resulted from slower roll-out of the implementation research for UHC activities in Myanmar and Indonesia because of the political environments.
Produce a third brief.	The third brief (Implementing IR: First Cycle Lessons Learned) will likely be issued in Y5Q3.	If the first cycle of implementation research in Myanmar is not completed, as it will be in Indonesia, we may to base the third brief primarily on the Indonesian experience.

ACTIVITY 16 *Co-Sponsor Health Systems Global*

Activity Objectives - Health Systems Global is a professional society established in 2012 to strengthen the field of health systems research and thereby contribute to improving the evidence base needed for health system strengthening. HFG assistance has two distinct components - organizational strengthening of Health Systems Global and participation in the Evidence Translation Thematic Working Group.

The objectives in Year 4 are the following:

1. Complete HFG organizational strengthening assistance by following up on two items from Year 3 related to Health Systems Global governance and TWG functioning.
2. Continue to support the overall coordination of the Evidence Translation TWG and develop an inventory of the evidence to policy and knowledge translation initiatives worldwide.

Year 4 Progress - Q1: HFG's assistance to HSG in organizational strengthening is in its final stages. In this quarter HFG's assistance focused on two discrete follow-up activities. In one of the activities, HFG worked with HSG to update the operating guidelines for the nine thematic working groups based on the TWG assessment carried out by HFG in Y3Q4. The second activity, which followed on from the governance assessment carried out by HFG, was aimed at updating the board election process.

Both of these activities were completed in Q2. HFG worked closely with HSG to develop operating guidelines for the TWGs. These have been completed. The guidelines define TWG functions, governance, HSG Secretariat support, and funding. Similarly, HFG support in revising the board election process was completed. The guidelines redefine the composition of the board, describe the nominating process, provide a calendar, and update voting procedures.

HFG's partner Public Health Foundation of India (PHFI) is developing an inventory of evidence translation initiatives in collaboration with the SHAPES TWG through a subaward to PHFI. PHFI will develop a data extraction tool, conduct key informant interviews, complete the inventory, and develop online, open-source formats. In this quarter, the PHFI subaward was fully executed; and PHFI issued a call for resource persons from different regions and organizations to help with the inventory, and began creating a shortlist of resource persons. In addition, a draft of the data extraction tool has been developed.

On October 28, 2015, the Translating Evidence into Action TWG hosted its second webinar. The webinar was conducted in French with simultaneous translation into English. Over 50 participants joined the webinar, and participants were highly engaged in asking questions and tweeting about the event. The webinar focused on a discussion of the African Health Economics and Policy Association's regional initiative to empower public and private leaders in Francophone Africa with evidence and research related to UHC.

In November 2015, Elaine Baruwa represented the TWG at the HSG Board Meeting and contributed to defining the TWG roles in HSG's new five-year strategy. One issue raised by several TWGs is how to cover the secretariat function.

Q2: In collaboration with the SHAPES TWG, the Evidence to Action TWG developed a Global Baseline Inventory of Knowledge Translation Resources. The TWG submitted a proposal for an organized session at the Fourth Global Symposium on Health Systems Research (HSR), in which we plan to present the global inventory of initiatives that is currently being developed.

Q3: The TWG finalized a draft of the Global Baseline Inventory of Knowledge Translation Resources and beginning preparations for the HSR Symposium in Vancouver. In addition, the TWG had discussions with the JLN regarding potentially merging their group with our TWG. The JLN would complement our TWG by elevating the voices of practitioners and policymakers to inform the research agenda.

Q4: A final draft of the Inventory of Knowledge Translation Resources was developed and will be presented at the HSR Symposium. The TWG has initiated its leadership election process to elect a new Chair, Vice-chair, and Secretary. All TWG members have the opportunity to participate in the election by nominating and voting for candidates. The election results will be announced leading up to the HSR Symposium so that the new leadership can actively participate in our TWG's business meeting at the Symposium. In addition, JLN's Collaborative Learning group has agreed to merge with our TWG. As a next step, our TWG will co-host a webinar with JLN to introduce the group and the collaboration.

Table 15 provides additional activity-specific updates.

TABLE 15. CROSS-BUREAU ACTIVITY 16 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support to Evidence Translation TWG		
Establish and maintain routine communication channels for TWG members (e.g., maintain LinkedIn group page, other listservs, etc.).	The TWG continues to maintain its webpage and its LinkedIn page. which currently has over 240 members. TWG members were invited to apply for free HSG memberships that were given to our TWG. The free memberships were awarded to three TWG members in July 2016. TWG Leadership elections (for Chair, Vice-chair, and Secretary positions) were initiated and all members have the opportunity to participate in the election process by nominating and voting for candidates. Preliminary planning for the TWG's contributions to the Fourth Global Symposium on Health Systems Research was started.	The TWG awaits guidance from the HSG Secretariat on new platforms that may better serve its communication needs.
Implement additional priority activities as identified in TWG work plan.	In collaboration with the SHAPES TWG, the Evidence to Action TWG is finalizing its Global Baseline Inventory of Knowledge Translation resources. The TWG has organized a panel session for the Fourth Global Symposium on Health Systems Research, where the global inventory of knowledge translation initiatives will be shared and discussed by a panel of research producers and users. The Joint Learning Network has agreed to merge their collaborative learning group with our TWG. JLN's group will complement the TWG by elevating the voices of practitioners and policymakers to inform the research agenda.	As a next step with the JLN collaboration, the TWG plans to co-host a webinar with JLN to introduce the collaboration.
Engage with HSG Secretariat on TWG efforts.	The TWG is keeping the HSG Secretariat fully informed of all of its work and is in regular email and phone communication. In collaboration with the HSG Secretariat, the TWG has initiated the election process of new TWG leadership (Chair, Vice-Chair, and secretary positions). The election process will end in early November so that the new leadership can help plan and participate in the TWG's business meeting at the HSR Symposium.	

ACTIVITY 17 *Monitoring and Evaluating Donor Transitions*

Activity Objectives - HFG will build upon recent and ongoing efforts related to transition and sustainability planning to generate a better understanding of how countries approach transition (particularly transitional financing for health), of the types of metrics that are required to monitor and evaluate the path toward transition, and of the transition process itself. A clear understanding of what transition means and what a "successful" transition looks like are critical to the development of any framework on how countries might approach transition and transitional financing.

Through this activity, HFG will achieve the following objectives:

- Improved understanding of how countries approach transition and sustainability planning, with a focus on the Global Health Initiative principle of country ownership
- Improved approaches to measuring country ownership, with a focus on transitional financing and sustainability, including benchmarks and metrics linked to transition
- Increased interest in field research into monitoring and evaluating the pathway toward transition and the process itself

Year 4 Progress - HFG has been in conversation with Kristina Yarrow and Vera Zlidar from the Asia Bureau about potentially applying the M&E guide in one (or more) countries in the region. An initial phone conversation on October 28, 2015 led to an in-person presentation for USAID stakeholders on November 10, organized by Yarrow and Zlidar. The session was attended by more than 10 people representing nine different USAID offices. The presentation provided an overview of the guide and its potential applications. Sara Bennett, Daniela Rodriguez, Chris Lovelace, and Marianne El-Khoury attended on behalf of HFG. On December 13, Vera Zlidar requested (and received) the executive summary of the guide to use during USAID's health managers meeting in Bangkok. A manuscript was accepted at Global Health Science and Practice and is available here: http://www.ghspjournal.org/content/3/4/591.full.

There has been no further movement on this activity.

ACTIVITY 18 *Revision of USAID's Health Systems Assessment Approach*

Activity Objectives - USAID's Health Systems Assessment Approach (HSAA) will be revised through a collaborative effort among USAID health system projects (HFG, ASSIST, SIAPS, PQM, and other Global Health implementing partners (IPs)) to address the following:

- Promote systems thinking, a holistic perspective, and interactions among the HS functions.
- Promote HSAA's uptake across EPCMD priority countries to identify the key HSS activities for USAID funding.
- Identify ways to conduct the health systems assessment (HSA) with fewer resources.
- Incorporate new knowledge and new global and country priorities.
- Better inform policy and program decisionmaking at the country level.

By the end of 2016, a draft version of the HSAA manual will be produced. In 2017, the revised HSAA manual will be pilot-tested in one or two countries and finalized. OHS proposes that HFG coordinate and facilitate this collaborative effort.

Further, USAID/OHS has asked HFG to explore possibilities for engagement with WHO and the World Bank (WB), two global entities also in the midst of addressing the need for comprehensive, current, and feasible approaches to HSAs. As such, HFG has developed potential scopes of work and budgets for USAID's consideration and has laid the groundwork for a mid-April in-person discussion with key stakeholders from USAID, WHO, and the WB to discuss ways to collaborate on HSAs.

Year 4 Progress - In Q1 (on December 8), HFG and USAID/OHS co-hosted the kick-off meeting for the revision of the HSAA Manual. Representatives from each of the five projects involved in the revision attended the meeting. The revisions requested by OHS include promoting use of the HSAA by the EPCMD community, promoting "systems thinking," options for doing an HSA with less funding, and updates to the six building block modules. The projects provided valuable feedback to the OHS team, for example, the importance of ensuring that the manual serves the needs of EPCMD without losing the broader value of a health systems strengthening approach or neglecting the needs of non-EPCMD priority countries.

In Q2 (early January 2016), HFG and USAID/OHS worked together to change the HSAA manual revision plan, moving from its focus on exclusively EPCMD priority countries to a focus on achieving UHC everywhere. In accordance with this change, HFG organized, developed materials for, and facilitated a January 21 IP meeting to update partners on the change and share the state of the art on UHC. Representatives from each of the IPs involved in the revision attended this meeting. The partners reflected on the timeliness of incorporating the UHC spectrum-wide lens, and provided valuable feedback to OHS and HFG around how to operationalize UHC integration into the revision process, previously focused solely on technical state-of- the-art updates.

In Q3, HFG facilitated an inter-institutional collaboration on HSAs between USAID, WHO, and World Bank. This collaboration has the short-term aim of WHO and WB light-touch reviews of the HSAA Manual Version 3.0 technical updates; long-term, this HFG-brokered collaborative aims to better harmonize HSA tools and approaches. This work culminated in two events organized and facilitated by HFG: an April 13, 2016 half-day meeting and a June 14, 2016 update call. On April 13, all institutions established their shared interest in collaboration, disseminated their updates on HSAs, and began discussing the way forward for collaboration. On June 14, the aforementioned short-term and long-term aims were cemented. In the coming months, WHO and WB technical leadership will provide inputs into the technical modules of the HSAA Manual Version 3.0 draft. Further, the long-term collaborative aim will be elaborated upon.

Also in Q3, the HFG team reviewed implementing partners' first draft revisions to the HSAA Manual Version 3.0. We identified common themes and differences to be reconciled across the revisions as well as isolated topics of discussion and developed a draft agenda for a future IP convening.

In Q4, HFG continued reviewing IPs' revisions to the HSAA manual. In addition, in accordance with the inter-institutional collaboration, WHO and the World Bank also reviewed and provided input on the health systems building block technical modules of the HSAA Manual Version 3.0. HFG is currently in the process of developing and reviewing harmonious content informed by the revisions to the manual and in view of comments from IPs, WHO, and the World Bank. We expect this to continue into early Year 5. Following this, the manual will be posted for public comment in order to solicit feedback from a wider pool of development partners.

In addition, the non-technical modules of the HSAA Manual Version 3.0 were revised to integrate UHC and a systems thinking lens to the overall approach. These edits will be reflected in the final revised draft of the manual.

Q4 Additional Information - In Q4, HFG and USAID further explored inter-development institutional interest in the health systems assessment approach by coordinating a call with Julia Watson from the United Kingdom's Department for International Development (DFID). We continue to engage DFID and previously established development partners WHO and the World Bank in this activity.

Table 16 provides additional activity-specific updates.

TABLE 16. CROSS-BUREAU ACTIVITY 18 DETAIL

Y4Q4 Planned Tasks	Y4Q4 Progress	Critical Assumptions/Problems Encountered/Follow-Up Steps
Organize and facilitate workshops to discuss and identify appropriate revisions to the HSAA methodology and content.	Re-scoped. In order to streamline and widen the revision process, this task has been adapted to involve iterative revisions from, in sequence: IPs, WHO and the World Bank, and public comment, with HFG-led revisions in between.	In early Year 5, the manual draft will be posted for public comment to incorporate the real-time ideas and health systems assessment realities of a wider array of development partners.
Coordinate and facilitate activity implementation, including convening meetings, collaborative sessions, and process management.	Ongoing: in Q4, HFG orchestrated phone-based meetings with DFID and USAID/Washington to discuss HSA collaboration opportunities and plan the public comment process, respectively.	
Draft revisions of select HSAA sections, with focus on governance, financing, and core modules.	First drafts were submitted in Q3.	
Collect, review, and provide feedback for revised HSAA manual sections drafted by ASSIST, HRH2030, PQM, SIAPS, and MEASURE Evaluation.	Ongoing: Updates to the HSAA Manual from WHO and World Bank are currently being reviewed by HFG technical leads.	HFG will finalize the review process, address suggested changes, and provide feedback to IPs.
Finalize draft of revised HSAA manual (Version 3).	Ongoing: given the opportunity for inter-institutional collaboration, the deadline for this task was adjusted to Year 5.	

ACTIVITY 19 *Health System Performance Benchmarking Tool*

Activity Objectives - The Office of Health Systems currently tracks health outcome and impact indicators for low- and middle- income countries. These indicators include maternal, neonatal, child, family planning, and HIV and AIDS indicators. The information is collected on an ad hoc basis and kept in different formats, making it difficult to conduct various kinds of analyses or create holistic pictures of countries' health system performance. OHS needs to standardize a process and create a tool that can be easily accessible and user-friendly to provide answers to emerging policy and programmatic questions.

In Year 3, HFG built a new health system indicators database in Excel, based on health system functions (the Health System Benchmarking tool). The tool includes maternal and child health, malaria, TB, and HIV and AIDS outcome and impact indicators; has built-in functions for analysis and benchmarking; and allows descriptive analysis and visualization of the data in various formats. It is also built with compatibility for various statistical programs.

In Year 4, the focus is on finalizing the benchmarking tool and making it available in the public domain. HFG will add a clustering technique that will allow groupings of countries based on socioeconomic and demographic characteristics. The tool is dynamic, allowing new indicators and the option to link and display them on a dashboard.

Year 4 Progress - In Q1, the team:

- Added a module to perform cluster analysis (using the K-mean and K-median functions that minimize within-cluster variance and absolute deviations respectively). This is a process of grouping countries based on certain socioeconomic and demographic characteristics in order to "control" for these variables while performing other kinds of analyses.
- Added over 20 more indicators in the areas of governance, economics, information systems, and pharma.
- Began revising the indicator trend analysis function, adding options to select multiple countries, multiple indicators, and time periods for analysis; and adding analysis (table/chart) of indicators by countries, with or without time periods.
- Started making adjustments to existing modules to ensure that the database and analytic functions are EPCMD-compliant; i.e., they include preferential analysis and summaries on EPCMD countries, all determined by the user.

In Q2, the team finalized the Health Systems Benchmarking (HSB)tool. The team tested and finalized the new module to perform cluster analysis. In addition, upon a request from the client, HFG accommodated an increase in the maximum number of clusters from four to five. Quality checks and functionality testing on clustering is complete, with outputs compared to standard statistical programs STATA and SAS. The HSB tool outputs were comparable to the outputs from these programs, and out-performed them in some cases.

Over 20 new indicators in the areas of governance, economics, information systems, and pharma were added. The options were expanded to allow selection of multiple countries, multiple indicators, and time periods for analysis, all with enhanced display features. Final revisions are being made to the codebook to reflect additional indicators and codes for categorical variables. An instruction manual is also being revised. The tool is EPCMD-compliant, i.e., preferential analysis and summaries on EPCMD countries can be made as determined by the user. The tool has a new look with an enhanced design-cover/menu page, updated formatting, and new color schemes. Graphs and print-friendly features have been incorporated. Currently, team members at OHS-USAID are reviewing the tool and its functions, and the feedback following this will be incorporated into the final version.

In Q3, the HSB tool was reviewed internally by country managers for ease and intuitiveness of use, and for errors. This followed a demonstration at one of HFG's team meetings where issues pertaining to its maintenance, dissemination, and utility in the field by USAID missions (primary audience) were discussed. Ongoing reviews by the OHS client were also completed in that quarter and preparations were made to launch the tool at an event organized by the OHS-USAID office in July 2016 (Q4). In preparation for dissemination and ease of use, the HFG team and the OHS produced two versions of the instruction manual: a full 50+ page version replete with screenshots and tips, and an executive two-page version for the occasional or casual user. These manuals were attached to the main tool, and are downloadable by the user. The team also prepared the tool for handover to the Economic Analysis and Data Services

(EADS) unit of USAID-Washington for web hosting and maintenance. This included documentation of the code, developing security steps and measures, and instructions for yearly updates, as well as a series of handover meetings.

In Q4, on July 7, 2016, the HSB tool was launched at an event in USAID offices (Crystal City, VA). The event was chaired by Dr. Pablos-Mendez, Assistant Administrator, Bureau of Global Health. The HFG team, as well as the OHS, made presentations and demonstrated the functionalities of the tool, followed closely by a question and answer session and discussions.

The tool has been well received. In just three weeks after the launch, the tool had been downloaded over 300 times by professionals in 60 countries, making it one of the most popular and impactful HFG products (this is more than 229 percent of the usual downloads of similar works in the same amount of time). The project also made a similar presentation and demonstration to DFID on July 14, 2016 via remote conference.

Technical documentation (codes and other documents) was delivered in Q4, with handover meetings with the EADS currently scheduled to take place in Y5Q1.

Table 17 provides additional activity-specific updates.

TABLE 17. CROSS-BUREAU ACTIVITY 19 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Launch and demonstration of HSB tool	A launch event was held on July 7, 2016 at USAID offices, where the HSB tool was presented and demonstrated.	Handover to EADS unit of USAID is scheduled to take place in Y5Q1.

ACTIVITY 20 *Dissemination of Health Systems Strengthening Impact Report*

Activity Objectives - In July, the OHS released a major new report prepared by HFG – *Impact of Health Systems Strengthening on Health* – which, for the first time, presents a significant body of evidence linking health systems strengthening interventions to measurable impacts on health outcomes. The report identifies 13 types of HSS interventions with quantifiable effects.

The goal of this activity is to reach a wider audience – preferably in EPCMD and OHS priority countries – who can use the report's findings to improve health outcomes in their countries. OHS and HFG will prepare several dissemination activities during Year 4, which may include:

- Webinar – Two of the lead authors, Laurel Hatt and Ben Johns, would be joined by Joe Naimoli to share the key findings, explain the methodology, and answer questions. This webinar would be aimed at mission staff, implementing partners, and country stakeholders.
- External event (location TBD) – USAID and OHS leadership would join the report's authors to present the report and how it relates to OHS's new Vision for Action as well as OHS's ongoing effort to marshal the evidence for the impact of HSS on health outcomes.
- Twitter chat – Following the webinar, authors could be made available to answer questions via Twitter for worldwide participation.
- Manuscript – The authors would prepare a manuscript and submit it to a peer-reviewed journal.

Year 4 Progress - With help from a USAIDGH email blast and social media campaigns from HFG, USAIDGH, and Abt, the report has been quite a success. On July 30, within 48 hours of its release, the report was downloaded 497 times and the synopsis 338 times, and the page hosting both documents received 815 hits. The press release announcing the launch received 603 hits. The report was featured on the HFG homepage for eight weeks and was also featured on the Abt Associates website.

Five months later, the report remains a top hit and download on the HFG website. As of March 31, 2016, the report had been downloaded 2,178 times and the synopsis 1,143 times, making both documents the top two all-time downloads on the HFG website by 500 downloads. The report page had 3,695 pageviews, and the press release received 2,296. Continued social media efforts by HFG and USAIDGH have helped to achieve these numbers.

In Q2, the AOR team/USAID agreed that HFG could submit the article to the *Health Systems and Reform* journal. HFG started updating the literature search.

In Q3, the study team finished the literature search and review and started data extraction and writing of the manuscript.

In Q4, the manuscript was completed and sent to authors for final comments.

Table 18 provides additional activity-specific updates.

TABLE 18. CROSS-BUREAU ACTIVITY 20 DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Manuscript for publication	Manuscript has been re-written and is being reviewed by the authors. Submission to a peer-reviewed journal should occur late September 2016 or early October 2016.	More-substantial revision was necessary than was originally envisioned, but the updates have added much in terms of content and additional reviews included in the analysis.

ACTIVITY 21 *Universal Health Coverage Accountability*

Activity Objectives - Given its inclusion in the Post-2015 Sustainable Development Goals, achieving UHC will play an even larger role in USAID's 24 EPCMD countries' development strategies over the coming decades. Governments will be looking to measure their current and future progress towards achieving UHC, and will be keen to understand existing coverage gaps, health system bottlenecks, and strategies for reaching this objective.

A June 2015 WHO/World Bank report, "Tracking universal health coverage: first global monitoring report," highlights that despite challenges related to measurement, countries are making progress towards achieving and measuring UHC. However, the report cites the principal challenges to measuring proposed UHC indicators: 1) identifying high-quality data, 2) disaggregating indicators to assess equity, and 3) measuring effective coverage. Governments also need cross-country data on UHC progress, gaps, and obstacles that will allow them to coordinate efforts and learn from one another. This means that available information must be transparent, concise, standardized, and in an easily accessible location. The current activity intends to support these objectives through the development of UHC country profiles.

Objective 1: Convene key development partners and come to consensus on format for UHC Countdown briefs. HFG will collaborate with key stakeholders, such as WHO, the International Labour Organization, the World Bank, and the Swiss Tropical Institute, to develop country profiles of the 24 EPCMD countries. In conjunction with USAID, HFG will co-convene a phone-based or in-person meeting (TBD) with approximately 5-10 key stakeholders to validate and reach consensus on the country profiles Stakeholder discussions will encompass:

- Content of the country profiles, which may include selected indicators, descriptions of health financing and delivery systems, and country policies and plans concerning UHC, and the extent to which the profiles enable assessment of progress toward UHC
- Data sources to be used
- Draft layout and design of the profiles
- Identification of a development partner (e.g., World Bank, WHO) that will agree to upload, host, and maintain the country profiles on their website; USAID, HFG, and other implementing partners can link to this website, and share the information widely with target audiences
- Stakeholder input will be used to inform the final design of the country profiles and the analysis of the information from the profiles.

Objective 2: Develop and disseminate 24 EPCMD country profiles. Once USAID and other core development partners have agreed upon the content and a template for each country profile, HFG will prepare the profiles for 24 EPCMD countries. The specific content will be contingent on discussions from Sub-Activity 1; however, this exercise will likely entail collecting secondary data, where available, on key UHC performance indicators across all 24 countries. The purpose of this additional research will be to highlight existing country progress towards UHC.

Following the creation of all 24 EPCMD country profiles, HFG will work with the identified development partner (e.g., World Bank, WHO) that agreed to host the country profiles on an existing website. HFG will work with the host to upload the country profiles to the website for use by the global community. In addition, HFG will draft and submit a final report to USAID that includes all 24 EPCMD country profiles and a synthesis of key findings.

Year 4 Progress - Q2 Progress: The scope for this activity is on hold, and the work plan may require major revisions. Following discussions with WHO and USAID, HFG prepared a concept note for USAID in February 2016. This document includes three options for consideration. The project is awaiting guidance from the AOR team. No activities have been implemented yet.

Q3 and Q4: The activity continues to be on hold and funds will likely be reprogrammed.

ACTIVITY 22 *Promoting Effective Oversight of the Response to Priority Health Challenges through Standing Committees on Health: Increasing Parliamentary Oversight of EPCMD Programming*

Activity Objectives - In Year 4 HFG planned to complete the Year 3 step of piloting the guidelines in one of the EPCMD priority countries, and finalize the HFG guidelines for dissemination (pipeline funds). HFG will also introduce and expand use of the parliament EPCMD guidelines by several more of the standing committees in the EPCMD countries, by partnering with existing multi-country health governance platforms. Potential multi-country partner platforms include: the Southern and Eastern African Parliamentary Alliance of Committees of Health annual conference, the International

Parliamentary Union planned regional meeting on MCH, and/or the 2015 Commonwealth Parliamentary Association annual conference held in Pakistan (an EPCMD country). The introduction of the HFG Guidelines will include peer-to-peer methods particularly effective when dealing with parliamentarians, by engaging a Member of Parliament from the Year 3 pilot to participate in the presentation. Also in Year 4, HFG will leverage parliamentary standing committees for DRM by developing a parallel guide for civil society organizations to hold their parliamentary standing committees accountable for EPCMD funding. Because standing committees are such a significant partner for civil society organizations in the health sector, this guide complements earlier HFG work on entry point mapping.

Year 4 Progress - On August 15, HFG submitted the draft Guidelines on Standing Committee Oversight of EPCMD to USAID for review. HFG is also preparing a shorter policy brief aimed at Members of Parliament and a PowerPoint presentation that will be used in the pilot. The draft was also shared with USAID Center of Excellence on Democracy, Rights and Governance colleagues for feedback on legislative strengthening and cross-sectoral programming.

ACTIVITY 23 *Tax Administration Reform and Resource Mobilization for Health*

Activity Objectives - Increase domestic financing of health from improved tax revenue mobilization by examining and documenting the experience in a second country case study.

Year 4 Progress - Three domestic resource mobilization for health documents focusing on tax reform were finalized this quarter. The main report, "Tax Reform and Resource Mobilization for Health," shows that many countries are still far from reaching their tax capacity. If countries' tax effort rose to the average rate, then government health expenditures could also increase by meaningful amounts. In an example from the Philippines, this amounted to an increase by an additional $2–$8 per capita in government health expenditures. However, our analysis of 188 countries over 18 years found that increased tax revenues do not necessarily translate to increased health spending. This study identifies four factors that favor the allocation of additional tax revenue toward the health sector: (1) generating national political priority for health; (2) creating tax funds specifically for health; (3) earmarking a proportion of tax revenue mobilized; and (4) decentralizing spending. The report is complemented by two in-depth country case studies, on El Salvador and Rwanda, available as separate publications. Both of these countries implemented successful tax administration reforms that, together with other measures, significantly increased government allocations to health. A dissemination event at USAID that was open to an external audience occurred on March 29 to discuss the key findings from the main report and case studies. The event was attended by approximately 45 people and stimulated a thought-provoking discussion on the topic.

This activity is now completed.

4. DIRECTED CORE ACTIVITIES

This section presents a summary of progress made in the five directed core areas – Global Health Security, Health, Infectious Diseases and Nutrition, HIV and AIDS, Malaria, MCH, Population and Reproductive Health (PRH) and TB.

4.1 Global Health Security

Program Objectives - On February 13, 2014, the White House launched the Global Health Security Agenda (GHSA) with partners around the world to support a multi-sectoral approach to strengthen both the global and nations' capacity to prevent, detect, and respond to infectious disease threats whether naturally occurring, deliberate, or accidental and achieve the core capacities required by the International Health Regulations.

The Caribbean Community (CARICOM) serves as the political framework for the Caribbean and focuses on four pillars: economic integration, human and social development, foreign policy coordination, and security. The Caribbean Public Health Agency (CARPHA) is the regional public health agency for the Caribbean region and supports 26 countries.

HFG's objectives under the Global Health Security directed core focus on supporting and facilitating USAID/Barbados Office and the USAID GHSA headquarters staff in convening GHSA stakeholders from the Caribbean region to conduct a Caribbean regional GHSA self-assessment, led by CARICOM and CARPHA, and develop the Five-Year Roadmap to achieve GHSA targets across the 11 Action Packages.

Year 4 Activities - Through this directed core program, there is currently only one activity, which is supporting the Caribbean region in engaging in an internal self-assessment using an assessment instrument based on the JEE tool, and in developing a Five-Year Roadmap to be approved by regional policymakers to advance GHSA objectives in the region. There are three sub-activities in the plan to deliver on this work.

Sub-activity 1: Engagement strategy: Communications with CARICOM and CARPHA, as well as some key influential stakeholders in the region, will start immediately, building on existing excellent relationships with key regional stakeholders. HFG will work with the United States Government (USG), CARICOM, and CARPHA to establish a joint work plan for accomplishing the self-assessment and other preparations needed for the November meeting, and a process for roadmap development. To establish the active engagement of the countries and CARICOM itself in building the roadmap, HFG (with USG representatives) will be available to meet with CARICOM and other essential stakeholders ahead of the November meeting to explain the process and obtain guidance on data collection and country engagement. Another key meeting will be with CARPHA in Trinidad. Here, the team will spend some days reviewing data and systems within CARPHA and begin the data collection for the internal self-assessment.

Sub-activity 2: Regional GHSA Roadmap meeting: HFG will plan and facilitate a five-day regional GHSA Roadmap meeting to be held in Miami, FL in November. The purpose of the meeting will be to review and finalize the internal assessment, and to develop the regional roadmap. Data and materials will be collected from countries and regional bodies ahead of the meeting, which, combined with data collected from desk reviews, will feed into the content of the discussion. HFG will host a one-day preparatory meeting with USG agency representatives to gather information on technical and other support planned for the region, in order to be prepared to populate those sections of the roadmap at the November meeting. The first two days of the November meeting will be to complete the internal self-assessment and to agree on priorities. The last three days of the meeting will be devoted to drafting the roadmap.

Participants will include:

1. Representatives of regional bodies, including CARICOM, CARPHA, the Organization of Eastern Caribbean States Secretariat, the Caribbean Disaster Management Agency, trade and tourism agencies, regional representatives of the private sector, and others
2. Development partners such as the IADB, WB, PAHO, and others
3. Country representatives including representatives from ministries of health
4. Other regional and national stakeholders such as civil society groups, trade associations, etc.
5. HFG will work with CARICOM and the USG to establish the list of participants that are essential for the meeting.

HFG technical specialists will provide facilitation and commentary at the meeting, and help to guide the content and structure of the meeting.

***Sub-activity 3: Preparation of roadmap for January CARICOM Heads of State meeting*:** After the November working meeting, HFG will assemble a draft roadmap and circulate it to countries and regional stakeholders for comment. Once feedback and comments are received and incorporated, HFG will submit to the USG and CARICOM a "final draft," which will be used for purposes of endorsement.

Year 4 Progress Against Objectives

Developing Five-Year Global Health Security Roadmap for Caribbean Region: In Y4Q4, the HFG team rapidly moved forward on this activity. Given the time-sensitive nature of the activity and late approval of the work plan, HFG mobilized quickly to move multiple tasks forward in the final quarter of Year 4. This rapid mobilization was aided by HFG's existing relationships with key stakeholders from the region. HFG kicked off the activity with the team, finalized the venue and facilitators for the Miami meeting, developed a stakeholder engagement strategy, and developed the participant list with full stakeholder participation from USG, CARICOM and CARPHA, among other stakeholders. HFG mapped an implementation plan early in the process, beginning with a vision of the end product. In consultation with USG, CARICOM, CARPHA, and HFG technical consultants, the team defined and agreed on the approach to conducting the internal self-assessment and building the roadmap. HFG also prepared and delivered a presentation of the activity and introduced the concept of the November GHSA meeting at the Caucus of CARICOM Health Ministers at PAHO in Washington, DC (24–25 September). Finally in Q4, HFG finalized the online rapid assessment data collection tool to be used to gather existing useful information related to the 11 action packages that will be used to develop the Five-Year Roadmap.

Q4 Challenges - Work plan approval took time: the process began in July 2016, but approval was not received until mid-September. HFG staffed up to move rapidly with an intensive timeline for the November workshop.

Coordinating across multiple stakeholders is always challenging, but HFG has put in strong processes to ensure continued joint communication and updates across USG and regional stakeholders, including CARICOM and CARPHA.

Q4 Additional Information - The technical team established to support these efforts includes: Dr. Gavin MacGregor-Skinner (Global Health Security Advisor), Lisa Tarantino (Regional Manager for the Caribbean), Laura Guyer (Expert Facilitator), and Sarah Insanally (Sr. Technical Advisor and Caribbean expert). The table below details activities related to global health security.

Table 19 provides additional activity-specific updates.

TABLE 19. GLOBAL HEALTH SECURITY ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Developing Five-Year Global Health Security Roadmap for Caribbean Region		
Adapting the Joint External Evaluation tool from WHO to use for Caribbean roadmap development	By end of Y4Q4, tool had been adapted into a rapid online assessment tool for Caribbean stakeholders to use.	Tool will be finalized for data collection by October 5.
Regional Roadmap Development Workshop	HFG has finalized the selection of the venue and facilitators, and created a master implementation plan. Draft stakeholder mapping and engagement strategy, participant lists, and invitations have been circulated for review and approval.	None
Final Five-Year Caribbean GHSA Roadmap	Pre-implementation/planning	The internal assessment dashboard and roadmap template will be developed by the end of October for feedback and approval from USAID.

4.2 Health, Infectious Diseases and Nutrition

Program Objectives - The objective is to gauge the readiness of countries in Latin America and the Caribbean (LAC) to conduct vector control and entomological monitoring of Aedes mosquitoes. HFG will identify critical capacity strengths and gaps to enable the prioritization of technical assistance from USAID and other agencies in the future. HFG was requested to provide support as part of urgent response to the recent crisis.

Year 4 Activities - HFG will conduct a series of rapid assessments on vector control and entomological monitoring of Aedes mosquitoes in five countries in the LAC region: the Dominican Republic, El Salvador, Guatemala, Haiti, and Honduras. The assessments will focus on eight elements of national and subnational capacity:

1. Human resources at the national and province/district levels
2. Infrastructure: presence of Reference Laboratory at the national Level, a functional insectary, and equipment/vehicles to conduct vector control
3. Capacity to design and prepare vector control and entomological monitoring plans
4. Implementation capacity including procurement and availability of equipment, and data collection
5. Data collection, analysis, and reporting (including outlining the current knowledge of vector mapping/resistance status to both adulticides and larvicides)
6. Stakeholder engagement and use of entomological data to inform vector control
7. Environmental compliance
8. Financing of vector control and entomological monitoring activities

Year 4 Progress Against Objectives - Work under this activity was initiated in Q3, with the development of a concept note and corresponding budget submitted to USAID. Following approval, HFG worked with the USAID LAC bureau and the President's Malaria Initiative (PMI) to create an assessment tool for use during field work in each of the target countries. The project underwent an extensive recruitment process to identify consultants to lead field work. Consulting agreements were established with four senior-level entomologists to work in two-person teams and administer the assessment tool in each of the five countries. During this time, HFG engaged with the USAID Missions in the five target countries to familiarize mission counterparts with the objectives and methodology of the assessments; obtain recommendations on organizations and individuals to contact while in country; and request assistance in making initial contact with ministries of health. Field work for the assessments in Haiti, El Salvador, and the Dominican Republic took place in Q3. Data collection for Honduras and Guatemala was done in the beginning of Q4.

HFG began developing the assessment reports at the end of Q3. This process has been done in close collaboration with the USAID Activity Manager in the LAC Bureau, who facilitates receipt of feedback from USG stakeholders (e.g., LAC, PMI, USAID Missions, and the Centers for Disease Control and Prevention (CDC)). By the end of Q4, assessment reports for Haiti and Honduras were approved. The reports for the Dominican Republic, El Salvador, and Guatemala are expected to be finalized and approved in the beginning of Y5Q1.

Table 20 provides additional activity-specific updates.

TABLE 20. HEALTH, INFECTIOUS DISEASES AND NUTRITION ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Assessments of Aedes vector control and entomological monitoring in LAC region		
Conduct country capacity assessment in Haiti.	A draft assessment report was submitted to the LAC Bureau, and feedback was received from LAC, PMI, CDC, and the Haiti Mission. The report was then revised, resubmitted, and approved as final.	
Conduct country capacity assessment in Honduras.	A draft assessment report was submitted to the LAC Bureau, and feedback was received from LAC, PMI, and the Honduras Mission. The report was then revised, resubmitted, and approved as final.	
Conduct country capacity assessment in Guatemala.	A draft assessment report was submitted to the LAC Bureau.	HFG is awaiting feedback on the draft report. The report is expected to be finalized in Y5Q1.
Conduct country capacity assessment in the Dominican Republic.	A draft assessment report was submitted to the LAC Bureau, and feedback was received from LAC, PMI, and the Dominican Republic Mission.	HFG will submit a revised version in Y5Q1. The report is expected to be finalized in the same quarter.
Conduct country capacity assessment in El Salvador.	A draft assessment report was submitted to the LAC Bureau, and feedback was received from LAC, PMI, and the El Salvador Mission.	HFG will submit a revised version in Y5Q1. The report is expected to be finalized in the same quarter.

4.3 HIV and AIDS

Program Objectives –

Activity 1: Assessing Resource Allocation of HIV Services and Improving Efficiency of Antiretroviral Therapy (ART) Provision at the District Level in Botswana: HFG is conducting an analysis to determine the efficiency of HIV treatment programs in Botswana, by comparing actual health expenditure data with normative data (as defined in national guidelines/protocols). The objective is to identify opportunities to improve efficiency in ART provision. The final report will do that and will also address include cost variation, data envelopment analysis, lessons learned, and challenges.

Activity 2: Costing and Planning Tools to Support Rational Strategies to Scale Up Viral Load (VL) Monitoring Within ART Programs: This activity contributes directly to the current President's Emergency Plan for AIDS Relief (PEPFAR) 3.0 mandate, as described under the Impact Action Agenda, on ensuring effective monitoring of treatment though VL testing. The study explores costing, budgeting, and planning for the scale-up of point of care (POC) VL monitoring to sustain ART programs.

- *Costing:* This activity seeks to determine the characteristics of POC VL technologies and factors that influence the feasibility of adoption of these technologies in low-income or middle-income settings on a sustainable basis.
- *Cost-effectiveness analysis:* Through examination of inappropriate antiretroviral (ARV) drug switches, development of resistance, and different monitoring protocols, the cost-effectiveness model will assess the price at which the POC VL technology would save money. The model compares (1) current monitoring methods (given values for other parameters) and (2) specific thresholds (e.g., gross domestic product per life-year). Data from Kenya will be used to complete modeling for the work that was initiated for Uganda.
- *Planning and budgeting:* HFG will develop an Excel-based forecasting tool to support pilot country teams in planning the transition toward virologic monitoring so they can implement the monitoring in a deliberate and phased manner over the next several years. It is anticipated that the forecasting tool will be able to be shared across countries to further catalyze VL transition even after the conclusion of this activity.

The activity encompasses four main sub-activities:

- A cost analysis of conventional and POC diagnostics in Kenya (in collaboration with the Kenya Medical Research Institute (KEMRI))
- The development of a cost-effectiveness model for POC diagnostics
- The development of an Excel-based forecasting tool to inform the planning and scale-up of VL monitoring and Early Infant Diagnosis technologies

Activity 3: Evaluating Efficiency of Integrated HIV and AIDS and Family Planning (FP) Services: PEPFAR supports the integration of HIV/AIDS and FP services to improve efficiencies and maximize the impact of programs in meeting the comprehensive needs of women living with HIV.

This activity aims to measure the efficiency gains in integrated FP/HIV service delivery, exploring factors at both at the system and facility level. In Years 2 and 3, Tanzania and Zambia were selected as the two countries for the Integration Efficiencies study. In Zambia, the objective of the study is to develop indicators and assess the efficiency of different models of FP/HIV service integration. In Tanzania, HFG is working with Engender Health, a recipient of PEPFAR FP/HIV Acceleration Funds, to conduct an operations research activity. The main objective is to compare different models of integration (service-based integration vs. unit-based integration) and describe strengths and weaknesses of each approach in the delivery of quality integrated services within typical health center settings in Tanzania.

Expected results include:

- Improved understanding of potential efficiency gains in integrated FP/HIV programs as well as documentation of missed opportunities
- Key recommendations for FP/HIV service integration in the production process, including where efficiency gains are fully realized, and improvements that could be implemented in order to maximize those gains

Activity 4: Financial Management and Costing Support to Global Fund Applicants and Recipients: In Year 4, HFG will continue to provide support to countries under the new Global Fund (GF) funding model. HFG will use its technical expertise and flexibility to respond quickly to short- and medium-term technical assistance requests from countries, with the option of longer-term capacity-building, in areas that include costing of national HIV and AIDS strategic plans and financial management. HFG received a request from the Jamaica MOH through USAID-DC to strengthen both the financial and the management capacity of the MOH (the grant's Principal Recipient), subrecipients, and sub-subrecipients to implement the Global Fund and USAID HIV grants. In Y4Q3, HFG received a request to support the GF with expenditure tracking efforts in Ethiopia.

Activity 5: Lessons Learned from Partnership Frameworks (PF) and Related Implementation Plans (Partnership Framework Implementation Plans for HIV Sustainability Planning: To understand the lessons learned from the PF and Partnership Framework Implementation Plan (PFIP), HFG conducted a rapid and systematic assessment of PFs and PFIPs and their implications for country ownership and program sustainability. The work was designed to involve a two-tiered approach - a broad document analysis of all countries that have developed PF agreements, and in-depth country case studies of a small number of countries to be selected in conjunction with USG. Specific activities include a PF/PFIP desk review, development of assessment protocols, data compilation and analysis, in-depth case studies, and drafting a synthesis report that summarizes conclusions and proposes recommendations.

Year 4 Activities -

Activity 1: The study received approval from the Botswana MOH IRB Committee in Y3Q4. Following approval, the HFG team started to define the sample parameters and determine the facility sample. Following consultations with USAID, the scope of this activity was refined to examine only the efficiency of ART service delivery. Data collection training and data collection itself started in Y4Q1, and was completed in Q3. HFG completed data cleaning in August (Y4Q4), and costing analysis was completed by the end of Year 4 (September 2016). The average unit cost per ART patient per year was calculated for all 120 facilities in the sample. A Data Envelopment Analysis was completed. A technical brief that addresses the costing analysis has been developed and will be disseminated at the upcoming Health Financing TWG in October.

Activity 2: The countries of focus for this activity have evolved, based on client inputs and mission availability/interest. Kenya was selected as a second country of focus and HFG signed a memorandum of understanding with KEMRI to collaborate with them on the study. HFG piloted the data collection instruments in Y3Q2, and after HFG's revision of the instruments, KEMRI began data collection in Y3Q4. Preliminary data from all sample sites were received and reviewed by HFG staff, and further guidance on cleaning and finalizing the data was provided to KEMRI. Data collection continued through the first quarter of Year 4. In the final quarter of Year 4 (August 2016) HFG conducted field trips to Kenya to validate the forecasting tool and work with KEMRI to develop a plan to fill data gaps.

Activity 3: Throughout Year 3, HFG worked on completing the integration efficiencies study in Zambia. In Year 4, HFG planned to finalize the Zambia report after incorporating feedback and inputs from the USAID/Washington team, and will conduct dissemination activities. In Tanzania, HFG planned to collaborate with Population Council and Engender Health's RESPOND project, building on the progress of the previous year. The three partners (Engender Health, Population Council, and HFG) have obtained

IRB approval from the respective agency IRBs and from the Tanzanian local IRB. In Year 4, Engender Health will conduct a 20-site facility inventory that HFG planned to use for a baseline cost analysis to share with Engender Health and Population Council, who are integrating HIV/AIDS and FP services. In Y4Q4, HFG received further direction from USAID to rescope the additional funds for this activity; the progress on this will be highlighted in the next section.

Activity 4: The overall purpose of the activity is to provide technical assistance to Global Fund proposals and activities as determined by the USAID Global Fund Liaison team.

In Year 4 HFG responded to a request to support GF activity in Jamaica. HFG supported financial management activities. This first phase of the work was completed and a report shared with USAID Washington in Y4Q1. The second phase of the work was conducted in Y4Q2.

In last quarters of Year 4, HFG received a request to support GF with expenditure tracking efforts in Ethiopia. The purpose of HFG's support is to perform a comprehensive expenditure analysis of HIV/AIDS in Ethiopia, including expenditure from the Government of Ethiopia, Global Fund, and PEPFAR. The activity was approved and launched in Y4Q3; and further details will be elaborated in the progress section.

Activity 5: HFG completed the initial phase of this activity, which focused on review of PFs, PFIPs, and other documents. This included development of tools to extract, organize, and present data; conducting data extraction of host country PFIPs; and a review of relevant national resource documents to prepare 15 country profiles. HFG drafted the initial synthesis report summarizing the findings and submitted the draft to the Office of HIV/AIDS (OHA). OHA provided detailed comments and requested substantial revisions to the report. HFG undertook a second rewrite of the entire report, which was finalized and shared with the client in Q4. HFG is awaiting feedback from USAID on this latest reiteration of the report. USAID has requested that the final report include the findings from the case studies, whenever those will be completed.

Activity 6: In Q3 HFG initiated Sustainable Financing Initiative (SFI) baseline activities in Lagos and Rivers States. The baseline report will use results from a fiscal space analysis, a health accounts exercise, and, where necessary, some service costing assessments. Data collection for these efforts will start in Q4 except for the fiscal space analysis in Lagos State, which has been completed and is currently being reviewed by the Lagos State government.

Year 4 Progress Against Objectives

Activity 1: HFG traveled to Botswana in Y4Q1 to train data collectors and launch Phase 1 of data collection. At the end of Q1, data collection was 75 percent complete. Of 120 sampled facilities, 90 were visited in Phase 1.

In Q2, HFG conducted an extensive quality review of the data collected in Phase 1 and planned for Phase 2 data collection.

In Q3, HFG completed Phase 2 of data collection (April-June 2016). In addition to collecting data at the 30 pending facilities, data collectors returned to selected Phase 1 facilities to fill data gaps identified during the quality review process. Primary data collection was completed in June 2016, and the data for all 120 facilities was entered into an electronic platform. The electronic platform facilitated the process of developing the dataset (which includes 120 facility records and 2,400 patient records) by eliminating the need to enter the records directly into Excel. This, in turn, facilitated data cleaning and analysis.

In addition, HFG traveled to Botswana as part of the field-supported Health Financing Strategy activity. The team used the opportunity in country to support the core funded work as well. Key meetings were conducted with the Ministry of Health officials, with the intent of finalizing the secondary data collection. Among the data received during this trip were ARV and commodity price lists from the Central Medical

Stores, human resource salary grades, summary data on use of HIV services, and limited data related to training costs.

In Q4 HFG cleaned the dataset and initiated communications with the MOH and other stakeholders to gather secondary data related to training costs and equipment prices. This was required to address the emerging gaps that had been identified during the initial data cleaning process. HFG completed data cleaning in August (Y4Q4) and costing analysis was completed in September. A technical brief covering the costing analysis has been developed and will be disseminated at the upcoming Health Financing TWG in October. The Data Envelopment Analysis was completed and the full ART Efficiency Report is expected to be finalized in October.

Activity 2: Data collection began in Y3Q4. Preliminary data from all sample sites were received and reviewed by HFG staff, and further guidance on cleaning and finalizing the data was provided to KEMRI. Data collection continued through Y4Q1; however, upon reviewing the data, HFG found that significant data gaps remained. HFG conducted field trips to Kenya in August 2016 to validate the forecasting tool and follow up with KEMRI to develop a plan to fill data gaps. It is anticipated that the critical data gaps will be filled and resolved In October 2016, with HFG working in consultation with KEMRI.

In the last quarter of Year 4, HFG also refined the draft Excel-based forecasting tool. A validation workshop was held for key stakeholders (KEMRI, CDC Kenya, International Center for AIDS Care and Treatment (ICAP), and RCTP FACES) to introduce, refine, and calibrate the tool using their inputs. Critical feedback was provided by the laboratory staff teams, including logistics staff, the laboratory supervisor, the laboratory program planners, and the HIV program planners.

In addition, HFG is moving ahead with the development of the cost-effectiveness analysis model, using the available data from Kenya as well as secondary sources. A preliminary model has been developed and refined. HFG is completing secondary data collection from available literature to supplement the model.

Activity 3: In Y4Q1, HFG completed the study in Zambia and submitted the report to USAID. The team then shifted its efforts to disseminating the findings with key stakeholders. In Q2, HFG presented the study at the PEPFAR FP/HIV Integration Implementing Partner meeting. The meeting is coordinated by the USAID FP/HIV integration team, together with other USG staff. The presentation was well received, and provided critical information on costing and efficiencies of integration, the lack of which has been a major gap in integration research. In Q3, the study was accepted to three conferences: activity lead Dr. Sophie Faye gave an oral presentation at the International AIDS Society Conference in July 2016, portfolio manager Dr. Elaine Baruwa gave an oral presentation at the annual meeting of the African Health Economics and Policy Association in September 2016. Both presentations were well attended. In Y5Q1 the team will present an e-poster at the HSR Conference (November 2016).

Also in Year 4, HFG finalized the research protocol for the Tanzania Study with the two collaborating partners, Engender Health and the Population Council, and received approval from USAID/Tanzania. In Q1, Engender Health completed a 20-site facility inventory, which HFG used to collect baseline cost data. HFG completed the baseline cost data collection in Q1; data were verified and analyzed in Q2. HFG completed the draft baseline analysis and report in Q3; findings were shared with Engender Health and Pop Council at the end of Q3. After incorporating feedback from both partners and after a thorough internal quality assurance review in Q4, the report was undergoing final formatting and is expected to be shared with all stakeholders at the beginning of Year 5. The report will inform Engender Health's work, which involves undertaking the implementation of integrated HIV/AIDS and FP services in Tanzania.

The baseline analysis helped identify suitable efficiency indicators, and also demonstrated possible efficiency pathways that will be relevant for the study. The baseline report also describes the planning and budgeting processes currently used by district and facility health managers, and will inform the development of a tool or guide that can be used for scale-up of FP/HIV service integration in Tanzania.

HFG has been working with the USAID FP/HIV integration team to finalize the activities for the unprogrammed resources. The initial concepts developed by HFG in response to client interest did not receive the requisite approval from the potential mission in Côte d'Ivoire.

Following the HOP process in Y4Q3, OHA's priorities and requirements for this activity changed. In Q4, USAID requested that HFG use the remaining funds to rescope and support a new activity related to modeling the interactions between injectable hormonal contraceptives and HIV risk. The activity will be conducted in collaboration with the Imperial College London, which the client has identified as the partner of choice for the activity. At the end of Y4Q4, HFG worked with the college to develop a scope of work for the modeling work that is anticipated to start in South Africa. HFG will also contribute to this work by conducting the costing and financial analysis studies, using the outputs the college developed. The final scope of work is under review, and once it is complete, HFG will develop a sub-award agreement with Imperial College to launch activities in Year 5.

Activity 4: HFG provided technical assistance to the Jamaica Ministry of Health and the Global Fund team in country to build capacity for the effective management of the recently approved HIV/AIDS grants. HFG recruited and placed a Global Fund and Public Financial Management consultant in Jamaica between October 2015 and April 2016 to support this activity. The activity's key achievements in Jamaica are highlighted below:

- Developed a Financial Management Improvement Action Plan
- Completed Principal Recipient Project Coordinating Unit Operations Manual
- Completed the Subrecipient Operations Manual
- Conducted dissemination and orientation training workshops
- Improved planning and reporting processes templates

In Q3, HFG also launched support for a comprehensive HIV/AIDS expenditure analysis in Ethiopia, based on a request from Global Fund Geneva. HFG developed and completed a scope of work and activity work plan, in consultation with USAID. In Y4Q4, the HFG team traveled to Addis Ababa to meet with key national stakeholders, including representatives from the Federal Ministry of Health, the Federal HIV/AIDS Prevention and Control Office, the Global Fund, PEPFAR, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and WHO to clarify how our proposed expenditure tracking analysis would inform critical decisions and policies around HIV and TB financing, identify the types of analyses that would be most useful for Government of Ethiopia audiences, review existing expenditure data and data collection schedules, and obtain stakeholder feedback to inform a refinement of our approach, which the team is currently undertaking. After the scoping trip, HFG conducted updates and meetings for USAID and the Global Fund to review the experiences of Ethiopia, while planning for similar work in additional countries. HFG is completing consultations with country teams in four countries - Vietnam, Zambia, Uganda, and Côte D'Ivoire - where work in this area may take place.

Activity 5: HFG completed the PF/PFIP Report in Y3Q4, and has been working with the USAID PEPFAR Sustainability team to finalize it. USAID has provided feedback and requested two reviews of the report, the latest of which has been completed and was submitted in June 2016.

HFG also completed a dissemination brown bag at USAID, which was attended by participants from the Office of the Global AIDS Coordinator, CDC, and representatives from the Global Health Bureau. The brown bag highlighted the findings from the PEPFAR PF/PFIP Assessment, and provided key learning for

HIV sustainability planning as part of PEPFAR 3.0. Other office representatives at USAID proposed the use of the lessons from HIV programming to inform sustainability efforts in other practice areas like Maternal and Child Health.

Most of the major components of this activity have now been completed, pending further dissemination events, such as brown bags, that USAID will schedule.

Activity 6: In Q3 HFG initiated SFI baseline activities in Lagos and Rivers States. The baseline report will use results from a fiscal space analysis, a health accounts exercise, and, where necessary, some service costing assessments. Data collection for these efforts will start in Q4, except for the fiscal space analysis in Lagos State, which has been completed and is currently being reviewed by the Lagos State government.

Q4 Challenges The core-funded activities require concurrence between USAID/Washington and country missions to facilitate in-country travel, implementation, and data collection. The time needed to accommodate tight mission schedules and competing priorities, and secure the necessary mission approvals, often impacts the execution process, as highlighted by some of the examples below.

Activity 2: The activity experienced implementation delays throughout Year 4. However, HFG ramped up activities in the last two quarters of Year 4 by hiring additional staff, and this contributed to the ***progress described.***

Activity 3: USAID's finalizing of the scope for the additional funds went through several iterations, which delayed implementation. However, in the last quarter, a determination was made to move forward with Imperial College in the new activity that will be launched in Year 5.

Activity 4: The pace of implementation of Activity 4 in Ethiopia was been affected by the absence of formal agreement on the activity between the Global Fund Geneva, PEPFAR, and the MOH in Ethiopia. This was addressed in the last quarter, and the scoping trip was conducted as discussed. Further work in additional countries will require continued engagement between USAID, the Global Fund, and senior MOH officials, to ensure country buy-in, which in turn will facilitate HFG access in working on these issues with the respective countries.

Activity 5: Despite efforts by OHA and HFG in Year 3, no countries were found to participate in a case study. Since the case studies did not come through, HFG proposed to the client the completion of the documentary analysis reports and the country profiles to bring the activity to a close. In Y4Q2, meetings were held with the client to receive further guidance for the next steps and way forward for the activity. Updated progress on this activity and other HIV/AIDS activity is highlighted in the section below.

Table 21 provides additional activity-specific updates.

TABLE 21. HIV AND AIDS ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Assessing resource allocation of HIV services and improving efficiency of ART provision at the district level in Botswana		
Analysis of the efficiency of ART service provision in Botswana	HFG completed data cleaning in August, and costing analysis was completed in September. An average unit cost per ART patient per year has been calculated for all 120 facilities in the sample.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Generation of comparative results describing distribution of key efficiency indicators (e.g., unit cost of ART) for health facilities between and within districts	A Data Envelopment Analysis was just completed. It identifies the most efficient performers in the sample of 120 facilities, and ranks the rest of the facilities against those most efficient at delivering ART.	The core-funded activities require concurrence between USAID/Washington and country missions to facilitate in-country travel, implementation, and data collection.
Report on progress of efficiency, lessons learned, challenges and opportunities	A technical brief covering the costing analysis has been developed and will be disseminated at the upcoming Health Financing TWG in October.	The full ART Efficiency Report will be finalized in October.
Activity: Costing and planning tools to support rational strategies to scale up viral load monitoring within ART programs		
Conduct costing field work in Kenya.	KEMRI conducted data collection in early 2016, but gaps remain. HFG capitalized on its trip in August 2016 to validate the forecasting tool and follow up with KEMRI to develop a plan to fill data gaps.	In the next quarter, critical data gaps will be filled by consulting with KEMRI.
Input data into cost-effectiveness model, and revise model as needed.	A preliminary model has been developed and refined. HFG is collecting secondary data from available literature to supplement the model.	We are currently reviewing over 70 articles that will provide inputs for the model.
Develop a planning tool.	The viral load forecasting tool was shared with KEMRI and other key stakeholders for their review and comments. In August 2016, a validation workshop was held to introduce key stakeholders (including KEMRI, CDC Kenya, ICAP, and RCTP FACES) to the tool and refine and calibrate the tool based on their feedback. Feedback was received from the laboratory supplies team, the laboratory supervisor, the laboratory program planners, and the HIV program planners.	HFG plans to incorporate all feedback and finalize the tool in October 2016.
Activity: Evaluating efficiency of integrated HIV/AIDS and family planning services		
Dissemination		
Zambia report dissemination	• Sophie Faye presented on the study findings at the 2016 International AIDS Society Conference in Durban, South Africa. The oral presentation ("Evaluating the Costs and Efficiency of Integrating Family Planning Services into HIV and AIDS Treatment Services in Zambia") was part of a panel discussion on "Connecting the Dots: Toward Seamless Service Integration." • At the end of the quarter, HFG also presented the study's findings at the meeting of the African Health Economics and Policy Association in Morocco.	The team is preparing an e-poster to be presented at the HSR Symposium in Vancouver in November.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Tanzania		
Complete Tanzania case study.	• Received and incorporated feedback on the draft baseline report from Engender Health and the Population Council. • Finalized technical content after internal quality assurance review and sent it to the production team for final editing/formatting.	The baseline report will be sent to OHA, Engender Health, and the Population Council in early Y5Q1.
Activity: Financial management and costing support to Global Fund applicants and recipients		
Identify countries requiring support for Global Fund proposals, and develop scopes of work.	Global Fund Support countries identified in consultation with USAID. Current phase is exploring Zambia, Vietnam, Uganda, and Côte D'Ivoire for Expenditure Analysis of HIV funding.	
PFM Support to Jamaica Global Fund Grant	Jamaica support to Global Fund completed.	
Public Financial Management Support to Global Fund/PEPFAR Collaboration in Ethiopia	• Ethiopia scoping trip completed and trip report developed and disseminated to key stakeholders. • Conducted consultation meetings with USAID and Global Fund to review Ethiopia experiences and make preliminary decisions on future countries. • Developed the data collection flat file template, through liaison with the Federal Ministry of Health to obtain respective SHA codes.	Clear communications are required to make clear the added value of this work in countries where Systems of Health Accounts have been developed.
Activity: Lessons learned from partnership frameworks and related implementation plans for HIV sustainability planning		
Identify and plan for case study countries.	Case studies not conducted due to lack of mission concurrence and buy-in.	
Develop synthesis report.	Final report developed and shared with USAID.	
Finalize report following USAID inputs and feedback.	HFG completed the final report and conducted a dissemination brown bag with USAID at the end of Q3.	

4.4 Malaria

Program Objectives - - USAID/PMI recognizes the critical importance of operations research and other types of studies to respond to the changing epidemiology of malaria. These studies help identify cost-efficient ways to improve uptake and scale-up of interventions, measure the impact of interventions on reducing malaria, and improve the broader health system.

Year 4 Activities In Year 4, HFG is working with PMI on three continuing activities, including two studies:

a. Evaluate the microeconomic impact of malaria prevention, diagnosis, and treatment interventions at the household level (ongoing; wrapping up in Y4Q2).

b. Assess the cost-effectiveness of different malaria prevention, diagnosis, and treatment strategies implemented in areas with seasonal malaria transmission (ongoing).

c. Develop a Community of Practice around the economics of malaria interventions, and continue dissemination of malaria economic research (ongoing).

During Y4Q1, HFG finalized a study to identify the effect of malaria control scale-up on economic outcomes at the household level, using retrospective data from Zambia. In addition, HFG began fully implementing a study in Senegal on the cost-effectiveness of different packages of malaria prevention, diagnosis, and treatment strategies, focusing on those packages that include seasonal malaria chemoprevention in areas where Senegal is aiming to achieve pre-elimination. In Year 3, HFG developed a dissemination strategy with PMI, with the objective of sharing research results on the economic impact of malaria control widely with implementers, researchers, and other stakeholders. This strategy was further developed in Y4Q1 to include establishment of a Community of Practice for convening stakeholders around malaria economic research.

Year 4 Progress Against Objectives

Activity 4: In Year 4, HFG focused on finalizing the Zambia microeconomic study assessing the association between malaria control and microeconomic outcomes, which was initiated in Year 3. The study aims to place malaria control strategies within the broader context of poverty alleviation, serving to inform decisionmaking for donors and policymakers. While the results could not detect an association between malaria control scale-up and household microeconomic outcomes - mainly due to limitations in the retrospective data used - the analytical methods, data challenges, and lessons learned remain valuable for a wider audience, including researchers planning to conduct similar analyses and funders of these types of economic evaluations. In November 2015, HFG presented a poster at the 64th Annual Meeting of the American Society for Tropical Medicine and Hygiene (ASTMH); the poster shared the preliminary results and generated interest in the study within the malaria research community. In Q3, after several internal discussions and review by PMI of the draft manuscript, the team decided to refocus the manuscript. While maintaining the importance of generating evidence demonstrating the impact of malaria control on microeconomic outcomes, the paper discusses the lessons learned in using multiple, retrospective datasets in a quasi-experimental approach. These lessons can inform future research teams, including HFG's team conducting the Senegal cost-effectiveness analysis, and provide helpful parameters for future studies. This work also feeds into the economic research field guide/data framework being developed by HFG and the newly established Community of Practice. In collaboration with PMI, the team finalized the manuscript in Q4, disseminated it to in-country partners, and submitted it to the Malaria Journal. The team hopes to hear in Y5Q1 from peer reviewers on the status of publication.

Activity 5: The next activity achieving progress in Year 4 was the ***cost-effectiveness analysis of targeted malaria prevention, diagnosis, and treatment intervention packages in Senegal***, where, in certain parts of the country, the opportunity to attain elimination or pre-elimination exists. The analysis examines which packages of malaria control strategies have the highest value for money, in order to determine whether the current allocation of funding for malaria is efficient given the distribution of strategies. The results of the analysis will help inform policymakers and malaria program officials on how the level and allocation of resources should be adjusted to maximize impact. The results of this analysis will also supplement the literature: currently no formal concurrent empirical evaluation of "packages of interventions" exist, only analyses of single interventions.

In Y4Q4, the team generated and shared preliminary results with PMI in preparation for 1) a brown bag for PMI/USAID staff showcasing the findings of this analysis in Y5Q1; and 2) drafting the manuscript that is the main deliverable for this activity. The team also began to prepare a brief report focusing on the results of this analysis from the point of view of Senegalese implementing partners such as the National Malaria Control Program (NMCP). This report will concentrate to a greater degree on the data collected, its quality, and how Senegal can use it to inform implementation. Similar to the Zambia study, the Senegal analysis will also feed nicely into a guidance document for collecting and using available data for context-specific research, one of the three deliverables that will be developed under the Community of Practice activity.

While implementing the CEA study in Senegal, the team established close working relationships with the NMCP and implementing partners, and was pleased to invite Dr. Alioune Gueye from the NMCP to join a panel that will be featured as a symposium at the ASTMH Annual Meeting to be held in November 2016. The panel will bring together different stakeholders in a debate-style discussion on how to prioritize different approaches to malaria economic research required for financing malaria program scale-up. Dr. Gueye will discuss the use of the Senegal analysis in practice, and present a country-level approach to malaria economic research that uses existing data. Dr. Amadou Bah from the Swiss Tropical and Public Health Institute will present on the WHO/Roll Back Malaria-led "Action and Investment to defeat Malaria 2016-2030 (AIM)," a multi-country cost benefit analysis using modelling. Dr. Ibrahima Seck, Director of Studies at the Institute for Health and Development at Cheikh Anta Diop University in Senegal, and HFG economist Dr. Ben Johns will also join the panel as discussants. HFG's PMI counterpart Martin Alilio will moderate, and HFG activity lead for the Senegal analysis Dr. Sophie Faye will co-chair the panel.

Activity 6: As already mentioned, HFG's final activity within this portfolio is a Community of Practice for ***malaria economic research***. HFG in collaboration with PMI hosted a consultative technical meeting as a side event during ASTMH's annual meeting in October 2015 (Y4Q1), which brought together over 25 researchers, academic partners, implementing partners, and funders, including PMI and the Gates Foundation, to discuss whether the current research on the economic impact for malaria control was appropriate. In Q2 and Q3, HFG built upon this discussion, meeting with PMI and other key stakeholders including those involved in the reinstitution of the Roll Back Malaria Economic Working Group (Advocacy and Resource Mobilization Partner Committee) and those attending the Economics and Finance Interest Group Meeting in San Francisco. Based on these discussions, there is an express need to improve communication, coordination, and collaboration across stakeholder groups, including users, producers, and funders of malaria economic research.

In Y4Q4, HFG held a virtual meeting to formally launch the Community of Practice, agreed upon the purpose and objectives, and discussed processes, operations, and measures of success. Over 20 people attended the launch meeting from 10+ organizations spanning academia and research, and in-country malaria program representatives (PATH/MACEPA and The Gambia National Malaria Control Program, to name a few). The meeting also served to introduce and initiate Community of Practice involvement in the three key deliverables:

1. a framework for codifying malaria economic research,
2. a literature review to creation of an "evidence gap map" or similar framework, and
3. the aforementioned guidance document to support the production and/or use of available data for context-specific research.

In addition, HFG set up a basic website to facilitate communication and knowledge-sharing among Community of Practice members as well as track their registration and engagement through a membership map and other web analytics (i.e., number of downloads). As of the end of Q4, the listserv comprised more than 100 people, about half of whom had been referred to HFG by the initial wave of Community of Practice members. About 50 individuals had registered for the Community via the website, and among them, about a quarter were from malaria-endemic countries, including Tanzania, Senegal, India, Ghana, Zambia, Liberia and The Gambia. The final Q4 activity was the Community of Practice's second webinar to review the proposed framework for codifying Malaria Economic Research. In Year 5, HFG aims to increase the engagement of this important stakeholder group as the development of the three key deliverables continues.

Table 22 provides additional activity-specific updates.

TABLE 22. MALARIA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 3: Microeconomic Impact of Scaled-Up Malaria Control		
Finalization of manuscript	This task was completed in Q4.	
Review of manuscript by PMI	HFG received valuable feedback from PMI and incorporated it into the final version of the manuscript in Q4.	This task was completed in Q4.
Prepare manuscript for journal submission.	This task was completed in Q4. The team submitted the manuscript to the *Malaria Journal* at the end of the quarter.	HFG hopes to receive feedback from the *Malaria Journal* in Y5Q1.
Activity 4: Cost-Effectiveness of Seasonal Malaria Interventions		
Draft manuscript.	HFG shared the preliminary results with PMI in Q4. The reviewed results will be used to draft the manuscript.	At the end of Q4, HFG was awaiting feedback from PMI regarding which trends would be most interesting to highlight in the manuscript. The team intends to complete this task in Y5Q1.
Review of manuscript by PMI		Expect to complete this task in Y5Q2.
Finalize manuscript.		Expect to complete this task in Y5Q2.
Disseminate results.	In addition to the PMI/USAID brown bag where preliminary results and the manuscript will be shared, the team also will prepare a report for the Senegal NMCP. The team will begin drafting the report in Y5Q1. Results from the study will also be presented as part of the symposium panel discussion at the ASTMH Conference, which will take place in November.	This task will be ongoing in Year 5.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 5: Community of Practice for Malaria Economics Research		
Guidance Document for Malaria Programmers, Policymakers, and Funders on the Production and Use of Available Data for Context Specific Malaria Economics Research	After developing an outline for this deliverable and discussing feedback and suggestions with Community of Practice members, the team moved forward with plans to leverage the malaria economics research literature review being conducted, to gain insight into the various types of data sources used for this research. In addition to the country-level experiences the team has in Senegal and Zambia, the team will draw upon the literature as well as Community of Practice members' experiences to inform the development of the document.	The literature review will be completed in Y5Q1, followed by an effort to mine the experiences/coordination with interested Community of Practice members.
Create Community of Practice including participants from academic institutions, national research organizations, PMI, NMCPs, and MOH to share knowledge and expertise and support the creation of technical resources.	HFG launched the Community of Practice in July, set up a basic website, and hosted a virtual meeting to convene members. At the end of the quarter, the listserv of members consisted of more than 100 professionals, about half of whom had registered via the website.	The team will be working on engaging more members from malaria-endemic countries in the coming quarter, as these are a key constituency to involve in these conversations, as well this being as an important measure of success of the group. We will also continue to assess the utility of the website as a way to facilitate dialogue among members, drawing on best practices to ensure the community continues to grow and achieves its objectives.
Malaria Economics Framework	HFG drafted a research framework and, at the end of Q4, held a virtual meeting with Community of Practice members to discuss it in more detail. The team received useful feedback on not only the topics to be included in the framework, but also on how to best present the framework together with the literature review. HFG is also in discussions with 3IE, which has developed evidence gap maps for other topics, to gain insight into how the framework could be translated into a searchable database that would allow the key audiences to clearly see the gaps in the evidence through a visual platform.	The team plans to validate the framework through one-on-one conversations with members of each practitioner group (for example, funders, researchers) before finalizing the framework and preparing it for dissemination on the Community of Practice website and other external forums (such as the ASTMH conference).

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Literature Review for Malaria Economic Research	After the Community of Practice launch, the team received a few literature reviews from members for inclusion in a broader literature search. The team generated a list of keywords to be used in a more comprehensive search of databases such as PubMed and USAID's DEC. The review will help to populate the research framework and inform a final product such as an evidence gap map. By extracting certain information from the methods sections of published studies, the literature review will also support the development of the guidance document discussing recommendations for the production and use of data for context-specific research, complementing the experiences the team has had using country-level data in Zambia and Senegal.	The team plans to conduct the search in Y5Q1.

4.5 Maternal and Child Health

Program Objectives - The international community is dedicated to ending preventable maternal and child deaths, and helping countries meet Millennium Development Goal 4 (Reduce Child Mortality) and 5 (Reduce Maternal Mortality) and achieve the Sustainable Development Goals. While substantial progress has been made in the last several years, 303,000 women die annually while giving birth, and about six million children worldwide die each year before their fifth birthday. In June 2012, the USG, along with UNICEF and the governments of Ethiopia and India, launched the Child Survival Call to Action, and challenged the world to reduce child mortality to 20 deaths or less per 1,000 births in every country by 2035. Harnessing the momentum from the Call to Action and its subsequent initiative, A Promise Renewed, USAID invigorated its efforts to improve maternal and child survival in the five countries that account for over half of global child deaths: Ethiopia, Democratic Republic of Congo, India, Nigeria, and Pakistan. Early in 2014, USAID once again renewed its commitment to ending preventable child and maternal deaths in 24 high-priority countries. The 2015 Acting on the Call: Ending Preventable Child and Maternal Deaths report reveals that USAID's efforts have resulted in nearly 2.5 million more children surviving and 200,000 maternal deaths averted since 2008 in those 24 priority countries. The three-year anniversary of the Call to Action in June 2015 added to the momentum, serving as an interim milestone and an acute reminder of the progress yet to be realized. USAID has set a new goal to reach additional 38 million women with increased access to care during childbirth. The USAID MCH office and HFG recognize that without the proper policies in place and the country-level capacity to provide MCH services, as well as reduced financial barriers to access these services, the goals set by these initiatives are unlikely to be met.

HFG's MCH portfolio supports the following intermediate objectives, each of which links to Millennium Development Goals 4 and 5 and Sustainable Development Goal 3, and aims to end preventable child and maternal deaths:

1. Develop and promote analytic and planning tools to support evidence-based MCH planning and budgeting by policymakers.
2. 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.
3. Contribute to the evidence base on the effectiveness and cost-effectiveness of various health financing and governance interventions for MCH service use.
4. Strengthen global partnerships on key MCH-related initiatives to leverage resources and advance the knowledge and practice of MCH programs.

Year 4 Activities

1. *Journal manuscript on Nigeria micro-insurance intervention:* In 2013-14, HFG supported the evaluation of a promising partnership between a health insurance provider and microfinance bank in Lagos, Nigeria that ultimately did not succeed. Through a baseline study and subsequent qualitative research, numerous important lessons for other policymakers and practitioners were identified. HFG will consolidate important lessons identified into a manuscript and submit it to a peer-reviewed journal.
2. *MCH Resource Tracking activities:* HFG will (1) develop practical guidance materials on MCH resource tracking for countries applying the updated WHO SHA 2011 methodology, and (2) pilot the MCH guidance in a USAID-identified priority country that is conducting an SHA 2011 estimation.

3. *Maternal Health Lancet Series:* HFG will contribute to a series being prepared for the Lancet in 2016 on the future of maternal health, focusing on financing challenges.
4. *Health systems causes of maternal and neonatal deaths:* The Maternal Death Surveillance and Response (MDSR) approach provides the means to understand the underlying causes that lead to maternal deaths, and develop appropriate solutions to save lives. For countries to successfully reduce preventable maternal deaths through use of the MDSR approach, it is critical that they take into account health system issues. In 2013, WHO and its partners developed the MDSR Technical Guidance document, and in March 2015, the WHO and the UNFPA initiated a global survey to assess the level of implementation of the MDSR in all member countries. HFG plans as a first step to review and analyze health systems components of the MDSR, including country application. The results of the review will inform the remaining scope of this activity.
5. *One Health Tool Capacity-Building and Technical Assistance:* HFG brings expertise in applying the OneHealth costing and strategic planning tool. The tool can be used to analyze health systems investments needed to achieve Maternal, Newborn, and Child Health (MNCH) health goals in a country that is working to bring priority interventions to scale. The MOHFW in Bangladesh asked development partners to help cost the newly revised Essential Service Package, an integrated package of services including maternal, newborn, and child services. The HFG team and the Bangladesh mission saw this as an opportunity to provide training and technical assistance support on the use of the OneHealth tool to cost the Essential Service Package. The USAID core MCH team and the Bangladesh USAID mission have agreed to co-fund this effort. A more detailed description of tasks and current progress can be found below under the Field Support Bangladesh Program report.
6. *Using provider payment to improve quality of maternal health services*: HFG will explore ways in which financial payments and incentives to health care providers can improve the quality of maternal health services. By documenting experiences on the ground (through a literature review and a deeper dive with two to three cases), HFG will provide recommendations and guidance to countries and to USAID on how provider payments can improve the quality of maternal health services.

Year 4 Progress Against Objectives

1. *Journal manuscript on Nigeria micro-insurance intervention:* A pilot study explored the use of micro health insurance to provide coverage to informal sector workers. Enrollment was low, and further study suggested low use of the product. A manuscript describing this pilot was submitted to the journal Health Policy and Planning in February 2016, presenting detailed information regarding lessons learned and discussing methods for mitigating these challenges. The manuscript was not accepted for publication. In Q3, the authors made additional revisions and submitted the manuscript to the International Journal of Health Planning and Management.
2. *MCH resource tracking:* The guidance chapter for tracking maternal health spending as part of the country System of Health Accounts Exercise has been drafted and is currently undergoing a final review from the WHO health accounts team. HFG also shared the draft chapter on child health with the WHO team in mid-February, and is awaiting feedback. These chapters explain the boundaries for use by health accounts experts, and illustrate the types of indicators and analysis that they can help generate to inform policy and planning dialogues and to monitor MCH spending at the country and global level. Given the move to institutionalization of health accounts as a cornerstone of monitoring the resource flows in the health sector, this provides the MCH stakeholders with a vehicle to gain regular and comparable information around the MCH financing landscape. HFG is also finalizing the Zambia pilot policy brief.

3. *Maternal health Lancet series:* In collaboration with USAID's Dr. A.K. Nandakumar, HFG prepared a draft of the financing section for the Lancet synthesis paper and shared it with all coauthors. Several revisions were made, and the manuscript was submitted to the Lancet in January 2016. After receiving a first round of peer reviewer comments, the authors made extensive revisions during April and May 2016, and resubmitted the draft in June 2016. The manuscript was accepted for publication in the Lancet on July 29, 2016. The paper acknowledges the lack of progress towards reducing maternal mortality and the divergence between and within countries. It makes recommendations about what must occur to accelerate progress towards improved maternal health.
4. *Health systems causes of maternal and neonatal deaths:* The HFG team reviewed the WHO MDSR Technical Guidance document, specifically examining the extent to which the document incorporates a health systems perspective. The team also prepared a draft review paper and a brief summarizing the review findings and outlining potential next steps. HFG reached out to the USAID MCH team and to Senior Maternal Health Advisor Allisyn Moran to discuss next steps; Moran validated the team's findings and recommended review of the WHO's forthcoming global monitoring report on MDSR before pursuing additional activities. The team has also reached out to Dr. Matthews Mathai at the WHO's Department of Maternal, Newborn, Child and Adolescent Health, which oversees MDSR activities, to explore potential collaboration. In addition, the team met with the USAID-funded Maternal and Child Survival Program (MCSP) working on MDSRs. MCSP is conducting assessments on MDSR implementation in several countries (Nigeria, Mozambique, Rwanda, and Tanzania). Subsequently, the HFG team discussed with USAID the possibility of conducting a costing of MDSR implementation, working in a country where MCSP is currently conducting assessments. Allisyn Moran reached out to the MCSP; however, MCSP's preference is for HFG to conduct the activity outside of where MCSP is focusing its assessments. Given the lack of clarity on the value and feasibility of the exercise without MCSP's collaboration, the HFG team has proposed to reprogram the remaining funds in Year 5.
5. *One Health Tool Capacity-Building and Technical Assistance:* Updates on this activity can be found below in the Bangladesh report.
6. *Using provider payment to improve quality of maternal health services:* In December 2015, the team shared with USAID a draft two-part technical report, which included: a chapter that conceptualizes the link between provider payment and maternal health quality, and results from a landscape analysis that included 17 cases of provider payment systems that have explicit links to a quality measure of maternal health services. The team is currently working on analyzing in more detail three examples, selected from the 17 identified in the landscape analysis, that represent three different types of quality-based provider payment systems. By documenting experiences on the ground, HFG seeks to derive practical lessons that can guide countries and donors designing and implementing similar schemes. The table below provides detail on the project's.

Table 23 provides additional activity-specific updates.

TABLE 23. MATERNAL AND CHILD HEALTH ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Develop practical guidance materials on MCH resource tracking for countries applying the updated SHA 2011 methodology.		
Finalize chapters.	The guidance chapter for tracking maternal health spending as part of the country System of Health Accounts Exercise has been drafted and is currently undergoing a final review from the WHO health accounts team. HFG also shared the draft child health chapter with the WHO team mid-February, and is still waiting for feedback.	
Activity: Pilot MCH guidance in an USAID-identified priority country that is conducting an SHA 2011 estimation.		
Pilot the MCH guidance in Zambia.	HFG is finalizing the Zambia pilot policy brief.	Final brief is expected in Y5Q1.
Activity: Maternal and perinatal death audits that identify health systems causes		
Revise pilot, develop tools in two or three countries, and conduct analysis of mortality data collected during audits from a health system perspective.	The team met with the USAID-funded Maternal and Child Survival Program working on MDSRs to explore the possibility of conducting a costing of MDSR implementation, working in a country where MCSP is currently conducting MDSR assessments. Given the lack of clarity on the value and feasibility of the exercise without MCSP's collaboration, the HFG team has proposed to reprogram the remaining funds in Year 5.	This activity will be rescoped in Year 5.
Activity: Using provider payment to improve the quality of maternal health services		
Conduct three case studies.	In Year 4, HFG undertook the following tasks for this activity: 1. Developed a framework that made the conceptual link between provider payment and quality of maternal health services 2. Conducted a thorough literature review that identified 17 cases of provider payment systems in which payment is linked to quality measurement of maternal health services 3. Developed a case study methodology and selected case study countries 4. Started collecting data for case studies, including desk research and phone-based interviews with key informants	Phone interviews for the case studies were delayed in order to brief stakeholders on the purpose and scope of the activity. The activity team is slated to complete all interviews by 10/30/16, at which point the activity team will finalize the case study report.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	The activity team is in the process of completing case studies in Kyrgyz Republic, Zambia, and Nigeria. The case studies will provide a deep dive into the contextual enabling/impeding factors for linking provider payment to quality measurement for maternal health services. The case studies will also document the technical and policy motivators behind linking payment to quality measurement (the "why") as well as the "how." The activity team has completed desk review research for two of the three countries, has designed an in-depth interview guide, and is in the process of conducting phone-based interviews with key informants familiar with the countries' quality-based provider payment systems. Once all case study data collection is complete, the activity team will produce a report that will present the findings of the case studies and that will demonstrate how provider payment can be a powerful lever for improving quality of maternal health services.	

4.6 Population and Reproductive Health

Program Objectives - HFG supports USAID's contribution to meeting the global goal of 120 million additional family planning users by 2020 that was established during the London Summit on Promise Renewed, and resulted in the global initiative Family Planning 2020. HFG focuses on strengthening health systems, with a particular focus on resource tracking for policy and programmatic decisions, supply chain strengthening by aligning incentives, and strengthening USAID partner international nongovernmental organizations (NGOs) to deliver FP services through implementation of performance-based incentives. The Global Financing Facility (GFF) presents a potentially strategic opportunity to embed reproductive health priorities into the strategies that countries and development partners will jointly commit to achieving, and HFG will provide assistance to help countries incorporate FP into GFF investment cases.

Year 4 Activities - In FY 2016, HFG will continue to implement activities from Year 3. HFG works with WHO to develop guidance material to help countries to apply resource tracking methods to track sources and uses of funding for FP, and coordinates technical assistance to countries. We continue to engage with the global FP technical community by providing technical support to Family Planning 2020 (FP2020). HFG has disseminated evidence on performance-based incentives for strengthening supply chain performance through publications and participation in global conferences. Our performance-based financing experts continue to work with the International Planned Parenthood Federation (IPPF) to strengthen their approach to rewarding affiliates for results. In Q4, we will begin to develop guidance for countries to prioritize reproductive health interventions in their investment cases for support from the GFF.

Year 4 Progress Against Objectives - HFG's resource tracking guide for FP is complete and will be a chapter in WHO's coming volume on best practice for resource tracking. This product will support countries as they apply the SHA 2011 framework to track FP spending more accurately. HFG is supporting the Health Accounts team in Burkina Faso, an FP2020 country, in its efforts to accurately track FP spending in its Health Accounts. Feedback from the in-country team will be used to refine the guide further.

Dissemination of the potential to apply RBF to strengthen supply chain performance is complete. A paper on the application of RBF to strengthen supply chains was published in the journal Global Health Science and Practice. In addition, the potential to use RBF to strengthen supply chain performance was presented at the International Family Planning Conference in a panel organized by HFG.

In Q3, we analyzed responses to a survey sent to all of IPPF's Member Associations and conducted key informant interviews with seven of IPPF's Member Associations' executive directors. A draft report with recommendations to help IPPF strengthen the impact of their Performance-Based Funding (PBF) model has been drafted and will be shared with the IPPF senior team for comments and will be revised and finalized in Q4.

Meetings have been held with FP2020, USAID, and the World Bank GFF secretariat to identify needs countries will have to prioritize FP in their GFF investment cases. The proposal is for HFG to develop a methodology for this prioritization process, test it in a country (TBD together with USAID) that is in the process of preparing its investment case, and then refine the methodology for broader use.

Q3 Challenges - The first GFF countries have moved forward without first developing an investment case that follows the process as outlined in the GFF business plan. The World Bank's International Development Agency process appears to be driving the way GFF plans are developed and finalized. The GFF secretariat acknowledges that they are learning, and that there are different incentives faced by Task Team Leaders and the GFF secretariat, which the Bank is addressing by creating GFF country focal points. HFG had a good first meeting discussing how to collaborate and the World Bank welcomes the

opportunity. In any case, it may be challenging to identify a country to test a prioritization methodology given how the process is unfolding. The table below provides detail.

Table 24 provides activity-specific updates.

TABLE 24. POPULATION AND REPRODUCTIVE HEALTH ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Technical Assistance to FP2020 Working Groups on Expenditure Tracking		
Provide technical assistance to understand expenditure tracking of international financial commitments	Data collection for FP spending for the Burkina Faso Health Accounts was conducted in August and September. The local Health Accounts team, supported by an HFG expert, will conduct coding and data analysis during October. This will include a separate analysis of FP spending. The lessons learnt during this exercise will be incorporated into the FP guidance chapter (see next section for more details).	WHO has had significant delays in publishing its full disease guidance. HFG is responsible for drafting four of the disease chapters in the guide but it appears that the other chapters are not yet ready. HFG has been using the FP guide informally in countries where it is supporting Health Accounts. Since it was previously agreed that the FP chapter would form part of the WHO document, the official publication of the FP guide depends on when WHO has completed the remaining chapters.

4.7 Tuberculosis

Program Objectives - The objective of HFG-TB-Global is to improve the relationship between health financing and TB service delivery through strategic health purchasing that better targets health budgets to priority TB services and populations. Pro-poor service delivery improvements cannot be achieved without better targeting of budgets to priority free or highly subsidized TB services. Conversely, scale-up and sustainability will be increased by ensuring that service delivery interventions are designed, developed, and implemented in a way that is directly linked to and consistent with health financing and governance improvements.

Year 4 Activities - HFG's TB work for Year 4 included three sub-activities:

1. Assessing TB financing in selected USAID TB priority countries, identifying health purchasing/provider payment and PFM barriers to efficiency and TB service delivery improvement, and making recommendations to address these gaps.
2. Supporting implementation of specific country-level interventions to address the identified health purchasing/provider payment and PFM barriers and TB continuum of care gaps, as requested by USAID. This will incorporate previously separate Former Soviet Union/Central Asia activity and include completing the handover of the newly developed Kyrgyzstan TB diagnosis-related group (DRG) payment system to the Mandatory Health Insurance Fund and USAID bilateral TB project with limited implementation support, and dissemination of this system to other FSU countries.
3. Collecting and reporting of global indicators related to TB financing/purchasing for USAID TB priority countries.

The work will prioritize nine of USAID's TB priority countries. The nine "Phase I" countries for this activity are the following: Kyrgyzstan, Tajikistan, Kazakhstan, Ukraine[2] (FSU); Malawi, Tanzania, Nigeria (Africa Region); and Philippines and Cambodia (Asia Region). Specific geographic assumptions for each of the three activities are as follows:

Activity 1: Assessment Phase 1 countries are Malawi, Tanzania, Nigeria, Philippines, and Cambodia. In Year 4, USAID and HFG might identify Phase 2 or additional countries and conduct assessment visits in one or more of these countries. Countries previously discussed that may become part of Phase 2 include Bangladesh, India, and Indonesia.

Activity 2: By definition, all of the Phase 1 countries enter the follow-up country implementation support activity. Who provides this support may vary: it could be either HFG-TB directly or another TB partner in collaboration with HFG. In addition, FSU countries are not included in Activity 1 assessments; rather, all country-level work is in Activity 2. This is due to consensus that the desired purchasing intervention to address FSU TB service delivery gaps is the development and implementation of a new TB hospital payment system to enable TB hospital restructuring and a shift to TB outpatient services.

Activity 3: By definition all USAID TB priority countries are included in TB global indicator activity. However, to manage the process of data collection, analysis, and refinement of indicator framework, this activity is also separated into Phase 1 countries (above) and Phase 2 countries, which are all remaining USAID TB priority countries. In Year 4, USAID and HFG may discuss including all 54 Global Fund countries in the TB global indicator data collection.

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[2] The HFG TB Strategic Purchasing activity worked in Ukraine previously. However, the Ukraine Mission has provided funds for further TB strategic purchasing work in the country. Therefore, Ukraine activities are reported on separately in the Ukraine section of the HFG quarterly and annual reports. However, HFG continues to consider Ukraine a Phase 1 country, due to both the earlier work and our prioritizing the country for indicator data collection.

Year 4 Progress Against Objectives - During the first quarter, HFG planned an initial assessment visit to Philippines and laid the groundwork for an assessment trip to Cambodia, both to take place in the second quarter.

HFG liaised with USAID/Washington and the Malawi mission on follow-up work to support improved linkages between spending and provision of TB services on the district level, and undertook planning steps for a tool to link work planning and budget revisions on the district level. HFG also made a visit to Kyrgyzstan to present at the Joint Annual Review and support the Mandatory Health Insurance Fund in implementation of the new output-based payment system for TB hospitals, which was developed by HFG last year. The country began implementing the system in August 2015; HFG plans to carry out an assessment of implementation results in summer 2016.

Indicator data was collected and submitted to USAID for seven initial countries:

- Africa (Malawi, Tanzania);
- Asia (Philippines, Cambodia); and
- Former Soviet Union (Kyrgyzstan, Kazakhstan, Ukraine).

During Q2, national implementation of the new DRG hospital payment system continued in Kyrgyzstan. HFG made a second visit to Malawi to follow up on recommendations from the May 2015 assessment. Based on the visit, the HFG team has drafted a series of specific recommendations for improving the planning and budgeting process on the district level in the country. To support implementation of these recommendations, HFG has developed a draft planning-budgeting tool. The tool aims to significantly simplify the process of synchronizing the district health office (DHO) planned activity budget with the approved budget. The structure of the tool provides for alignment of DHO activity and budget planning with a strategic approach to purchasing health services. Use of the tool will enable health managers to switch their thinking away from funding infrastructure, to provision of financing to meet the needs of the population in health care services.

During Q3, HFG conducted country assessments in the Philippines and Cambodia. HFG has prepared a comprehensive draft report from the Philippines, which offers key findings and policy options/ recommendations. The project is also in the process of developing a similar report for Cambodia.

This quarter, HFG collected data on indicators for six more countries and submitted them to USAID. These included:

- Africa (Ethiopia, South Africa, Uganda and Zambia)
- Asia (Indonesia and Myanmar)

During Q4, HFG finalized the Philippines and Cambodia Country Assessment Reports, including recommendations. (Malawi's was done earlier in the year). HFG also began desk review work for Tanzania and Bangladesh in preparation for further in-country assessments and to provide context and understanding for the indicator data.

HFG completed data collection on 23 indicators for the 23 USAID TB priority countries, coded the data, and has made the data available in a user-friendly interface for USAID review. Next steps will include a quality assurance (QA) review by country experts, and further discussions on data use, analysis, and presentation.

Q4 also included significant preparation work toward October-November dissemination of the Kyrgyzstan TB hospital payment model, including development of a module for presentation at the WHO/Euro Barcelona HSS-TB course (October); Satellite Session on TB Strategic Purchasing at the Union Conference of Lung Health in Liverpool (October); and a poster presentation at the Health Systems Research Conference in Vancouver (November).

Table 25 provides activity-specific updates.

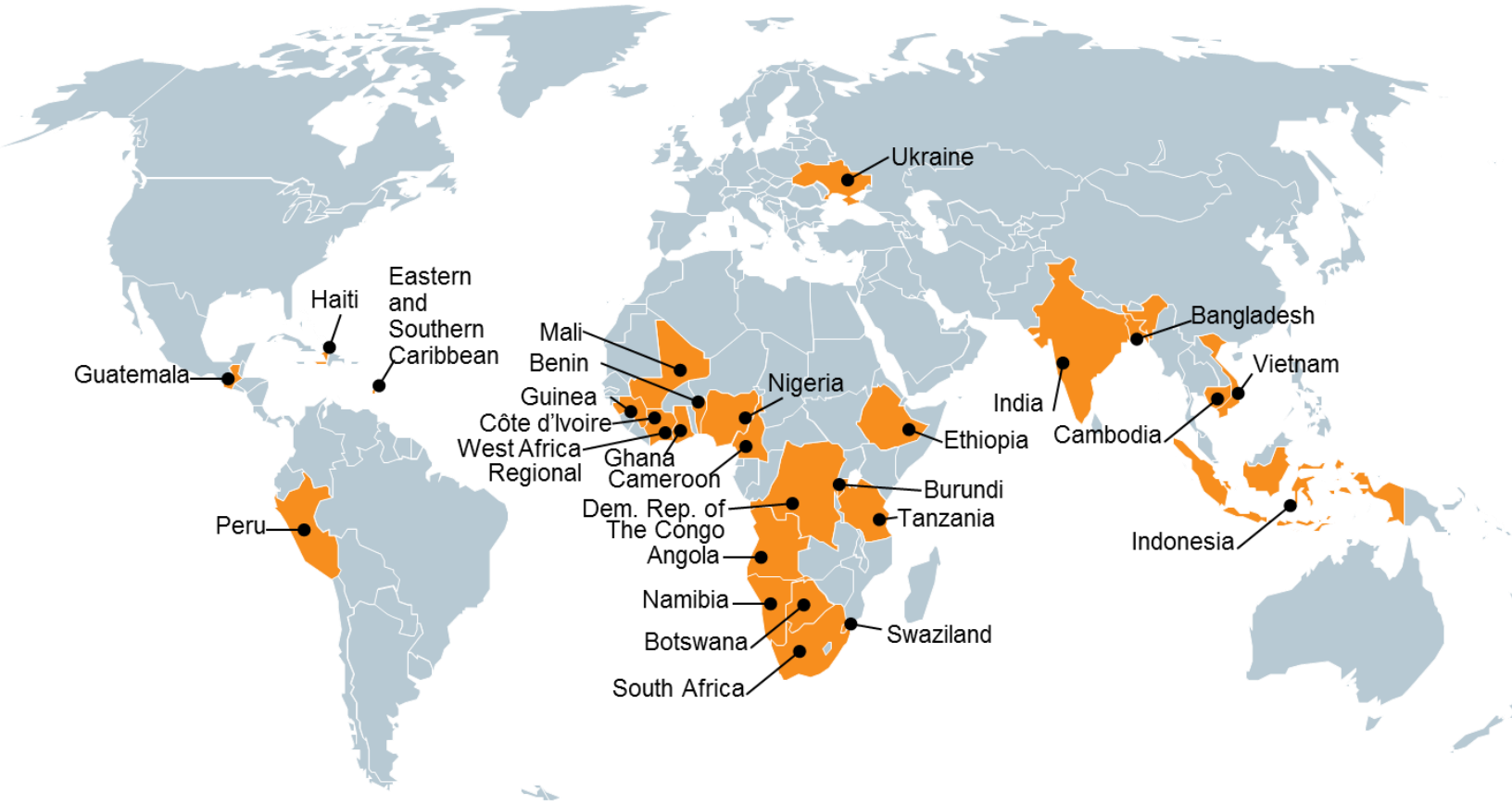
TABLE 25. TB ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: TB strategic purchasing and global indicators		
1. Assess TB financing in selected USAID TB priority countries, identifying health purchasing/provider payment and PFM barriers to efficiency and TB service delivery improvement, and making recommendations to address these gaps.		
Carry out preparatory work for planned country visits, to include dialogue with USAID Washington and the USAID mission, and other in-country partners.	HFG and USAID have shortlisted Bangladesh, Indonesia, Tanzania, Kenya, and Burma for potential next in-country assessments, and USAID/Washington is reaching out to missions for discussion. HFG has begun TB provider payment desk research on Bangladesh and Tanzania in preparation for both potential in-country assessments, and to provide context toward the indicator exercise and analysis (see below).	
Conduct Tanzania assessment visit.	The Tanzania desk review is under way and the country assessment will occur after the mission approves the visit.	
2. Support USAID Priority TB Countries with interventions to address identified health purchasing/provider payment and PFM barriers and TB continuum of care gaps.		
Engage in ongoing dialogue with USAID, other development partners, and country partners about assessment report and technical support for implementation of specific country-level interventions.	No additional in-country interventions have taken place since the Malawi visit for planning-budgeting approach/tool development. However, following the Cambodia assessment, the USAID/Cambodia Mission has expressed interest in implementing in Cambodia the planning-budgeting approach/tool developed by the HFG TB Core for Malawi, and this activity has been included in the HFG Cambodia work plan and budget for Year 5. HFG and USAID are continuing to discuss how to effectively support countries in implementing changes suggested in HFG's in-country assessment recommendations, or as suggested by the indicator data.	Without in-country presence, it is difficult for HFG to further recommendations made in the in-country assessment reports. USAID is looking for a model under HFG's TB Core activity whereby USAID implementers on the ground take up some of the HFG TB recommendations and support implementation, but USAID and HFG need to talk further on the mechanism and the technical assistance role, if any, of the HFG TB activity in supporting implementation of recommendations.
Finalize TB DRG system development documentation; translate into Russian and prepare dissemination materials.	The project drafted a training module on the Kyrgyzstan hospital payment system, to be further developed and presented by HFG at the WHO/Euro Barcelona course in October. This module will serve as DRG development documentation; following the course, the module will be revised based on participant questions and feedback, and finalized as a manual for distribution.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Disseminate Kyrgyzstan TB DRG system methodology.	HFG is preparing a module based on the Kyrgyzstan model for presentation at the WHO/Euro course on HSS and TB. This course targets participants from FSU countries. The module will be available in both Russian and English, and will outline the importance of strategic purchasing for TB, chronicle the DRG development process, and feature results and issues in implementation of the DRG payment system for TB hospitals in Kyrgyzstan.	
3. Collection and reporting of global indicators related to TB financing		
Collect remaining USAID TB priority country indicator data.	HFG collected data for all indicators and for all 23 USAID priority TB countries.	For most indicators, data gaps exist, because this information is either not publicly available or has not been collected. On average, indicators are roughly 60-100% populated.
Continuously analyze data and develop conclusions.	Completed in Q4. HFG developed a user-friendly, interactive visualization model. In this model, users can select indicators and view descriptive data by country, region, or total (23).	The model also allows users to compare indicators through bi-variate regressions. Due largely to data limitations, HFG did not conduct advanced multivariate models beyond descriptive statistics and basic correlations.
Finalize framework and indicator list.	HFG made revisions to the indicator list in Q4 based on data availability.	Specifically, some indicators were removed where no data was available. New (proxy) indicators were added.

5. FIELD SUPPORT ACTIVITIES

The section provides a summary of progress made on activities in the 26 countries and with the three regional USAID bureaus (Africa, Asia, and Eastern Europe and Eurasia) with which HFG works.



5.1 Africa

5.1.1 Africa Bureau

Program Objectives - Building on the progress in Year 3, project work in Year 4 supports the USAID/Africa Regional Bureau's (AFR/SD's) overall objective of strengthening country commitment and capacity to implement health financing reforms to end preventable maternal and child deaths and contain infectious diseases.

Year 4 Activities –

Activity 1. Domestic Allocation Study to better understand the domestic allocation of resources to the social sectors: Collaborate with AFR/SD on the study in order to determine the efficiency in allocation and utilization of resources by a small sample of countries with high rates of economic growth and at varying stages of fiscal devolution. The analysis will provide policy and program options for the countries to transition to self-sustaining growth in the social sectors.

Activity 2. Health Care Financing Capacity-Building Workshop follow-on training(s) to build the capacity of the sub-Saharan Africa region to design and implement health financing and governance reforms to achieve Universal Health Coverage (UHC) through peer learning and practical, action-oriented learning methods: Build the capacity of the sub-Saharan Africa region to design and implement health financing and governance reforms to achieve UHC through peer learning and practical, action-oriented learning methods.

Activity 3. Facilitate the health financing session at the 2015 USAID Africa State of the Art (SOTA) Training: Facilitate all-day health financing session.

Activity 4. mHealth Cost Analysis to identify potential benefits of mhealth and mobile money tools/initiatives in cost savings to improve resource tracking in health finance (Intermediate Result 1), and strengthening of public system operations (Intermediate Result 3): Conduct a cost-effectiveness study of an mhealth application, including a framework and study protocol, to contribute needed evidence of cost-effectiveness of mobile applications within health systems

Activity 5. Analytical Support to AFR/SD for assessment and strategic planning to enhance the bureau's understanding of family planning priorities for assessment and project planning: Do a demographic analysis to enhance the AFR/SD's understanding of family planning priorities for assessment and project planning.

Year 4 Progress Against Objectives –

Activity 1: Domestic Allocation Study: HFG and the Center for Democratic Development (CDD)-Ghana finalized the study protocol and data collection instruments. HFG traveled to Accra to train the CDD research teams and make any necessary adjustments to the research approach. National and district level data collection was completed in January 2016. CDD submitted a draft version of the full report to HFG in early March 2016. A review of the draft identified significant weaknesses and gaps.

In April 2016, HFG traveled to Ghana specifically to work with CDD to address areas of the report that needed substantial revision. HFG provided clear feedback and advice on how to improve each area to the necessary level of quality. The revised draft report that CDD submitted back to HFG still had gaps in quality and comprehensiveness. HFG invested significant time and resources to address as many gaps as possible given the data available.

In June 2016, HFG met with the USAID team to present and discuss the draft report and next steps. The two parties agreed that the report needed to be improved and HFG is working with CDD specifically to outline an approach to strengthen the political economic analysis (PEA) area of the report.

USAID also provided a long list of questions that it would like the report to address, and these may be beyond the original scope of this study. Further discussions with USAID are needed to agree on the additional work to be conducted and questions to be addressed.

In early September 2016, USAID and HFG agreed that the project would continue to work with CDD-Ghana and build its capacity in PEA to complete the final report. USAID approved a new sub-award that will allow CDD and HFG to again revise the report to include a comprehensive PEA section and make any necessary edits in the overall report. HFG will work to build CDD's PEA capacity by providing them a three-day training on that topic.

Activity 2 Health Care Financing Capacity-Building Workshop follow-on training(s): HFG, USAID Ghana, and the Africa Bureau agreed to organize a peer-to-peer workshop entitled "**Financial Protection through Risk-Pooling**." The objectives of the workshop were to: 1) **Deepen knowledge and understanding** of practical health financing concepts, focusing on how to grow and use financial resources to make gains in priority health outcomes and achieve financial sustainability in a UHC context; 2) **Identify specific actions** that countries can take to effectively balance revenue mobilization and expenditure management, drawing on the knowledge and peer relationships built over the course of the workshop; 3) **Strengthen partnership** between USAID missions and partner governments on health financing, identifying technical priorities, knowledge gaps, and needs for future support and continued learning.

HFG led the Financial Protection and Improved Access to Health Care peer-to-peer learning workshop: Finding Solutions to Common Challenges in Accra, Ghana, on February 15-19, 2016.The workshop brought together **167 participants from nine countries** (Benin, Cote D'Ivoire, Ethiopia, Ghana, Nigeria, Rwanda, Senegal, Togo, and Uganda). Each country delegation included a mix of government representatives from Ministries of Health (MOH), Ministries of Finance, and national health financing agencies, as well as USAID mission staff, World Health Organization (WHO) representatives, and various NGOs and private sector participants. Other participating partners were from the Bill & Melinda Gates Foundation, Joint Learning Network for Universal Health Coverage (JLN), World Bank Group, and Mexico's MOH.

Activity 3: 2015 USAID Africa SOTA Training: HFG's Amanda Folsom traveled to Lilongwe, Malawi, on November 1-6, 2015. to serve as lead facilitator for the all-day health financing workshop. The training improved the capacity of USAID mission staff in Africa to understand and more confidently apply tools, methods, and options available to support countries to transition toward sustainable domestic financing of UHC.

Activity 4: mHealth Cost Analysis: HFG developed a brief highlighting the findings of the Malawi mHealth Cost-Effectiveness Study. HFG expanded the conclusion section of the research paper to address key feedback from USAID and the mission. The revised paper is being shared with Malawi mission.

Activity 5: Analytical Support to AFR/SD for assessment and strategic planning: HFG is working to convert their completed technical brief "Inequity, Fertility, and Economic Opportunity" into a publishable journal article. Discussions are underway with USAID AFR/SD to define areas of further analytical support for Year 5.

Activity 6: Proposed Support to Africa Digital Health Summit: HFG is working with USAID AFR/SD to define Year 5 areas of support.

Q4 Challenges -

Domestic Allocation Study: The final resource allocation study report submitted by CDD-Ghana was sub-optimal as is lacked a comprehensive PEA section. In early September 2016, HFG agreed with USAID that the project would continue to work with CDD to build its capacity in PEA to complete the final report.

Table 26 provides activity-specific updates.

TABLE 26. AFRICA BUREAU ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Study on Allocation and Utilization of Domestic Financial Resources Across Sectors in Selected Countries		
Prepare first country draft assessment report	In 2015-2016 the HFG Project issued a sub-award to CDD to produce a report on how resources are mobilized for the health and education sectors.	At the conclusion of the sub-award, CDD had completed all of the tasks and submitted a report, but the report lacked a comprehensive PEA. This was communicated to CDD via email and openly discussed with the USAID client (Africa Bureau) and CDD management. CDD was paid 75% of the full value of the sub-award. The sub-award expired at the end of June 2016 as the three parties discussed how proceed in order to get a product that would fully meet the quality standards of HFG and expectations of USAID AFR/SD.
Activity 5: Analytical support to the AFR_SD for assessment and strategic planning		
Provide analytical support to the AFR/SD for assessment and project planning (funding for Avenir)	HFG is working to submit the completed technical brief "Inequity, Fertility, and Economic Opportunity" for journal publication.	
Activity: Support to Africa Digital Health Summit		
Define HFG Scope of Work	Planning has been delayed as we await inputs from key partners including the WHO and International Telecommunications Union (ITU).	

5.1.2 Angola

Program Objectives -

Activity 1: National Plan for Health Development (PNDS) Monitoring and Evaluation (M&E) Plan: The Ministry of Health (*Ministério da Saúde*, MINSA) must be able to demonstrate the effectiveness of the PNDS to a variety of stakeholders, many of whom are outside the health sector, in order to secure government financing for the PNDS. A strong operational plan for M&E of both the programmatic and financial implementation of the plan is critical to ensuring that MINSA can manage PNDS implementation and make the case for continued public investments in the health sector.

Expected Results: The output of this technical assistance is a plan to monitor and evaluate the PNDS, both programmatically and financially.

Activity 2: Support Implementation of Health Accounts: There is an urgent need to increase MINSA's capacity to monitor government financing of the PNDS and make informed decisions based on reliable information on the quantity of financial resources used for health, their sources, and the way they are used. Health expenditure tracking is internationally recognized as critical information for developing countries such as Angola to improve efficiency, equity, and financial sustainability in the health sector as well as understanding resource allocation across priority health programs.

Angola has so far undertaken resource tracking exercises such as: public expenditure review (2007), assessing the magnitude and flow of public spending, and household surveys to provide insight into household health seeking behavior and spending on health (living conditions and household survey, 1995; survey of households' income and expenditure, 2000/01; and multiple indicators and cluster sampling surveys, 2000–01). While these resource tracking exercises provided policymakers with critical information about the respective resource flows, they have not provided them with the full picture to understand the full magnitude and flow of resources in the health sector. Additionally, the available data are not current and do not serve as a baseline for the country's strategic plan 2012–2025.

Expected Results:

7. Improved Angolan health accounts (HA) team capacity to lead and implement an HA exercise, including the use of the updated System of Health Accounts (SHA) 2011 methodology and the Health Accounts Production Tool (HAPT), leading to institutionalization of Angola HA exercises
8. HA data to monitor government financing of the PNDS and to inform policy decisions, including providing an increased understanding of the magnitude and resource flows to priority areas such as malaria, HIV and AIDS, maternal and child health, and family planning
9. Strengthened collaboration and coordination of organizations involved in resource tracking efforts, including MINSA, Ministry of Finance, and donors.

Year 4 Activities -

Activity 1: PNDS M&E Plan: The technical assistance will enable MINSA to measure and share the progress achieved through the PNDS. This will be important for securing the sustained levels of government investment in health needed to finance the PNDS. In addition, a plan for clearly linking health expenditures with PNDS objectives will assist MINSA in prioritizing and targeting spending. The plan could also incorporate indicators of interest to stakeholders outside MINSA, for example, the Vice President, Ministries of Planning, Finance, and Labor, and regional entities such as the Southern Africa Development Community.

HFG will collaborate closely with the PNDS M&E Working Group to include representatives from across MINSA, especially the Department of Studies, Planning and Statistics (*Gabinete de Estudos, Planeamento e Estatística,* GEPE), and Finance Departments. Through a review of international best practices of how countries monitor and evaluate performance of health sector strategies, HFG will coordinate with the PNDS M&E Working Group to define the best way forward for Angola.

The work will be conducted in three phases.

Phase 1: HFG will work with the MINSA technical team and the GEPE to review a set of international best practices related to monitoring performance of sector strategies. This phase will also include an evaluation of the indicators in the PNDS and determine Key Performance Indicators (KPIs) for the central, provincial, and district level. The identification of KPIs will include an assessment of the existing system for collecting and analyzing health sector M&E information.

Phase 2: HFG will focus on evaluating the MINSA procedures and budgetary parameters and how they align with the State Budget of the Government of Angola, the current system of collecting and managing financial reporting, and implementation of the Integrated Financial Management Information System.

HFG will conduct the evaluations in partnership with their counterparts from MINSA, working to develop shared goals and joint review of the results. The review will involve consultation with the MINSA, Ministry of Finance, EU PASS II, and other donor programs.

Phase 3: Based on the results of the identification of the KPIs and budget system evaluation, HFG will provide specific assistance to develop a detailed plan for monitoring the implementation of the PNDS. The plan will be developed in collaboration with the PNDS M&E Working Group to ensure their understanding and ownership of the final product.

Activity 2: Support Implementation of Health Accounts: HFG will provide technical assistance and guidance to the Angola MINSA HA team to undertake its first HA exercise using SHA 2011. The exercise will be adapted to the Angolan context (through the classifications and the distribution keys) and use the existing Portuguese version of the tool.

This technical assistance will help develop the capacity of the HA team to gradually institutionalize the exercise and use the data to monitor the progress of the PNDS. The project will work on building the HA technical team's capacity on the updated framework and the use of the HAPT, a software application developed by WHO and HFG to help streamline the HA data collection and analysis. HFG will also provide technical guidance and backstopping to the country HA team during the key stages of the exercise, specifically during the analysis and generation of key expenditure tables. Finally, the project will backstop the team in interpreting the results and developing a brief report to inform the country's policy and plan, and disseminate the key results to stakeholders.

To facilitate the institutionalization of HA, the project will work with the HA technical team to identify and, where relevant, recommend implementation mechanisms to enable routine data collection from the different data sources for health spending (e.g., government, donors, NGOs, private and public insurance).

Year 4 Progress Against Objectives -

PNDS M&E Activity: During Q1, HFG traveled to Luanda October 12-28, 2015, to continue working with MINSA on the development of the PNDS M&E Plan. The plan will enable MINSA to measure and assess its achievements 2012-2025. The HFG consultant worked with MINSA to refine the KPIs, with specific attention to reflect reporting requirements of: a) the National Development Plan (PND), 20 indicators; b) the Cabinet of Ministers (*Commissão Política-Social*, CPS) 62 indicators; c) the Ministry of Planning Central Statistics Bureau (INE) 132 indicators, called "Essenciais"; and d) 9 top indicators of the Government Agenda "Angola 2025."

During Q2, HFG supported MINSA by focusing on the M&E of both the programmatic and financial execution of the PNDS. In February, HFG worked with MINSA to classify the PNDS KPIs in line with the WHO Core Indicators. HFG support also included a detailed discussion on the MINSA organizational requirements to implement the plan. HFG worked directly with Secretary State for Health L. Sambo, who, shortly after the HFG visit, was named the new Minister of Health.

Also during Q2, HFG conducted an assessment of MINSA public financial management systems and procedures. This involved working closely with MINSA and the Ministry of Finance. The assessment, which was validated by senior MINSA leadership, provided short-, medium-, and long-term options for supporting a more formal planning and budgeting process that aligns with the Government of Angola requirements.

In Q3, HFG developed a full draft of the PNDS M&E Plan, which incorporates the programmatic and financial aspects of the PNDS, and includes specific recommendations and requirements for implementing the plan. HFG shared the draft with USAID/Angola, and after incorporating the Mission's suggestions, the draft is ready for MINSA's review. However, in Q2 MINSA got a new Minister, and during this quarter other key MINSA staff, such as the Secretaries of Health, also were replaced. Before this activity can move forward, the U.S. State Department and USAID/Angola must hold introductory meetings with the newly appointed MINSA staff and establishes a new point of contact within MINSA. Once this is done, HFG can share the draft M&E Plan with local counterparts for review and resume finalizing it.

In Q4, USAID held its first meetings with MINSA following the appointment of the new Minister of Health. It formally introduced its programs in the health sector to the new Ministry staff and points of contact were assigned for USAID work, including under HFG. At the end of Q4, HFG received feedback from the GEPE, which is the MOH Unit responsible for work under this task. During Y5Q1, HFG will visit Angola to present the plan to the new Ministry staff, and finalize the plan in collaboration with the GEPE.

Health Accounts Activity: The activity was put in hold in July 2015 because MINSA's internal HA process stalled. HFG and USAID/Angola continued to monitor the situation to assess when the necessary conditions and buy-in would be in place for the continuation of the HA activity. This includes the completion of a household survey by the INE in the spring of 2016 that would provide the household expenditure data for the HA. Currently, the changes in MINSA leadership described in the previous activity are also affecting HFG's ability to continue with the HA activity. Therefore, this activity is on hold, pending the new Minister's approval of the continuation of HFG's activities, and the assignment of a point of contact for HA at MINSA.

Following the appointment of the new Minister, a Health Finance technical working group (TWG) was established by MINSA. The TWG has been tasked with conducting the HA exercise, and USAID asked HFG to collaborate with WHO to support these efforts. HFG will visit Angola in Y5Q1 to begin this work.

Q4 Challenges - Recent outbreaks of malaria and yellow fever have kept MINSA's attention on the short-term response and longer-term preparation to avoid future outbreaks.

Table 27 provides activity-specific updates.

TABLE 27. ANGOLA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: PNDS monitoring and evaluation plan		
Draft plan for monitoring and evaluating PNDS	At the end of Q4, HFG received feedback on the PNDS M&E Plan from the GEPE, which is the MOH Unit responsible for work under this task.	HFG plans to visit Angola in Y5Q1 to finalize the M&E Plan with the GEPE, USAID, and other stakeholders.
Activity 2: Support implementation of health accounts		
1. Preparation activities		
Stakeholders briefing meeting / short training (outline all the HA process)	MINSA recently established a Health Finance TWG. One of its mandates is to perform NHA. USAID asked HFG to collaborate with WHO on the NHA work and will initiate engagement with WHO and MINSA in Y5Q1.	HFG will visit Angola in Y5Q1 to initiate work under this activity.

5.1.3 Benin

Program Objectives - The Government of Benin's priorities are to achieve universal access to health care and to improve quality and coverage of services leading to significant and lasting reductions in infant, child, and maternal mortality. The government is in the process of rolling out universal health coverage (UHC) in order to promote greater access to health services and facilitate the scaling up of health interventions through offering free health services. HFG has been assisting the Beninese Ministry of Health (MOH) in the technical design for effective scale-up of UHC, beginning in six provinces, and eventually reaching national-level coverage. The private sector in health can and should play an important role in UHC in any country, including Benin. Strengthening the quality and coordination of the private sector will prepare it to support the roll-out of UHC, by addressing excess demand created by UHC. HFG will continue to support the network of community-based health insurance providers, or mutuelles, as well as the inclusion of the private sector. The Beninese UHC strategy is focusing on mutuelles to reach rural and informal sectors. Finally, HFG is supporting the MOH's National Health Accounts (NHA) unit to continue to analyze accounts, and produce and use the information provided through the analysis, and to use the OneHealth Tool. These activities are largely focused on ensuring the sustainability of platforms and networks established through the project.

Year 4 Activities - Specifically in Year 4, HFG will support mutuelles in Benin through the end of Quarter 1. As mutuelles are positioning themselves as a mechanism for implementing UHC for the informal sector, HFG will continue to strengthen both CONSAMUS and FENAMUS in support of that objective. CONSAMUS serves as an organizing body for consultation and harmonization of approaches between mutuelle promoters; while FENAMUS represents mutuelles at the national level. HFG is also facilitating the establishment of legal and institutional frameworks for mutuelles and providing technical assistance to the Technical Working Group (TWG) on UHC. This includes printing and disseminating the Professionalization and Procedures Manuals developed in Year 3, which contribute to improving the managerial performance of a mutuelles and compliance with UEMOA regulations. We will also support the official registration of FENAMUS, and, at the request of the MOH, HFG will provide technical expertise to the TWG on UHC. To support the private sector, in Year 4, HFG will continue to support the establishment of the Private Sector Health Platform (*Plateforme du Secteur Sanitaire Privé*, PSSP) as a sustained coordination mechanism, support the PSSP and the MOH to carry out an assessment of health public-private partnerships (PPPs), and coordinate with the USAID health bilateral - the Advancing Newborn, Child and Reproductive Health (ANCRE) Program - to transition support after the HFG office closes at the end of Q1. HFG will build on its support of the government to complete 2011 and 2013 NHAs and sub-accounts and to introduce the health account analysis tool. It will continue to work with the MOH to explore mechanisms for routine health expenditure data collection to improve the development of allocation formulas for targeted and non-targeted spending and to map all activities. HFG will continue to support the MOH to develop the PNDS M&E tool and use the OneHealth Tool in preparation for costing Benin's next PNDS. Finally, HFG support to resource tracking, specifically through 2014 and 2015 HA production, will continue through the end of Year 4.

Year 4 Progress Against Objectives -

Activity 1: Support to UHC: Assist in the organization of a national federation of mutuelles

Activity 1 has been completed. The national federation (FENAMUS) was created and professionalization and procedures manuals were developed and disseminated.

Activity 2: Private Sector:

Activity 2 has been completed. The PSSP is functional and is currently being supported by USAID's ANCRE project.

Activity 3: Resource Tracking:

- Evaluate the NHA data for years 2011, 2012, and 2013
- Support the HA 2014 and 2015 exercises
- Develop an activity database to track the PNDS
- Train and use the OneHealth Tool to cost the updated PNDS

HFG supported the formatting and printing of 200 copies of the 2011 and 2013 HA reports. HFG had supported the development of these two HA estimates, and the workshop to validate the results in November 2015.

In August 2016, Andre Zida traveled to Cotonou to support the mapping of data collected with HFG financial support by Benin's MOH for the 2014 and 2015 NHA exercises. Additional data are being collected from other donors to complete the activity. We expect to complete the 2014 and 2015 NHA data mapping and MCH sub-account analysis by October 2016. In addition, HFG began testing immunization guidance during the data mapping. A policy brief on immunization expenditures will be completed with the MOH in Y5Q1.

As noted in previous quarterly reports, the two PNDS-related activities, development of the database and costing, are predicated on the completion of an update of the PNDS, which is in process but not yet complete. During his recent trip to Cotonou, Andre Zida assisted the team in finalizing and validating the M&E Tools' classifications and definitions. HFG will support the use of the OneHealth Tool in costing the new PNDS is developed, if it is finalized in Y5Q1.

Q4 Challenges - Timing: Delays have been experienced as HFG waits for key MOH products/processes to be available. However, this is evolving. Counterpart availability continues to be a challenge.

HA sustainability: Currently, there is no budget line item to support HA production, nor is there a clear mandate for how to use the data for policy making. In addition, there is a new team leader and new personnel on the HA team, and one of the two MOH staff with whom we have been working over the past three years is now moving to a USAID-funded project. This, coupled with challenges in the MOH team's availability, slow our support of HA activities and potentially threaten the sustainability of gains made by HFG.

Use of the OneHealth Tool: Similarly, while HFG implemented a OneHealth Tool training in 2015, actual implementation of a costing by our MOH colleagues with HFG support has been delayed while we wait for a new PNDS. A five-year PNDS was recently requested by the new president and should be completed in Y5Q1. Once this is available, the MOH will be able to conduct a costing.

Q4 Additional Information - In Year 5, HFG intends to continue into Q1 its support for HA and PNDS costing and monitoring, after which our activities in country will end.

Table 28 provides activity-specific updates.

TABLE 28. BENIN ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Resource tracking		
OneHealth Tool training and application	Waiting for new PNDS.	Use of the One Health Tool to undertake a costing requires completion of the new five year PNDS. It has been requested by the President so it is highly likely to be completed in FY5 Q1.
Development of PNDS M&E Tool	M&E tool classification development and validation with the MOH team.	Benin plans to use the M&E tool classification to guide new PNDS development without HFG support; Developing and using an M&E tool is a long process and requires high-level commitment.
Support of NHA production for 2014 and 2015	Provided funds to improve NGO data collection; Provided technical assistance for collection and mapping of 2014 and 2015 health accounts data; Testing Immunization guidance during the data mapping.	Counterpart availability and coordination of financial donors is critical to complete this activity.
Evaluate NHA data for 2010, 2011, and 2012	200 copies of the report were formatted and printed for general HA and MCH accounts. 1,000 copies of posters and 200 flyers formatted and printed for 2012 HA. Activity now complete.	

5.1.4 Botswana

Program Objectives - HFG's field program in Botswana is contributing to the Government of Botswana's goal to strengthen its health system and increase the efficiency of national health programs to address the health needs of the population, in particular, to protect and sustain gains made in HIV care and treatment. A government priority is development of a health financing strategy to sustain HIV care and treatment. Thus, a key component of HFG's work will be to strengthen Ministry of Health (MOH) capacity to develop a strategy. HFG also will conduct a Health Account (HA) estimation using the updated SHA 2011 framework, and build capacity to analyze an actuarial model to effectively finance a comprehensive benefits package.

Year 4 Activities - The Government of Botswana and Botswana USG team are working together to achieve a broad set of intermediate results to improve the efficiency of national health programs. HFG is continuing work started near the end of Year 3 in three areas:

Activity 1: Support the development of a comprehensive Health Financing Strategy: HFG's technical assistance was requested to analyze and develop plausible scenarios and the most equitable, affordable, and sustainable mechanisms to finance health insurance based on an efficient public-private mix of financing, management, and provision of health services. The health financing strategy will make the case for efficiency gains and their potential to increase value for money and reduce wastage. This activity will provide focused technical assistance and strategic analysis, and also will build full ownership and processes to reaching consensus and incorporating input from stakeholders at every step.

Activity 2: Support Implementation and Institutionalization of Health Accounts using the updated SHA 2011 framework: HFG will provide technical assistance to the Botswana HA team to build capacity for regular production and use of the SHA-2011 framework including all the HIV expenditure categories.

Activity 3: Support the development of an actuarial model to effectively finance the essential health services package that is sustainable: HFG will provide technical assistance to the MOH to develop the capacity to analyze health financing information. This includes development of an actuarial model to effectively finance a comprehensive benefit package making sure that it is affordable and sustainable. The sustainability analysis will explore health financing in Botswana including accumulation of resources to cover the health needs of the population, especially costs of chronic conditions like HIV services.

Year 4 Progress Against Objectives - In Q1, HFG conducted 21 stakeholder interviews in collaboration with the MOH and gathered documents that will be used to draft a health financing landscape analysis of the health financing strategy. The document is currently in the drafting stage, and will be shared with the Health Financing Technical Working Group (HFTWG) during consultation meetings tentatively scheduled for February 2016. Also in Q1, the MOH informed HFG of the next HFTWG meeting in February, and HFG will support the MOH in presenting the landscape analysis. For the HA activity, HFG completed data collection for for-profit entities. The MOH has decided that because data collection was underway when HFG joined the HA team, the SHA 2011 training will be combined with the data analysis workshop, to take place in February 2016. For the final activity involving the Actuarial Model development, the HFG team travelled to Gaborone in November to conduct a data availability assessment and better understand the information systems and data sources available to develop the model.

In Q2, the HFG team met with the HFTWG to discuss the findings from the landscape analysis. It was determined that the top priorities of the health financing strategy are efficiency and the establishment of a national health insurance system. For the HA activity, primary data collection is complete and a review and validation of institutional data is being conducted. The SHA 2011 training scheduled for Q2 was

rescheduled for Q3. For the actuarial model development, a scope of work for a consultant was finalized and distributed to in-country and regional networks to identify an appropriate individual for this activity.

In Q3, HFG facilitated two meetings of the HFTWG. The May meeting focused on the strategy development process, and the June meeting focused on insurance and risk pooling. In addition, HFG presented the MOH with a draft policy paper outlining opportunities to improve efficiency. Based on the deliberations of the June HFTWG meeting, HFG is preparing a paper exploring insurance reform options in Botswana that will be shared for comment in Q4. The actuarial consultant, Eamon Kelley, was hired in Q3, and he made his first trip to Botswana in June to meet with stakeholders from the MOH and the Medical Aid Schemes (MAS), and to begin requesting the data necessary for the actuarial analysis. He also delivered a presentation on the basics of actuarial analysis at the June HFTWG meeting. A report, "Health Financing in Botswana: A Landscape Analysis," was presented to the MOH. For the HA activity, HFG led a three-day SHA 2011 training for the technical team and other stakeholders, and, following the training, facilitated a seven-day data analysis workshop. An outline of the HA report has been developed and background sections are being populated. The completion of the report is pending completion of data analysis and validation.

In Q4, the Health Financing Strategy was drafted. It will be presented at the next HFTWG meeting, scheduled for October 10, 2016 (HFG Year 5). The strategy presents challenges, strategic goals, and specific actions for a health financing direction that will achieve the following goals: sustainability, efficiency, and partnership with the private sector. HFG continued online support to the Botswana HA team to refine and verify the mapping decisions, leading to the finalization of the 2013/14 HA figures. HFG has prepared a draft report and after validation of the figures at the October HFTWG meeting, will present the report in November. The report was used to inform the Health Financing Strategy.

The actuarial consultant completed the landscape review of all secondary and online data currently available on health costs and incidence rates in Botswana. The actuarial costing model needs data such as demographics of the target population, morbidity and disease burden, service usage, costs of services, health financing and the planned Essential Health Services Package. The consultant collected these data and populated a database, which once validated, will be ready for the actuarial analysis.

Table 29 provides activity-specific updates.

TABLE 29. BOTSWANA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Support the development of a comprehensive Health Financing Strategy		
Facilitate HFTWG consultation meetings	The next HFTWG meeting will be held on October 10, 2016.	
Draft preliminary documents to inform the health financing strategy	HFG has completed a landscape analysis report, a paper on efficiency, a paper on insurance, and a draft HA report, all of which were used to inform the Health Financing Strategy.	
Draft a comprehensive Health Financing Strategy and explicit financing mechanisms for HIV programs and services	The Health Financing Strategy was developed and will be presented at the HFTWG meeting on October 10.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Support Implementation and Institutionalization of Health Accounts Using the Updated SHA 2011 Framework		
Capacity building on the production of HA by providing training, manuals, and tools covering the SHA 2011 methodology and the Health Accounts Production Tool	HFG continued online support to the Botswana HA team to refine and verify the mapping decisions. This included: standardizing the way mapping decisions were applied to expenditures; collecting additional details around a few donor data sources; loading and mapping outstanding parastatals; applying distribution keys to allocate unearmarked spending by disease, provider, and function; and removing double-counting. As a result of this work, the 2013/14 HA figures have been finalized.	
Draft HA report and policy brief	HFG has drafted a report; however, we are sensitive to the MOH's ownership of the process and have been waiting on the Botswana HA team to finalize the report. The report has a section devoted to unpacking HIV/AIDS expenditures.	The Botswana HA team plans to validate the results at the HFTWG meeting in early October. We expect the local team to release the report in early November.
Activity 3: Support the development of an actuarial model to effectively finance a sustainable Essential Health Services Package		
Detailed terms of reference and customized actuarial analysis plan	The actuarial consultant compiled data from various sources to create a database that includes statistics on population, socio-economic status, disease burden, mortality and morbidity, and health systems and financing.	After validation of the data, the database will be used to create the actuarial costing model.
Presentation of actuarial analysis and financing scenarios to the HFTWG	This is planned for Y5Q1.	
Technical assistance to support the HFTWG to understand the methods and interpretation of the actuarial model	This is planned for Y5Q1.	

5.1.5 Burundi

Program Objectives - The aim of the Year 4 work plan was to consolidate 2.5 years of organizational capacity-building improvements so National Program for the Fight Against AIDS (Programme National de Lutte Contre le SIDA, PNLS) can apply what they have learned and assume its leadership role in managing the medical response to the HIV/AIDS epidemic. This support in Year 4 of HFG centered on PNLS's implementation of its new Operational Plan and its responsibilities as the Public Sector Principal Recipient for the new Global Fund grant.

Year 4 Activities - In Year 4, HFG continued to develop the capacity of all PNLS staff in areas including leadership and management, stakeholder engagement, and coordination. The focus was on consolidating the organizational improvements gained over the past 2.5 years so that PNLS can take a greater leadership role with technical and financial partners, as well as their MOH counterparts at the provincial level. These activities were funded with Year 3 money.

Year 4 Progress Against Objectives - A shift in PEPFAR's focus meant HFG received no new funding for Year 4. Using carry-over funds from Year 3, HFG's local coordinator continued to work with PNLS through March 2016 on a daily basis to ensure progress with all activities and assisted PNLS in preparing for the Global Fund grant. (For security reasons, HFG external staff and consultants were not able to travel to Burundi after the first quarter). In late January, HFG assisted PNLS in organizing a workshop for 25 PNLS staff to share the Global Fund Concept Note, define the role of PNLS as the Principal Recipient, and become familiar with key background documents. This workshop was an important step in helping PNLS gear up to meet their responsibilities as the public sector Principal Recipient.

In Quarter 2, HFG also conducted an endline evaluation of the capacity-building work, using the methodology and data collection instruments used at the beginning of HFG's activity in Burundi. A web-survey was completed by 34 PNLS staff in addition to interviews and focus group discussions with PNLS staff and external stakeholders to measure the progress in PNLS's organizational capacity over the life of the activity. The evaluation data from PNLS and its partners indicate the strong progress that PNLS has made in assuming its leadership role in the HIV/AIDS sector. The results are especially noticeable in the areas of operational planning, supervision, coordination, and training, all of which are core functions for which PNLS is responsible. A clear theme of the evaluation is, however, that the work of strengthening the organizational capacity of PNLS is not finished, especially in light of its new responsibilities as Global Fund Principal Recipient.

HFG also prepared and implemented a close-out workshop for PNLS and its partners. The public event, scheduled for March 29, presented the results of HFG's work and was an opportunity for remarks by the MOH and PNLS's partners.

HFG prepared the financial and administrative arrangements for close-out in Burundi and is currently drafting the end-of-project report for Burundi activities. With the exception of the final report, HFG brought its activities to an end in Q2.

5.1.6 Côte d'Ivoire

Program Objectives - USAID/Côte d'Ivoire has asked HFG to address two major areas in FY 2015: (1) human resources for health (HRH), including an assessment of the pre-service training institutions for health personnel and (2) health financing. Côte d'Ivoire activities are entirely funded by PEPFAR and as such contribute to achieving AIDS-Free Generation goals; they also are in line with the PEPFAR Blueprint, which includes health systems strengthening under the pillar "Smart Investment."

Year 4 Activities -

- Developing the national HRH Strategic Plan;
- Developing an HRH Performance Management System;
- Strengthening Pre-Service Training for HIV Care and Treatment;
- Promoting the integration of HIV/AIDS services in performance-based financing (PBF) implementation to improve the effectiveness of HIV care and treatment;
- Improving the capacity of the Ministry of Health and of the Fight against HIV/AIDS (Ministère de la Santé et de la Lutte contre le SIDA, MSLS) to advocate for increasing domestic financial resources for HIV/AIDS;
- Supporting adoption of a policy or legal framework and implementation of task sharing and pre-service training for Option B+.

Year 4 Progress Against Objectives -

- **Human Resources for Health**

  In Q1, the development of the HRH Strategic Plan (2016-2020) started. HFG's HRH specialist participated in a validation workshop on December 8-10, 2015. The workshop looked at HRH studies completed by the Department of Human Resources (*Direction des Ressources Humaines*, DRH) with support from WHO. In Q2, HFG 's support to the Ministry of Health and Public Hygiene (*Ministère de la Santé et de l'Hygiène Publique*, MSHP) ensured that the country aligns its HRH strategic plan with its new National Health Development Plan (*Plan National de Développement de la Santé*, PNDS). The MSHP finalized the PNDS, and HFG drafted evaluation tools of the HRH Interim Plan (2014-2015), which will inform the next HRH plan.

  In Q3, HFG continued to work on integrating inputs and recommendations regarding national HRH strategies. Additionally, WHO is finalizing their HRH studies that will be used by the Directorate of Human Resources (*Direction des Ressources Humaines*, DRH) with HFG's support to develop the HRH Strategic Plan (2016-2020).

  In Q4, HFG provided support to the DRH's official launch of the data collection phase for the evaluation of the implementation of the HRH Interim Plan (2014-2015). Subsequently, HFG will continue to support the DRH to develop the first draft of the HRH Strategic Plan (2016-2020).

  The HFG team participated in the PNDS (2016-2020) validation workshop on August 2-5, 2016, in Grand Bassam.

  In Y5Q1, HFG will support the DRH to hire a consultant who will conduct data collection for the evaluation of the implementation of the HRH Interim Plan (2014-2015). Subsequently, HFG will continue to support the DRH to develop the first draft of the HRH Strategic Plan (2016-2020).

Development of an HRH Performance Management System. In Q1, HFG began to finalize the HRH career profiles. HFG organized an advocacy workshop for key stakeholders from the MSLS, the Ministry of Civil Service, and the Ministry of Finance and Budget. Thirty people including 11 women attended the workshop that was held from October 19 to 22, 2015 at the Resort Hotel of Yamoussoukro. The last step for the finalization of these career profiles is the signature of the President of Cote d'Ivoire.

Members from 11 French-speaking countries that are part of the initiative "Vision Tokyo 2010" met in Bassam/Côte d'Ivoire from December 15 to 17, 2015 to develop guidelines for health worker mobility with support from JICA. HFG participated in this activity due to its support to the DRH in developing career profiles. HFG will participate in finalizing the HRH mobility guidelines that will serve as a reference guide for the member countries.

USAID/PEPFAR asked HFG to assess Côte d'Ivoire's Human Resources Information System (HRIS) using the PEPFAR HRIS Assessment Framework tool. For this purpose, HFG organized two working sessions with two DRH officials and one USAID member on November 3 and 6, 2015. The results, which included a gap analysis in the current system, were submitted to the USAID/PEPFAR local team on November 10, 2015.

HFG in collaboration with DRH conducted an HRH mapping exercise in the 39 health districts where the "scale-up to saturation" strategy was adopted. Next steps will include: (1) the elaboration and validation of the HRH mapping report; (2) the development and validation of the Index of Supervision and Health Safety; (3) and advocacy sessions to place additional health workers in the "scale-up to saturation" health districts.

In Q2, the Geographic Information System (GIS) and Mapping specialist continued to work on planning the HRH mapping exercise.

In Q3, as part of the HRH mapping exercise, HFG participated in the internal validation of the Index of Supervision and Health Safety on May 19 and 20, 2016.

In Q4, the HRH mapping report for the 39 Health Districts reviewed in Q3 was completed and submitted to the DRH for dissemination and validation.

Next quarter, HFG will support the DRH to validate the HRH mapping report during a one-day workshop.

Strengthen Pre-service Training for HIV Care and Treatment. In Q1, HFG held a meeting with a consultant from Conseil Santé/C2D on October 6, 2015 to discuss on how to advance License, Master, Doctorate (LMD) reforms at the National Institute of Health Worker Training (Institut National de Formation des Agents de Santé, INFAS) and how to strengthen the training institution's capacity. To coordinate and avoid overlap in our pre-service training activities, a technical meeting was also held on October 14, 2015 between ICAP's Community Health and Nursing Projects Manager and HFG's HRH specialist.

In Q2, HFG supported INFAS to implement the process of scaling up the LMD system in the context of task-shifting for HIV care and treatment at all INFAS sites. As part of the integration of task-shifting in the pre-service curriculum, HFG is supporting faculty development through a series of workshops. The project supported one workshop with 39 participants (including10 women) in Q2.

In Q3, as part of the integration of task-shifting in the pre-service curriculum, HFG supported faculty development through a series of workshops:

- The first workshop was held from May 9 to 14, 2016 in Agboville. It was attended by 23 participants (8 women and 15 men) from Aboisso and Daloa and led by four facilitators from UFR-SMA (*Unité de Formation et de Recherche-Science Médicale d'Abidjan*), INFS (*Institut National de Formation Sociale*), ENS (*Ecole Normale Supérieure*), and LNSP (*Laboratoire National de Santé Publique*).
- From May 15 to June 15, 2016, HFG supported INFAS' inventory all of its clinical mentors working in Daloa and Aboisso and their contact information. These data will help in the planning of trainings.

In addition, HFG supported the DRH and the PNLS to organize field missions in five "scale-up to saturation" health districts to discuss and prepare the upcoming practical task-shifting trainings with health district Managers and leadership at *Centres Hospitaliers Universitaires* (CHUs) and *Centres Hospitaliers Regionaux* (CHRs):

- The field mission team visited potential coaching and training centers and met with 12 health managers and coaches in the Health Districts of Korhogo, Bouaké-Nord-Ouest, and Bouaké-Sud during the week of April 25, 2016.
- From June 5 to 11, 2016, the team visited other potential coaching and training centers in the health districts of Man and Daloa and held working sessions with 49 health managers and coaches.

During this quarter, HFG also provided support to the DRH and the PNLS to draft assessment tools to help assess skills building and competency improvements of nurses and midwives during the practical task-shifting trainings.

In Q4, HFG supported the DRH and PNLS in the validation of the drafted assessment tools. From June 27 to July 1, 2016, a validation of the assessment tools workshop was led by three facilitators in Agboville with 30 attendees (including 10 women). Three keys persons committed to finalize assessment tools after the workshop. The assessment tools were completed July 30.

HFG continued to support the DRH and the PNLS to organize field missions in five "scale-up to saturation" health districts to discuss and prepare the upcoming practical task-shifting trainings with health district managers and leadership at CHUs and CHRs. Below are the key activities:

- From July 3 to 9, 2016, the field mission team visited potential coaching and training centers and met with 5312 health managers and coaches in the health districts of San-Pedro, Issia, Gagnoa, and Bouaflé.
- Based on the evaluation tools validated, HFG supported DRH and PNLS to organize training sessions for clinical mentors involved in the process of the practical task-shifting trainings for nurses and midwives. The main objective was to train the participants on the utilization of the evaluation tools. From August 15 to 27, 2016, the team, composed of representatives of HFG, DRH, and PNLS, visited health districts of Korhogo, Bouaké, Bouaflé, Gagnoa, Issia, Daloa, Man, and San-Pedro to coach a total of 100 clinical mentors (including 38 women).

- HFG also supported the INFAS sites of Daloa and Aboisso in the promotional events linked with task shifting that were held from September 9 to 10, 2016. Approximately 500 nurses and midwives attended the events, including the "Task Shifting Policy and the New Roles of Nurses and Midwives in the Achievement of 90/90/90 Objectives" session. 49 midwives and 96 nurses (including 28 women) in attendance had recently graduated from the program.

In the next quarter, HFG will support the DRH and the PNLS in organizing practical task-shifting trainings for nurses and midwives as well as supervision mission through eight health districts. HFG will also support DRH and PNLS to develop a pocket-guide on HIV care and treatment issues for nurses and midwives. Additionally, HFG will support INFAS sites in Daloa and Aboisso to train their clinical mentors involved in the pre-service practicum stage on how to coach nurses and midwives in HIV care and treatment issues.

Support adoption of a policy or legal framework and implementation of task sharing and pre-service training for Option B+. In Q1, the African Health Profession Regulatory Collaborative (ARC/CDC) initiative received funds to reinforce health worker capacity and infrastructure to operationalize HIV and AIDS task shifting in Côte d'Ivoire. The CDC chose a local union of midwives to lead this initiative. To better coordinate our task-shifting activities and interventions, HFG organized two working sessions with the ARC management team on November 10 and 25, 2015.

To achieve the training objective for task shifting for HIV care and treatment, 1,641 nurses and midwives were identified and trained in the theoretical aspects of the subject. HFG held the first activity from October 5 to 10, 2015, a training-of-trainers (TOT) session for 25 INFAS teachers (including11 women) who will be conducting the trainings. In the second phase, HFG organized two working sessions (October 30 and November 4, 2015) with the INFAS management team to organize logistics and support for the training of 1,641 nurses and midwives. Finally, from November 16 to 27, 2015, HFG in collaboration with DRH and INFAS held two training sessions for a total of 1,608 nurses and midwives. In the next step, HFG will organize technical meetings with USAID/PEPFAR clinical partners involved in the 16 "scale-up to saturation" health districts.

These meetings will help plan for the placement of 200 of the recently trained nurses and midwives in these districts. After the meetings, HFG in collaboration with clinical partners will organize the practical training for these 200 nurses and midwives in priority health districts.

In Q2, the advance policy change for pre-service training for task shifting continued. HFG participated in a review meeting of the Department of Nurses and Midwives (*Direction des Soins Infirmiers et Maternels*, DSIM) on January 8, 2016.

In Q3, HFG continued to support local unions and also the CDC-funded African Health Profession Regulatory Collaborative to promote the task-shifting policy.

In Q4, HFG provided technical assistance to DSIM to complete the Nursing and Mothering Strategic Document.

▶ Health Financing:

Promote the integration of HIV/AIDS services into PBF implementation to improve the effectiveness of HIV care and treatment. In Q1, HFG provided technical and financial support to two workshops held by the MoH Department of Planning and Statistics (DPPEIS/DIPE): one on understanding and interpreting indicator rates from October 7 to 9, 2015 with 19 attendees including 2 women, and another on the PBF subsidy distribution matrix from October 13 to17, 2015 with 20 attendees, including 6 women. These activities led to the development of a list of rates for PBF quantitative indicators and a subsidies distribution matrix. HFG also selected a communication specialist to provide assistance to DPPEIS/DIPE to conduct an awareness-raising campaign on PBF.

In Q2, HFG supported DPPEIS/DIPE in holding a workshop to finalize all PBF implementation tools. HFG also worked with a communications specialist to provide assistance to DPPEIS/DIPE to design a sensitization campaign on PBF in preparation for the program's launch.

In Q3, HFG supported DPPEIS/DIPE by initiating negotiations between the Global Fund, UNICEF, and USAID/PEPFAR to create a consortium to implement collaboratively the PBF scheme in five health districts (Soubré, San-Pedro, Tiassalé, Adzopé, and Grand-Bassam) that included two PEPFAR "scale-up to saturation" health districts (Soubré and San Pedro). For this purpose, HFG took part in seven meetings with DPPEIS/DIPE (on May 6, 19, and 20, 2016, and June 16, 25, and 28, 2016), with the Global Fund, USAID, and CDC PEPFAR (June 17, 2016), and with the World Bank Project team (June 20, 2016) to discuss roles and responsibilities of each partner in the implementation of the PBF strategy. HFG, which is mandated to do an assessment of the health facilities' performance and the PBF costs in these health districts, drafted a scope of work, protocol, and tools for this assessment.

In Q4, HFG conducted a PBF costing assessment in five health districts (Grand-Bassam, Soubré, San-Pedro, Tiassale, and Adzope) to assess the PBF implementation costs. Seventeen investigators from the MoH were selected in July 2016 and trained from August 28 to September 3, 2016. The field investigation was conducted from September 4 to September 18, 2016 in 132 health facilities. Findings and recommendations including a cost-sharing strategy will be made available in Y5Q1 (November).

Improve the capacity of the Ministry of Health and Public Hygiene to advocate for increasing domestic financial resources for HIV/AIDS. In Q2, HFG participated in a workshop held from December 13 to 23, 2015 to plan strategy and activities for the next five years.

In Q3, HFG participated in work sessions with the PNLS (April 6, May 10, June 8, 2016), and with the USAID mission and CDC/PEPFAR (April 13) about the inclusion of the Test and Start strategy in the next Plan Strategique National (2016-2020) and its budget. In addition, on June 1, 2016, HFG was urgently requested by the MSHP and the USAID mission to provide assistance to the Government of Cote d'Ivoire to draft brief opening remarks for the Prime Minister, who was invited to participate in a panel at the UN General Assembly on "Financing Vulnerability" on June 7, 2016. HFG wrote a brief related to this issue for Prime Minister and sent it to the MSHP on June 4, 2016.

In Q4, HFG had two work sessions with a cross-ministerial working group on Domestic Resource Mobilization (July 28 and August 25, 2016). HFG intends to be part of this TWG and will provide technical assistance to the MSHP, Ministry of Finance, and Ministry of Budget.

In addition, HFG provided the final report on HIV National Strategy costing under the OneHealth Tool.

From September 1 to 2, 2016, *HFG organized an international workshop* on Domestic Resource Mobilization in Abidjan. Participants from Bangladesh, Ghana, Tanzania, Peru, the United States, and Cote d'Ivoire came together to address DRM strategies in Low and Middle Income Countries (LMICs). Additional information and material is available on the HFG project website.

Q4 Challenges - The main challenges in Year 4 were the following:

- Presidential elections held at the end of October 2015 led to delays in the implementation of some national-level activities.
- Delay in the development of the new PNDS (2016-2020) means that other strategic plans that may arise from it, such as the HRH National Plan, may be also be delayed.

Q4 Additional Information - In Q1, HFG, through its M&E Officer, participated in several activities such as:

- Presentation of SIMS (Site Improvement through Monitoring System) results (October 6-8, 2015)
- Discussion with USAID M&E staff on DATIM (October 29, 2015)
- Meeting organized by USAID/PEPFAR M&E staff on the Summary Results of PEPFAR Côte d'Ivoire Annual Performance Review FY15 (December 3, 2015)
- Meeting with Minister of Health on health sector partnership coordination mechanism (December 17, 2015)

In Q2, HFG through its technical officers took part in several activities such as:

- The synthesis of the last PNDS implementation assessment in February 2016
- The identification and development of the key focus areas of the National Health Sector Strategic Plan (PNDS) from March 14 through 18, 2016

In Q3, HFG through its technical officers took part in several activities such as:

- Participation in a one-day workshop organized by ICAP on May 17, 2016. The theme of the workshop was "Presentation and Validation of Portfolios and Clinical Mentoring Guidelines for Nurses and Midwives in the Case of Task Shifting."
- HFG participated in the task-shifting TWG's work session on April 14, 2016 at INFAS Abidjan. This meeting helped avoid duplication and overlap of partners' activities.
- HFG's HRH Specialist participated in the training session organized by WHO on the Workload Indicators of Staffing Needs (WISN) application. This training session was held at the WHO office from June 20 to 22, 2016.
- The HFG Health Finance Specialist participated in a workshop to review the Minimum Activities Package manual (March 10 and 14, 2016) in Agboville.

In Q4, HFG through its technical officers took part in several activities such as:

- HFG's HRH Specialist participated in the training session organized by USAID/PEPFAR/WHO on the SIMS 2.0 application
- The M&E Officer started on September 5, 2016.

Table 30 provides activity-specific updates.

TABLE 30. CÔTE D'IVOIRE ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Support development of the national HRH strategic plan		
Continue implementing the HRH Plan 2014-2015	HFG team participated at the PNDS (2016-2020) validation workshop August 2-5, 2016 in Grand Bassam	• Hire a consultant to conduct the process of the evaluation of the implementation of the HRH Interim Plan (2014-2015) • Develop the assessment report of the plan • Validate the assessment report at a workshop

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Do a joint rapid assessment with MSHP and other stakeholders to determine changes in HRH needs and delivery of services since the HRH Strategic Plan was updated for 2014-2015, using existing data sources at MSLS and implementing partners	Activity ongoing	
Generate a list of HRH strategies and activities for the 2016-2020 Strategic Plan, documentation, and stakeholder input	Activity ongoing	• Conduct a joint rapid assessment with MSHP/DRH and other stakeholders to determine changes in HRH needs and production using existing data sources from MSHP and implementing partners. • Generate a list of HRH strategies and activities for 2016-2020.
Conduct structured stakeholder workshops to determine strategic priorities and activities for the five years 2016-2020	Activity ongoing	• In FY17, plan structured stakeholder workshops to determine strategic priorities and activities for the upcoming five years. • Draft the strategic plan to reflect the priorities selected through the stakeholder prioritization process.
Develop strategic plan to reflect the priorities selected through the stakeholder prioritization process	Activity ongoing	
Support MSHP to cost Strategic Plan and develop a M&E plan	Postponed to next quarter	
Prepare for the development of an annual operational plan for implementation and costing for 2016	Postponed to next quarter	
Activity 2: Developing an HRH performance management system		
Revise the career profiles and evaluation criteria to reflect updated MSHP position descriptions	Activity ongoing	
Support DRH in the mapping of HRH involved in care and treatment within 39 health districts in high and middle morbidity linked to HIV/AIDS in Côte d'Ivoire		Validate the HRH mapping report in the 39 health districts as well as the Index of Supervision and Health Safety Report in a one-day workshop.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 3: Promote the integration of HIV/AIDS services into PBF implementation to improve the effectiveness of HIV care and treatment		
Participate in meetings, exchanges, and other fora on health finance, collaboration with MSHP and other donors around PBF and other reforms (UHC), and debriefing of USAID/PEPFAR, as requested	Held several exchanges with technical committee on the implementation of PBF assessment in five health districts.	
Support central-level TOT (DPPS, DAF, IGLS, etc.) on PBF tools and Standard Operating Procedures (SOPs). These trainers will train and support managers of health facilities		Postponed due to delays in PBF pilot implementation by MSHP.
Assist MSHP in PBF strategy pilot implementation through health care services' purchase (including HIV and AIDS)	HFG assessed 132 health facilities in 5 health districts in order to implement National PBF Strategy.	Make available findings and recommendations including a cost-sharing strategy in Y5Q1 (October 2016).
Support the development of tools, SOPs, and activities for PBF implementation (reporting tools that facilitate M&E of HIV/AIDS prevention, treatment and care, retention in care, etc.)		Postponed due to delays in PBF pilot implementation by MSHP.
Activity 4: Improve the capacity of MSHP to advocate for increasing domestic financial resources for HIV/AIDS		
Assist MSLS to advocate to MEF for increased HIV_AIDS domestic resources	Activity ongoing	
Activity 5: Support adoption of a policy or legal framework and implementation of task sharing and pre-service training for Option B+		
Support DGS and PNLS to develop/strengthen the legal framework of medical practice for nurses and midwives to promote and facilitate the adoption of the task-sharing policy for HIV care and treatment health financing priorities	Provided technical assistance to DSIM to complete Nursing and Mothering Strategic Document.	Task-shifting activities completed.
Support INFAS management team to organize technical meetings that involve local clinical partners involved in HIV care and treatment in each site		Pre-service is now considered non-core under PEPFAR and therefore it is no longer funded.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Support INFAS management team to monitor practicums of 364 third-year nurses and midwives in facilities involved in the program of task shifting in HIV care and treatment in each site	• From July 3 to 9, 2016, the field mission team visited potential coaching and training centers and met with 53 health managers and coaches in the health districts of San-Pedro, Issia, Gagnoa, and Boaufle. • Support DRH and PNLS to validate the assessment tools drafted. From June 27 to July 1, 2016, a workshop on that issue was held in Agboville with 30 attendees (20 men and 10 women) including 3 facilitators. By July 30, 2016, assessment tools were completed.	• Due to constraints in the field, other strategies were adopted by the DRH and PNLS. They have chosen to do field missions instead of organizing technical meetings with USAID/PEPFAR clinical partners working in the 16 "scale-up to saturation health districts. During each field mission, they organized meetings with clinical partners. • Support DRH and PNLS to start practical trainings. • Support DRH and PNLS to evaluate impact of their intervention on USAID/PEPFAR indicators.
Activity 6: Strengthen pre-service training for HIV care and treatment		
Support INFAS for HIV care and treatment	• Supported INFAS Daloa in promotional events linked with task shifting (September 9-10, 2016). Before this event, nearly 500 nurses and midwives including 145 new graduates have attended the event where one of the themes was "Task shifting policy and the new roles of nurses and midwives in the achievement of 90/90/90 objectives." Among new graduates were 49 midwives and 96 nurses (28 women). • Participated in the strategic discussions with the new head of INFAS (Pr Méliane N'DHATZ-SANOGO) on September 6 and 16, 2016.	• Support INFAS to facilitate training sessions for clinical mentors to address the issue of task shifting. • Support INFAS sites of Daloa and Aboisso in the promotional events linked to task shifting.

5.1.7 Democratic Republic of the Congo

Program Objectives – The HFG project works on four distinct activities. The first is assisting the Ministry of Public Health (Ministère de la Santé Publique, or MSP) to implement the reform process. HFG assistance to MSP is divided into three broad streams of work: support to the Secretary General's office in the overall reform process, institutional strengthening of three key central directorates, and establishment of two new provincial health divisions. The second activity is to prepare the Kinshasa School of Public Health (KSPH) to qualify for direct USAID funding. The third activity is to fund a scholarship program for 30 MPH students and 3 PhD candidates. The fourth activity is to conduct training for MSP staff on the basic concepts and principles underlying decentralization.

The following activity results are expected with HFG support:

- Constituency built within MSP that supports and facilitates the MSP reform process; this will facilitate MSP efforts to improve coordination of stakeholders within the ministry.
- Key central MSP Directorates with improved capacity to function under the decentralized system.
- Two provincial health divisions (Divisions Provinciales de la Santé, DPS) assume new roles under the reform process.
- KSPH with a financial management system that qualifies for direct USAID funding.
- 30 MPH and 3 doctoral students funded for one academic year.
- Increased understanding of core concepts and principles of decentralization by senior MSP and other Government of DRC (GoDRC) officials.

Year 4 Activities - In Year 3, HFG initiated work on support to the MSP in the reform and strengthening of financial management capacity of KSPH to prepare it to be a direct recipient of USAID funding. The summaries of these activities are as follows:

- ***Support to MSP Reform:*** The DRC has traditionally operated in a highly centralized manner with limited authorities delegated to the subnational levels. Decisions have been made exclusively by the central government authorities with provincial and local authorities primarily in the role of carrying out those decisions with limited support from the central level. The February 18, 2006 Constitution revised in November 2011 made several profound institutional reforms including an administrative and territorial reform, based on the principles of decentralization.

  - The number of provinces increased from 11 to 25 provinces plus the city of Kinshasa, which now has provincial status.
  - The Constitution authorized the provinces greater political, administrative, financial, and economic autonomy to the subnational level.

  In the health sector, this reform has significant implications. Authorities newly assigned to the provinces include hiring and management of the health workforce; development, support, and supervision of health programs consistent with the national development health plan; management of hospital, laboratory, and pharmaceutical services; promotion of primary health care services at facility and community levels; and dissemination and enforcement of health laws and regulations. Under the reform, the central MSP's role will be concentrated on setting norms and standards, oversight, leadership, national-level planning, coordination of partners, and management of the reform process itself. These reforms are aimed at improving access and quality of services by moving responsibility closer to the level at which these services are delivered.

  In spite of limited progress toward decentralization in other sectors, MSP has been progressively moving toward establishing the new health DPS, consolidating the number of central directorates

from 13 to 7, and downsizing the number of staff from 1,012 to 598. While much conceptual work on the reform has been accomplished, much remains to be done to implement the reform, especially in the area of institutional strengthening. A number of key decisions, such as a reassignment of human resources corresponding to the needs of the new structures, are moving forward but are not yet complete. MSP is looking to engage with technical and financial partners to provide assistance in implementing the reform, building support for the reform, and developing the institutional capacity at the central and provincial levels to make the reform successful.

USAID identified three key central directorates to support in the reform process and proposed that technical assistance be provided to establish and operationalize these offices. The three directorates are the Directorate of General Services and Human Resources (Direction des Services Generaux et des Ressources Humaines, DSGRH), Directorate of Financial Affairs (Direction Administratives et Financiere, DAF), and the Directorate of the Organization and Management of Health Services (Direction de l'Organisation et de Gestion des Services des Soins de Santé, DOGSS). Although the basic attributes of these offices have been established in the "Cadre Organique," the operationalization of these selected offices (as well as others within the MSP) and the details of their interactions with the provincial structures have not yet been fully defined.

- ***Strengthening KSPH's Financial Management:*** KSPH is the premier institution in the DRC for training of public health professionals, many of whom become managers at different levels of the health system and some who become the public health leaders in the country. The core of the school is its master's-level program in public health. A wide range of donors and implementing partners seek to work with KSPH in their activities, often engaging KSPH as a sub-awardee on specific projects. In addition, for many years, USAID has provided funding for scholarships to KSPH through a variety of contractual mechanisms including Health Systems 20/20, the predecessor project to HFG, and African Strategies for Health (ASH). Consistent with the objectives of USAID Forward, USAID/DRC would like to strengthen KSPH's financial management capacity so that USAID can provide direct funding for scholarships to KSPH and potentially for other activities in the future. This will require strengthening KSPH's grants and financial management systems so that it meets generally accepted accounting standards and ensuring the organizational commitment by the Management Committee to strengthen its financial management systems. Health Systems 20/20 provided assistance in the area of financial management, but concluded at the end of its activity that more remained to be done in this area for KSPH to become a direct recipient of USAID funding.

  In Y4, HFG initiated two additional activities with KSPH:

  - The first activity was to financially support 30 MPH students and three PhD students through a scholarship program.
  - The second was a decentralization training for MSP officials.

Year 4 Progress Against Objectives - In Year 4, the focus was to move forward with the implementation of the activities.

- **Central Level:**

  - ***Overall reform process:*** In Q1, HFG's support to the overall reform process consisted of two main activities. The first was a central role in the training of the first group of 12 of 26 coaches from MSP to support the development of the 26 DPS. HFG assisted in the design and delivery of a one-week workshop to debrief the coaches on their experience to date and build their skills as coaches. This workshop was carried out in close collaboration with WHO and the Studies and Planning Directorate (Direction des Etudes et Planification, DEP). The second activity was to support the implementation of a workshop to validate the draft guidelines to establish the Provincial Health Inspectorates (IPS). This workshop involved representatives

from the provinces as well as central level officials from MSP and Public Function. The workshop was jointly financed by the World Bank-funded PDSS Project, Belgian Embassy, and HFG.

In Q2, HFG continued its support for the reform process by conducting a follow-up coaching training, jointly led by the WHO and MSP, in mid-February, from the 17th to 21st. The training provided tools to the newly trained coaches on how to establish the DPS. HFG led three of the five training days, which focused on the fundamentals and modalities of coaching, including honing in on contracting, learning, and feedback. The training was very well attended with participants including the Secretary General, technical and financial partners, and 12 coaches. The workshop evaluation showed that 75 percent of participants reported having acquired knowledge and skills that will influence their work experience. Half of the participants noted having a very satisfying experience and the other half rated the training 'excellent.' The same proportion of participants expressed the desire to attend a follow-up training on coaching. Since the MSP has embraced the use of 26 national coaches as one of the primary methods to establish the provincial health structures, HFG's contribution to this effort has an impact beyond the two DPS that it directly supports.

A second important accomplishment in Q2 was an agreement with MSP to publish a regular bulletin about the reform process as a way to keep MSP staff informed and build support for the process.

In Q3, the MSP designated the National Program for Communication for the Promotion of the Health Sector as the interface to work with the HFG team on the bulletin. A meeting with HFG, the DEP, and the USAID Mission was organized in order to identify different themes for the newsletter. Some themes identified included the MSP reform and the challenges of decentralization. A draft was finalized in August 2016.

In Q4, HFG provided logistics and financial support to the Governance Committee of the CNP-SS: this support focused on the assessment of the implementation of the roadmap on health governance in the country. Discussions centered on the restructuring of IPS and the Technical Coordination Committee for the Health Sector (CCT-SS) meeting on June 3. During the CCT meeting, it was recommended that HFG prepare reports on the status of the DRH and DOGSS restructuring for presentation at the next CNP-SS meeting.

The fourth coaching training took place in July, focused on building awareness of the institutional systems and managerial behavior inherent in the DPS in order to develop an institutional strengthening perspective by the coaches. HFG's technical support resulted in the following: (i) request by the Secretary General to expand the coaching process to the central directorates; and (ii) recommendation by the Secretary General to the Director of the DEP to change the development process of the DPS action plans, allowing for flexibility to reflect the realities of their environment.

Also in Q4, an MSP Magazine about the reform process was completed, but is awaiting approval by the USAID Communications Team before dissemination.

- **Central Directorates**
  - ***DSGRH:*** In Q1, the institutional assessment report of DSGRH and institutional strengthening plan were approved by DSGRH and implementation plans were developed.

    In Q2, HFG facilitated two workshops to develop a strategic and operational plan. The DSGRH began planning for a meeting with its technical and financial partners around the strategic and operational plan for resource mobilization.

In Q3, a workshop was held to conceptualize and design the organizational structure of the DSGRH consistent with the directorate's vision, mission and values. The outcome of the workshop was the creation of four completely different divisions as follows:

- Norms, planning and human resource allocation,
- Monitoring and evaluation of personnel performance,
- Competencies development, and,
- Logistics.

In Q4, a two-day pre-workshop data collection activity was organized by HFG with DSGRH staff to collect baseline information on job profiles and competencies. Subsequently, a 10-day residential workshop on the DSGRH referentiel des emplois (employment reference document) and bilan des competences (skills assessment) was held that took into consideration the previous job descriptions developed by the Ministry of Public Function. This has triggered the urgency for staff assignment into the defined positions and structures within the MSP.

- ***DOGSS:*** In Q1, HFG's work with the DOGSS was delayed due to staff not being reassigned and a director not yet being named. In addition, MSP had requested that HFG's assistance be coordinated with the French Cooperation to avoid any duplication. HFG subsequently learned that the French assistance would be narrowly focused on hospital reform so there was no overlap with HFG's mandate. In order to accelerate this activity, HFG met with the directors of the three directorates that are being merged into the DOGSS to develop a plan for an organizational assessment as the first step in the process of HFG assistance.

  In Q2 , HFG conducted the DOGSS organizational assessment with the assistance of an external consultant provided by USAID. At the request of USAID, the HFG team used the PICAL tool in the assessment process in order to ensure harmonization of assessment tools across different USAID projects, including HFG. While there is substantial overlap with the HFG approach, the PICAL methodology uses a different methodological approach, relying on a limited number of individuals as key informants.

  In Q3, the results of the DOGSS assessment were validated by the three directors and will be shared with a larger audience including USAID, implementing partners, MSP directorates and other GoDRC officials. The assessment report includes a capacity-building plan that will guide HFG's ongoing assistance.

  In Q4, a four-day workshop was conducted for key DOGSS staff to develop a vision and values of their directorate. In addition, as was done for DSGRH, HFG conducted a seven-day workshop to develop the referentiel des emplois and bilan des competences that amended and completed the job descriptions done by the Ministry of Public Function.

- ***DAF:*** HFG's assistance to the DAF remains on hold since the legal framework is still not in place. As a standardized directorate across all ministries, its organic framework must be approved by other ministries, namely Public Function, Finance, and Budget. HFG has consulted with COREP (Committee for Reform of Public Finance) and the national coordinator of the Committee of Public Administration Reform, and all have agreed to HFG's role in building organizational capacity once the organic framework is approved. At that point, HFG had planned to conduct an organizational assessment and develop an institutional strengthening plan. HFG planned on coordinating closely with the World Bank, EU, and CTB, all of which are providing assistance to the DAF. However, in Q4, HFG has learned that the legal framework will not be in place until FY 17, which may not allow enough time for HFG assistance to be meaningful.

- **Provincial level:** At the end of Y3Q4, HFG organized a major effort to conduct a situation analysis in both the Lualaba and Haut-Katanga DPS, using templates approved by the central MSP. HFG funded two central MSP staff and mobilized a large local team to visit all 41 zones in the two DPS to do a SWOT analysis, collect information needed to clarify the roles of the DPS and IPS, and lay the foundation for the development of zonal and provincial health development plans that feed into the National Health Development Plan. In Y4Q1, HFG drafted the report for the situation analysis.

  To complement the health zone and DPS situational analysis, in Q2, HFG conducted a survey on the expectations of health zones of the DPS and IPS in Haut Katanga and Lualaba. The survey data showed a difference of opinion in the two DPS. A meeting was held with the aim of finding a common ground. Also in Q2, HFG visited both DPS to discuss HFG's proposed FY16 support and finalize the HFG plan of assistance. HFG also worked closely with the DEP to develop TOR on how to integrate the specialized programs into the DPS structure.

  In Q3, HFG carried out an assessment on the integration of the specialized programs and concluded that the administrative integration into the DPS structure is feasible. A roadmap was developed and validated in workshops with management teams of the two DPS and coordinators of the specialized programs. In April, a half-time consultant was recruited by HFG to coordinate the implementation of activities in the two DPS. This consultant evaluated the progress of the establishment of the provincial steering committees (CPP-SS and its technical working group) as well as a preliminary assessment of the management capacity of the two DPS. The evaluation showed that the two DPS need strengthening of their capacity to manage as well as improving their understanding of the reform and its implications. An HFG intervention plan has been proposed and harmonized with the institutional assessment reports. In May, an organizational assessment of the two DPS was conducted using the PICAL tool to evaluate their organizational capacities. A capacity-strengthening plan was developed and is included in the assessment reports.

  In Q4, the workshop on team building, leadership, and management training was conducted in both DPS in July. This training was one of the most important interventions that stemmed from the capacity building plan. Immediately after the training, work plans for each unit were developed to follow up on the training and commitments made to meet on a regular basis to monitor implementation. In September, the two DPS also benefited from an integrated training in financial management coupled with the training on results-focused management (GAR). These training programs helped strengthen management capacity and accountability through the use of tools such as logical framework, performance measurement, expenditure framework, and GAR indicators. Additionally, in August, HFG's IT consultant and Finance and Administrative Manager completed the installation of IT equipment procured for the DPS and delivered office furniture to the CPP Technical Secretariats in both provinces.

  - ***Decentralization Training for GoDRC Officials:*** USAID/DRC requested that HFG organize a training course in the basic concepts and principles underlying decentralization for MSP and DPS officials. The mission requested that the training be done through KSPH with outside experts assisting. In Q1, USAID and HFG discussed this idea with the MSP and agreed to go forward. HFG also took initial steps to discuss with KSPH and to identify an external decentralization expert.

    In Q2, HFG provided support to KSPH for one of their faculty members, Professor Munyanga, to visit Dr. Tom Bossert, decentralization expert from the Harvard School of Public Health. During the week of February 29, 2016, Prof. Munyanga worked side-by-side with Dr. Bossert to come up with the decentralization course plan including the agenda, course syllabus, list of materials, tentative list of participants, and an implementation plan. Back at KSPH, Prof. Munyanga worked with other faculty members to implement the plan.

In Q3, the Health Sector Decentralization course took place at the Beatrice Hotel in Kinshasa during the week of May 30th. The course was convened by the MSP. Led by Dr. Tom Bossert and Prof. Munyanga, the course's overall objective was to improve understanding of key decentralization principles by central and provincial levels of decentralization in order to guide decision making and strengthen implementation. The participants included the central directors (13), DPS heads (26), and the provincial medical inspectors (11). Other participants included key implementing partners and NGOs. In all, the course was attended by more than 80 participants and was covered by local media.

During Q4, KSPH submitted the course evaluation report as well as the final report for the decentralization course. USAID and HFG reviewed the evaluation report and sent it to KSPH for finalization. HFG is awaiting USAID review of the overall workshop report.

- ***KSPH Financial Management Strengthening:***
  - HFG supported KSPH throughout the recruitment process of the internal auditor. The internal auditor was hired and has started work. Since his recruitment, the internal auditor has focused mainly on his auditing functions as well as developing the audit report. The HFG financial advisor continues to work closely with the Chargé de finance.
  - HFG supported the utilization of financial management software. Several additional KSPH project accountants, cashiers, logistics officers, IT staff and the administrator were trained in the use of QuickBooks (including two in Gemena). During the data entry phase, it was found that there was significant delay for several KSPH projects. Having additional staff training reduced these delays. However, ongoing efforts are required from each trained staff member to ensure that the accounting database is updated on a regular basis.
  - HFG has focused intensive efforts on assisting KSPH projects in entering 2015 transactions. To date, 18 research projects have completed data entry of their 2015 transactions. A consolidated financial report of 18 projects was produced and submitted to KSPH management. The other projects not previously identified are being assisted to ensure the entry of 2015 transactions.
  - Monthly meetings are organized with the management committee. During these meetings, attendees review the monthly financial report, identify next steps, and make recommendations. The HFG Chief of Party (COP) has been attending these meetings as has the USAID activity manager. The HFG COP meets with the Assistant Director of KSPH on a monthly basis to review progress and discuss bottlenecks.
  - A draft budget was drawn up for the school but it does not include the research projects. The Accounting Manager and the HFG embedded advisor are developing a consolidated budget that will include all the research projects. This will be possible when all 2015 transactions are entered in the accounting software, QuickBooks.
  - Quarterly financial review: The first review is expected during the first quarter of FY17.
  - Indirect cost determination: The first consolidated report is being finalized, although data for certain projects and studies are incomplete. Once the consolidated report, which will include of all KSPH's projects, is finalized and available, the KSPH team will focus on determining the indirect cost, which will most likely occur in Y5Q1.
- ***Faculty of Medicine:*** Upon USAID's request, HFG provided support to the School of Medicine at the University of Kinshasa in the design process of its strategic plan. One of HFG's consultants held meetings with faculty members and participated in a two-day workshop on strategic planning. The school had asked one of the professors to develop a strategic plan, but

without adequate involvement of other faculty members. Thus, HFG has suggested that a PICAL institutional be conducted for the School of Medicine and its other components, namely KHSP, University Clinics, and the National Center of Psycho-Pathology, and that the results be used to develop an institutional strengthening plan. HFG would then provide assistance in developing a strategic plan and in providing training in team-building and leadership and management.

- ***Scholarship Program:*** HFG completed two grants with KSPH in Y4Q1: one to fund scholarships for 30 MPH students and the other to support three PhD students for one academic year. These grants cover the academic year beginning December 2015 and finishing in February 2017. Both payments have been made for the MPH program and the PhD program.

Q3 Challenges -

- **Central Level:**
  - Delays in the MSP Magazine 'Health and Reforms' production process to strengthen communication around the ministry's ongoing reforms.
  - Sudden and unexpected appointments of new central directors, officers, and agents by the Ministry of Public Service, potentially affecting HFG's efforts to strengthen the structures engaged; MSP is contesting the appointments.
  - Delayed implementation of the merging of the three directorates into the DOGSS.
- **Provincial Level:**
  - The DPS are prioritizing activities where they will be receiving higher per diem rates from other implementing partners.
  - Lack of infrastructure in the DPS is resulting in inadequate working conditions (office furniture and office supplies).
  - New DPS directors need substantial support in strengthening their leadership and management skills needed to implement the reform.
- **KSPH:**
  - Delay in obtaining a visa followed by security problems resulted in the cancellation of Alioune Wade's planned September visit.

Table 31 provides activity-specific updates.

TABLE 31. DEMOCRATIC REPUBLIC OF CONGO ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Support MSP reform		
1: Support to Secretary General's Office		
Train national coaches in coaching skills	Fourth coaching training took place for the first tranche of 12 coaches, six central directors, and the Secretary General on institutional systems and management. Experts from UNICEF and WHO attended.	Recruitment of the second group of 14 coaches is supposed to take place in Q1 of FY 17.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Participate in three technical commissions operating under the National Steering Committee	HFG provided logistical and financial support to the CNP-SS governance committee meeting on June 10. HFG also participated in the CCT meeting on June 3. The committees did not meet in Q4.	The Governance Committee recommended that HFG develop DRH and DOGSS progress reports for discussion at the next governance commission meeting. HFG has drafted the memo on the restructuring of the DSGRH and DOGSS.
Support the national workshop to validate the draft guidelines for IPS	No activity this quarter.	Once the draft guidelines are validated by the CCT-SS, HFG will organize a consensus-building workshop for both Haut-Katanga and Lualaba DPS to orient all staff of the previous inspectorate on their new roles and responsibilities.
Strengthen communication about the reform process	The magazine was validated by the DEP Director. HFG is awaiting the validation from the USAID communications team.	Finalize and disseminate the newsletter. Assist in preparing the next issue.
2: Institutional capacity building of DSGRH		
Develop plans to strengthen the institutional capacity of DSGRH	Completed	As the process for staff assignment is upcoming, HFG interventions will be better focused.
Develop DSGRH strategic/operational plan	Completed	HFG will assist DSGRH to organize a workshop for partners to present the plan and seek funding.
Conduct training of trainers to build a core group of DSGRH trainers	Planned for FY 17.	
Put in place the new organizational structure	A two-day pre-workshop data collection activity was organized by HFG with DSGRH staff to collect baseline information on job profiles and competencies. Subsequently, a residential workshop on the DSGRH referentiel des emplois (employment reference document) and bilan des competences (skills assessment) was held for 10 days that took into consideration the previous job descriptions made by the Ministry of Public Function.	Validation of the structure will take place in Year 5.
3. Institutional capacity building of DOGSS		
Conduct organizational assessment (DOGSS)	Completed	HFG presented the results of the assessment to MSP including the Secretary General and 13 central directors in July.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Develop institutional strengthening plan (DOGSS)	The plan has been developed	Validation is contingent upon staffing because of the substantial changes in staffing expected. The plan will need to be validated by those in management positions.
Implement institutional strengthening plan (DOGSS)	A four-day workshop was conducted for key DOGSS staff where they developed a vision and values and strategic plan. In addition, a seven-day workshop to develop a referentiel des emplois and bilan des competences was conducted that amended and completed the job descriptions done by the Ministry of Public Function.	Finalize report from the job descriptions workshop. Continue to implement the activities in the institutional strengthening plan.
4. Institutional capacity building of DAF		
Conduct organizational assessment (DAF)	On hold pending development of organic framework.	HFG has learned that the legal framework will not be in place until FY 17, which may not allow enough time for HFG assistance to be meaningful.
Activity 2: Establishing of Provincial Health Divisions (DPS)		
Assist the IPS in its establishment	No updates this quarter.	Once the draft guidelines are validated by the CCT-SS, HFG will organize a consensus-building workshop for both Haut-Katanga and Lualaba DPS to orient all staff of the previous inspectorate on their new roles and responsibilities.
Conduct organizational assessment and develop institutional strengthening plan	DPS capacity-building plans have been developed and implementation has been initiated.	Three other trainings recommended in the plan will be conducted during HFG Year 5.
Procure IT equipment	A team composed of the HFG IT consultant and the Finance and Administrative Manager installed equipment in both DPS and procured furniture in the CPP Secretary General's office.	HFG will assist the DPS in arranging for maintenance contracts for the IT equipment.
Conduct situation analysis to integrate specialized programs into DPS	No updates this quarter.	HFG will follow up on the implementation of the roadmap for the integration of the specialized programs.
Implement institutional strengthening plans	The team-building and leadership and management training was conducted in both DPS in Q4. The interventions focused on (i) Team Building, (ii) Leadership and Management, and (iii) Integrated Financial Management and Results-focused Management.	Three other trainings recommended in the plan will be conducted in Year 5.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Strengthening Kinshasa School of Public Health (KSPH) financial management		
Strengthen capacity of KSPH financial management team	Additional financial management staff (4 in Kinshasa and 2 in Gemena) were trained in order to address the data entry delays at KSPH. Additional QuickBooks licenses have been purchased enabling installation at another site.	
Monitor and evaluate the action plan	Monthly reports were developed.	
Validate FM procedures manual	Completed.	
Develop annual budget	Planned for FY17.	
Assist in hiring new staff	The internal auditor has been hired and is on board.	Software and computers are lacking at KSPH for the Finance Department. This will be addressed during FY17.
Ensure that KSPH faculty is informed and engaged in the activity to ensure buy-in	KSPH faculty is informed during the monthly meetings.	
Initiate regular monthly financial reporting	Financial reports are developed on a monthly basis and are available for all projects and studies.	Additional staff has been trained to address the delay in data entry.
Meet monthly with Management Committee	During the quarter, the Management Committee met twice (August 31 and September 20).	
Consolidated financial report	The network was installed for all projects at KSPH and will facilitate consolidation of projects based in Hospital Mama Yemo.	The network was not installed Gemena and in Lingwala. Although personnel has been trained and have the software, the financial management staff, with HFG support, need to ensure that accounts are up to date and financial management information provided for the consolidated report.
Quarterly financial review	No updates this quarter.	The annual review will take place in November 2016.
Activity 4: Training of MSP Staff on decentralization of health sector		
Write training report	The evaluation report was reviewed and returned to KSPH for finalization. The overall workshop report is awaiting USAID review.	

5.1.8 Ethiopia

Program Objectives - With technical support from a series of USAID bilateral projects, the government of Ethiopia has been implementing a wide range of health care financing (HCF) reforms for more than a decade. Through consecutive projects, USAID provided technical support for the design and implementation of these HCF reforms. When the USAID bilateral Health Sector Financing Reform (HSFR) project ended in July 2013, USAID continued its technical support through HFG (HSFR/HFG).

The overall goal of HSFR/HFG support in Ethiopia is "increased utilization of health services". HSFR/HFG objectives are as follows:

- Objective 1: Improved quality health services;
- Objective 2: Improved access to health services;
- Objective 3: Improved governance of health insurance and health services; and
- Objective 4: Improved program learning.

Year 4 Activities -

Revenue retention and use (RRU): HSFR/HFG will continue to provide technical support to the government on RRU, which is enabling hospitals and health centers to retain revenue generated by user fees at facilities, and use the revenue to finance improvements in the facility services and infrastructure. Advocacy for putting in place the necessary financial management structure in health facilities as well as filling health facility finance and administration positions with qualified staff is critical for RRU. HSFR/HFG will continue advocacy work to put in place the required structure and staffing. It will also provide capacity building in the form of training and supervision.

Private wings and out-sourcing: HSFR/HFG will continue to provide technical support for the establishment of private wings in new hospitals, while strengthening operations in already established private wings. Outsourcing of non-clinical services will also continue to be supported. These reforms will improve staff retention through motivation and incentive systems, and provide options for those who can afford to pay higher or relatively close to market rates. Additional revenue and efficiency gains are also expected to improve as a result of these reforms.

"Graduating" health facilities: Health facilities that have been implementing the various HCF reforms and that have the capacity to continue the reform without project support will also be selected, recognized and graduated from project support so that the project can focus its support on starter regions and new facilities. To assist this process, HSFR/HFG in collaboration with the FMOH and regional health bureaus (RHBs) will finalize the objective criteria by which to measure the capacity of facility teams to implement the reforms independently, select health facilities in accordance with these criteria that can be graduated, and provide the technical support required for project assistance to be phased out.

CBHI: HSFR/HFG will continue to provide training of CBHI scheme and government staff at different levels to support CBHI in 185 expansion woredas (64 in Amhara, 59 in Oromia, 47 in Southern Nations and Nationalities Peoples [SNNPR], and 15 in Tigray regions) and also introduce 67 new CBHI schemes to Benishangul-Gumuz Region, Addis Ababa City Administration, and to new woredas in the original pilot regions (20 in Amhara; 20 in Oromia, 10 in Addis Ababa; 10 in Tigray, 5 in SNNP, and 2 in Benishangul-Gumuz). In CBHI pilot woredas, a targeted subsidy is being allocated by the government through which premiums for the poorest community members are paid so they can join the schemes. HSFR/HFG will continue to provide training and supportive supervision to support fee waiver implementation in all regions and, to strengthen targeting of the poor, an allocation and disbursement of targeted subsidy in CBHI woredas. HSFR/HFG will also provide technical assistance to CBHI schemes to

develop/update operational and other manuals, such as the medical audit manual for CBHI schemes, health insurance policy development process document, and a harmonized and simplified data management systems manual. CBHI schemes from the original (13 pilot schemes) will be selected to become models on CBHI data management. In addition, HSFR/HFG will follow-up on the allocation of operational budget for woreda CBHI schemes and provide technical and financial support to WoFEDs to do financial audits of their CBHI scheme.

SHI: HSFR/HFG will support preparation and roll-out of SHI for the formal sector, including facilitating the drafting of memoranda of understanding and contract agreements with providers, orientation sessions, etc. Technical support and capacity building of EHIA will continue through the provision of training in areas such as financial management and provider payment mechanisms, and supporting the secondment of technical staff to support EHIA in implementing CBHI and SHI.

EHIA: HSFR/HFG will continue to provide technical and capacity-building support t EHIA, focusing on strengthening institutional systems and developing skills for administering the insurance programs among EHIA staff at the central level and in regional branch offices. Capacity-building will include secondment of qualified staff, developing/refining operational manuals and guides, support for performance review meetings, and provision of training for EHIA staff and those individuals tasked with managing the insurance schemes. The project will also support analysis of information gathered through implementation of the health insurance programs, to generate evidence for use in policy development and decision making. EHIA will also be supported to launch SHI.

Health facility governance boards: As a requirement for implementation of the HCF reforms, governance boards have been established by health centers and hospitals that are participating in the health financing reform implementation. These boards were designed to reduce administrative complexity, enhance effectiveness and efficiency of management, increase accountability for public funds and plan for use of collected revenues towards enhancement of service quality, create a sense of ownership by management, increase the role of the local community, respond better to local needs, and improve resource mobilization by allowing for local decision making. These boards have been involved in the following areas of oversight for facility operations: developing and approving facility strategic plans; reviewing and approving budgets and action plans; reviewing quarterly and annual performance results, including RRU; following up on the financial performance of the facility; doing control and oversight of the technical and administrative systems performance; and ensuring community participation in the entire process. HSFR/HFG will continue to support the establishment and training of governance boards in new facilities, and strengthen the capacity and ongoing operations of existing boards to be responsive and accountable to local communities. A health facility governance training manual will be developed based on governance board guidelines started under the project last year, and training, both basic and refresher, will be organized for health facility governance team members and staff. Support to the FMOH on the development and refinement of legal and operational frameworks will also be provided in an effort to better engage federal hospitals to implement reforms. A health facility governance study started in a prior project year will be completed.

Networking and experience sharing among insurance schemes and facility boards: Networking of health insurance schemes and facility governance bodies and providing technical oversight and management of the initiatives with a common goal of improving access and quality of health services is critical. HSFR/HFG will strengthen capacity of health facility managers, health facility board members, and health insurance schemes through experience sharing and networking events. These meetings and discussions will be aimed at addressing performance problems and sharing success stories and best practices.

Use of evidence for HCF policy, legal, and operational framework development and updating: HSFR/HFG will collect, compile and analyze HCF data and facilitate the use of such evidence for policy making. The project will support finalization of the HCF directive for federal referral and teaching

hospitals, contribute to the revision of several reform implementation guidelines, and support documentation and share promising practices at the implementing partner, stakeholder, health facility, and community levels.

Health Accounts (HA): USAID has supported several HA surveys in Ethiopia since 2000, through HSFR and its predecessor projects. In HFG Y2, the project supported finalization and dissemination of the fifth round of HA, which analyzed health expenditures (2010/11). In addition to the general HA, the survey included subaccounts for HIV/AIDS, reproductive health, child health, malaria, and TB. In HFG Y3, the project supported the use of health account findings for policy decisions by the government and other stakeholders, and the institutionalization of the health account methodology by the Ethiopian government, including support for incorporation of health account courses in health economics postgraduate programs. After continued dialogue and consultation, the FMOH established the Health Economics and Financing Analysis (HEFA) unit under the Ministry's Resource Mobilization Directorate. In the current work plan year, HFG/HSFR will assist the FMOH to further institutionalize the health accounts methodology with HEFA, and provide technical support to conduct Ethiopia's sixth health accounts; this round using the WHO System of Health Accounts 2011 (SHA 2011) methodology.

Monitoring and evaluation: HSFR/HFG Ethiopia has institutionalized a strong M&E system that systematically generates evidence for project managers, as well as to inform government and USAID about reform implementation progress, achievements and challenges encountered. The regularly conducted supportive supervision has been instrumental in providing on-the-spot opportunities for provision of technical support to health facilities, CBHI schemes, and local authorities, as well as generating valuable data on progress and challenges related to different components of the reforms. The project will ensure the existence of a robust system for collection of routine monitoring data from health facilities and CBHI schemes. HSFR/HFG will also continue conducting regular supportive supervision, in addition to participating in integrated supportive supervision conducted by government. Periodic reports on project monitoring plan (PMP) outcomes, outputs, and process indicators will be produced. These reports will provide updated information on project performance, as well as overall progress in implementation of the various health financing reforms supported by the project.

Year 4 Progress Against Objectives - Data collected from CBHI implementing regions indicates that:

- There are a total 227 CBHI woredas/schemes. Of these, 131 (nearly 60 percent) have been providing health care services to CBHI beneficiaries. The remaining schemes have either been undergoing health facility capacity assessments or processing contract agreements prior to providing services.
- Of 6,608,114 eligible households (HHs) in the CBHI implementing woredas (located in Amhara, Oromia, SNNP, and Tigray regions), 2,500,949 HHs were enrolled in CBHI schemes as of September 2016, totaling 11,315,664 beneficiaries. This represents an overall enrollment rate of eligible HHs 37.8 percent.
- CBHI schemes have generated 388,741,228.04 Birr through September 2016 (excluding general and targeted subsidies). Of this, 9,134,391.30 Birr was generated from CBHI implementing woredas during the quarter.
- In the CBHI implementing woredas, 5,931,749 visits have been made to health facilities through June 2016. Of these, 1,082,610 facility visits were made April through June (the most recent quarter for which data is available).
- CBHI schemes reimbursed 239,171,801.29 Birr to health facilities, through June 2016. Of this amount, 47,201,135.46 Birr was reimbursed to health facilities serving CBHI beneficiaries April through June (the most recent quarter that data is available).

Q4 Additional Information - Activities Not Included in Work Plan:

Conducted CBHI schemes' evaluation based on set criteria for recognition: EHIA initiated the idea of recognizing best performing CBHI schemes in Oromia in order to increase competition between schemes to promote implementation of the CBHI program. To support EHIA in this effort, HSFR/HFG, in collaboration with RHBs, zonal health departments (ZHDs), and EHIA branch offices, established a committee for each zone to assess schemes' performance using standard criteria set by EHIA to select best performing schemes. The committee collected data and used it to rate schemes based on assigned scores for each criterion. Based on the results, EHIA will compare schemes between and within regions and select the best performing schemes for recognition. HSFR/HFG selected 69 best performing schemes for awards; however, EHIA will determine the number of schemes to be recognized. As in the Oromia region, three evaluation teams were established and evaluated the performance of CBHI schemes in SNNP. All schemes that had started providing health care service for their beneficiaries were eligible for award evaluation; in the end, 31 schemes were evaluated.

Conducted consultation meetings with EHIA and RHB technical and managerial staff on the progress of health insurance implementation in SNNP: Held three consultation meetings with the RHB and EHIA Mizan Aman branch office to review the performance of CBHI activities in the region; discuss the RHB, HSFR/HFG, and EHIA EFY 2009 work plan and future course of action; the need to integrate planning among these parties; and implementation of the new CBHI directive.

Conducted CBHI orientation training for emerging regions: HSFR/HFG in collaboration with EHIA held an orientation training for CBHI executive staff from four emerging regions (Afar, Somali, Gambella, and Benishangul-Gumuz) to sensitize scheme executive staff to CBHI program implementation. Major training topics included CBHI concepts, design parameters, and implementation strategies. Discussants recommended the need to do a baseline assessment prior to CBHI implementation that would inform design issues.

Organized experience-sharing visit on HCF reform for the FMOH's Finance Resource Mobilization Directorate (FRMD) staff: Provided financial support to the FRMD for the EFY 2009 (2016/17) work plan preparation meeting. The project used this event to share knowledge and experience on HCF reform implementation among existing and new FRMD staff and ensure HCF planned activities are aligned with the Ministry's annual work plan.

Participated in training for hospital governing board members in Tigray: Participated in the hospitals' governing board member training held by the RHB. Training topics included: a general overview of HCF reform; responsibilities of hospital governing board members; fee waivers and exempted health services; RRU; outsourcing of non-clinical services and implementation of private wings; and challenges of HCF reform. HSFR/HFG and RHB staff served as trainers.

Facilitated media visit to selected CBHI schemes in SNNP: Facilitated a media visit made by a team of journalists and photographers from the Ethiopian Broadcasting Corporation (EBC) to Halaba and Damboya CBHI woredas. The EBC team plans to produce and broadcast a documentary film on CBHI and the objective of the visit was for the team to collect information for the documentary.

Participated in the Tigray Health Festival: The Tigray Health Festival was organized by the RHB in collaboration with all partners working in the region. It was aimed at recognizing the promising achievements to date and motivating partners to strengthen commitments under the motto "Renew the Promise, Realize Health Transformation!" The project prepared a banner to promote its contribution in the areas of HCF reform and health insurance initiatives. The RHB awarded a certificate to HSFR/HFG in recognition of its outstanding contribution to strengthening the health system in the region.

Participated in the national quality management strategy implementation guideline development: At the invitation of the FMOH, HSFR/HFG participated in the national quality management strategy implementation guideline development meeting.

Participated in the training-of-trainers session on HCF reform implementation in SNNP: The RHB organized a training of trainers session on HCF reform implementation for ZHD medical services staff. The session was aimed at training participants in HCF reform implementation and enabling them to train health officials and providers at the woreda level. HSFR/HFG staff served as trainer and made presentation on HCF reform and the CBHI program.

Organized training on CBHI program for public relation experts in Tigray: HSFR/HFG in collaboration with the RHB and EHIA branch offices organized a one-day training to increase knowledge and awareness of public relations experts from different regional sector bureaus on the importance of government CBHI and SHI programs.

Table 32 provides activity-specific updates.

TABLE 32. ETHIOPIA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Improve quality of health services		
Support and facilitate graduation of first generation HCF reform health facilities in all zones	Amhara: Established a committee to identify the best performing CBHI schemes for award recognition. The committee comprised four members, one each from HSFR/HFG, the ZHD, EHIA branch office, and Zonal CBHI Coordinating Office. To evaluate scheme performance, the committee used the following selection criteria: recruitment of new members and membership renewal, participation of CBHI board of directors in reviewing CBHI performance, ID card preparation and distribution, and CBHI financial management. The committee selected 29 CBHI woredas that were judged to be best performing and submitted the information to EHIA. HSFR/HFG facilitated the procurement and transfer of a desktop computer and printer, television set with DVD player, and a television set as awards to the three top performing HCs. SNNP: Supported the graduation from HSFR/HFG project support of 19 health centers (HCs) that performed the best at HCF reform implementation. HSFR/HFG assessed HC performance using criteria developed under the project. HCs with the highest performance scores will further be selected for an award (the total number of which is to be decided by RHBs).	
Technical support to the government on RRU	Facilitated collection and submission of data on planned RRU to the respective WoFED, Zone Finance and Economic Department (ZoFED), and Bureau of Finance and Economic Development (BoFED) offices to facilitate timely appropriation, as follows by region: Amhara: Compiled RRU plans from 54 hospitals and 825 HCs and submitted the data to the regional council for appropriation. In the last two fiscal years, both the number of health facilities and total amount of appropriated budget from retained revenue showed an increase. Health facilities increased by nearly 5 percent; and the appropriated budget from retained revenue increased by 83.5 percent. Benishangul-Gumuz: The number of health facilities	At the beginning of each fiscal year, BoFED and WoFED offices collect and submit hospital and HC RRU plans to their respective regional/woreda council for appropriation. However, these offices need each facility's RRU plan from the RHB/Woreda Health Office (WorHO) to assess the extent of resources intended to be mobilized and

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	increased by 12 percent and the appropriated budget from retained revenue increased by 31.4 percent.	appropriated.
Provide training on HCF reform implementation	Federal hospitals: In collaboration with the FMOH, HSFR/HFG provided a three-day basic/refresher training on HCF reform for 51 finance and budget staff (30 men and 21 women) from 10 federal hospitals. The training topics were health facility governance, RRU, user fee setting and revision, fee waiver and exemption, outsourcing of non-clinical services, and establishment of private wings. Trainees also shared their experiences in implementing these reforms. Afar: A HCF reform sensitization workshop was conducted in Afar on HCF reform for high-level regional officials, woreda leaders and heads of health facilities. The objective was to sensitize select key partners on the overall achievements and implementation challenges of HCF reform. Project staff presented major achievements of HCF reform and implementation challenges identified through regular supportive supervision conducted in health facilities. Eight persons (7 men and 1 woman) from BoFED, RHB, and regional Social Affair Standing Committee attended.	The findings of regular supportive supervision held in federal hospitals showed that weak implementation of HCF reforms was primarily due to their finance and budget officers' limited awareness and understanding of the HCF reform components.
Support two-day training on the operation of private wings and outsourcing of non- clinical services	SNNP: HSFR/HFG, in collaboration with the RHB, organized a two-day training on the operation of private wings/rooms in health facilities. The training enhanced trainees' knowledge of the concepts and significance of establishing private wings in public hospitals, and roles and responsibilities of stakeholders in the process/implementation. HSFR/HFG presented an overview of HCF reform, objectives, and benefits of private wings; and on the establishment, service delivery, and management of private wings; roles and responsibilities of principal actors in the operation of private wings; financial management, reporting, and auditing of private wings; and the M&E system for private wings. A total of 86 hospital senior management staff (76 men and 10 women) from federal, general and primary hospitals as well as RHB and FMOH officials participated.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 2: Improve access to health services		
Provide training and TA to CBHI implementing staff, cabinet members, executive organs, others	Amhara: Provided technical support to the RHB and zonal and woreda administrators on the selection of new woredas in which to implement CBHI. Twenty-one additional woredas were selected to begin CBHI. HSFR/HFG also provided technical support to 12 newly selected woredas. Support focused on CBHI preparatory activities: recruitment of CBHI executive staff; indigent selection and budget allocation for the targeted subsidy; the need for office space and office supplies; printing CBHI ID cards, receipt vouchers, and summary receipt vouchers; premium collection; and development of a schedule to conduct a general assembly to establish the scheme and begin providing health care services. Furthermore, HSFR/HFG provided technical support to the RHB and Civil Service bureau to facilitate the approval of organizational structure and recruitment CBHI executive staffs for newly CBHI implementing woredas. Amhara: HSFR/HFG participated in CBHI data management training organized by the EHIA Bahir Dar branch office. Project staff made a presentation on the CBHI data management manual. Twenty-four CBHI executive staff (20 men and 4 women) attended. Benishangul-Gumuz: Facilitated the establishment of a CBHI Technical Committee that will facilitate CBHI program implementation throughout the region. The committee has six members drawn from regional administration, the RHB, and the EHIA Assosa branch office. HSFR/HFG also discussed with regional, zonal, and woreda officials the need to provide office space, office furniture, and other necessary materials to the newly deployed CBHI executive staff. As a result, the regional administration provided furniture to the Dangur woreda CBHI office and promised to do so for the remaining two woredas. Oromia: HSFR/HFG in collaboration with the Adama EHIA branch office and Arsi ZHD organized a five-day training for CBHI executive staff. Training topics included: CBHI concepts, importance and design parameters; CBHI organizational structure, roles and responsibilities; CBHI data management (data sources and database, monthly and quarterly reporting formats, data reporting flows) and Financial and Administrative Management System (FAMS). Thirteen CBHI executive staff from 13 CBHI woredas attended. Oromia: HSFR/HFG in collaboration with the West Arsi ZHD and the EHIA Shashemene branch office provided a three-day training for health providers and CBHI executive staff on CBHI data management and provision of health services in health facilities. Forty-nine persons (44 men and 5 women) comprised of CBHI executive staff and Primary Health Care Unit directors attended.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	SNNP: HSFR/HFG provided two two-day trainings for CBHI executive staff. Basic concepts of CBHI, CBHI directives, and CBHI FAMS and data management system were the primary training topics. Practical exercises on CBHI FAMS and data management to assess whether participants comprehend how to compile, compute, and use data for reporting and decision making was included. Trainees were drawn from 47 woredas. A total of 135 CBHI executive staff (78 men and 57 women) attended. SNNP: HSFR/HFG, in collaboration with the RHB and EHIA Hawassa branch office, provided a one-day training to woreda and kebele cabinet members. Topics included: basic concepts of the CBHI program, CBHI FAMS, the roles and responsibilities of different stakeholders, and duties and responsibilities of CBHI sections/kebeles. A total of 39 kebele cabinet members (25 men and 14 women) attended.	
CBHI schemes established	There are a total 227 CBHI woredas/schemes. Of these, 131 (65 in Amhara, 57 in Oromia, 3 in SNNP, and 6 in Tigray) or 57.7 percent, have been providing health care services to CBHI beneficiaries. The remaining 42.3 percent have either been undergoing health facility capacity assessments or processing contract agreements prior to providing services. Supported the creation of CBHI implementation centers of excellence in regions. Amhara: HSFR/HFG in collaboration with woreda administrations recruited 21 data entry clerks on a temporary basis to conduct data entry and encoding for three CBHI woredas. The clerks encode membership and health service utilization data into the computer as per the newly adapted data management manual. Tigray: HSFR/HFG facilitated encoding of CBHI health services utilization data in the three woredas to clear the data backlog.	
Households enrolled in CBHI schemes	A total of 87,945 HHs joined schemes during the quarter. Of the 6,608,114 eligible HHs in the CBHI implementing woredas (Amhara, Oromia, SNNP, and Tigray), 2,500,949 HHs (totaling 11,315,664 beneficiaries) were enrolled in CBHI schemes as of September 2016. This makes the overall enrollment rate for the period 37.8 percent of eligible HHs.	
Beneficiaries utilizing health care through CBHI schemes	In the CBHI implementing woredas, 5,931,749 visits were made to health facilities through June 2016. Of these, 1,082,610 facility visits were made April through June (the most recent quarter for which data is available). Ninety percent of total visits in all CBHI implementing woredas were made to HCs and 10 percent to hospitals. These figures exclude some CBHI schemes in Oromia that did not provide data on service use and reimbursement.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Support adaptation of CBHI directive by regional government	Amhara: Facilitated the preparation of a regional CBHI regulation incorporating the revised national CBHI directive into the regional context. Submitted the draft regulation to the regional president's office through the RHB for review and endorsement by the regional cabinet. Dire Dawa: In collaboration with RHB and EHIA Dire Dawa branch office, organized a two-day workshop to adapt the FMOH's prototype CBHI directive to the Dire Dawa City Administration (DDCA) context. HSFR/HFG and the EHIA Dire Dawa branch office edited and finalized the directive and submitted it through the DDCA's Justice and Health Bureau to the city administration council for endorsement. Eight experts from HSFR/HFG, the DDCA Justice and Health Bureau, and the EHIA Dire Dawa branch office participated in the workshop. Thereafter, HSFR/HFG in collaboration with deputy head of EHIA provided technical support to the city administration cabinet to review the directive. The cabinet accepted the draft directive but recommended that it be given wider consultation among community members. Harari: As in Dire Dawa, a two-day CBHI directive adaptation workshop was held. A similar team of experts thoroughly reviewed the prototype CBHI directive, and adapted and improved upon it. The team submitted the directive to the RHB senior management for review. Nine experts from HSFR/HFG, RHB, and the EHIA Dire Dawa branch office participated in the workshop. Oromia: HSFR/HFG and experts from the RHB, BoFED, and Attorney General's Office met over two days to review the region's draft CBHI scale up directive. The team held thorough discussions on different issues pertaining to the directive, particularly on how to establish a regional-level CBHI pool and improvements that have been made so far on the revised directive so as to finalize and submit the document for endorsement. The team decided to undertake a quick assessment to determine the proportion of member contribution that will be deposited in the regional pool. Using findings of the assessment, the team will determine the magnitude of contributions that will be pooled at regional level, finalize the directive, and submit it to RHB for approval. Tigray: HSFR/HFG in collaboration with the RHB and EHIA branch offices held a two-day consultative meeting to adapt the prototype CBHI directive to the regional context. Twenty persons (14 men and 6 women) from the RHB, EHIA Mekelle and Axum branch offices, and the project participated in the meeting. The revised directive was submitted to the regional cabinet through the RHB for endorsement.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Conduct CBHI policy and implementation workshops and meetings	Addis Ababa: HSFR/HFG, EHIA, and the Addis Ababa City Administration (AACA) health bureau organized a workshop to finalize a CBHI regulation. The regulation is a high-level legal document that will have to be endorsed by the city administration cabinet. The draft regulation proposes a contribution of 350 Birr per HH (taking into account HH ability to pay), less than the earlier proposed contribution of 500 Birr per HH (as per the CBHI scale-up directive). A total of 10 persons (all men) from HSFR/HFG, the EHIA, and the AACA RHB, BoFED, and Bureau of Justice participated. Harari: HSFR/HFG, in collaboration with the EHIA Dire Dawa branch office held a one-day orientation on the draft CBHI directive (developed using the prototype directive). The RHB, EHIA, and HSFR/HFG developed a list of tasks that need to be accomplished to launch CBHI in Harari. A total of 17 persons (9 men and 8 women) from the RHB; BoFED; women, youth, and children affairs groups; human resource development people; and WorHO and WoFED staff attended the orientation. The RHB and EHIA branch offices jointly decided to launch the CBHI program in Harari region in February 2017. SNNP: Subsequent to FMOH endorsement of the CBHI scale-up strategy, the RHB adapted the CBHI directive for the SNNP region by incorporating lessons learned in CBHI implementing woredas. HSFR/HFG in collaboration with the RHB provided a five-day orientation for seven zonal CBHI steering committee members and officials from newly CBHI implementing woredas. The orientation was provided along with the bi-annual zonal CBHI steering committee meeting. A total of 176 persons (149 men and 27 women) from six zones attended. Tigray: The RHB decided to increase CBHI implementing woredas to a further 18 woredas. HSFR/HFG provided support to the RHB in the selection of the 18 additional CBHI woredas (2 urban and 16 rural); allocation of targeted subsidy from the regional government; approval of the organizational structure for the recruitment of CBHI executive staff; and printing of CBHI ID cards, stamp, and voucher. Tigray: HSFR/HFG in collaboration with EHIA branch offices provided technical support for nine CBHI woredas to conduct general assembly meetings and establish CBHI schemes. General assembly meeting participants reviewed and approved the bylaw, and elected CBHI boards of directors, which have 12 members (9 members elected from kebeles and 3 from woreda sector offices). A total of 616 persons (500 men and 116 women) from kebeles and woreda sector offices participated in the general assembly meetings. Thus far, 14 woredas have established schemes.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Follow-up and track allocation of federal government target subsidy to health insurance woredas	Amhara: Facilitated the allocation and transfer of the targeted subsidy from the RHB and woreda administration to schemes. HSFR/HFG used Microsoft Excel to calculate the general subsidy that the EHIA should transfer to the Amhara RHB. Once EHIA reviews the calculation and sends the general subsidy to the Amhara RHB, the RHB will distribute the funds to CBHI schemes that have signed contract agreements with health facilities and have started providing health service to CBHI beneficiaries. SNNP: Facilitated the allocation and transfer of 4.6 million Birr in general subsidy from the FMOH through the EHIA head office to CBHI schemes. Unlike the last fiscal year, the EHIA head office directly channeled the funds to the EHIA cluster office's account. HSFR/HFG followed up with EHIA branch offices to facilitate the transfer to scheme bank accounts.	As per the Amhara regional CBHI directive, the RHB is expected to transfer 70 percent of the targeted subsidy to the schemes and the woreda administration transfer the remaining 30 percent. However, the RHB had not yet transferred 50 percent of its obligation (70 percent of the targeted subsidy budget) by the end of the quarter due to shortage of budget. A few woredas have been unable to transfer the targeted subsidy to CBHI schemes due to lack of funds.
Produce and transmit CBHI information through mass media, brochures, flyers, posters, banners, etc.	Amhara: HSFR/HFG signed a contract agreement with the regional Mass Media Agency to facilitate broadcasting through radio/TV major CBHI concepts and achievements in the region. This initiative is aimed at sensitizing the community and stakeholders at all levels in CBHI concepts and achievements to facilitate buy-in to and participation in the CBHI program. The two parties agreed to produce and broadcast CBHI-related pieces in the media (radio/TV) for five consecutive weeks. HSFR/HFG provided an orientation for the journalists assigned to gather, produce and disseminate CBHI messages. Also in Amhara, HSFR/HFG in collaboration with the RHB produced and distributed a CBHI brochure to all implementing woredas to increase community and stakeholder awareness of the CBHI program. The brochure contains CBHI concepts and benefits, members' roles and responsibilities, etc.	
Provide technical and financial support for auditing of selected CBHI schemes	Amhara: Provided technical support to schemes during regular quarterly supportive supervision and telephone communication on the preparation of monthly, quarterly, and annual financial reports (revenue and expenditure). During supportive supervision, the team also provided technical support for 18 schemes to close their accounts and ready them for auditing. In addition, project CBHI FAMS specialists provided an orientation for WoFED auditors on the CBHI directive, bylaws, revenue and expenditure items, accounting cycle, and methods of supportive supervision. The specialists were also available to the WoFED auditors by phone while undertaking financial audits in the scheme in case the auditors had questions. Ten WoFED auditors received orientation. Benishangul-Gumuz: HSFR/HFG in collaboration with the RHB CBHI executive staff, and relevant woreda offices, conducted a quick assessment of HCs and health posts to	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	explore gaps in human resources, infrastructure, budget allocation, medical equipment, and essential drug supplies. It also assessed the impact of distance among health facilities and between health facilities and residential areas. HSFR/HFG shared the findings of the assessment with the RHB to facilitate budget allocation and supply required infrastructure in selected health posts. Subsequently, the RHB decided to continue providing curative care services at the health post level at no charge, and it clustered the health facilities to strengthen CBHI sensitization activities and referral linkages.	
Protection Mechanism for the Poor through Waiver, CBHI and Other Systems Expanded	HSFR/HFG used different forums (supportive supervision and review meetings) and means (telephone) to advocate to the woreda administration to allocate budget for exempted health services. The HSFR/HFG advocacy effort was fruitful in Amhara region, where the regional government allocated 150 million Birr to the health facilities for the procurement of drugs and medical supplies for exempted health services. Woreda administrators in Benishangul-Gumuz and Gambella regions promised to cover the costs incurred for procurement of drugs and medical supplies (Benishangul-Gumuz); and for mothers, specifically for antibiotic drugs consumed at the time of delivery (Gambella). In SNNP, woreda officials accepted the concept of allocating budget for exempted services and promised to consider it while allocating budget for the upcoming Ethiopian fiscal year.	
Revise or finalize piloted CBHI implementation manuals (FAMS, Audits, M&E database)	Benishangul-Gumuz: HSFR/HFG participated in a workshop to adapt the CBHI bylaw, CBHI FAMS manual, and CBHI data management manual, for the Benishangul-Gumuz region. The project team incorporated their comments and suggestions, and submitted the documents to the RHB for approval. Fifteen persons (14 men and 1 woman) from RHB, EHIA Assosa branch office, regional CBHI coordinating office, and woreda CBHI executive staff attended. Following RHB approval of the CBHI manuals and bylaws, HSFR/HFG provided financial support to the RHB to produce copies of these documents for distribution. Dire Dawa and Harari: Adapted the CBHI data management system and FAMS manuals for DDCA and Harari region during a four-day session. The team first reviewed the prototype CBHI manuals and then adapted them for local use.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 3: Improve governance of health services and health insurance		
Conduct health facility governing board or body training	Provided a two-day basic training for 285 governing board members (118 from federal hospitals located in different regions, 86 in Afar, and 81 in Oromia) in facility governance and HCF reform components. The objective of the training was to enable governing boards to comprehend their duties and responsibilities, and properly oversee implementation of reforms.	
Organize interregional experience-sharing visit	Organized inter-regional CBHI experience-sharing visit for senior officials drawn from Addis Ababa sub-cities to Kuta Ber woreda, Amhara, where 60 persons (48 men and 12 women) participated.	
Support CBHI review meetings (including federal, regional, zonal)	SNNP: HSFR/HFG in collaboration with the RHB and EHIA branch offices organized a four-day regional-level CBHI review meeting to assess progress, and discuss observed gaps and next steps. A total of 222 persons (208 men and 14 women), mainly senior zonal and woreda officials, heads of ZHD, WorHOs, and health facilities, managers of EHIA branch offices, and other stakeholders, participated. Oromia, SNNP, Tigray: Provided technical and financial support to the Oromia RHB, SNNP zonal health departments, and Tigray EHIA branch offices to undertake zonal-level CBHI review meetings, in which 462 persons (404 men and 58 women) participated. Review meetings assess performance, identify major achievements, and address observed gaps in CBHI implementation.	
Finalize health facility governance study	Worked to address QA Advisor review feedback and finalize the report.	
Provide technical assistance to EHIA for roll-out of SHI implementation (e.g., MoUs, provider contracts, etc.)	Supported EHIA in the preparation of EHIA's performance report and work plan for the upcoming Ethiopian fiscal year. During related meetings EHIA management provided directions to overcome challenges with the implementation of the CBHI program and enhance SHI preparatory activities in the coming fiscal year. HSFR/HFG also provided technical support to the agency in organizing two consultation forums: one with the Ethiopian Teachers' Associations Presidents and a second with officials of Confederation of Ethiopian Trade Unions. Daily technical support was additionally provided through seconded staff and project central health insurance staff. Three joint meetings were held with EHIA management to review progress and discuss next steps.	
Finalize and distribute CBHI scheme medical audit manual	Facilitated the finalization, printing, and distribution of clinical audit, data management, and CBHI implementation manuals to all functional CBHI schemes in the country. The manuals cover comprehensive guidelines for CBHI implementation. A total of 300 audit manuals, 300 data management manuals, and 300 CBHI implementation manuals were printed and distributed.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Developed a harmonized and simplified CBHI data management manual	Supported printing and distribution clinical audit, data management, and CBHI implementation manuals.	
Activity 4: Improve program learning		
Compile, analyze and report data on the status of HCF reform implementation in health facilities	Compiled, analyzed, and reported on the status of HCF reform implementation in health facilities located in Addis Ababa, Amhara, Benishangul-Gumuz, and SNNP. A detailed report was submitted to the RHB. HSFR/HFG in collaboration with EHIA conducted a comparative analysis to examine the effects of two provider payment mechanisms, capitation and fee-for-service, that were applied in CBHI schemes in Oromia. The analysis looked at four effects of each mechanism: expenditure on health services, quality of health services, health services utilization rate, and CBHI schemes and health facilities administrative cost. The report will be finalized after incorporation of feedback from EHIA.	HSFR/HFG collects, compiles, and analyzes data on the status of HCF reform in health facilities to inform the government at all levels (federal, regional, and woreda) on the status of the reform and to facilitate the use of data for planning and policy decision making.
Conduct regular supportive supervision in HFs	Conducted regular quarterly supportive supervision in 118 health facilities (20 hospitals and 98 HCs) located in eight regions and two city administrations.	
For Health Accounts VI, support FMOH and development partners to conduct institutional survey, including data collection, and development of survey design, instruments, methods	Obtained government health expenditure data, and arranged data in Microsoft Excel format for easy importing into the Health Accounts Production Tool for subsequent mapping, integration, and analysis. Gathered health expenditure data from selected federal line ministries and select universities. Organized the second round institutional survey data analysis workshop. During the workshop the TWG checked the consistency of the mapped institution data; started mapping of a few identified unmapped datasets; gathered relevant information for the production of distribution keys from the HMIS on health service utilization, unit cost study documents, and the like. The TWG also created a data collection format using Microsoft Excel to gather health expenditure data from selected universities and line ministries; cross-checked for double counting of health expenditure data between donors and NGOs, and between employers and insurance companies.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
For Health Accounts VI, coordinate general household survey, including development of survey design, instruments, and supervision of data collection, data entry and cleaning activities	Supervised HH field data collection in Amhara and Tigray regions.	
For Health Accounts VI, conduct PLHIV health services utilization and spending survey (data collection, data analysis, survey report)	Facilitated Ethiopian Public Health Institute ethical clearance for the PLHIV survey.	
Produce and disseminate project quarterly newsletter	Produced the quarterly "Health Financing Newsletter," Volume 3, Number 4. This issue included a success story on the CBHI program in Dembecha woreda in Amhara region, and articles on the objective and progress of HCF reform and government health insurance initiatives, and future project priority areas.	
Provide support for and participate in FMOH, RHB, EHIA review meetings	Participated in the RHBs annual and bi-annual health sector review meetings held in Amhara, Benishangul-Gumuz, Dire Dawa, Harari, and SNNP.	

5.1.9 Ghana

Program Objectives - In accordance with USAID's Global Health Initiative, HFG will continue to support a combination of activities aimed at improving the health behaviors of families and communities, the quality of health services, and the overall health system in Ghana. Focused technical assistance and implementation support will be provided to the National Health Insurance Authority (NHIA) in its efforts to ensure financial sustainability of the National Health Insurance Scheme (NHIS) while also increasing enrollment and improving effective coverage of health services.

In Year 4, the ***Strategic Purchaser Work Stream*** is firmly focused on deepening the implementation of the PHC capitation payment model by the NHIA, laying the foundation for a refined Ghana Diagnosis Related Group (G-DRG) payment model, and institutionalizing the supporting systems for strategic purchasing (provider clinical capacity mapping, capitation early warning system, claims management system, and national unified costing system). Based on a three-month capacity needs assessment, the backbone of the capitation implementation support has been a cascading capacity-building program for the NHIA. This program started with the implementation of a core training of trainers' (TOT) module on capitation concepts and the operational arrangements of the NHIA's model carried out in the first quarter of Year 4. Our policy dialogue support has focused on technical contributions to the Technical Review of the NHIS, with our teams contributing to specific sub-committees (Governance and Strategic Health Purchasing) and making substantive contributions to the sub-committee reports and recommendations.

In the ***Evidence-Based Work Stream***, HFG's efforts will continue to improve the NHIA's use of short-term (dashboard), medium-term (operations research), and long-term (M&E policy and visioning for future improvements) evidence-based approaches. Building on lessons from the HFG study tour to Taiwan, the fourth sub-activity will shift toward improving internal knowledge management and sharing within the NHIA and with NHIA's partners in Ghana (MOH, Ghana Health Service (GHS), USAID). Across these four sub-activities, HFG is moving from proofs-of-concept to institutionalized implementation, replication, scaling, and expanding linkages to lower levels of the NHIS system and to other health sector partners. Data quality will receive enhanced attention because it has emerged as a cross-cutting obstacle to this institutionalization of evidence-based approaches.

HFG will also seek to make malaria a central focus of all these sub-activities to help address the large financial and health burden that malaria poses in Ghana. For instance, the Strategic Health Purchasing Work Stream is working to provide information on how malaria can be seen as an integrated part of service delivery through the NHIA, and complementary to moving toward UHC objectives. Meanwhile, the Evidence-Based Health Purchaser Work Stream is leveraging its operations research work to support the NHIA in examining whether and why there is variation in providers' claims for the treatment of malaria, which may potentially help the NHIA reduce unnecessary costs. Finally, the HFG Activity Lead from this work stream will contribute to the recently established NHIS Technical Review Committee by writing the terms of reference for and serving as a member of the Committee's sub-committee on governance.

HFG will also provide support to the **NHIS 2016 Technical Review.** HFG will provide technical assistance to the technical review committee tasked with assessing the current NHIS and defining areas for reform. This NHIS review aims to provide options in (1) establishing a sustainable, pro-poor, and more efficient NHIS, by redesigning, reorganizing, and reengineering the scheme; (2) creating solid ground for improved service delivery across the scheme, in order to facilitate better provision of services to residents; and (3) creating a smarter scheme based on evidence and best practices.

Year 4 Activities - Based on dialogue with USAID and the NHIA, agreement was reached on the following HFG Year 4 activities within each of the HFG-Ghana work streams:

10. **Strategic Health Purchasing:** Aligning across all NHIS provider payment systems (capitation, G-DRGs, fee-for-service drug payment). Institutionalizing the supporting systems of strategic health purchasing (provider clinical capacity mapping, capitation early warning system, claims management system, and national unified costing system)

Four activities:

1. PHC capitation scale-up and formation of preferred PHC provider networks
2. Initial analysis, development, and simulations to start the long process of refining G-DRGs
3. Support improvements in NHIS/NHIA claims management and information systems and the development of a national unified costing system
4. Ongoing strategy and policy development and collaborations including support to the national Technical Review of the NHIS.

11. **NHIA as Evidence-Based Health Purchaser:** Scaling-up the NHIA's generation and use of evidence in the short, medium, and long-term for strategic purchasing.

Five activities:

5. Replicating/scaling-up dashboards development and use
6. Support the development and roll-out of an organization-wide M&E policy
7. Systematize, improve, and augment NHIA operations research for strategic purchasing and improved service delivery
8. Foster improved knowledge management and exchange within the NHIA and among its partners
9. Support the NHIS Review Sub-committee on Governance

12. **Support to NHIS Technical Review: Defining Reforms**

Year 4 Progress Against Objectives -

1. **Strategic Health Purchasing Workstream:** During Year 4, the Strategic Purchasing workstream achieved several milestones toward institutionalizing strategic purchasing in the NHIS. Capitation payment was scaled up to three additional regions (Upper East, Upper West, and Volta), with **100 percent of members enrolled** in a preferred primary care provider (PPP). The Strategic Health Purchasing (SHP) team designed and supported a large-scale capacity-building program to ensure regional and district NHIA offices are fully able to operate the capitation payment system and communicate it to health care providers and NHIS members. HFG strategic health purchasing (SHP) trainers provided intensive training for more than **50 NHIS national and regional trainers** in a cascading training program that focused on two key modules identified by the NHIA: "Overview of Capitation and How it Works in the NHIS" and "Capitation Communications and PPP Enrollment." The trainers replicated the training modules for district NHIA staff, training nearly **650 staff from all regions of Ghana**.

   Since variable clinical capacity of PPPs was identified in the 2012-2014 capitation pilot in Ashanti region as a major weakness of the capitation payment model in Ghana, the HFG SHP team supported the NHIA to put in place a systematic mapping of health care providers according to clinical capacity ratings. In Year 4 the provider mapping was completed in Ashanti region, adding to the mapping exercises previously completed in Upper East, Upper West, and Volta. In total, a census of more than **1,700 providers and chemical shops** was completed in the four regions. The analysis revealed that fewer than 50 percent of all providers in the four regions meet basic clinical capacity to deliver the capitation package, and the capacity is concentrated among Community-based Health Planning and Services Initiative (CHPS), health centers, and clinics. The

HFG SHP-supported provider mapping has been an important input into policy dialogue on strengthening PPPs and the need to explore options that bring providers together into networks to close human resource and clinical capacity gaps.

The HFG SHP team supported the NHIA to select indicators for a **capitation "early warning system"** to ensure that the capitation payment model achieves its objectives of more effective resource use for service delivery and cost management, and to get in-time information if there are any negative effects of the payment system. The NHIA selected **nine indicators** to provide in-time information on total claims, access to services in the capitation package, and enrollment in PPPs to provide early detection if challenges arise with capitation implementation. Specific indicators were included on access and service utilization for **malaria as a tracer condition**. The early warning system will be implemented in Year 5 when standardized claims data become available with HFG SHP support (see below).

The cornerstone of strategic purchasing, analyzable claims data, was put in place through a **standardized claims summary form** developed by the project as a simple, high-impact solution to generate routine data that can be analyzed in the transition to e-claims. The new form includes drop-down menus and filters to improve the accuracy of the data and reduce the administrative burden on providers and NHIA claims processing staff. During Year 4 the new standardized claims summary data entry form was rolled out to four regions (Ashanti, Greater Accra, Upper West, and Volta) and the HFG SHP team provided **training for 100 NHIA staff** from the regional Claims Processing Centers. As the standardized claims data become available, key strategic purchasing tools such as the capitation early warning system can be made operational.

As capitation payment becomes institutionalized, it will become urgent to align the other NHIA payment systems: G-DRG payment and fee-for-service payment for medicines. To provide an analytical foundation for this alignment, the HFG SHP team created a simulation model based on more than 700,000 cases from 2015. This simulation model will be used in Year 5 as the basis for policy dialogue and stakeholder sensitization of the options for aligning the G-DRG payment system with capitation and ensuring total claims liabilities can be managed within the NHIA budget.

The HFG SHP team provided key support to the **National Technical Review of the NHIS**, contributing to the analysis, recommendations, and final support of the Strategic Purchasing Sub-Committee. The team also completed a study of the VAT and SSNIT earmarks for the NHIS as a direct input to the committees, demonstrating the link between revenue generation and strategic purchasing for effective resource use.

PHC capitation scale-up and formation of preferred PHC provider networks - During Year 4 the SHP team supported scale-up of the NHIA's refined PHC capitation payment model and formation of PPP networks including CHPS, with a focus on implementation of capacity-building at all levels of the NHIA (district, regional, and head offices). The team also supported the NHIA to define the roles and relationships across the different levels of the NHIA to implement each of the supporting systems, including PPP enrollment, utilization data reporting and flows, provider capacity mapping, and the early warning system.

Capitation scale-up is fully underway, with enrollment in PPPs established, and with enrollment reaching 100 percent of NHIS members in Upper East, Upper West, and Volta regions. Capitation sensitization has also started in Brong-Ahafo, Central, Northern, and Western regions, meaning that with the pilot region and three scale-up regions, eight out of 10 regions are currently actively participating in capitation scale-up.

To support the capitation scale-up process, the HFG team worked closely with the NHIA Provider Payment Directorate to build a comprehensive plan for **building capacity in SHP** at the national level, regional and district NHIA offices, providers, and other stakeholders. Agreement was

reached to fast-track capacity building on capitation. The first training module "***Overview of Capitation and How it Works in the NHIS***" and TOT approach were tested and successfully validated in both the first TOT in Koforidua and a replication training in Bolgatanga, Upper East, in December 2015. The training module was then implemented in the three additional capitation regions, for a total of **379 NHIA national, regional, and district staff trained** in the module.

The second capitation training module **"Communications for Capitation and PPP Enrollment"** was successfully developed with support from a team of consultants and the NHIA Provider Payment Directorate. The first training of the module was conducted in Sunyani (Brong Ahafo region) in May 2016. Over the course of two days, approximately 40 regional directors and officers (including senior M&E, management information systems (MIS), public relations, accounts, and claims officers) participated in training on communications strategies and how best practice can be applied to the capitation scale up as well as communications principles and procedures. Immediately following the first training, a replication training was conducted for 20 districts by the Brong Ahafo Regional Office for approximately 60 district officers. In June 2016, a replication training was conducted in Tamale for 20 districts of the Northern Region with 60 attendees. Cape Coast in Central (44 trainees) and Takoradi in Western region (58 trainees) followed.

All of the replication trainings were conducted by NHIA staff and have played a critical role in building capacity to effectively implement capitation. To date, a grand total of 641 NHIA national, regional, and district staff from have been trained through the capitation TOT capacity-building program (see figure below). The number of clients served by the NHIS in the regions where we have completed trainings is over 4 million.

"The training adequately imparted my understanding and capacity to educate others and [is] rated highly"

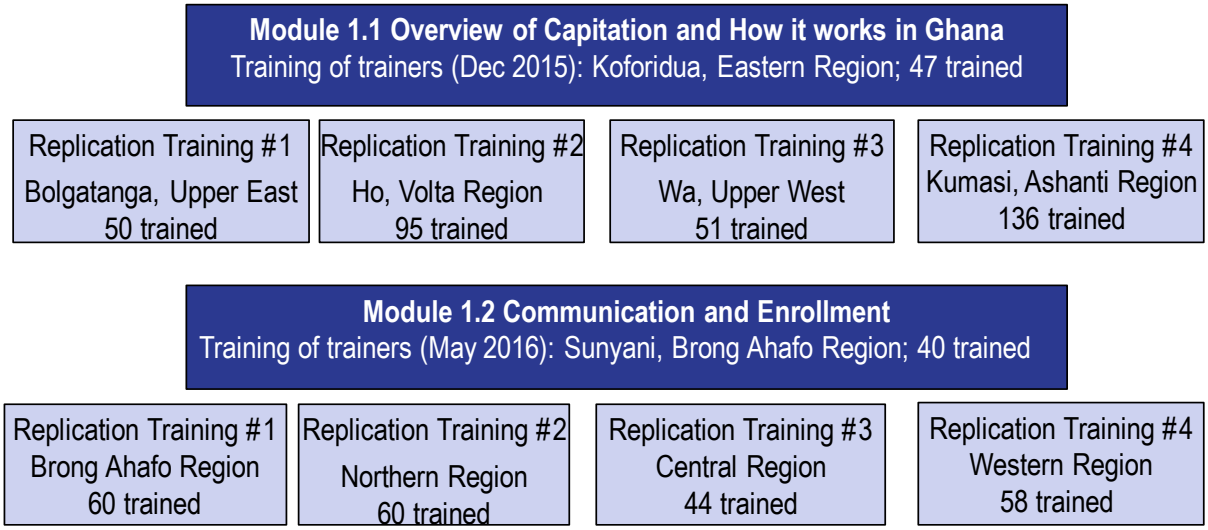
"[The training] exposed me to some basic terms under capitation that I did not initially understand"

~TOT participants

"Hitherto, training is done by people from headquarters, who will come, say what they want to say, and then go back to Accra. But with this training [supported by the HFG team], we have built the capacity of the regional staff. They are now training their own peers using local and practical examples that are within what they have been experiencing every day. This helps to make understanding easier for them … we hope to replicate that in the other regions"

~ Anthony Gingong,
Director Provider Payment Directorate,
NHIA

CASCADING TRAINING OF TRAINERS FOR CAPITATION CAPACITY BUILDING



The HFG SHP team supported the NHIA to put in place a systematic mapping of health care providers according to clinical capacity ratings. In Year 4, the provider mapping was completed in Ashanti region, adding to the mapping exercises previously completed in Upper East, Upper West, and Volta. In total, a census of more than 1,700 providers and chemical shops was completed in the four regions. During Quarter 4, the report ***"Mapping of Health Service Providers: Ashanti Region"*** was finalized and validated by the NHIA Provider Payment Directorate. Findings from the Ashanti region provider mapping mirror the findings of the other three regions – including a low share of providers that meet basic capacity criteria to deliver the capitation package, the importance of health centers and CHPS as a critical part of population access to basic primary care, and large gaps in human resources for health. Unlike in the other regions, there is a large presence of private sector providers in Ashanti, which will have implications for the options for PPP networks. To date, **more than 1,700 health providers and chemical shops** have been included in the provider mapping in the four regions.

To support the introduction of **provider payment early warning systems**, and focusing initially on capitation, the HFG team worked closely with the NHIA to select capitation early warning indicators, develop mock data visualization, and test the system using claims data from one region. During Year 4, the SHP team made progress in developing data standardization tools/instruments to generate routine early warning monitoring reports, continued policy dialogue at the national level, and reached an agreement to introduce the capitation early warning system in Upper West region. The SHP team also supported the NHIA to test a format for the G-DRG monitoring system. The SHP team analyzed NHIA e-claims data (approximately 3 million records) and prepared an operational provider payment system dashboards format for further G-DRG monitoring. The initial results were presented by the NHIA at a JLN meeting of the *Collaborative on Data Analytics for Monitoring Provider Payment Systems* held in Ghana on March 21-23, 2016.

Policy dialogue at the NHIA has continued on general **G-DRG refinement** and transition to a formula-based financing model, and an agreement was reached to start DRG support capacity building and sensitization for NHIA district offices in 2016. In March 2016, the HFG team together with the NHIA Claims Directorate conducted an analysis of G-DRG system implementation based on e-Claim database. The team analyzed more than 700,000 cases of treated patients in 12 hospitals during 2015. The analysis included overall hospitalization structure by G-DRG, average length of stay, and cost of drivers. The NHIA e-Claim data from 55 health providers for 2014-15

was combined into one database with a standards structure and prepared for further analysis and updating of the DRG simulation model.

Improvement** of **Claims Management and Information System - In Year 4, the HFG team provided extensive technical assistance to support the NHIA in improving claims management in the transition to e-claims, helping to finalize the standardized claims summary form through a series of iterations on the form structure and development of an automated data entry system for health providers. The final standardized claims summary form is customized to specific provider types, has data control features to minimize un/intended mistakes, and is easy to use and linkable with other information systems. The standardized claims summary form was tested at the provider level in Greater Accra region in May 2016. During the Quarter 4, the form was rolled out and data collection started in Ashanti, Upper West, and Volta regions. More than 100 representatives from the regional Claims Processing Centers were trained in using the standardized claims summary form, installing the form, and cascading the training and support to health providers. The availability of manually collected claims data in a standard Excel-based format will allow the introduction of the capitation early warning system and G-DRG refinement, and it will provide opportunities for monitoring, analysis, and operations research in the transition to e-claims.

The SHP team also provided technical expertise to the NHIA to conduct a rapid assessment on e-Claim data and prepare technical recommendation on data entering, data quality control rules, and linkability with other information systems. At the request of the NHIA, the SHP team conducted practical on-the-job training for 35 NHIA staff in the operation and use of the Tableau business analysis and visualization software program to ensure the use of the product to its full capacity.

Development of National Unified Costing System – A top-down and bottom-up strategy was developed for creation of the National Unified Costing System to generate cost information for capitation and G-DRG rate-setting, internal health facility management (including new PPP networks), and other joint objectives of the MOH, NHIA, and GHS. Top-down activities will include supporting the National Costing Working Group (formed with HFG support at the first Costing Workshop in June 2014) to continue developing the national health services costing system based on the JLN Costing Manual (to which Ghana was a major contributor). This will include solidifying objectives, technical elements, the national working group, and location of data, while at the same time supporting bottom-up activities by initiating cost accounting in a selected hospital and linking with the USAID-funded MCSP and Systems for Health projects on costing of CHPS compounds. In March 2016, the HFG team conducted follow-up meeting with the MOH to discuss the time frame and process of conducting cost accounting study in two hospitals.

In response to the NHIA request to re-prioritize the HFG support to expand the capitation training (Module 1.2 "Introduction to Communications for Capitation and PPP Enrollment") to other regions where capitation will be scaled up and to provide additional support to the NHIS Technical Review Committee, HFG re-programmed costing activity.

Ongoing strategy and policy development - As opportunities arise, HFG Ghana engages in ongoing strategy and policy dialogue and development with the NHIA and other stakeholders. This dialogue can encompass any topic related to improving NHIS purchasing, efficiency gains, and sustainability. An example that continuously emerges is dialogue, planning, developing options, and analysis in preparation for refining drug payment with corresponding drug supply management improvements.

In the context of recent NHIS/NHIA financial issues, including accumulated operating deficits, delayed provider payments, and excessive utilization growth in some payment categories, HFG-Ghana began discussing with the NHIA a "shared responsibility" solution to sustainability, in which the government increases revenue, the NHIA introduces more strategic and budget-neutral health

purchasing, and providers accept payment rates and better manage costs. The key points of the discussion were raised at an internal NHIA senior management meeting during the June 2015 TDY and the two parties agreed that a two-pronged response was needed to "close the hole" or increase NHIS financial sustainability – reduce fraud and abuse and increase strategic health purchasing/provider payment systems to improve expenditure management and increase efficiency.

Additionally, HFG- Ghana provided key support to the **National Technical Review of the National Health Insurance Scheme**. The review is a presidential priority in defining options for NHIS reforms. Dr. Chris Atim of HFG is leading the technical committee. HFG is also participating in the NHIS Strategic Purchasing and Governance sub committees. HFG-Ghana has completed a number of technical input papers to support this work including a review of the payment mechanisms the NHIS is using.

In March 2016, HFG-Ghana also completed a study of the VAT and SSNIT earmarks for the NHIS as a direct input to the committees. On April 25, the acting CEO of the NHIA and two representatives from the Ministry of Finance participated in a global learning exchange on earmarking in Montreux Switzerland, part of the Montreux Collaborative Agenda follow-on meeting. They discussed Ghana's experience with earmarking and helped to advance global thinking about earmarking for health including formulating a set of messages for other countries. The results of the HFG study on earmarking were also presented and the policy note that was drafted for the NHIS Technical Review Committee was shared with attendees. The Ghanaian experience has also been included in a WHO global study on earmarking practices.

HFG continues to be instrumental in the dialogue between the USAID/Ghana Health Office and the President's Malaria Initiative (PMI) on the role of the NHIS in improving access to and delivery of malaria services. On May 12 2016, SHP expert Cheryl Cashin presented to the PMI team at USAID headquarters in Washington, DC, on the NHIS's role in ensuring access to malaria services. The presentation received very positive feedback from USAID staff and had a crucial impact on building understanding of the interplay between the NHIS, malaria, and service delivery writ large. A policy note was also drafted and disseminated by the SHP team on this topic demonstrating the impact that NHIS coverage has had on increasing access to malaria services in Ghana, improving financial protection, and better leveraging to raise the quality of malaria services.

Collaborations – HFG Ghana has prioritized developing and nurturing collaborations with other USAID projects and other development partners to coordinate, integrate, leverage, and increase sustainability of USAID investments. Examples of collaborations are as follows:

- USAID, WHO, and DFID cost-shared and collaborated on the development of NHIS SRM and the MOH Health Financing Strategy (HFS). This collaboration continues as the MOH moves to begin HFS implementation. Particularly important aspects are recognition of the need to improve NHIS purchasing, obtain efficiency gains, and close the gap between MOH services/vertical programs and NHIS benefits package. This includes better coordinating and integrating services provided by CHPS, which directly links to PHC capitation scale-up and formation of PPP networks (PPPNs). HFG-Ghana has supported USAID's Systems for Health project in moving forward with piloting PPPs by providing foundational input on international evidence and pilot design.
- Building on previous efforts, the JLN Collaborative on Data Analytics for Monitoring Provider Payment Systems held its third meeting in Ghana on March 21-23 2016. The SHP team provided support to the NHIA to prepare analysis and showcase the capitation early warning system, claims summary form, and membership dashboard at the meeting.

- HFG, other USAID projects, and the World Bank are collaborating with a multitude of Ghana partners on supporting and incentivizing the formation of PPPNs. The June 2015 meeting of the Working Group on Capitation/Performance-Based Financing (PBF) Alignment, including World Bank project activities, led to consensus across the MOH, GHS, and NHIA to pilot the formation of PPPNs in capitation regions, using PBF for start-up grants and incentive-based payments to the CHPS for prevention activities. Given the gaps in provider capacity identified in the provider mapping exercise supported by HFG, the group agreed that the creation of PPPNs is a necessary step to ensure the population of Ghana has access to basic PHC, and also to make capitation payments more fair and effective. The mapping also confirmed very weak clinical capacity at the PHC level. These findings encouraged USAID and other international partners to harmonize support for strengthening PHC capacity. In particular, the partners agreed that the PBF activities of USAID and the World Bank should be used as a catalyst for the formation of PPPNs to close access gaps in PHC and to facilitate the role of CHPS providers in the networks to expand preventive services. The HFG and Systems for Health teams agreed to continue to jointly support the working group as it finalizes the concept and design for the PPPN/PBF pilot.
- Periodic discussions have occurred with USAID/Ghana about collaborations on drug payment and drug supply management. This dialogue is expected to continue.
- HFG-Ghana took part in other activities with visiting USAID teams. In December 2015, the HFG SHP team delivered a critical presentation to the PMI/Malaria Operational Plan team on *Why health insurance is important for malaria control*, and met with a representative from the Africa Regional Bureau to provide input and support to a regional meeting on financial protection and risk pooling for health that will occur in February 2016.
- The USAID HFG and Systems for Health teams continued to support a technical working group as it finalizes the concept and design for the PPPN pilot to strengthen PHC, address capacity gaps, and serve as contracting entities for capitation. The HFG team attended a meeting of the group in April where it contributed to framing the options on PPPN options and presented on international experience with PHC networks.
- In the week of June 13 2016, three representatives from the NHIA attended the WHO Barcelona Advanced Health Financing Course. HFG sponsored one of the participants. All three actively participated and described the HFG experience on claims management during group discussions.

2. NHIA as an Evidence-Based Health Purchaser Activity Workstream:

Replicate/scale-up dashboards development and use – Since the beta version of the membership dashboard was launched in April 2015, it has been used routinely by leadership in the Membership and Regional Operations directorate. In October 2015, Collins Akuamoah, the Deputy Director of THE directorate noted that: "*When traveling to different regions, I'm often asked about their membership performance. Thanks to the membership dashboard, I'm able to see exactly where they are. The fact that this information is current is useful - it informs what type of strategy needs to be put in place and determines what you are going to do differently to help struggling regions.*" HFG will continue to support the refinement of the membership dashboard and is in the process of helping to expand access to the tool within the NHIA. HFG and the NHIA are also developing a second dashboard, around key claims indicators. The claims dashboard, like the membership dashboard, will provide clear pictorial evidence on the status of key performance indicators, and allow the NHIA to take timely action on problematic areas. Early in Year 4, HFG encountered challenges in identifying a reliable source of data for the claims dashboard. However, in August 2016, the NHIA began piloting ClaimIT, an electronic claims entry application software that will capture clean claims data.

The pilot involves over 20 facilities in Greater Accra and the Eastern region, and will run through October. When data are available in November, HFG will plan to review it with the NHIA to assess whether it can be used for the development of a claims-based dashboard.

Support the development and roll-out of an organization-wide M&E policy – Since the February 2015 workshop, the Research, Policy, Monitoring, and Evaluation (RPME) Directorate has developed a *Roadmap for the Development of the M&E Policy*, with support from HFG. This roadmap outlines a plan for the roll-out and dissemination of the M&E policy framework. The M&E policy will guide the NHIA to manage initiatives related to provider payment systems, member identification tools, and claims processing that aim to improve access to health care and improve efficiency of the scheme. The M&E system will allow the NHIA to monitor and track progress of NHIA activities against its objectives and ensure that the intended outcomes are being achieved. In Year 4, HFG plans to support the NHIA in finalizing or potentially altering its M&E policy in response to policy and operational changes suggested by the NHIS Technical Review Committee, which issued its final report in September 2016. Although the RPME Directorate remains committed to completing and implementing the M&E policy, it is waiting on finalizing the policy until after the MOH and NHIA respond to recommendations from the Review Committee. In the meantime, Mr. Andoh-Adjei, Director of the RPME Directorate, requested support from HFG (in April 2016) to train the regional M&E officers on research methods, including the operations research process that HFG is currently institutionalizing within the NHIA Head Office, so that these M&E officers have the capacity to examine and address issues identified through the future M&E indicators. HFG agreed to support this training. It was held at the regional level in September 2016 and will be replicated at the headquarters level in Year 5.

Foster improved knowledge management and exchange within NHIA and among its partners – In October 2015, HFG conducted a rapid evaluation of the March 2015 study tour to Taiwan, which involved interviews with five (of eight) members of the Ghanaian delegation. The participants noted that they had gained useful insights on data management and use, as well as important lessons on budget neutrality. Several participants also indicated that they are trying to adopt some of the data-driven practices that they learned in Taiwan, such as provider profiling. Also in October 2015, Mr. Otoo, the CEO of the NHIA, expressed an interest in HFG involvement in strengthening knowledge exchange within the NHIA. For example, he highlighted the operations research project proposal template as a concise and effective tool for communicating research needs. HFG will continue to identify opportunities to institutionalize similar tools, templates, and processes to facilitate knowledge sharing across the NHIA. Improvements in knowledge management and sharing will not only benefit internal NHIA operations, but also will allow the NHIA to respond more rapidly to information requests by the NHIS Review Committee, USAID, PMI, and other organizations. Due to HFG-Ghana's financial support of the NHIS Technical Review meeting in June 2016, and the need for that review to inform NHIA strategic moves related to knowledge management, work under this sub-activity has been largely embedded under the sub-activity below on operations research.

Systematize, improve, and augment NHIA operations research for strategic purchasing and improved service delivery – This activity saw the most intense focus and progress this year, and HFG is starting to see results from many months of embedding and institutionalizing NHIA-staff-driven operations research. Previously, in October 2015, HFG collaborated with members of the RPME and Claims directorates to launch its **first operations research (OR) project.** This project is examining the possible variation in providers' claims for malaria treatment. HFG did a preliminary analysis of this project on a small sample, which was shared with the NHIA and USAID. It showed variation in provider claims for malaria treatment that did not necessarily align with standard treatment guidelines or NHIA payment regulations, thus validating the need for more careful study. HFG is now working with the NHIA to extract a larger sample of e-claims data from

the Claims Directorate. With this data, HFG plans to quantify and describe the variation in providers' claims for the treatment of malaria, identify the root causes of the variability in anti-malarial drug costs (if any), and develop recommendations to address any identified problems.

In March 2016, HFG and members of the RPME Directorate developed a preliminary proposal for a **second OR project** that will examine patterns in the average delay in claims reimbursements over time and the factors that have historically enabled or prevented timely claims reimbursements. Findings are intended to inform the NHIS Technical Review and to improve current NHIA policy and operations around claims reimbursements. In May 2016, HFG received approval from the NHIA to work on a **third OR project** with the RPME, which will examine Ghana's health regulatory landscape to understand how regulations are affecting NHIS operations (either positively or negatively), with a focus on identifying existing overlaps between NHIA's credentialing function and the accreditation function of the Health Facilities Regulatory Agency (HEFRA). Recommendations from this project are also intended to inform the NHIS Technical Review and will help the NHIA improve its coordination with other MOH agencies on credentialing and accreditation matters. For each of the three OR projects, HFG has worked collaboratively with the RPME Directorate and external consultants to plan for and conduct data collection and analysis. In June 2016, the delays in claims reimbursement project submitted a one-page summary of key findings and recommendations to Dr. Atim, Chair of the NHIS Technical Review. Dr. Atim noted that these results put the NHIS Technical Review Committee's "findings and recommendations on sound evidential footing," and some of the findings and recommendations from the report will be included in the Committee's forthcoming report. In September 2016, the project team submitted the final report to Dr. Atim, as well as the RPME directors for vetting and approval from the NHIA senior management team.

In addition to implementing three OR projects, HFG supported the introduction of OR at the regional level of the NHIA. In September 2016, HFG developed a two-day training on OR protocols and methods, and co-facilitated two trainings with the RPME Directorate. Fifty regional M&E officers from the 10 regions attended the trainings. They learned about the OR process that the NHIA and HFG have co-developed, as well as best practices on how to conduct OR projects, from identifying research topics to developing and disseminating findings. The participants also had an opportunity to apply what they had learned to develop a one-page OR proposal for a topic of their interest with their respective regional team. Participants stated that the training helped sharpen their proposal writing and research skills, and they were eager to further develop their OR proposals, before submitting them to the NHIA Head Office. One participant stated that, "*This a very good event that should be expanded for the benefit of other staff.*" The sentiment was shared by many others. Following the success of this training, Mr. Andoh-Adjei (the RPME Director), was eager to replicate the training for additional regional staff to further introduce and institutionalize OR at all levels of the NHIA.

Support the NHIS Review Sub-Committee on Governance –In November 2015, the NHIS Technical Review Committee invited HFG's Nathan Blanchet to write the terms of reference for and participate as a member of the sub-committee on "Governance, IEC and Media, Accountability, and User Satisfaction." Gender differences have been considered when discussing user satisfaction. For example, long wait times for biometric enrollment are believed to deter men from enrolling at all and impose a high burden on mostly poor women who wait hours with children to enroll.

The scope of this sub-committee overlaps substantially with goals and activities of HFG's evidence-base activity, and support to the sub-committee is expected to extend through most of 2016. Dr. Blanchet developed the terms of reference, which were edited and accepted by the committee, and then participated in three sub-committee meetings. In February 2016, he drafted the sub-committee's final report, which is currently being finalized by the sub-committee. In the past

quarter, Dr. Blanchet participated in additional governance sub-committee communications, including a presentation to the Chair of the Technical Review Committee just ahead of the NHIS review stakeholder conference. Final edits are now being made to the sub-committee's final report, to be submitted in the upcoming quarter. In September 2016, the NHIS Technical Review Committee submitted the first draft of the final report. HFG is dedicated to supporting the implementation of recommendations presented in the report.

3. **Support to NHIS Technical Review: Defining Reforms** HFG has provided technical support by helping lead the NHIA technical committee tasked with defining options for NHIS reforms. Seven sub-committees were set up as part of the review exercise, focusing on: Governance, Accountability, and User Satisfaction; Pharmaceuticals; Sustainability and Financial Management; Strategic Purchasing; IT /eHealth; M&E; and Epidemiology and the Benefit Package. The reports from those subcommittees are being finalized and will provide valuable analysis and evidence for the committee's main report and recommendations.

   The next steps of the review work involve building national consensus around the recommendations and then finalizing the report. In June 2016, HFG helped organize the National Stakeholder Consultation Workshop in Accra, Ghana. During the workshop, a consensus on the way forward for the scheme given the work done so far appeared to have tilted toward redesigning the scheme to provide a compulsory free PHC package for Ghanaians irrespective of whether they are members of the scheme or not, and also help address the current challenges of the NHIS system. Chairman of the Review Committee Dr. Chris Atim said the "redesign will seize the opportunity offered by the Government's ongoing focus on Community Health Planning Services (CHPS) zone expansion and reinforcement, to redirect public resources and efforts principally towards PHC and maternal and child health with the limited public resources." The committee also called for the establishment of a Patient Protection Council and a National Health Commission to protect NHIS members and ensure they receive health care in dignity.

   In September 2016, the NHIS Technical Review Committee submitted to the NHIA a final draft on the proposed redesign and restructuring of the national health insurance scheme. It recommended a restructuring of the NHIS to focus principally on assuring universal PHC for all the population without distinctions to insured and non-insured status. The basic principle underlying the recommendations is to seek **"coverage for all, but not coverage for everything"**.

Q4 Challenges - Due to the NHIS Technical Review, focus was on supporting the technical review and so several other activities were put on hold. In Year 5, HFG will support the implementation of key recommendations identified through the review.

Table 33 provides activity-specific updates.

TABLE 33. GHANA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Strategic health purchasing workstream		
Sub-Activity 1: PHC capitation scale-up and formation of preferred PHC provider networks		
Support the NHIA to design and implement a cascade capacity-building plan to build implementation capacity at all levels of NHIA	Replication trainings for the communications module were conducted in Cape Coast in Central region with 44 trainees and in Takoradi in Western region with 58 trainees. A total of 541 individuals were trained.	HFG is supporting preparation of binders with printed materials for the TO and will conduct a follow up evaluation to determine the impact of the training on NHIA staff. HFG will support institutionalization of capitation and supporting systems by testing in Upper West region. HFG will finalize/disseminate capitation training materials to all regional NHIS offices.
Support the institutionalization of provider capacity mapping to inform ongoing PPP policy refinement and network formation	The Ashanti *Mapping of Health Service Providers* report was finalized with key findings validated by the NHIA.	HFG will help support the printing and dissemination of the Ashanti report and finalize a routine data collection instrument, including programming in Excel and Tableau of routine mapping reports and capacity building.
Support the introduction of the capitation early warning system	Continued policy dialogue on the national and regional level resulted in the agreement to introduce the capitation early warning system in Upper West region.	HFG will finalize the data reporting and feedback process at all levels (national, regional, district, provider) and will provide implementation support in Upper West. The goal is to make data generation and quarterly monitoring reports routine.
Sub-Activity 2: Refinement of G-DRGS with corresponding service delivery improvements		
Engage in dialogue, analyze existing G-DRG development process, and develop plans for G-DRG refinement with corresponding service delivery improvements focusing on malaria and family planning.	Continued technical discussion on standardization of used classification systems for G-DRG and other improvements needed for the G-DRG system monitoring and further refinement.	HFG will help develop an analytical database with sample clinical data from standardized claims summary and e-claims. HFG will support dialogue on appropriate procedure coding system.
Develop and continuously improve a DRG simulation model with corresponding documentation to show current situation, portray DRG refinement options, and build capacity in the NHIA for G-DRG refinement	Continued policy dialogue on G-DRG refinement.	Simulation model will be updated by NHIA request.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Sub-Activity 3: Claims management and information improvement and development of national unified cost reporting system		
Support NHIA to introduce the standard claim summary form and data entry tool and continue dialogue on further improvements in claims management and information systems including e-claims	The standardized claims summary form was revised, with the final version available in September 2016. This includes a revised data structure and entry rules as well as additional data quality control features, and new service capabilities that allow for automatic printing and combining in a unified data base. The form was rolled out in Upper West starting in July, and Ashanti and Volta starting in September 2016. The form presented to all Claims Processing Centers (around 100 representatives) in September, and NHIA Claims Directorate staff were trained to support introduction and updates of the form as needed.	HFG will move forward with institutionalizing in the regions. HFG will support rolling out the final form in Upper West, Ashanti, and possibly one other region. HFG will help generate the data in an analyzable format and use for supporting systems. HFG will help to develop a data quality monitoring tool and support the use of it for ongoing improvement at the NHIA.
Sub-Activity 4: Ongoing policy and strategy dialogue and collaborations		
Support ongoing policy dialogue through workshops and other forums for policy dialogue and development including the NHIS technical review	The SHP team provided input and support to finalize the report of the NHIS Technical Review Committee Strategic Purchasing Sub-Committee with key HFG recommendations included in the final report. Ghana's experience with earmarking VAT and SSNIT revenues to fund the NHIS was documented as a part of the National NHIS Technical Review and a WHO global study on earmarking.	HFG will support the NHIS Technical review committee on implementation planning if needed. HFG will work with USAID S4H and World Bank on alignment of capitation and PBF, leveraging PBG for PPP network pilot. HFG will collaborate with the Joint Learning Network collaborative on data analytics, publication, adaptation, and use of the toolkit.
Activity 2: NHIA as an evidence-based health purchaser workstream		
Sub-Activity 1: Replicating/ scaling up dashboards development and use		
Improve and expand use of membership dashboard	N/A—Dr. Blanchet presented this workstream's Y5 work plan to the NHIA, which was approved. The work plan focuses on institutionalizing the current sub-activities under this workstream.	HFG plans to support the NHIA to adjust indicator visuals and expand access to the membership dashboard.
Facilitate creation of new claims dashboard	In August 2016, the NHIA began piloting ClaimIT, an application software that aims to capture accurate claims data from providers with limited internet connectivity. ClaimIT appears to be the most promising source of data for a new prototype claims dashboard.	As the pilot is ongoing, HFG will work with the NHIA to design a prototype claims-based dashboard and populate it with data from ClaimIT. Once NHIA's master e-claims database is improved, NHIA can populate the prototype from that master database.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Institutionalize dashboard development and refinement process	NA	HFG will focus largely on the RPME, Claims, and Management Information Systems directorates as key actors in institutionalizing dashboard development processes. HFG will feed the dashboard development processes and lessons learned into new NHIA data integration strategies.
Sub-Activity 2: Support the development and roll-out of an organization-wide M&E strategy		
Support validation of M&E policy	Validation of this policy and indicators is ongoing, but dissemination was paused during NHIS Technical Review.	HFG will return to this activity after the MOH and NHIA respond to recommendations from the NHIS Technical Review Committee.
Help refine M&E policy and implementation policy	See above.	See above.
Facilitate selected trainings during roll-out of policy	New OR training requested by RPME was substituted for trainings on the M&E policy.	As needed and depending on recommendations from the NHIS Review Committee, HFG will remain able to support M&E policy changes *or* shift resources to OR if the Technical Review Committee continues to hold up M&E policy development.
Sub-Activity 3: Foster learning and knowledge exchanges		
Promote continued knowledge exchange on priority topics with international partners	N/A – Focus shifted to OR and support to NHIS review committee this quarter.	HFG will return to this activity following inputs related to governance and knowledge sharing coming from the NHIS Technical Review.
Clarify process for knowledge sharing across the NHIA	See above.	HFG will embed knowledge-sharing practices into the dissemination protocols for OR.
Operationalize and institutionalize knowledge-sharing recommendations	See above.	HFG will focus on institutionalizing knowledge-sharing practices into the dissemination protocols for OR.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Sub-activity 4: Systematize, improve, and augment NHIA operations research for strategic purchasing and improved service delivery		
Support identification and implementation of 3 OR projects	Building on the progress made in Q3, HFG continued to collaborate with members of the RPME Directorate on three OR projects. In September 2016, the delayed claims reimbursement OR project submitted the final report to the Chair of the NHIS Technical Review and the RPME Directors. The team has also prepared a final presentation to make to the NHIA senior management team, and other stakeholders. The regulatory landscape OR project is currently finalizing the final report and presentation. The malaria OR project is concluding its qualitative data collection and has begun the quantitative data analysis.	HFG continues to meet weekly with each of the OR teams and will continue to provide remote support to the NHIA, as they complete these projects. HFG anticipates that the regulatory landscape and malaria OR project will be completed by Y5Q1. HFG is currently working with the RPME Directorate to develop a dissemination plan for the delayed claims reimbursement report and presentation.
Refine and institutionalize OR process	HFG developed a two-day training on OR protocols and methods, and co-facilitated two trainings with the RPME Directorate in September 2016. 50 regional M&E officers from the 10 regions attended the trainings. Each regional team produced a draft one-page OR proposal during the training, applying the knowledge gained from the training. Based on the post-training evaluation results, almost all participants felt that the training helped expand and clarify their understanding of OR, and found the training to be informative and relevant for their work.	Following the training, each regional team will refine their OR proposal and submit it to the NHIA head office for review. HFG will provide inputs into these proposals. Mr. Andoh-Adjei is eager to replicate the trainings for additional regional staff in early 2017, which HFG may consider supporting in Y5. After the conclusion of the three ongoing OR projects, HFG also plans to solicit feedback from the RPME directorate on how the existing OR process can be improved.
Sub-Activity 5: Support the NHIS Review Sub-Committee on Governance		
Advise and participate as member of Governance sub-committee	N/A. The NHIS Review Subcommittee submitted the first draft report to the NHIA and other key stakeholders.	HFG will support implementation of key recommendations identified in the draft report.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Support to NHIS Technical Review/ Defining Reforms		
Support the Technical Committee on Defining Options for NHIS Reforms	• In September 2016, the NHIS Technical Review Committee submitted to the NHIA a final draft on the proposed redesign and restructuring of the NHIS. It recommended the restructuring to focus principally on assuring universal PHC for all the population without distinctions to insured and non-insured status. • The basic principle underlying the recommendations is to seek "coverage for all, but not coverage for everything." The fact that the most important revenue source of the NHIS, the NHIL, a public tax paid by all Ghanaians, is one justification for this recommendation, coupled with the clear need to re-align the NHIS benefit package with the country's priority health goals. • It suggests that care for higher-level formal sector employees should depend on additional premium payments in the form of an employer contribution (private sector employers for now) of not less than 2.5% of the employee's salary. Similarly, for children aged 12-18 years, another revenue source as argued above should be urgently identified. • The Committee also recommended institutional reforms to be addressed and deficiencies gaps to be identified during the review, including provider networks as capitation units, a National Health Commission, and a Patient Protection Council.	

5.1.10 Guinea

Program Objectives - Under the Ebola Recovery Strategy, the HFG activity is aimed at rebuilding the health system to better respond to crises such as the recent Ebola outbreak. It is at times of crises that health systems are most stressed. Health systems that are resilient and have public trust will be better equipped to respond to health emergencies. The HFG scope of work targets four areas of health systems strengthening – institutional, governance, financing, and human resources for health (HRH) – all of which are building blocks for a functioning health system. The overall objective is to strengthen Guinea's health system to enhance functionality of institutions and programs and improve their capacity to deliver better health services to the population of Guinea. The specific objectives are:

Objective 1: Improve institutional capacity and health governance across the health system.

Objective 2: Enable the health financing environment and improve capacity of the Ministry of Health (MOH) to mobilize and manage efficiently resources to foster greater coverage of quality of health services.

Objective 3: Improve the institutional capacity of the MOH to effectively manage HRH.

Year 4 Activities - The Guinea program is a 15-18 month program. The program was officially launched at the end of Y4Q3 and is planned to possibly continue through December 2017. The 13 planned activities are as follows:

1. Conduct a functional audit of the MOH
2. Strengthen the MOH's management capacity
3. Conduct a private health sector assessment
4. Strengthen health sector coordination capacity
5. Build MOH capacity to support research
6. Improve financial management capacity of the MOH
7. Improve coordination, collaboration, and partnership between line ministries in charge of HRH planning, training, and development
8. Support the ICT-based, comprehensive management of human resources
9. Support pre-service education institutions to improve management and governance for better workforce development
10. Support the strengthening of continuing professional development programs for health
11. Strengthen the Inspector General (IG) function
12. Strengthen the legislative committee on health
13. Strengthen strategic communications for the health sector

Year 4 Progress Against Objectives - All activities in the Guinea programs started in Q4 2016 and are ongoing according to plan.

- **Institutional Strengthening**

  Functional Audit. This activity aims to assess the functions of the central health units, regional and district-level health management teams, and the MOH as a whole in terms of capacity to carry out quality core functions. Final deliverables include a functional audit report, an organizational framework (with analytical and conceptual components), and a roadmap for implementation. The audit is being carried out in collaboration with a six-person EU-funded team. This quarter, the team

conducted central-level interviews with key stakeholders followed by regional-level interviews across four regions (Labé, Boké, N'Zérékoré, and Conakry) in August and September and began analysis of the results. HFG consultants (two international and two local) developed a conceptual framework for analysis of the audit data. The Audit steering committee chaired by the MOH leadership have held two meetings to date to (i) validate the audit methodology and tools, and (ii) review the diagnosis synthesis note produced at the end of data collection and interviews of stakeholders. The consultant team is currently working on the audit report and preparation of the recommendations and roadmap to be completed in the next quarter.

Management Capacity Building. This activity has two distinct components: leadership and management training and project design and management. Both components were launched in this quarter. In the leadership and management component, HFG conducted a rapid assessment and developed a training plan that will target 40 senior manages and 160 mid-level managers in the central MOH. HFG also began the development of the training course tailored to MOH needs. At MOH request, the actual training on L&M for MOH leadership and subsequent roll-out will occur after the restructuring in order to be sure to train the right senior managers. In the project design and management component, HFG conducted a planning visit to develop a draft procedures manual for project management. This will be vetted with the MOH in a subsequent visit followed by training of MOH staff in its use.

Health Sector Coordination. This activity aims at strengthening health sector coordination, especially the Coordination Committee of the Health Sector (*Comité de coordination du secteur santé*, CCSS). In this quarter, HFG conducted a planning visit to share activity TORs and assessment framework, and prepare for the next phase: the coordination assessment. The TORs and assessment framework were discussed with the MOH, BSD, and the Technical Secretariat of the CCSS, as well as other stakeholders such as WHO, UNICEF, and USAID. The assessment will take place in Q1 of FY 17 followed by the development of a roadmap for improving coordination.

Private Sector Assessment. The goal of this activity is to assess the scope and scale of the private health sector, its regulatory framework, and how to improve public-private dialogue. It was launched in the final month of Quarter 4 with a planning trip during which HFG shared the activity scope with the MOH and its partners. The trip also helped gather information on the focus of the private sector assessment from stakeholders and information about private sector engagement/concerns as well as obtain key documents. Following this information gathering, HFG will finalize the TORs and will share them with the MOH. The assessment will be initiated in country in Q1 of FY17.

Research Capacity. The purpose of this activity is to strengthen MOH capacity to support the research process and to use research results to inform decision making. The activity was launched in the final month of Quarter 4 with the development of the TORs and their submission to the MOH. Based on discussions with MOH counterparts, the planning visit for this activity is planned for early Y5Q1.

Strengthening Financial Management. With this activity, HFG aims to build on ongoing activities and work with the MOH to build a sustainable and effective financial management capacity. During this quarter, HFG gathered information on the status of the MOH financial management capacity through meetings with sector stakeholders and the MOH, and using the preliminary results of the GAVI program assessment and functional audit. That information helped revise the original activity TORs, which will be shared with stakeholders once finalized. Discussions were also initiated with the Global Fund for potential cooperation in improving the capacity of the MOH's financial management.

Human Resources for Health

HRH Coordination. In this activity, HFG supports the MOH to strengthen the HRH Multi-sectoral Committee into an effective National HRH Platform to promote better collaboration and inter-sectoral planning among all key stakeholders involved in health workforce training, planning, and management. In Quarter 4, the TORs for this activity were drafted and shared with the MOH. HFG also developed and shared with the MOH the survey instruments for the situational analysis, which will start as soon as the MOH approves the TORs and the tools. HFG expects that a meeting will be convened early October 2016 to finalize the ministerial decree establishing the platform, followed by the development of an action plan for the HRH inter-sectoral committee.

iHRIS. With this activity, HFG will support the MOH to continue the roll-out and institutionalization of the iHRIS especially through data capture of health workers. The TORs for this activity were approved in Quarter 4 and a planning meeting with MOH officials was held at the HFG office to finalize the methodology and budget for the census and data collection of personnel at the central level, including MOH projects and programs. Data collection is scheduled to begin in Y5Q1.

Management and Governance of Pre-service Education Institutions. For this activity, HFG will focus specifically on improving the governance and leadership capacity of two schools. The TORs were drafted in Quarter 4 but are yet to be finalized due to potential and imminent changes in the organizational structure of the identified schools. Once the TORs are approved, HFG will launch a baseline assessment of the selected schools' organization and governance capacity to identify management and governance challenges and then provide technical assistance to address the gaps.

Continuing Professional Development. This activity will support the MOH, in collaboration with the Ministry of Labor, to develop a national in-service training. In parallel, HFG will also support training institutions in charge of continuing professional development to build their capacity in coaching and mentorship. The TORs for this activity will be finalized in Y5Q1.

Governance and Democracy

Strengthening the Parliamentary Health Committee. HFG provides targeted support to the Standing Committee on Health to improve oversight of the health programming and build support for additional public investments in the health sector. During this quarter, HFG developed the TORs for this activity and shared them with the committee. In September, the international technical lead and the local HFG governance advisor held a one-day workshop with the Health Committee prior to resumption of Parliament to confirm TORs and begin planning for the budget session. The workshop addressed the following issues: 1) the current flow of budget and ministerial performance information to the Committee; 2) the ability of the Committee to understand health investments from both sectoral and regional standpoints; and 3) the ability of the Committee to effectively engage civil society and external stakeholders in the upcoming budget deliberations. A similar workshop was held for the permanent staff of the Committee, discussing their roles in supporting the upcoming budget deliberations. Lastly, the team engaged the office of legislative services of the National Assembly on the issue of member's bills, which will be a focus of program activity in the next year following the passage of the budget. Discussions were also undertaken with program partners NDI / ECES / UNDP to identify areas of joint activities and to coordinate programming, and the HFG team was invited to participate in monthly coordination meetings of the parliamentary support working group, chaired by UNDP.

MOH Strategic Communications. To address the lack of public trust in the public health sector, HFG will support the MOH to develop and begin to implement a strategic communication plan. During this quarter, the international communication specialist consultant travelled to Conakry to meet with MOH officials, including the Division of Health Promotion, and other development partners to confirm TORs for this activity. In September, the consultant also travelled to Kindia to participate in a workshop on post-Ebola communications strategies, hosted by the UN and WHO. Lastly, the consultant completed the framework for the communications gap analysis for the MOH, which will be carried out by the Governance Advisor and a HCN short-term technical assistance. The next step, for Y5Q1, is to conduct the initial assessment of communication capacities and needs.

Strengthening Inspector General Function. HFG support to the IG office as part of this activity will be in terms of redefining the IG function and then strengthening its capacity to carry out its function. During Quarter 4, HFG developed the TORs for this activity and shared them with the IG office and BSD at the MOH. During the planning visit, the activity lead had a series of discussions with MOH partners that led to approval of the TORs. The consultant for this activity also travelled to Conakry in September, engaging the senior staff of the IG office in the planned self-assessment and developing a framework for the upcoming self-assessment. Currently preparations are ongoing with the MOH for the self-assessment of IG office, which is planned for Y5Q1.

Q4 Challenges -

- HFG has experienced challenges implementing the functional audit task due to differing timelines and to different opinions on the technical approach between HFG consultants and EU consultants. However, thanks to the strong technical, managerial, and diplomatic skills of our HFG consultants and local team in Conakry, the work has steadily moved along. We believe the collaboration will lead to a very high-quality product, which the ministry will find useful, validate, and ultimately use to make needed changes.
- The MOH asked that the leadership and management training be delayed until after the MOH restructuring is complete. The MOH wants to ensure that the right staff are trained. HFG remains concerned that the restructuring process will take months to complete and therefore not leave enough time for the leadership and management training to have a real impact.
- Financial Management: There is a new head of the Financial and Administrative Directorate (DAF). HFG will assess his receptivity to a plan to improve financial management capacity as government leadership is key to sustainable improvements. The GAVI program assessment highlighted the continued weakness of MOH financial management. However, the formal GAVI report and funding agreement that could include remedial actions to improve financial management are still to be released and negotiated. HFG will keep in contact with GAVI and other interested partners.
- The transitioning of iHRIS work to HFG posed challenges related to back-end management since it is not the core mandate/competencies of HFG nor in HFG's work plan. HFG will work with the e.Health project, which the mission asked to host the physical server for iHRIS, and other partners to support the back-end management.

- Harmonization and alignment with other development partners/agencies: recently, many partners have expressed interest in supporting the MOH in some of the activities that HFG is already implementing, prompting the MOH to convene meetings for harmonization and synergies of interventions. For example, Measure Evaluation intends to offer a leadership course to BSD, while HFG plans to offer the course to the whole ministry inclusive of BSD. Similarly, the World Bank PASSP project intends to support the ministry in the area of planning, while HFG plans to support the MOH in the related area of project planning and management. This need for harmonization and alignment of all interventions across projects is a good thing, but could delay HFG's pace of implementation, which, given the short timeframe for implementation, is a concern

Q4 Additional Information - Following approval of the work plan toward the end of Quarter 3, during Quarter 4 HFG worked on setting up an office infrastructure in Guinea and hiring a local team to start implementing the activities. To date HFG registration has been completed, a local bank account has been opened, office space has been secured with the necessary equipment and material, and all local staff are on board: the COP Mr. Jean Damascene Butera as well as the HRH advisor: Mr. Sangare Gabto, the ICB advisor: Mr. Aboubacar Quisia, the Financial Management advisor: Mr. Freddy Essimbi, the Governance advisor: Mr. Lancine Conde, the Finance and Administration director: Mr. Koly Koivogui, and the office assistant: Mrs. Oumou Ly. To accelerate the smooth functioning of the office, the home office finance and administrative backstop Mr. Frederic Drigo visited Guinea toward the end of Q4 to train staff in Abt and HFG procedures.

Table 34 provides activity-specific updates.

TABLE 34. GUINEA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Conduct a functional audit of the Ministry of Health		
Travel to Guinea to begin work with MOH, BSD, and EU by agreeing on methods and beginning data collection	These activities were completed in July by the HFG consultant team.	There have been challenges in aligning HFG and EU consultant needs, particularly around scheduling a short break for both, revising the timeline, and amending contracts due to these changes.
Complete data collection, formulate draft findings and recommendations, and present drafts for validation	Data collection was completed (both central- and regional-levels). Analysis of findings is in progress. Recommendations and draft findings are projected for validation 10/3-10/10.	
Finalize functional audit report following comments from validation presentation	The final report is projected for completion 10/11-10/21.	The functional audit report will require detailed and comprehensive notes from central and regional data collection.
Establish steering committee	Completed: the first steering committee (CoPil1) meeting August 17. The second, in November, will validate preliminary findings.	
Draft roadmap for implementation	In progress, projected for completion 10/21.	Other tools and frameworks will be adapted, if applicable, from other contexts to supplement this work.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Present draft roadmap for validation, revise and finalize the roadmap	The final roadmap and workshop in Conakry are projected for October 21 (or thereabouts).	The final roadmap will likely incorporate outside frameworks, tools, and methods that best fit this specific functional audit setting.
Design change management process	HFG change management support for the restructuring has not yet been confirmed with the Minister.	
Assist in implementing change management plan	To be implemented in Y5Q2 if requested by the Minister.	
Activity 2: Strengthening the Ministry of Health's management capacity		
Do planning visit for Leadership and Management course	The planning visit was successfully completed in early July. It produced a training plan that targets 40 senior managers and 160 mid-level managers.	The Minister of Health requested that the training be delayed until after the restructuring is complete and staffing decisions are made. This is problematic because of the time a restructuring process can take and the fact that it will shorten the time to see visible changes in management.
Do planning visit for Project Design and Management course	The planning visit was completed in August and resulted in an identification of the needs that must be addressed in the procedures manual.	After the planning visit, BSD informed HFG about a related effort under the World Bank-funded PASSP Project. HFG will coordinate its effort with PASSP to ensure the appropriate synergies.
Develop training materials for Project Design and Management course	The planning visit produced an outline for the procedures manual, which will be developed early in FY17 Q1. The draft procedures manual will be vetted with the MOH in Q1.	
Develop training materials for Leadership and Management course	The development of the materials is underway. Materials will be completed in Y5Q1.	
Train trainers for Leadership and Management course	This will take place after the senior management training.	
Train trainers for the Project Design and Management course	This will take place after the procedures manual is finalized.	
Activity 3: Guinea Private Health Sector Assessment		
Finalize scope of work	This task is ongoing following information collection during the planning visit in early September.	
Conduct assessment	In planning, with likely timing to start in December.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 4: Strengthening health sector coordination capacity		
Coordination / collaboration assessment	In planning: following approval of TORs, the team is mobilizing to conduct the initial assessment. The exercise is expected to be completed in Y5Q1.	
Activity 5: Building Ministry of Health Capacity to Support Research		
Assessment and planning	The planning trip is scheduled for early Y5Q1. Consultant has been identified and TORs developed and shared with the MOH.	
Activity 6: Improve financial management capacity of the Ministry of Health		
Financial Management assessment	In planning: will be launched once the revised TORs are validated by the MOH and its partners.	DAF has a new head and HFG will assess his receptivity to a plan to improve FM capacity. There are many other partners working on financial management with the MOH and HFG will need to coordinate efforts with them to avoid duplication.
Activity 7: Improve coordination, collaboration, and partnership between line ministries in charge of HRH planning, training, and development		
Support the strengthening of National HRH Platform	In planning: The TORs have been discussed with the MOH HRH focal point and other resource people, and a retreat/meeting is planned for Y5Q1 to revitalize the committee through the drafting and enactment of a ministerial decree establishing the platform, followed by the development of an action plan for the HRH inter-sectoral committee.	
Activity 8: Strengthen the ICT-based comprehensive management of human resources		
Support the meetings of the iHRIS Technical Working Group	At least 2 meetings were organized during Quarter 4 and HFG is now an active member of the *Groupe Elargi Technique d'iHRIS*. So far HFG is contributing technically to debates.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support the institutionalization of iHRIS	Following the transitioning of iHRIS to HFG by Intrahealth, HFG mobilized the trained staff at the MOH to start the actual data collection and entry into IHRIS, which had not yet been done. The data collection and entry planning has been finalized, the pretest has been conducted, and it is expected that the actual data collection at central level will start early October 2016.	
Support the roll out of iHRIS and data capture of health workers in Conakry	In planning: in the process of securing a cloud repository for the iHRIS data, discussions with the MOH on budget for data collection	
Activity 9: Support pre-service education institutions to improve management and governance for better workforce development		
Conduct baseline organizational assessments in at least 2 schools	In planning: TORs of the activity are being drafted.	
Activity 10: Support the strengthening of continuing professional development programs for health		
Baseline assessment in a selected number of institutions in charge of CPD	In planning: TORs of the activity are being drafted	
Activity 11: Strengthening the Inspector General Function		
Conduct accountability self-assessment	The TORs were approved by the IG and his staff, and the framework for the self-assessment was developed. The self-assessment is expected to be completed in Y5Q1. Development of a SOW for a HCN STTA to work with the Conakry-based Governance Advisor on the self-assessment in progress.	HFG is balancing the IG's interest in a self-assessment of his department with a broader activity focused on better understanding the accountability gaps in Guinea and aligning the IG to address key challenges.
Develop IG Function Mission Statement and Operational Strategy	Initial discussions were held with the IG on the revision of an Action Plan for 2017.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 12: 2.2 Strengthening of the legislative committee on health		
Conduct initial assessment of Standing Committee Needs	In Quarter 4, the HFG team held workshops with both members of Parliament and staff of the Health Commission, determining the capacity of these groups to effectively conduct scrutiny of upcoming national budget from the viewpoint of health investments.	There are other partners in the field working with the committee (NDI/ECES/UNDP) and HFG needs to coordinate programming with them. To this end, HFG has been invited to participate in the parliamentary support working group, chaired by UNDP and involving all international partners working with the National Assembly. HFG Guinea will present its program at the upcoming meeting, with a view to de-conflict other programs.
Activity 13: Strategic Communications for the Health Sector		
Do initial assessment of communication capacities and needs	HFG Communications consultant met with a wide range of MOH officials and participated in regional communications workshop in Kindia. He also developed a framework for communications gap analysis and a SOW for potential HCN short-term technical assistance for Conakry-based Governance Advisor.	Potential for overlap with HC3 and other programs supporting health messaging and communications. Consultant engaged other support programs and identified 'boundaries' of efforts.

5.1.11 Mali

Program Objectives - During HFG Year 3, USAID Mali requested the project to conduct two assessments: a Health System Assessment (HSA) and a Management Assessment of the Secretary General's (SEGAL) office.

The HSA will provide an overview of the operational status of Mali's health system. This will inform the USAID Mission's future support of the health sector as well as the Malian government's new 10-year health strategy. At the end of the HSA, recommendations and next steps will be discussed with USAID Mali to also determine additional activities that might be suitable HFG technical assistance.

The Management Assessment's aim is to recommend ways to improve the efficiency and effectiveness of the SEGAL office, which oversees the planning, organization, coordination, and control of the Ministry of Health and Public Hygiene (MOH). The Management Assessment team has done an in-depth analysis of the current operations by administering surveys and engaging in discussions with key team members.

Year 4 Activities - The HSA will cover the six WHO HSS building blocks: leadership and governance, service delivery, health financing, pharmaceutical management, human resources for health, and health information systems (with a focused lens on Health Management Information Systems and Logistics Management Information Systems). The HSA results are to be disseminated at the national level, regional level (in two regions), and district level. As a collaborative and participatory initiative, the HSA team collaborated with other donor partners; some had a more direct role in the assessment by supporting the HSA technically.

The Management Assessment is a review of the operations of the SEGAL's office, which employs senior ministry officials and technical advisors, but too few to handle the significant workload. While a long-term solution is the creation of new positions and finding ways to reduce the workload, the short- and medium-term solution is to use donor support to increase the number of technical assistants.

Year 4 Progress Against Objectives - In Quarter 2, HFG completed a 30-page Executive Summary of the HSA in French and English, designed for wide dissemination, and a more detailed report in French, which will serve as a reference document. HFG had planned to travel to Mali in April to validate the HSA findings, but this trip was postponed because the new SEGAL had not yet been sufficiently informed of the HSA process and the Mission needed more time to bring the new Health Minister and SEGAL up-to-date on HFG activities and ensure their ownership and support.

In Quarter 4, an HFG delegation traveled to Mali for the validation of the HSA report. Several workshops were held during the mission at the regional and national level:

1. The regional workshop in Koulikoro was an opportunity for in-depth discussions with regional and sub-regional partners (NGOs), stakeholders (civil society, sub-regional and local authorities, health providers, private for-profit and community health association and CSCOM).
2. At the national level, the workshop was attended by the higher technical staff, scientists, and cadres from the three ministries (MOH, Ministry of Social Affairs, MWCF) covered by the PRODESS's development partners, national civil societies and NGOs, private sectors representatives, syndicates.

An action plan for the implementation of the recommendations made during the workshops and interaction with high officials of the MOH is currently being reviewed for validation by the CPS of the MOH.

The HFG team also finalized the Management Assessment report in English and French, including recommendations and next steps, which were disseminated to USAID and the MOH. Discussions around the Management Assessment focused on key findings, which were conveyed to the Minister of Health.

Several meetings to discuss HFG's Year 5 objectives and activities took place with USAID. Several sessions were organized with implementing partners to prevent overlap, and ensure complementarity and synergy between USAID-funded programs.

Q4 Challenges - During the HFG Country Manager and HSA team's mission in July, the Minister expressed interest in the Management Assessment report and its findings. The outgoing USAID Mission Director presented hard copies of the report to the Minister as part of his outbrief with the Minister in July. He stressed USAID's interest in supporting the MOH, particularly the SEGAL's office. The MOH has shown interest in technical assistance based on the Management Assessment and has engaged closely with the HFG team as this activity will directly affect the SEGAL's team.

Q4 Additional Information -

- Several implementing partners work in similar technical areas (health financing, governance, health policy). During Year 5 work planning, the COP, Dr Bokar Touré, held meetings with key officials from the MOH, USAID Mali Health team, and implementing partners to coordinate the planning of activities and avoid duplication.
- HFG Mali was asked to provide expert advice and guidance to the group in charge of developing the new community health strategy and also the group in charge of developing a new strategy for health financing and UHC.
- AIRS Mali and HFG will share office space in Mali going forward.

Table 35 provides activity-specific updates.

TABLE 35. MALI ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Health System Assessment		
Report-writing and dissemination	The HSA validation workshop was held in July 2016. HFG presented the HSA findings to (i) the new Minister of Health and new SEGAL, (ii) the ministry's cabinet office, (iii) national-level stakeholders, and (iv) regional-level stakeholders. HFG is providing support to the MOH to finalize the action plan for the implementation of the recommendations highlighted during workshops.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Management assessment		
Report writing and dissemination	The Management Assessment report was submitted to the Minister of Health. Follow-up was requested with various senior staff of the Cabinet and the SEGAL.	A request was made by USAID to undertake in-depth discussions with the SEGAL and his advisors. A mission with a consultant has been tentatively scheduled for December 12-16. The objective of this mission will be to update the new SEGAL and his advisors on key findings, agree on key priorities to implement, and define an action plan for the implementation of the recommendations. Availability of the SEGAL and the advisors for the period could be a challenge.

5.1.12 Namibia

Program Objectives - The Government of the Republic of Namibia has reduced significantly its reliance on donor funding to finance health services, with approximately 8 percent of total health expenditure being funded by donors in 2012/13 compared to 21.7 percent in 2008/09. Most of this donor funding has been allocated to special programs, such as HIV and AIDS, TB, and malaria. With the trend of decreasing donor resources in the country, there is increasing pressure on the government to identify sustainable means of financing the HIV and AIDS multi-sectoral response to maintain the significant gains achieved under the PEPFAR program. According to the 2012/13 National Health Accounts (NHA) exercise, 51 percent of HIV and AIDS program expenditures were financed by donors; according to the 2014 draft National AIDS Spending Assessment (NASA), the percentage financed by donors has dropped to 36 percent. While Namibia has made progress in absorbing a portion of the HIV and AIDS expenditures, most notably in the areas of human resources and procurement of ARVs, there continues to be a high level of donor funding to support critical disease interventions.

According to the FY2014 PEPFAR Guidance for Sustainability Planning, Namibia is among the first wave of countries that have agreed to develop PEPFAR Country Health Partnerships (CHPs), which means it "eventually will be afforded a formalized joint decision making role in the allocation of PEPFAR financing and technical resources in their country [ies] through a small bilateral governance structure established under the PEPFAR CHP." As a result, the government is at a critical juncture in reevaluating its health financing strategy, policies, and mechanisms and ensuring the long-term sustainability of gains made in the fight to eliminate the spread of HIV and AIDS; treatment of patients; and reducing the impact on families affected by the disease.

Year 4 Activities - HFG's activities in Namibia in Year 4 continued from Year 3. These include:

1. Institutionalization of NHA for resource tracking
2. Economic efficiency and effectiveness analysis for sustainable HIV and AIDS financing
   d. Fiscal space analysis
   e. Health facility unit costing
3. Conducting a health financing review to inform the government's discussions on promoting Universal Health Coverage (UHC)

Year 4 Progress Against Objectives -

Economic efficiency and effectiveness analysis for sustainable HIV and AIDS financing: Fiscal space analysis for HIV and the health sector: In Q1, HFG shared the draft projections with stakeholders in Namibia for their input. Critical data for conducting efficiency analyses were not available, and this may hold up finalization of the fiscal space part of the analysis until the costing team collects the health facility data needed for the unit costing activity below. Data collection for the costing study was conducted in Q2, and completed in Q4.

HFG also coordinated with the UNAIDS consultants who are conducting the Investment Case modeling for HIV, as they are covering some of the same efficiency issues but limited to HIV only, while HFG is covering the whole of the health sector. Upon further review of the UNAIDS-supported work, USAID/Namibia advised that the fiscal space work we were doing was not going to add much value and therefore we should cease that part of the study and instead re-program the remaining funds to look at efficiency of district hospitals. The efficiency work will commence in Y5Q1.

Unit costing of health facilities: The scope of work for this activity was approved by the Ministry of Health and Social Services Research Committee in Q3. Data collection was completed in 13 public sector facilities between May and August 2016 for both the costing and the quality assessment components of the study. Three private hospitals also agreed to participate in the study and data collection was completed for two of them in Y4Q4. The remaining hospital will be ready in Y5Q1.

Production of health financing review: In Q1, finished drafting the Health Financing Review report and submitted it to the Universal Health Care Advisory Committee for Namibia (UHCAN) for review. The UHCAN suggested edits and provided other comments, especially including supplying additional local context and views regarding the UHC vision for Namibia, to strengthen the report. HFG addressed all comments and edits and re-submitted the final version for approval by the technical committee of the UHCAN in December 2015. The final report was delivered in Y4Q2.

Providing technical support to 2014/15 health accounts exercise: HFG has been supporting the Namibia Ministry of Health and Social Services in its move toward institutionalizing health accounts. The support includes helping the ministry conduct another health accounts study with emphasis on putting in place mechanisms to simplify data collection, ensuring that the exercise is harmonized with other resource tracking exercises, such as NASA, thereby enabling to capture information needs for HIV/AIDS programing as part of the exercise and avoid parallel/duplicative efforts, and supporting development of follow-on policy products to help promote uptake of the health accounts results to inform policy and planning.

In Y4Q2, HFG and WHO co-facilitated the Ministry's Health Accounts team's discussions with the Ministry's Directorate of Special Programs (DSP) and UNAIDS on lessons learned from the earlier, parallel (NASA) estimation of HIV spending. The aim was to inform the new round of health accounts, which will encompass the HIV/AIDS programmatic spending. Based on the lessons learned from the previous health accounts estimate, HFG has helped the Health Accounts team to review and revise the data collection instruments for the upcoming exercise. In Q3 and Q4, HFG has provided the Ministry technical support in conducting the 2014/15 health accounts' data review and analysis. The results of the 2014/15 exercise, which incorporates cross-analysis of the results to the NASA's AIDS spending categories, is expected to be finalized and disseminated in Y5Q1.

Q4 Challenges - Private sector facilities initially declined to participate in the study of the unit costing of health facilities for fear of disclosing confidential data. HFG engaged directly with these facilities to address their concerns and identified four private sector facilities that would be willing to participate in the study provided that specific measures (including signing non-disclosure agreements) would be taken to ensure the confidentiality of the data. To date, data collection had been completed in two of the four facilities identified, and a third is nearing completion. The fourth hospital recently withdrew, citing workload concerns on the data collection exercise.

Table 36 provides additional activity-specific updates.

TABLE 36. NAMIBIA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Implementation and institutionalization of national health accounts using the updated framework		
Backstop the team in developing policy briefs and communication products that answer the key policy questions identified at the outset of the exercise		A draft maternal health policy brief based on the 2012/13 results has been prepared; it will be finalized at the beginning of Y5 Q1, after it has been updated based on 2014/15 health accounts results

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Provide technical assistance with data analysis for the 2014-15 health accounts exercise	Data analysis is currently being finalized, exercise planned to be finalized, and results disseminated in Y5Q1.	Validation of preliminary results with Ministry's management and external stakeholders and report writing.
Activity: Economic efficiency and effectiveness analysis for sustainable HIV/AIDS financing		
Do Namibia Fiscal Space Analysis	Study canceled after consultation with the USAID/Namibia due to overlap with UNAIDS work on the investment case. HFG will now focus on district hospital efficiency, which was a critical missing piece of information in the projection of resource needs for HIV funding.	
Activity: Unit costing studies		
Approved scope of work and work plan	Completed in Q3.	
Conduct Unit Cost Study of various health facilities	Data collection was completed in 13 public sector facilities and 2 private sector facilities.	Private sector facilities initially declined to participate in the study for fear of disclosing confidential data. HFG engaged directly with the facilities to address their concerns. It identified four facilities that were willing to participate in the study provided that specific measures (including signing non-disclosure agreements) would be taken to ensure the confidentiality of the data. Data collection in the remaining private sector facility will be completed in Y5Q1.
Quality Assessment Study	Data collection was completed in 13 public sector facilities and 1 private sector facility.	Private sector facilities initially declined to participate in the study for fear of disclosing confidential data. HFG engaged directly with the facilities to address their concerns. It identified four facilities that were willing to participate in the study provided that specific measures (including signing non-disclosure agreements) would be taken to ensure the confidentiality of the data. Data collection in the remaining private sector facilities will be completed in Y5Q1.

5.1.13 Nigeria

Program Objectives - The HFG project's multi-year strategy with the Government of Nigeria has three goals.

The first goal on HIV/AIDS, consistent with PEPFAR's Road Map for an AIDS-Free Generation, is to mobilize additional funding for state-level HIV/AIDS programming. The objectives of our support in this area are to:

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

The ability of the Nigerian government to mobilize Nigerian resources (from government at all levels, private sector, and civil society organizations) for the HIV/AIDS response will lessen the country's dependence on donor funding. It also will contribute to greater country ownership and sustainability of the HIV/AIDS response. Increasing domestic resource mobilization (DRM) is consistent with the PEPFAR Road Map for an AIDS-Free Generation. The overarching goal of HFG's strategic actions over the next two years is to achieve long-term sustainable financing of HIV/AIDS care and treatment services at both the state and local levels, where greatest impact can be had on care and treatment.

The **second goal**, focused on TB, is to support the national response to TB programming by improving the diagnosis and treatment of TB through improved TB diagnosis, particularly for drug resistant TB (DR-TB). This goal also is consistent with the PEPFAR Road Map for an AIDS-Free Generation: TB is the principal HIV opportunistic infection because of the significant co-morbidity between TB and HIV infections.

The **third goal** is to assess the functionality of public health facilities to carry out key Maternal, Newborn, and Child Health (MNCH), Family Planning (FP), and Reproductive Health (RH) interventions, across five states. Specifically, the HFG project will evaluate the capacity of Local Government Authorities (LGAs) to manage and improve human resources for health (HRH) and maintain adequate physical infrastructure of health facilities. The specific objectives of the LGA MNCH/FP/RH Service Delivery Readiness assessment are:

- Describe the human resource policies, relevant to MNCH/FP/RH services, that have been planned and are being implemented in the five focus states
- Assess service utilization based on key MNCH/FP/RH indicators
- Determine the availability, distribution, and mix of HRH within the five focus states for MNCH/FP/RH services
- Identify the MNCH/FP/RH capacity-building requirements of staff
- Determine the human resource management capacity of LGAs
- Document the presence of basic amenities and their functionality in a sample of health facilities/ LGAs in the five states
- Assess key MNCH/FP/RH-related physical infrastructure indicators (e.g., presence of delivery room)

Year 4 Activities - The HFG project is addressing the HIV/AIDS DRM goal through a number of activities, all of which are interrelated and collectively lead toward the achievement of this goal. HFG will support this goal through the development of strategic actions at the state level to expedite the scale-up of the country's HIV/AIDS response. This will be complemented by strategic actions to strengthen the effectiveness and efficiency of spending in the area of HIV/AIDS. HFG's work in the HIV/AIDS area will

cover four priority states (Akwa Ibom, Cross River, Rivers, and Lagos), which will become model states for increasing domestic funding for HIV/AIDS. This state selection and focus is a result of PEPFAR strategy for Nigeria as of July 2015.

Regarding TB supportive supervision work (second goal), HFG will build off the initial success of GxAlert, and implement the following activities to allow for a more unified TB management system in Nigeria. This system will help provide reliable, real-time data for strategic decision making. To these ends, the National TB and Leprosy Control Program (NTBLCP) has asked HFG for support in the following areas:

- Create an interactive web-based dashboard for all TB data.
- Make the Country Gen-Xpert Advisory Team (CGAT), National AIDS Control Agency (NACA), and NTBLCP better able to manage supply issues related to TB and TB/HIV co-infection diagnostics.
- Enable a scalable mobile data plan.
- Strengthen and expand case detection.
- Install at facilities and training lab technicians.

Finally, regarding the MNCH assessment (third goal), HFG has seven objectives to achieve across the five focus states (Bauchi, Cross River, Ebonyi, Kogi, and Sokoto) of this assessment. These include describing the human resource policies planned and currently being implemented; assessing service utilization based on key MNCH/FP/RH indicators; determining the availability, distribution, and mix of HRH within the five focus states for MNCH/FP/RH services; identifying the MNCH/FP/RH capacity-building requirements of staff; determining the human resource management capacity of LGAs; documenting the presence of basic amenities and their functionality in a sample of health facilities / LGAs in five states; and assessing key MNCH/FP/RH-related physical infrastructure indicators (e.g., presence of delivery room).

Year 4 Progress Against Objectives -

HIV

DRM: HFG Nigeria is using the platform of the multisectoral HIV/AID domestic resource technical working group (TWG) to support the states in implementing their HIV/AIDS resource mobilization strategy. In Y4, activities by states included estimating resource gaps for budgeting purposes, identifying public financing challenges limiting the full use (expenditure) of public/government funding, and establishing TWGs to increase participation, advocacy, and accountability around financing HIV and AIDS programs at the state level. In Rivers state, the TWG signed a memorandum of understanding with two media houses that agreed to allocate resources (valued at NGN19 million a year), specifically air time for HIV/AIDS-related messages and programs. The TWG in Cross Rivers state submitted an HIV/AIDS program proposal to Rotary International, which earlier showed interest in financing some of the gaps in the state's HIV/AIDS program funding.

TWGs in River, Cross River, and Akwa Ibom states carried out stakeholder mapping exercise to identify and prioritize high visibility visits to Governors, First Ladies, and State Houses of Assembly. The Governor of Cross River also approved the release of NGN48.2 million for implementation of HIV/AIDS activities in the state.

Advocacy for improved government funding for HIV/AIDS response in Lagos state is yielding positive results: the State Ministry of Budget and State Ministry of Health, recognizing the service provision gap that will be left after the PEPFAR pivot, committed to significantly increase the HIV/AIDS response line item in the 2017 budget. The TWG in Akwa Ibom was able to engage the Secretary to the State Governor and made a strong case for HIV/AIDS funding resulting in the Secretary publicly promising

that HIV/AIDS activity funding request memos submitted by the State AIDS Control Agency (SACA) will receive priority attention.

Health Care Financing: In addition to working directly on DRM for HIV and AIDS programs, HFG has worked to increase resources for the health sector as a whole while ensuring HIV and AIDS programs obtain a share of any such increases. Health financing reform aimed at increasing state and federal resource for health as per the National Health Act is gaining traction in many Nigerian states including the HFG focal states. As part of its effort to increase state actors' knowledge of basic health care financing concepts, HFG collaborated with relevant federal agencies including the Federal Ministry of Health, National Primary Health Care Development Agency, and National Health Insurance Scheme to host a five-day health care financing workshop in June. The workshop allowed federal agencies and state actors to engage in relevant health policy discussions, especially on how states will adapt some policy frameworks presented by the federal institutions. Sixty-two participants from all four HFG focal states and NHIS-sponsored Bauchi state attended the workshop. Among other activities, each state developed a robust roadmap for transforming health care financing landscapes in their states.

Following the workshop, HFG supported the states in implementing their health care financing reform roadmaps. The project partnered with a broad range of actors in Cross River state to guide them toward health care financing reform. This partly accounted for speedy passage by the State House of Assembly of the state health insurance bill and the State Governor's assent to the bill. HFG's health care financing training and subsequent engagement and advocacy increased understanding of the benefits of the financing reform; this in turn enabled the Chairman of the House Committee on Health to make an articulate case for passage of the health insurance bill (which earned him a standing ovation at the floor of the House of Assembly) and the accelerated passage of the bill.

In view of strategic importance of the purchasing function to the success of health insurance scheme, HFG conducted a provider payment assessment and then supported Lagos state in hosting a two-day stakeholders workshop on the design of Lagos State Health Scheme provider payment system. The workshop apprised the existing provider payment system and designed a context-appropriate system. The workshop also identified risks that could prevent optimal performance of each provider payment option, recommended appropriate mitigation strategies, and suggested governance structures and ICT requirements for strategic purchasing in general and provider payment in particular.

HFG Nigeria also continued to support conduct of HCF core diagnostics including governance, public financial management (PFM), resource tracking, and fiscal space assessments. The PFM assessments, fiscal space analyses, and governance assessments were conducted in all four target states while data collection for resource tracking is being finalized for all the states. HFG will hold a Resource tracking data analysis workshop in October. It also is planning a core diagnostic synthesis workshop to analyze the findings from diagnostic assessments and draw collective policy implications and next steps for each state.

MNCH

Planned discussions with the World Bank on Service Availability and Reading Assessment (SARA) implementation in Bauchi and Sokoto were impeded by the lengthy processes involved in signing a memorandum of understanding with the Bank (it remains unsigned). The first phase of data collection, which will begin in Bauchi and Sokoto state in October and last six weeks, is being paid for by the Bank. However, HFG will formally write to the Bank to request access to the data, which will complement data collected in the second phase; HFG will conduct this phase of data collection. HFG will also request access to the data from the states directly. SARA reports for Ebonyi, Kogi, and Cross River were finalized and submitted to the Mission after Mission review.

TB

HFG continued to build capacity of TB program managers at the national and state level to ensure optimal functioning of the GxAlert machines installed across the country. Dual-Sim routers were installed and connected to 200 GeneXpert sites across Nigeria. Facilities are now reporting multi-drug resistant (MTB) and Rifampicin resistant cases detected to the GxAlert dashboard as well as sending out notifications to the appropriate persons involved in initiating treatment. GxConnect, Custom Data Capture, and Line Listing have been tested both locally and remotely and are working as intended. These functions allow clinics to store information on patients for communication purposes. Patient dashboard and weekly email line-listing of MDR cases detected are now uploading in GxAlert dashboard and weekly emails line-listing MDR cases detected are sent to key program managers. All state Quality Assurance (QA) officers and Logistics team were trained to use the GxAlert dashboard and get all state team on the Platform. State QA officers can now follow up and ensure all diagnosed patients are placed on treatment. Logistics teams now can monitor stock-outs and ensure cartridges are distributed where needed.

Training on the new TB Supportive Supervision (TBSS) dashboard was conducted for national and state teams and local government supervisors. National and state supervisors can now log in to view the dashboard, monitor trends of supervision, report over a period of time, and follow up on problems identified and noted in the action plan.

HFG is currently compiling its program report in preparation for closing out TB activities in Nigeria.

Table 37 provides activity-specific updates.

TABLE 37. NIGERIA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Connecting TB data streams for better planning and establishing a secure and streamlined data network		
Share mock-ups with key stakeholder for feedback and revision	Completed.	
Finalize and deploy TBSS dashboard	Completed	
Stakeholder meetings to get agreement on connecting all TBSS systems	Completed.	
Identify elements necessary to connect systems	Completed	
Negotiate contract with GlobalCom for integrated platform data bundle	Completed	Glo and MTN Contract for bucket GPRS data plan in place and will end in March 2017.
Train/ orient stakeholders to TBSS dashboard as necessary through training of trainers	Completed.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Monitor dashboard use and modify as necessary	Completed.	Dashboard modifications are in progress and will be completed by October 2016. Subsequent modifications may be necessary as dashboard will be in use.
Connect the systems and test	Completed.	
Get all mHealth users onto platform	Completed.	
Activity: Strengthen the capacity of CGAT, NTP, and NACA to best monitor and use GeneXpert machines		
Hold stakeholder meeting for application specs	Completed.	
Develop application	Completed.	
Train select NTBLCP staff on application	Completed.	
Roll out application onto GeneXpert machines	Completed.	Application was rolled out in few facilities and will be completed by QA officers in all facilities.
Monitor stock rates, EQA indicators, and machine utilization	Logistics module is completed. Warranty and calibration module is in progress.	Project developers are still working on completing this module.
Activity: MNCH Infrastructure and HRH Assessment		
Do desktop review	Completed for three states: Kogi, Ebonyi, and Cross River. Work in the remaining two states – Sokoto and Bauchi States – is in progress.	
Survey instrument	Completed	
Sampling	Completed for three states: Kogi, Ebonyi, and Cross River. Sampling underway in Sokoto and Bauchi as the survey is currently in progress.	
Data collection	Completed for three states: Kogi, Ebonyi, and Cross River. Data collection is underway in Sokoto and Bauchi.	
Data analysis	Completed for three states: Kogi, Ebonyi, and Cross River. Data analysis for the remaining two states, Sokoto and Bauchi to commence once data collection is complete. Final ratified reports of Kogi, Ebonyi, and Cross River states were submitted to the mission in Q4.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Data validation	Kogi, Ebonyi, and Cross River reports reviewed by mission and revised accordingly. Survey underway in Sokoto and Bauchi.	
Activity: Strengthen and expand case detection		
Custom data capture	Completed	
One click installer	Completed.	
Secure Data Transmission Component on GeneXpert	Completed	
Building if In-Country Capacity to Support GxAlert	Completed	In addition to capacity building, HFG project followed up by producing SOPs on GxAlert, which were visibly displayed in each facility to enable lab manager/technicians to troubleshoot when necessary.
In-country SMS provider	Ongoing. Still searching for a suitable in-country SMS service provider. Currently using the global SMS Gateway provider.	
Activity: Install all GxAlert application in facilities and orient lab technicians		
Develop orientation materials	Completed	
Orient NTPLCP team; orient lab technicians	Completed	
Activity: HIV_AIDS Resource Mobilization		
Rapid assessment of budget execution processes	Ongoing	
Resource tracking data collection	Data collection almost completed in all four states. Household survey and SASA completed for Lagos state.	Challenge: Implementing Partners (mainly USAID funded) are not responsive but account for significant expenditure; currently working with their various head offices to get required data. Private sector data collection is challenging but not likely to account for significant expenditure.
Advocacy briefs on the importance of funding HIV/AIDS programs produced for targeted audiences (to be updated for resource tracking results)	On hold pending completion of resource tracking, which would inform the contents of the briefs.	
Progress reports on State Resource Mobilization Strategy implementation	Ongoing	The four focal states are engaging well with the government and the private sector through the DRM TWG.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Advocacy strategy development/training	Completed in Rivers and Akwa Ibom.	Pending in Cross River because of busy schedule of TWG members.
Print/disseminate finalized RMS	Completed.	
Presentation of draft resource tracking results	Ongoing	The line ministries are fully involved in the data collection process and are therefore fully aware of progress at every stage of the exercise.
Finalized resource tracking reports	Ongoing	The start of this process was delayed in Rivers state due to the government's approval process.
Draft user-friendly SOPs for State Ministry of Health, SACA, and other HIV/AIDS program MDAs with templates/aides	Ongoing	This depends on the final report of the rapid assessment of budget execution process.
Legislative review of budget execution law	Completed	This was assumed to be a desk review of existing budget execution law and is part of the rapid PFM assessment
Activity: Strengthening state level financing for health		
Fiscal space review	Completed	Policy recommendations from the findings will present options for improving the fiscal space.
Advocacy for health financing	Ongoing	Based on a stakeholder's mapping, follow-up will include carrying out targeted advocacy to lobby for increased funding for health and support for health financing reforms.
Policy review (NHB, PHCUOR, and NHIS)	Completed	Assumption: Understanding national policy direction on health financing will allow states to align with national priorities and leverage opportunities.
Rapid state-level PFM assessment	Data collection completed. Report writing in progress.	
Establishment of HF TWG	Ongoing	The multi-sectoral set-up of the TWG will help bring critical stakeholders together.
Resource tracking for state health expenditures	Ongoing	
Health care financing training	Completed	The training will build the capacity of the state actors and prepare them to implement health financing reforms.
Health financing strategy/policy development roadmap	Ongoing in all four states.	An output of the health financing training workshop mentioned in task above. Implementation is ongoing.

5.1.14 South Africa

Program Objectives – The overall objective is to ensure the long-term sustainability of HIV/AIDS services as donor resources diminish by supporting the government's efforts to:

1. Integrate HIV services into the benefits policy of the proposed National Health Insurance (NHI) Fund;
2. Estimate ongoing resource requirements for doing so;
3. Identify options for pooling and strategic purchasing of HIV and other services through existing arrangements and the future NHI Fund; and
4. Target HIV resources to geographies where they will have the most impact on the epidemic.

Year 4 Activities - In March 2015, USAID/ South Africa sent a scope of work to HFG outlining four activity areas. A work plan was approved in August 2015. In October 2015, the mission cancelled the fourth activity (Analyzing impact of geographic prioritization.). So for Year 4, HFG's activities are: 1) Integrating HIV/AIDS into the future NHI benefits policy, 2) Estimating HIV/AIDS-related revenue requirements for a future NHI; and 3) Developing options for strategic purchasing mechanisms between NHI and HIV/AIDS service providers. HFG's overall approach is based on strategic assumptions about the relationship and synergies between the project activities: 1) a balance of revenue increases and expenditure management improvements including efficiency gains is required to ensure sustainable financing of HIV services; 2) improving purchasing of HIV services requires a strong and direct relationship between specification of HIV benefits and payment to providers for those benefits or services; 3) work needs to encompass national, provincial, and district levels in order to improve financing and geographic targeting; and 4) appropriate implementation sequencing and achievement of small victories is imperative to improving purchasing of HIV services and sustainability of HIV financing in the context of both domestic programs and declining donor funds.

Year 4 Progress Against Objectives - In Y4Q2 (January 2016), HFG Deputy Director Catherine Connor temporarily relocated to South Africa to assist the Primary Health Care Costing Task Team (PHC CTT) and plan a small-scale implementation of the new provider payment system in an HIV/AIDS high-burden district. Also in January, R4D's Michael Chaitkin and Nathan Blanchet travelled to South Africa to continue work on activity 1.2, a study by R4D for UNAIDS of options for integrated financing of HIV/AIDS under NHI. During this trip, they met with stakeholders including staff from the National Treasury (NT) and National Department of Health (NDOH) to share and finalize the draft of R4D's UNAIDS HIV integration feasibility study. The final study was submitted to UNAIDS and counterparts within the South African government in March 2016.

The NT and NDOH are jointly commissioning five teams to conduct PHC costing studies in order to:

1. Develop a more useful, comprehensive PHC costing model that the NDOH can use to cost whole package of PHC
2. Estimate the cost of PHC as it should be delivered (normative cost)
3. Measure what is currently being spent on PHC in the public and private sectors
4. Compare the bottom-up studies with the top-down costing study of 150 clinic
5. Build on and expand the existing body of knowledge and data on health costs, including costs of specific services.

The PHC costing task teams met at the NT on February 5 to share updates and agree on ways to standardize methodologies to facilitate comparison of results. In February, HFG developed dummy tables to standardize how all the teams will present their findings, set up a drop box for all the teams and the ministries to share documents, and drafted an outline of the synthesis report that HFG will prepare once the studies are completed. HFG also worked with one of the teams to process a subcontract to fund their study.

In February, HFG responded to a new request from the mission to draft a scope of work for change management. The mission is considering technical assistance to the NDOH on change management because the NHI reforms are technically complex (e.g., new provider payment methods) and threaten the status quo (e.g., shift of health funds from provincial control). The reforms will affect how PEPFAR's district support partners operate because their local counterparts face new responsibilities and payment methods. HFG delivered a draft scope of work in January. In February, HFG participated in a meeting with the NDOH, USAID, and a local partner (BroadReach) and revised the scope of work for change management. The mission is assessing the availability of funding for change management.

In March, HFG finalized the selection of an insurance expert consultant to work with the NT over the next 12 months to contribute international expertise in health insurance to one or more of the NHI work stream groups established by the NDOH.

In Q3, for **Activity 1**, HFG's international insurance expert, Tihomir Strizrep, began his one year of short-term technical assistance, visiting Pretoria in May and June 2016. His role is to work closely with the NT to support their technical contributions to the NHI work stream groups led by the NDOH, focusing on sustaining the HIV/AIDS response. During Q3, HFG (Mr. Strizrep) delivered the following:

- Three papers to NT: e-Health and e-prescriptions under NHI; Registration of beneficiaries; Institutional settings for NHI funds
- Two presentations to the NT staff: one on international experiences and models of health financing, and another on the hospital payment system of DRGs
- Technical input to the Conditional Grant quarterly review process, and the Workstream 2 meeting on benefit package design.

HFG also worked with NT to develop a more detailed work plan for the next six months.

After Mr. Strizrep's first visit, NT said "So many insightful ideas so far. We and my health team looking forward to working with him."

For **Activity 2**, HFG facilitated the third PHC Costing Task Team meeting on April 13 at which the four teams presented preliminary results, outlined certain data collection and methodological issues, and finalized a timeline for completing the study. HFG worked with the teams to ensure that their studies are comparable and amenable to aggregation. In Q4, HFG will facilitate the final meeting and prepare a report synthesizing the Task Team's outputs.

For **Activity 3**, in Q3 (June), HFG met with Right to Care, South Africa's premier NGO for HIV/AIDS service delivery regarding their prior experience with government contracting and their new proposal for a new model of PHC service delivery in partnership with the Gauteng Provincial DOH.

In Y4Q4, HFG's insurance expert, Tihomir Strizrep, continued his monthly visits to South Africa as a technical representative of the NT. In July, he delivered a report, Institutional Settings of National Health Insurance Fund (NHIF), which described duties and responsibilities of the NHIF Units. The report paid special attention to HIV/AIDS coverage within the Basic Benefit Package, Purchasing, and Contracting of the services through disease management programs. Mr. Strizrep also did an analysis and provided recommendations for the phasing in of the Nelson Mandela Children's Hospital, and participated in a panel at the winter school on Experiments and Incentives in Health Care presented by Prof Adam

Wagstaff, where Strizrep met with Vishal Brijlal, coordinator of the NHI Workstreams. In August, HFG (Strizrep) provided practical ideas for the legal and regulatory reforms necessary to introduce new provider payment and contracting systems related to NHI. Mr. Strizrep also delivered a brief on capitation and other provider payment methods for HIV/AIDS and other services based on experience in dozens of countries. Finally, he produced a table that can be used as the template for the development of the Benefits Encyclopedia. Connor and Chaitkin delivered a briefing on the status of NHI and HFG's program to officials from the U.S. Embassy. In September, Mr. Strizrep delivered a paper on provider contracting in the public sector for Workstream 3.

HFG facilitated the fourth PHC Costing Task Team meeting on July 26. At the meeting, the study teams presented their final findings and the synthesis report. After feedback from the study teams, final revisions are being made to the deliverables. A draft synthesis report will presented to NDOH/NT in Y5Q1. The PHC CTT members would like the final synthesis report be presented and discussed at a fifth and final PHC CTT meeting in November.

The table provides additional activity-specific updates.

Q4 Challenges - It took four months for the leaders of the NHI workstream groups to start including HFG in their meetings so HFG could provide technical inputs on behalf of the NT. Requests from the workstream groups to the NT led to specific tasks for HFG which are then vetted with the NT and USAID. Inclusion of HFG in the workstream meetings will greatly facilitate HFG's ability to be responsive.

Q4 Additional Information - In August, USAID and HFG agreed that HFG would hire a local consultant, Dr. Shaidah Asmall, who is seconded to the PHC department of the NDOH. Dr. Asmall leads the national scale-up of the Ideal Clinic Model, the Integrated Chronic Disease Management, and other NDOH initiatives that support the integration of HIV/AIDS into PHC. Dr. Asmall's tenure with HFG will begin December 1.

Table 38 provides additional activity-specific updates.

TABLE 38. SOUTH AFRICA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Sustaining HIV/AIDS financing through integration of HIV Services with NHI		
Support NT's participation in NHI workstreams	HFG delivered a report on Institutional Settings of National Health Insurance Fund (NHIF). It described duties and responsibilities of the NHIF Units with special attention to the duties and responsibilities of the NHIF Units related to HIV/AIDS coverage within the Basic Benefit Package.	As of September, HFG has made significant progress in demonstrating technical value to the leaders of the workstream groups. HFG expects that the NT will receive new requests for HFG technical assistance in Y5.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Costing and revenue requirements for HIV/AIDS under NHI		
Coordinate PHC costing partners, review costing models and apply to 2-3 high quality clinics, synthesize findings from various costing models	The fourth PHC CTT meeting was held on July 26, 2016, in Pretoria with representatives of the NDOH, NT, CHAI, DNA Economics, UKZN, Insight Actuaries, Right to Care, WHO, and the HFG team. CHAI, DNA Economics, Insight Actuaries, and the UKZN team all presented their final findings and shared their synthesis report with the larger team. All study teams detailed their approach, methods, results, conclusions, and recommendations during the presentation and received feedback from the entire team for final revisions to be made to the deliverables. HFG held follow-up sessions with CHAI and DNA Economics to propose solutions to certain challenges expressed during the CTT meeting. HFG also traveled to Durban to provide technical assistance to the UKZN team, which included rectifying some missing data elements extracted from the DHIS (district health information system), and to understand their costing approach by thoroughly going through the model and clarifying assumptions. As requested by the NT/NDOH, the HFG team has continued to correspond with all study teams and followed up with agreed upon revisions to finalize the deliverables. Additionally, all revisions made contribute to the comparability of results between studies and further analyses conducted by the HFG team for the synthesis report.	A fifth PHC CTT meeting may be proposed for November 2016. All PHC CTT members expressed interest in having a final meeting that presents the results of the synthesis reports and continues discussing costing PHC service in South Africa, policy implications, and next steps. HFG has assumed lead responsibility for a report synthesizing the CTT's outputs, drawing on CTT members' findings and presenting key methodological differences and lessons learned. A draft synthesis report will be sent to the NT/NDOH in September/ October 2016 to review. The report will be amended based on their recommendations. The final synthesis report will be distributed to all PHC CTT members in October/November 2016.
Estimate additional health system costs associated with HIV in the context of shift to NHI system	In September, the NT and NDOH agreed that they should use a single costing model. The NT may contract a local firm, Insight, to develop an NHI costing model that would cover the public and private sectors.	HFG's role is not yet clear.
Activity 3: Strategic purchasing of HIV/AIDS services under NHI		
Design, pilot, and evaluate payment reform pilots in priority districts	HFG (Strizrep) provided practical ideas for the legal and regulatory reforms necessary to introduce new provider payment and contracting systems related to NHI. He also delivered a brief on capitation and other provider payment methods for HIV/AIDS and other services based on experience in dozens of countries.	The NT has asked HFG to prepare a manual for contracting.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Compare public and private HIV service costs and how to level the playing field	HFG's PHC Costing Synthesis Report (see above) will compare public and private HIV service costs.	No next steps yet on how to 'level the playing field' between public and private health sectors.
Price HIV/AIDS benefits under integrated NHI	HFG's PHC Costing Synthesis Report (see above) will provide data for pricing HIV/AIDS benefits.	

5.1.15 Swaziland

Program Objectives - The overall objectives are to ensure that:

1. Evidenced-based policies for hiring and deployment in support of PEPFAR scale-up are in place.
2. Strengthened human resources for health (HRH) workforce planning, management, and Human Resources Information System (HRIS) data use exist within the MOH.
3. Strengthened decentralized systems and structures required to provide comprehensive social welfare (SW) services exist in the country.
4. Strengthened capacity to deliver SW services is developed among the social services staff in Lubombo region.

Year 4 Activities - The project had five activities planned for Year 4:

Activity 1: Support evidence-based policies for hiring and deployment for PEPFAR scale-up.

Activity 2: Support the MOH Human Resources Unit in strengthening systems for health worker management.

Activity 3: Support the development of an enabling environment and strong systems for the delivery of social work services.

Activity 4: Build capacity for the delivery of social work services.

Activity 5: Consolidate and strengthen the SW Service Delivery System in Lubombo through NGO sub-awards.

Year 4 Progress Against Objectives - The HFG Project in Swaziland closed at the end of March 2016, and all project staff were laid off. The project disposed all project furniture, equipment, and vehicles in September 2016 according to USAID instructions.

All deliverables were completed for the HRH objectives. Some funding remained for the SW component, however, and the Department of Social Welfare (DSW) decided that the funding should be given to a sub-contractor of their choosing. The DSW selected Bantwana, a local organization that HFG previously sub-contracted as part of HFG's social work portfolio, to receive the funding. The agreed-upon scope of work is to sponsor an induction training for the 60 new social workers currently being hired by the DSW, and supporting a pilot of after-hours emergency social work services in partnership with 4Children, PEPFAR's new USAID partner. HFG is currently working with Bantwana and USAID to finalize the scope of work, and will be processing the sub-award as soon as the terms are agreed upon. The sub-award will use all funding remaining for the project.

Table 39 provides additional activity-specific updates.

TABLE 39. SWAZILAND ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Support evidence-based policies for hiring and deployment for PEPFAR scale up		
1.1 Determine and cost the HRH implications (number and skills mix) for meeting PEPFAR scale-up and targets	An HRH assessment was done covering 94 'scale-up' and 'high maintenance' sites. The number and mix of staff required to meet the PEPFAR targets was determined and compared with the number of existing staff, to determine the staffing gap and work pressure. Results of the assessment were discussed extensively with the clinical partners, PEPFAR, and relevant departments in the MOH to inform HRH staffing decisions. The assessment results were applauded by all stakeholders for providing objective HRH information to inform HRH staffing decisions in the regionalization process and PEPFAR scale-up of HIV/AIDS care and treatment services.	This activity is complete.
1.2 Standardize job descriptions, recruitment, and management and benefit package for community health workers	The job descriptions for facility-based lay cadres (cough monitors, lay counselors, mentor mothers, and expert clients) and those for phlebotomists and data clerks were reviewed and standardized across PEPFAR clinical partners. The benefit package for the lay cadres, phlebotomists, and data clerks were standardized based on the PEPFAR partner salary survey and government pay scales.	This activity is complete.
1.3 Conduct an inventory of PEPFAR salary support	A PEPFAR salary support inventory was done as part of the process for standardizing the benefit package across PEPFAR partners. The results of the assessment informed the standardization of salaries and benefits for cough monitors, lay counselors, mentor mothers, expert clients, phlebotomists, and data clerks.	This activity is complete.
1.4 Develop system and tools for recruitment and management of PEPFAR-funded positions	With technical support from the MOH legal advisor, the employment contract and service level agreement templates were reviewed to address areas of potential litigation. Employment contract and service level agreement templates finalized, disseminated to PEPFAR partners, and used by partners to engage staff during the transition period. Other partners like the Global Fund have also adopted the same tools.	This activity is complete.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 2: Support the Ministry of Health Human Resources Unit to strengthen systems for health worker management		
2.1 Improve the HRIS data completeness and accuracy and build capacity for use at the regional and facility levels	HFG worked diligently with the MOH, Ministry of Public Service (MOPS), and health facilities to validate the data in the HRIS with the staffing situation on the ground. The validation results were presented to the HRH-TWG and were commended and approved for presentation to the MOH senior management. Summary of the validation exercise: Of the 4,357 established positions, over 720 were used in responsibility centers other than those to which they were allocated, 447 were vacant, 42 were used by staff at school, and 295 were unlinked after promotion or exit from service. Sixty-five percent (2,831) were used correctly, i.e., in the responsibility center where they were allocated by the establishment register. The established positions were compared with the staff currently present to determine the filling rate (percentage current staff/established posts). The overall filling rate was good at over 82 percent and varied by responsibility center and cadre. Notably, the clinics had high filling rates of over 85 percent and yet the HRH assessment showed that the current staff is not adequate to handle the workload at that level. This is a clear testimony of the inadequacy of the staff establishment and the need to base staffing norms on workload. A number of vacancies exist and offer potential for improving staffing in the facilities; however, of the 447 vacant positions, only 133 (30 percent) are for cadres directly involved in the delivery of HIV/AIDS and TB services. Of those vacancies, 77 were in advanced stages of being filled leaving only 56 vacant: lab (16), medical officer (8), nurses (31), and pharmacy (1) positions.	This activity is complete.
2.2 Support development of a standardized recruitment process for MOH professional and support staff at the central and regional levels	Recruitment guidelines for support staff were developed in consultation with all the health administrators in the sector. The guidelines were approved and 200 copies were printed and disseminated. Guidelines for the recruitment, promotion, secondment, and retirement of professional health workers in the public sector were developed in consultation with the Civil Service Commission, MOPS, and heads of cadre under the stewardship of the HRH Management Committees and they were approved before being printed.	This activity is complete.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	Draft guidelines for the recruitment of donor-supported positions were developed and presented to program managers and other stakeholders in separate meetings. Extensive feedback was received and this will inform the finalization of the guidelines after the project period.	
2.3 Support the HRU to develop the annual HRH TWG 2016 implementation plan	The HRH TWG implementation plans were developed annually for three years. The final plan was developed during the planning retreat held on February 17-19, 2016. Over 34 multi stakeholder participants attended the retreat and participated actively in the planning process. Discussions were candid and constructive and a consensus was reached on a number of things including recommending the approval of the staffing norms which had taken more than three years to be approved. The membership, TOR, reporting and decision making structures of the HRH TWG were reviewed and consensus on areas for change reached. A detailed and evidence based HRH implementation plan for the period of April 2016 to September 2017 was developed with full participation of all members. This plan is a key milestone since it will mark the end of the HRH Strategic Plan 1.	This activity is complete.
2.4 Support the Human Resources Unit (HRU) to develop an evidence-based annual request for new positions and budget	HFG supported the MOH in preparing requests for new positions in FY 2014 and 2015. This was in response to increased need for HRH due to increasing demand for services, scale-up of services, establishment of new health facilities, and expansion of bed capacities, particularly in maternity wards. The activity was also informed by the need to absorb donor-funded positions.	This activity is complete.
2.5 Develop and produce the second annual HRH Status Report	HFG supported the development of HRH status reports two years in a row. The status reports were developed based on the updated HRIS data set. The first and second HRH status reports were developed and presented to MOH senior management by the Under Secretary for Health. The reports were also presented to the HRH TWG. The MOH advised that printing of the status report would not be necessary.	This activity is complete.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
2.6 Draft a mentoring plan for the MOH Under Secretary	Draft mentoring plan for the HRU was developed in consultation with the U.S .Administration. The plan is output based and pairs the HRH advisor with a specific unit's staff to accomplish a deliverable and ensure skills transfer. Implementation, however, was disrupted by the high staff turnover at the unit, including among the U.S. Administration.	This activity is complete.
Activity 3: Support the development of an enabling environment and strong systems for the delivery of social work services		
3.2 Strengthen Lubombo Region's Child Friendly Court	Purchase of both the roving camera system and maintenance agreement were approved and processed. The supplier fitted the roving camera in the court on Wednesday, March 16. Court staff were oriented on its use and functions. Transfer of property paperwork to the Principal Secretary (PS) MOH was completed for both the system and maintenance agreement during the final Lubombo stakeholder meeting pilot presentation and handover.	This activity is complete.
3.4 Finalize the customer service charter	HFG engaged a customer service consultant to develop a DSW customer service charter. A draft charter was developed with all of the Lubombo SWs and representatives from the other regions. The draft charter was reviewed by supervisors including the Director and OD specialist on March 2, 2016. The consultant has edited and finalized that document. The final document was handed over to DSW for onward submission to the PS DPMO for her review and approval.	This activity is complete.
3.5 Establish formal structures for collaboration between key stakeholders on social work issues at the level of the PS	The PS DPMO met with the HFG COP and social work advisor last year to initiate the collaborative process. In addition, meetings were held with the PS Ministry of Justice (MOJ) and the then Acting CJ (now confirmed). However, there have been a number of changes within the MOJ and Judiciary in the past year, which have made it difficult to achieve partner collaboration. In order for these efforts to continue after the project has ended, HFG recommends that the DSW, MOJ, and Judiciary address the following: Including other key stakeholders; police, MOH, MOLSS, and MOE Finding a suitable home for Court Intermediaries and Forensic Social Workers Training for judges to support judicial officers training Additional training and specializations in all areas and levels	This activity is complete.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
3.1aStudy tour to observe successful case management system operations	An eight-member delegation comprising DSW management, Lubombo Social Workers, government computer services, IT and M&E consultants participated in a study tour to Zimbabwe in February 2016. They observed a comprehensive case management system, including the electronic system to inform the Lubombo pilot ECMS overhaul. Information gathered from the study tour will inform the overhaul that will be completed by IHM beyond project closure in March 2016. An important result of the study tour was that the delegates became familiar with the implementation of the case management system for achievement of effective provision of child protection services (social services). The experience with the social case management system in Zimbabwe has yielded some insight that will help design new social work systems and improve existing social services in Swaziland. De-brief with the whole team of social workers in the DSW System enabled buy-in by the social workers and helped them to appreciate the system. DSW committed to this in order to bring the rest of the DSW up to speed and promote buy-in.	This activity is complete.
Activity 4: Build capacity for the delivery of social work services		
4.1 Establish and pilot a structured approach to mentoring social workers	With HFG support, mentoring guidelines and mentoring assessment tools were developed and piloted in the Lubombo region. Lubombo social workers were oriented to the mentoring tools. Individual assessments of the social workers to inform mentoring plans were conducted by Cabrini Ministries.	This activity is complete.
4.2 Provide training to Lubombo region social workers and affiliates	HFG provided training to 13 social workers over five days on basic computer skills, including MS Excel and MS Word.	This activity is complete.
Activity 5: Consolidating and Strengthening Social Welfare Delivery System in Lubombo through NGO sub-awards		
5.1 Provide Capacity Building Support to Child-friendly Court Intermediaries, Court Interpreters, Judicial Officers, and Magistrates and Prosecutors	This activity was completed by sub-awardee, CWI, and the training materials were submitted.	This activity is complete.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
5.2 Conduct on-site, home-centered needs assessments of individuals and families in the Lubombo Region	Cabrini Ministries completed this activity and submitted deliverables.	This activity is complete.
5.3 Develop and Introduce Community Case Management Framework	Sub-awardee, Bantwana, completed work and submitted deliverables.	This activity is complete.
5.4 Establish linkages between CCWs and Lubombo DSW Workforce	Sub-awardee Bantwana completed this activity and submitted deliverables.	This activity is complete.
5.5 Strengthen Referral and Coordination Mechanisms between and within Governmental and Civil Society Organizations providing Social Welfare Services in Lubombo	HFG conducted the final Lubombo stakeholder meeting on March 30, 2016 at the Siteki Hotel. All stakeholders were invited, as well as key Ministries to include the Regional Administration Office, DPMO, MOJ, and development partners that are supporting the DSW. FHI 360, a PEPFAR-funded implementing partner, approached HFG to continue the coordination and referral components. During the final meeting, a next-steps session was conducted where FHI was introduced and a meeting scheduled with stakeholders for April 2016.	This activity is complete.
5.6 Develop a SW Service Provider Referral Job Aid	After several reviews by DSW, HFG, and other stakeholders, a final directory has been completed. One hundred and fifty copies have been printed for distribution to all Lubombo stakeholders, as well as critical Ministries, e.g., Regional Administration, DPMO, Education etc. The service directory was distributed to all stakeholders during the final HFG Lubombo stakeholder meeting on March 30, 2016.	This activity is complete.
5.7 Contribute to the evidence base on social work practice service delivery models in Lubombo	A final stakeholder meeting was held March 30, 2016 where both sub awardees presented on their models and distributed their main deliverables: the service directory and job aid. In addition, HFG prepared and submitted to USAID a final report on the Lubombo pilot.	This activity is complete.

5.1.16 Tanzania

Program Objectives - HFG's overall objective in Tanzania is to continue supporting the goals of the Government of Tanzania with a focus on improving health financing in the country. During Years 1 and 2, HFG provided technical assistance to produce the Mid-Term Review of the government's Health Sector Strategic Plan III. The Mid-Term Review provided stakeholders with information on progress toward meeting health sector targets, and identified areas requiring further strengthening. The Ministry of Health and Social Welfare (MOHSW) recently used the Mid-Term Review in the development of the Health Sector Strategic Plan IV and the country's new Health Financing Strategy (HFS). In Year 3, HFG provided technical assistance to the MOHSW, Tanzania Commission for AIDS, and other stakeholders to conduct a public expenditure review that analyzes spending on HIV/AIDS by the government of Tanzania and development partners for fiscal years 2011/12 to 2013/14. The public expenditure review assessed the landscape of HIV and AIDS financing in Tanzania, and its findings are expected to inform discussions around operationalization of the country's AIDS Trust Fund. It also includes a calculation of distribution keys to further break down government, PEPFAR, and Global Fund spending to categories that are harmonized with PEPFAR Expenditure Analysis and Global Fund reporting. The public expenditure review therefore enables HIV and AIDS spending to be compared to PEPFAR EA categories. Also in Year 3, HFG provided essential technical assistance such as workshop facilitation, written inputs, and technical guidance to support the MOHSW and a consortium of key stakeholders and development partners involved in the HFS development to advance the HFS document towards finalization and approval. The HFS gives direction as to how critical goals of the ministry as outlined in the Health Sector Strategic Plan can be funded, and is the first HFS to have been developed or implemented in Tanzania's history. In Y4Q2, HFG received partial work plan approval from USAID/Tanzania to move forward with a proposed activity to support the Medical Laboratory Scientists Association of Tanzania (MeLSAT) in their efforts to increase provider participation in the online directory of medical laboratory and radiology diagnostic services while also building MeLSAT site maintenance and quality assurance capabilities. USAID had HFG cease work on a second proposed activity to assist the MOHSW to align Tanzania's Community Health Fund (CHF)/Tiba Kwa Kadi (TIKA) insurance scheme because the new USAID-funded Public Sector Strengthening Project (PS3) is supporting the MOHSW in the same technical area. At the end of the project year, based on conversations with USAID/Tanzania and the MOHSW, HFG explored opportunities and developed a Year 5 activity work plan proposing to build on the HFG cross-bureau funded "DRM for Health Workshop" by providing technical assistance to Tanzanian participants as they continue to develop and implement the DRM for health action plan they drafted during the workshop.

Year 4 Activities - Based on discussions with the MOHSW and USAID/Tanzania, HFG/Tanzania proposed two activities for Year 4 at the beginning of the year. The MeLSAT activity was approved by USAID/Tanzania (MeLSAT), and after discussions with local counterparts and USAID, the second activity (CHF/HFS) was ultimately cancelled for the reasons described above. The MeLSAT activity builds on previous support from the SHOPS project to compile a comprehensive directory of medical laboratory and radiology diagnostic services available in Tanzania. HFG activities include technical assistance to: re-test and potentially upgrade provider/user functionality and knowledge issues; make functional the distributor/suppliers section of the site that was built into the template under SHOPS; support MeLSAT to introduce the online platform and provide hands-on training and opportunities for providers to upload service profiles at MeLSAT meetings and workshops, including during Laboratory Week; and, with support from Abt's Client Technology Center (CTC), train MeLSAT technical team/site administrator(s) on maintenance and QA of the site and produce video tutorials so that the information is readily available for MeLSAT reference and training of future staff. At the end of the project year, HFG developed a Year 5 activity work plan to provide technical assistance to Tanzanian "DRM for Health Workshop" participants as they continue to develop and implement the DRM for health action plan they drafted during the event.

Year 4 Progress Against Objectives - HFG supported MeLSAT to introduce their online directory and provide hands-on training and opportunities to upload service profiles onto the directory to over 60 Laboratory Week participants from 13 regions of Tanzania. As a result, the directory is better populated with laboratory provider information/profiles from both the public and private sector, and attendees understand better how to use and the usefulness of the site. According to MeLSAT, there are currently 112 directory profile entries (32 of which are undergoing quality review from the administrator prior to making available to users). Of the 80 complete profiles that are registered labs on the directory, 57 are private and 23 are from the public sector. Nearly complete updates to the online directory will soon allow users to enter supplier profiles and search for suppliers in addition to laboratories.

Q4 Challenges - MeLSAT manages the association's website which also houses the online directory. The MeLSAT website was offline for several weeks in Q4 for reasons beyond HFG control. This delayed HFG activities such as completing enabling the supplier function, and creating video tutorials. It also affected the ability of users to access the directory to upload profiles.

Table 40 provides additional activity-specific updates.

TABLE 40. TANZANIA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Support MeLSAT to improve laboratory provider contribution of information to the MeLSAT online laboratory and diagnostic services directory		
Make additional online directory website fixes	Assisted the MeLSAT site administrator by migrating and linking the online directory to the new website hosting provider; this required restoring the database for the online directory and bringing the directory site online.	Although the website was migrated, MeLSAT is working to fix the landing page as some text is overlapping and the link to the online directory is not easily identifiable. HFG has discussed with MeLSAT how the site might better highlight a way to "click here" to enter the directory to make doing so more apparent.
Develop video tutorials on maintenance and QA of site	In Q3, HFG produced a beta version of video tutorials on-site maintenance and QA. This included creation of a system's administrator manual and script, video production, and reviews to ensure proper messaging and branding. Because the MeLSAT website was offline in Q4, finalization of the tutorials will now take place in Y5Q1.	
Make distributor/supplier section of the site functional	Completed development of the front-end graphics and supplier creation form. The supplier search functionality work is near completion.	Finish search functions, notifications to site administrators and representatives when new supplier entries are added, and conduct basic QA and bug fixing.

5.1.17 West Africa Regional

Program Objectives - For Activity 1, HFG will provide technical assistance in support of a loan guarantee program so that it can play a catalyst role to incentivize ECOBANK, a Cameroon-based commercial bank, to lend to health sector small and medium enterprise (SME) borrowers in Cameroon. Access to finance has prevented small-scale health care providers to grow and improve services, given bank collateral requirements, lack of knowledge of applying for and managing loans, and lack of awareness among banks of the private health care market. USAID's experience with guarantee programs has proven that for a successful loan guarantee program to play the expected role of facilitating access to credit by health sector SMEs, thereby allowing them to expand and improve the quality of essential health care services, these small health care providers may need support in developing bankable business plans and loan applications. The bank also needs a stronger awareness of the needs of the potential borrowers, and how best to serve those needs with appropriately structured financial products that they can realistically repay. The capacity-building effort will also build trust and confidence between borrowers and the lending institution. In Year 4, HFG will do a rapid market assessment, develop objective criteria for identifying potential SME borrowers, and organize training on business planning, financial management, and business management, focusing on the peculiar nature of private health sector enterprises and their role in the health sector. Two consultants, one regional and one Cameroon-based, has been implementing the activity with HFG headquarters' technical guidance and oversight.

Through Activities 2-4, HFG supports the USAID West African Regional Health Office (WA/RHO) in its overall objective of strengthening country commitment and capacity to achieving UHC in the following three ways: (1) enhance understanding of programs that countries have used to advance UHC goals, including lessons learned and potential roles for the private sector; (2) increase capacity for identifying gaps and opportunities in regional and country-specific approaches to achieve UHC (this included participation at the February 2016 Ghana peer-learning UHC workshop); and (3) establish lessons learned from implementing interventions that advance UHC goals in WA/RHO's focus countries and advance potential family planning outcomes within UHC programs.

Year 4 Activities - In Year 4, HFG provided technical support for preparation and implementation of the Development Credit Authority program. Activity 1 has been implemented with HFG home office guidance and technical leadership as well as deployment of regional and local experts with on-the-ground practical experience in SME capacity building, focusing on business plan development, financial management, and business management. The project deployed two consultants (one regional and one in-country) to conduct a market assessment and capacity-building training for potential health sector SMEs, and to orient ECOBANK staff, as well as to provide hands-on support for SMEs during their business plan preparation and application for credit.

Through Activities 2-4, the HFG project aims to conduct research, facilitate learning, and provide technical assistance to further knowledge around health financing and family planning strategies and policies, as well as strengthen capacity to recognize gaps, address challenges, and pursue opportunities to develop national and regional environments in which health financing can be increased and sustained in the WA/RHO.

Year 4 Progress Against Objectives –

Y4Q4: For Activity 1, HFG conducted training workshops to provide business planning support to health SMEs so that they can improve their management and be able to know how to apply for credit. HFG developed and customized training materials for the workshops, which were held in Yaounde, Douala, and Bamenda. Sixty-two participants from private clinics, health centers (both Profam and non-Profam), and technical laboratories were trained. In addition, 50 pharmacists were trained in Yaounde and Douala. The health SMEs whose staff attended the HFG training have now either applied or are under preparation to apply for a loan with ECOBANK. When they initiate the process, the HFG consultant holds one-on-one sessions with the applicant to ensure they send a successful loan application to ECOBANK. The loan process is being monitored by HFG.

HFG had a meeting with ECOBANK during which they stated their conditions for the loans. Specifically, they require that loans up to 25M XAF (US$43,000) be repaid in 24 months. Their interest rate will vary between 10 and 15 percent and collateral required will be 15 percent of the loan. It may be difficult for the health SMEs to repay the loans in 24 months. These conditions and issues will be further discussed with Ecobank. Credit applications will be submitted to ECOBANK by early October.

Some quotes from the trainees:

"We do understand all what we need to do now to be performant, just that we do not have the technical qualities to do it nor our team."

"We really thank USAID and HFG for offering us this, we are really grateful, this will really help us understand and better manage our pharmacies."

Also in Quarter 4, HFG focused on advancing the HFG regional landscape study (Activity 2) as described below.

In June-July 2016, through engagement with WA/RHO, the West Africa Health Organisation (WAHO), two senior health specialist consultants, and in-country HFG offices, HFG completed a desk-based literature review and - for the eight focus countries of Benin, Burkina Faso, Cameroon, Guinea, Mali, Niger, Senegal, and Togo - collected interview data, key stakeholder contact information, and key policy documents unavailable online. From August on, HFG has examined and synthesized landscape study data into country-level summaries and regional-level report analyses, both of which will be finalized in early Year 5.

Additionally, in collaboration with WA/RHO and WAHO, HFG began identifying opportunities to disseminate its landscape study findings and provide workshop preparation technical assistance to WAHO. HFG, WA/RHO, and WAHO agreed that HFG will participate in a regional workshop – tentatively called Regional Workshop on Fnancing UHC – in November in Togo, at which HFG will share and validate findings from the landscape study, identify the countries for the Year 5 technical assistance activity, and begin determining the types of technical assistance needed. In Q4, HFG conducted workshop coordination calls with WAHO to develop the technical content and identify logistical needs for the workshop. Using input from this workshop, and in continued consultation with WA/RHO and WAHO, HFG will define technical assistance opportunities to be carried out in one or more WA/RHO focus countries through Activity 4.

Y4Q3: For Activity 1, a Development Credit Authority program was officially launched on May 26 in Yaounde, Cameroon, to announce the partnership between USAID and ECOBANK. The program aims to mobilize up to $3.7 million of local financing in the form of loans from ECOBANK for health sector SMEs with a financial guarantee from USAID. U.S. Deputy Chief of Mission Matthew Smith and Deputy General Manager of ECOBANK Gwendoline Abunaw officially launched the program. Dr. Mbayi Kangudie from USAID/West Africa and Government of Cameroon representatives attended the event. Representatives from the medical doctors' association, pharmacists' association, pharmacy owners, and Profam clinic owners also attended the launching. The media publicized the event through print, radio, and English and French TV channels.

Following the event, two HFG consultants conducted a market assessment in Yaounde and Douala. Workshops were organized where 50 health clinic owners were introduced to the Development Credit Authority program and completed a questionnaire on their business characteristics, revenue and expenses, market conditions, credit history, and interest in obtaining credit. Twenty of the 50 clinics were Profam clinics, which provide FP/RH services with USAID support. The data from the questionnaire were shared with ECOBANK to improve the bank's understanding of the credit needs of targeted borrowers.

In the next quarter, HFG provided business planning support to the health care businesses so they will have robust loan applications and plans for improvement and expansion.

Quarter 3 focused on advancing Activity 2 as described below.

Enhance understanding of financing strategies used by countries to advance UHC goals - Starting in April 2016, HFG began the landscape study developed in collaboration with WA/RHO. The study will identify interventions that 15 countries in the West Africa region and beyond have used to finance initiatives that support UHC. Through engagement with WA/RHO, WAHO, two senior health specialist consultants, and in-country HFG offices where appropriate, HFG conducted a desk-based literature review and collected interview data, key stakeholder contact information, and key policy documents. The culmination of these activities in Quarter 4 informs technical assistance opportunities for WA/RHO focus countries.

Y4Q2: For Activity 1, scopes of work were prepared for a Senior Small Business Development Consultant (to be based regionally) and a Small Business Development Consultant (to be based in Cameroon). After review of resumes received, two candidates were identified. All the necessary preparation is completed to embark on implementation of the activity next quarter.

For Activities 2-4, in Quarter 2, HFG and WA/RHO agreed on the overall Year 4 WA/RHO work plan, specific activities, and in-region approach. Implementation of Activities 2 and 3 in the quarter is as described below.

Enhance understanding of programs used by countries to advance UHC goals - Starting in January 2016, HFG developed, in collaboration with WA/RHO, a landscape study strategy to advance WA/RHO's understanding of regionally relevant strategies and policies around health financing and family planning. To date, HFG has identified countries for the first, desk-based review phase of the landscape study and is currently developing a tool to facilitate data collection. This landscape study will allow WA/RHO to identify regional learning opportunities and country-specific technical assistance needs toward developing financial strategies, programs, and policies as well as FP/RH integration into UHC programs.

Increase capacity for learning from regional and country-specific approaches to UHC - In January-February 2016, HFG collaborated with WA/RHO, USAID Ghana, and the USAID Africa Bureau and contributed to the success of the peer-learning workshop titled "Financial Protection and Improved Access to Health Care: Peer-to-Peer Learning Workshop, Finding Solutions to Common Challenges," held in Accra, Ghana, on February 15-19, 2016. HFG organized logistics to support the participation of nine participants from the public and private sector in West African countries at the workshop. Additionally,

HFG designed and coordinated a session entitled "The Role of Private Health Insurance in UHC," the sole session focused on private sector health insurance contributions to UHC. HFG also supported the execution of a session on mobile technology at the venue and contributed written summaries for both of these sessions.

The following key messages were identified through the HFG session on potential roles of private health insurance in advancing UHC goals:

- Private health insurance can complement government-sponsored UHC programs.
- Community and private sector actors have an important role in helping to access populations.
- Mobile technology solutions can be achieved through public-private partnerships.
- Countries need legislative frameworks to create inclusive, coordinated environments.
- Private health insurance providers can drive efficiency and viability of publicly sponsored insurance programs.

Overall, engagement in the workshop facilitated a deeper understanding of the potential gaps, opportunities, and approaches to achieve UHC goals among all participants, including WA/RHO-sponsored participants from Benin, Côte d'Ivoire, and Togo. The following thematic lessons emerged:

1. Financial protection is an imperative for achieving UHC with equity.
2. Ghana's National Health Insurance Scheme and Mexico's Seguro Popular are inspiring models.
3. Commitment generation and behavioral economics are new tools that can contribute to greater effectiveness of the programs.
4. Progress in financial protection and access to care requires strong political will and changes in behaviors of providers and populations. Ghana's political leaders showed that engagement of political leaders in health system development can support progress toward achieving UHC.
5. Focusing on efficiency can promote financial sustainability.
6. Private sector can be a key partner in public reforms.
7. Intelligent health systems lie at the heart of evidence-based decisions.

HFG plans to combine these lessons learned with results from the regional landscape study (Activity 2) to provide a basis for identifying technical assistance to selected countries in the West Africa region that are working to advance their progress toward UHC (Activity 4).

Q4 Additional Information - HFG has been invited to share high-level findings from the landscape study (Activity 2) in a session on evidence sharing as part of a one-day consultative meeting on UHC and family planning. The meeting will be hosted by SHOPS Plus on behalf of USAID and the Bill & Melinda Gates Foundation on October 27.

Table 41 provides additional activity-specific updates.

TABLE 41. WEST AFRICA REGIONAL ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Technical Assistance on initiation and implementation of Development Credit Authority (DCA)		
Conduct a quick market assessment of health sector SMEs	A market assessment of health sector SMEs was conducted in Yaounde, Bamenda, and Douala.	The market assessment report will be finalized and disseminated in Y5Q1.
Develop/customize SME business training materials	Business training materials for health SMEs were developed and customized.	
Training of selected SMEs	112 participants from health SMEs, including health clinic owners and pharmacists, were trained in Yaounde, Bamenda, and Douala.	
Provide technical assistance during business plan development of selected SMEs	One-on-one sessions with health SME owners are underway and will continue in Y5Q1.	Health SME owners are expected to apply for credit with Ecobank in Y5Q1.
Activity 2: Landscape study of financing strategies to achieve UHC and their applicability to West Africa		
Conduct desk-based literature review of up to 15 countries and summarize findings	Complete.	
Engage in-region consultants to support data collection	Complete.	
In-country visits in up to five focus countries to validate and consult with stakeholders on key findings and priorities for technical assistance	In progress. HFG is collaborating with WA/RHO and WAHO to develop and participate in regional workshop on UHC at which we will share and validate findings from the landscape study. Input from the workshop will illuminate key findings and inform technical assistance priorities.	
Provide technical assistance to promote learning and advance toward UHC goals	In progress. HFG has conducted workshop coordination calls with WAHO to develop the technical content and identify logistical needs for the workshop, for which learning and advancement toward UHC goals are primary goals. This workshop is tentatively called "Regional workshop on financing UHC."	The provision of technical assistance will be informed by the landscape study report and input from key stakeholders.

5.2 Asia

5.2.1 Asia Bureau

Program Objectives - HFG's activities for the Asia Bureau focus on supporting and facilitating countries' progress toward UHC to end preventable maternal and child deaths in the Asia region. Asian nations are at various stages on the trajectory toward achieving UHC: some are in the development phases while others have begun implementing financing reforms. The Asia Bureau's goal is to build local and regional institutional capacity to design and implement smart reforms to expand access to priority services and reduce out-of-pocket health expenditures. With limited time and resources, countries and USAID missions want to take advantage of global experience and evidence to take steps that are most likely to succeed.

Year 4 Activities - HFG and the Asia Bureau are working closely with regional and local partners on five activities that simultaneously advance reforms and build capacity, as described below.

Year 4 Progress Against Objectives -

1. ***Asia Pacific Network for Health System Strengthening (ANHSS) Capacity Building:*** HFG identified ANHSS as a strategic entity to strengthen for its mission alignment, to empower health policymakers to advance health delivery through evidence, and to be a platform for knowledge sharing. The Institute for Health Policy (IHP) is a founding member of the ANHSS and the current ANHSS chair, Ravi Rannan-Eliya, works for the Institute. In Quarter 2 of Year 4, following the discussion and endorsement of the Articles of Association (AoA) by the ANHSS members at the general meeting held in Bangkok in December 2015 and following the agreement to register ANHSS as a limited liability company in Hong Kong, formal engagement of a Board-approved secretarial services company in Hong Kong was initiated to move forward on the legal incorporation process. After the Secretariat received final clearance from all ANHSS Board members, it submitted the ANHSS application for legal incorporation to the Hong Kong authorities. The application was accepted and finalized in Y4Q4. The board has held virtual meetings establishing a technical platform and developing the new ANHSS rules allowing virtual decision making. The ANHSS strategy group held an in-person meeting in Colombo, Sri Lanka, where key elements of the Strategy plan were agreed upon by members.

2. ***Implementation Research Indonesia:*** In Year 4, HFG and its local implementation research (IR) partner Center for Health Policy and Management (CHPM) at the University of Gadjah Mada, built on the groundwork laid in Year 3 and advanced the first cycle of implementation research for UHC (IR for UHC) to near completion. Throughout Year 4, HFG and CHPM worked to ensure Government of Indonesia involvement in and ownership of the IR, to focus on actionable ways to strengthen the Mandatory Health Insurance Scheme (*Jaminan Kesehatan Nasional*, JKN) policy and implementation, to build capacity around IR, and to instill a collaborative and sustainable IR process. Specific activities included:

    - Ongoing formal and informal engagement with the primary government counterpart for the IR for UHC activity – the MOH Center for Health Financing and Health Security (PPJK);
    - Capacity building on IR among stakeholders through an IR for UHC technical working group at the national level and through individual consultations at the district level;
    - A two-day workshop in Jakarta in February 2016 to launch the first cycle of IR that involved 65 participants including representatives from USAID, HFG, national-level ministries (MOH, Ministry of Home Affairs, Bappenas), provincial and district-level organizations (provincial and

district health offices, and *Badan Penyelenggara Jaminan* (BPJS), which manages JKN), and local university partners in the five selected provinces;

- Consensus-building on the focus of the first cycle of IR: how JKN and other regulations relating to primary care – JKN and others – are being understood and implemented at the district level;
- Development of a three-phased strategy for the first cycle of IR: 1) mapping of JKN and other regulations affecting primary care based on desk research and expert consultations; 2) qualitative fieldwork in five districts exploring issues around the implementation of JKN regulations on primary care; and 3) analysis and develop of actionable recommendations to feed into multi-stakeholder discussion of how to strengthen JKN policy and implementation;
- A week-long training in May 2016 of 25 field supervisors and interviewers from CHPM and their university partners in each district;
- Completion of qualitative research in five districts in July 2016: Jakarta Timur City (DKI Jakarta), Jember (East Java), Tapanuli Selatan (North Sumatera), and Jayapura City and Jayawijaya (Papua);
- Engagement of PPJK and district stakeholders in discussion of the preliminary findings of the first cycle of IR; and
- CHPM creation of a website Indonesia Implementation Research for UHC (http://indonesia-implementationresearch-uhc.net/).

HFG and CHPM are now collaborating on the analytical outputs from IR cycle 1, which will include a comparison of findings across districts, along with overarching findings, implications, and recommendations. HFG is supporting CHPM and PPJK to host a learning workshop in Y5Q1 to engage national and district stakeholders in discussion of the cycle 1 findings, development of actionable recommendations, and identification of priority research questions for IR cycle 2.

3. ***Implementation Research Myanmar:*** Simultaneous with the start of Quarter 3, the first freely elected government (after many decades of military rule) took office. To provide guidance to the incoming government, the winning party's National Health Network (NHN) prepared a "Program of Health Reforms – A Roadmap Towards Universal Health Coverage in Myanmar (2016 – 2030)." The program recommends that IR be institutionalized to support implementation of the reforms. In his inaugural speech delivered to health professionals on April 1, 2016, the new Minister of Health, Dr. Myint Htwe, explicitly highlighted the importance of IR twice. This is encouraging, and we believe that HFG's past efforts to promote IR for UHC in the country may have contributed to these positive changes.

   Good progress was made during Quarter 3 in building implementation research into the PSI project:

   - A causal model has been developed for the project; interestingly, the development of the causal model itself raised numerous questions around some of the design choices that had been made and led to improvements in the design.
   - A long list of research questions was derived from the causal model; some of these questions will need to be looked into as part of the project's evaluation, while other are perfect candidates for the IR that will accompany the project.
   - A tentative timeline for the project has been prepared.

While these three products will need to be further developed and improved as the project unfolds, they already provide a strong basis for the preparation of the IR. Based on the tentative timeline, actual implementation of the project, whereby capitation payments start flowing to selected GP clinics, will only start in October 2016. Yet, many critical preparatory steps need to be accomplished prior to that. Each will require a considerable amount of information on the context. In this preparatory phase, IR will help get a better understanding of these and other contextual factors and how they influence the choices that are made. Not only will this understanding result in a stronger design and a more effective implementation, it will also be extremely valuable for the future roll-out. Another important next step is to get the MOH and other key stakeholders involved in the implementation of this project on board for the IR.

Progress made during Q4: While waiting for the official government approval to implement the PSI demonstration project, good progress has been made in its preparation. This includes:

- Selection of the project sites in Yangon Region
- Selection of GP clinics that are part of the SQH network and that are willing to participate in the experiment
- Definition of the actual benefit package
- Determination of the payment arrangements (i.e., the capitation amount and the performance-based incentives)
- Design of a mechanism to identify and possibly target the poor

For each of these preparatory steps, IR is contributing to a better understanding of relevant contextual factors and how these factors influence the choices that are made. At the same time, some of these tasks help define and narrow down the focus of the IR to be conducted during the project's implementation phase.[3]

While this demonstration project has a limited duration, it is only the first step in the long process of engaging the private sector in the delivery of the Essential Package of Health Services. Rather than focusing solely on this demonstration project, a long-term perspective is being adopted from the start. This translates in the development of a scale-up plan and the accompanying early establishment of a *Scale-Up Management Team*. Having a dedicated team with a clear plan in place will contribute to securing buy-in from the different stakeholders and to getting them to agree on next steps and on their respective roles and responsibilities. The members of the *Scale-Up Management Team* are to represent the different key stakeholders, including the Ministry of Health and Sports (MoHS), University of Public Health, Department of Medical Research, the Myanmar GP society, development partners, and civil society. Many potential members have been approached during Q4 and most have shown interest in being part of this team. This team which will overlook the IR: it will be involved in defining relevant IR questions, identifying suitable research methods to investigate those questions, and acting on IR findings. It will be well positioned to learn from the demonstration phase and support replication and expansion. It will

[3] A good example is the determination of the provider payment arrangements. In this demonstration project, capitation payments will be combined with performance-based incentives (PBI). To the extent possible, the latter will compensate for the weaknesses of the former. The starting point for the development of the PBI system is therefore to think carefully about what those weaknesses are. Where do capitation payments fail to introduce (sufficient) incentives to motivate desired behaviors, and where do they actually introduce perverse incentives? The next step is then to assess whether and how PBIs can help better align the incentives. This exercise has resulted in a long list of anticipated changes in the behavior of service providers, some but not all of which expected to be influenced by PBIs. Whether or not these anticipated changes are observed in reality is an important question that IR will help investigate. The findings can then guide periodic revisions to the payment arrangements.

also be able to formulate recommendations relating to the future take-over of the purchasing function by a government entity.

HFG will seek IRB approval for both the evaluation and the IR components of the demonstration project as soon as it has received the formal approval to implement this project.

Since mid-August, USAID has requested all HFG activities implemented in Myanmar to be put on hold until USAID/W and the USAID mission in Myanmar have received the necessary approvals.

4. **Rapid Health System Assessment for Timor-Leste:** In Y3Q3, USAID directed HFG to conduct a rapid health system assessment (RHSA) of the National Health Sector Strategic Plan for Timor-Leste. The key goal of the assessment was to assist USAID in identifying key opportunities to provide strategic support to strengthening the Timor-Leste health system. HFG paid particular attention to recommendations concerning the financial sustainability and improved health service delivery while pursuing UHC.

   In Y3Q4 HFG worked with USAID and the USAID Timor-Leste mission to refine the scope of work to align with the expectations and budget of the client. In consultation with the client, HFG developed a work plan and did a literature review of recent relevant government and external policy documents. In addition, two HFG technical leads traveled to Timor-Leste for an in-depth assessment and to conduct interviews with key officials.

   After the TDY, a trip report, a final literature review, and a final assessment report focusing on practical recommendations for USAID and the MOH were produced in Y4Q1. In Q2 (late March 2016), HFG shared the revised report with USAID. The report is currently in final editing and formatting.

5. **Reshaping the Agenda to Support Achieving UHC in Asia:** Following the successful Asia Regional Flagship Course on Health Systems Strengthening and Sustainable Financing: The Challenge of Universal Health Coverage in March 2014 and April 2015, in Y4Q1, HFG, USAID, and the World Bank decided to hold a week-long curriculum development workshop in Y4Q3. The workshop brought together course faculty and experts from the Asia region as well as the Global Flagship Course to discuss ways to improve the curriculum and content of the course. Current data and evidence on UHC and health systems performance were incorporated into the flagship course, and in Y4Q4, all logistics, management and communication with participants were completed. The flagship course will take place in Siem Reap, Cambodia, on October 3-8.

6. **Joint Learning Network Collaboration:** Following discussions with USAID, the JLN collaboration activity to build on collaborative work is already underway in the JLN focusing on engaging private primary health care providers and the creation and use of the "Advice to implementers from Implementers" tool. In Quarter 4, HFG financed the participation of delegates from Cambodia and Myanmar at the global JLN meeting as well as collaboration with IR 1 Cross Bureau. It also initiated the conversation with the JLN on collaboration on public stewardship and private sector involvement in achieving UHC. Further, HFG supported the JLN in sending a representative to the ANHSS course on private sector and UHC to be held on the first week of October 2016, enabling further collaboration among the two networks.

7. **New Activities:** In Year 4 Quarter 4, HFG held discussions with USAID on possible new activities supporting broader engagement in the Asia Region. The first new activity proposed is to document and share lessons learned and targeted technical assistance on the governance of quality in health care to countries in as the Asia region such as Malaysia, Philippines, and Cambodia. This would result in the contribution of global literature on the governance of quality in health care, and documented lessons from Malaysia and the Philippines. Finally, a scope of work is being developed to identify an assessment of tuberculosis financing in Kazakhstan.

Table 42 provides additional activity-specific updates.

TABLE 42. ASIA BUREAU ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Revision Asia Network for Health Systems Strengthening (ANHSS) Capacity Building		
Sub-award for Asia Flagship Course logistics and management	Completed sub-award allowing ANHSS to manage the Asia Flagship Course in Siem Reap, Cambodia, on October 3-8, 2016.	Sub-award completed and implemented.
ANHSS incorporation	ANHSS Ltd. Has been incorporated with initial directors appointed. Application for tax exemption submitted to authorities.	Board has conducted virtual meetings and will continue to define the rules and future steps. Next steps include obtaining charitable/non-taxable status.
ANHSS board meeting and strategic business plan approval	In-person meeting held in Colombo to discuss key elements of the strategic plan agreed on by the group and decide who the directors of ANHSS will be.	Strategic business plan approved by Board with minor revisions to be finalized early October.
Delivery of UHC Flagship Course	Asia Regional Flagship course logistics underway, finalization and all planning conducted for the October 3-8 course.	Flagship course will be held October 3-8 in Siem Reap, Cambodia.
Activity 2: Indonesia Implementation Research on UHC		
IR Cycle 1 in five districts and analysis deep dive of findings	The first cycle of IR had three phases: a mapping of JKN and other regulations on primary care; fieldwork in five districts exploring issues around the implementation of JKN regulations on primary care; and development of policy recommendations. Phases 1 and 2 have been completed and Phase 3 is underway. CHPM has produced preliminary findings based on the fieldwork and is holding consultations with the district stakeholders who took part in the research, and with their university partners, in order to confirm and flesh out the findings.	Results and recommendations from IR Cycle 1 will feed into ongoing national policy discussions on JKN and will shape a workshop in Y5Q1 with national and district stakeholders who will develop recommendations to strengthen JKN and informing the second cycle of IR. Challenges include ensuring constructive discussion across national and district-level stakeholders and achieving consensus on actionable measures to strengthen JKN.
IR Cycle 2 and analysis of results	Not yet started. National and subnational learning from the first cycle of IR will shape the research priorities and questions for the second cycle of IR, which will take place in Year 5.	We anticipate the second cycle of IR will begin after the deep dive workshop in Y5Q1, with results and analysis finalized in Q3.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Myanmar Implementation Research on UHC		
Diagnosis of the situation and exploration of potential IR opportunities	IR opportunity identified (the PSI demonstration project that focuses on the purchasing of a package of essential services from private GPs).	PSI is still waiting for the official approval from the MoHS.
Identification of initial focus of IR	IR already being conducted to strengthen project preparation. Potential IR questions for the implementation phase have been formulated.	As long as the *scale-up management team* (see below) has not been established, active involvement in the IR from stakeholders other than PSI is limited.
Concept note on IR drafted	HFG's role in the PSI demonstration project is reflected in the project's advocacy document.	Waiting for USAID mission's agreement to have USAID and HFG logos added to the document.
Stakeholder mapping	Key stakeholders have been identified.	At present, the MoHS does not have a dedicated person or team in charge of UHC in general, or private sector engagement in particular. The officials who are most influential in these areas have been identified.
Stakeholder consultation	Potential members of a *scale-up management team*, which will oversee the IR during project implementation, have been approached.	Formal establishment of the *scale-up management team* is awaiting MoHS approval for the PSI demonstration project.
Build the capacity of local stakeholders in the area of UHC	Any opportunity is being used to sensitize key stakeholders on UHC in general and on the role of purchasing in engaging the private sector in particular.	This is a continuous effort that goes beyond simply sharing information. It requires a change in mindset, which takes time and effort.
Implementation of IR with at least one full cycle of learning	While IR is already helping strengthen the design of the project, proper cycles of learning (with full involvement from key stakeholders) will only start during the project implementation phase.	
IRB approval	IRB approval has not yet been obtained.	Request for IRB approval can only be submitted after official MOHS approval of the PSI demonstration project.
Activity 4: Reshaping the Agenda to Support Achieving UHC in Asia		
Asia Flagship Regional Course – October 3-8, 2016 (Siem Reap, Cambodia)	All logistics, planning, and communications took place during Y4Q4 to enable the Asia Regional Flagship course to be held in October.	

5.2.2 Bangladesh

Program Objectives – In Years 1, 2, and 3, the HFG/Bangladesh project focused on supporting the goals of the Government of Bangladesh's Health, Population, and Nutrition Sector Development Program (HPNSDP) through a multi-pronged technical assistance approach: 1) HFG worked with USAID implementing partner Pathfinder of the NGO Health Service Delivery Project (NHSDP) to support the Smiling Sun NGO network to better achieve its mission of serving the poor and underserved with a focus on enhancing quality and long-term sustainability of the network, thereby improving access to health services as well as health outcomes. The NHSDP project supports the delivery of primary health care through a nationwide network called *Shurjer Hashi*, or "Smiling Sun." The network consists of more than 25 local NGOs, more than 300 static clinics, 8,800 satellite clinics, and 6,300 community service providers; 2) HFG provided technical assistance to the Health Care Financing Resource Task Force and to the Ministry of Health and Family Welfare (MOHFW) Health Economics Unit (HEU). These organizations are working together to implement the country's Health Care Financing Strategy (HCFS); 3) Beyond the health sector, HFG collaborated with UNICEF, the Ministry of Women's and Children's Affairs (MoWCA), the Ministry of Social Welfare's Department of Social Services, and NGOs and local Child Protection Services Committees to complete a final report summarizing what has been learned about the short-term effects of the cash transfer program on delaying the age of marriage and presence of social norms around child marriage. In addition to the presentation of findings, the report provided recommendations to UNICEF to strengthen the M&E approach and the program.

In Year 3, HFG work in Bangladesh built upon previous years' investments and continued to support implementation of the country's HCFS in a focused way that transforms health care financing in Bangladesh so it can achieve UHC. In our approach, both the NGO and formal sector were addressed, and HFG's work was complementary to support provided by other development partners (e.g., World Bank, SIDA, GIZ, KfW, WHO), and collaborative as in the case of the World Bank and GIZ activities.

Year 4 Activities - In Year 4, HFG will continue to support the implementation of the HCFS and issues identified in the draft HNPSIP in a focused way that provides transformational change in health care financing in Bangladesh and progress toward UHC. UHC is a key target in SDG 3, which Bangladesh has committed to achieving. Furthermore, the Year 4 work plan mirrors priority focus areas highlighted in the Health Financing Assessment (HFA) and the draft HNPSIS's strategic objectives 3, 5, and 8 (as listed in Section 1 above). This work plan is conceived with a two-year strategy, spanning HFG Years 4 and 5, though a budget is provided only for Year 4 activities. HFG's approach will be concrete and complementary to the support being provided by other development partners (e.g., World Bank, WHO, GIZ, KfW, DFID). On Activities 2-4, HFG will work closely with the HEU and MOHFW and in collaboration with WHO and the World Bank.

In Year 4, the HFG Bangladesh project work covers the following four activities.

Activity 1: Support the USAID Bangladesh HFA. USAID identified the need for a HFA to identify focus areas for USAID support in Bangladesh's journey toward UHC. HFG was requested to support and participate in the HFA.

> **Activity 1.1. Participate in the HFA and co-author the report.** HFG supported USAID to conduct an assessment and co-authored with USAID the HFA report, "Universal Health Coverage and Health Financing in Bangladesh: Situational Assessment and Way Forward." This assessment was conducted in Y4Q1 (October 2015) to identify focus areas for USAID support to Bangladesh's journey towards UHC. It also informs HFG's work plans for Years 4 and 5.

Activity 2: Raising national UHC awareness through communication. USAID's HFA in Y4Q1 identified this as the first focus area for USAID support. As a new activity in Y4, an important approach was to first define the key messages, expected outcomes, and targeted stakeholders. This was done with a core group of experts and will build on the experience and lessons learned from partners and HFG global experience. The core group of experts, as well as trainers for the courses and orientation sessions, are drawn from the James P. Grant School of Public Health (JPGSPH) at BRAC University, Institute of Health Economics at Dhaka University, icddr,b, and elsewhere. This activity is conducted in partnership with the HEU, WHO, and the World Bank.

Activity 2.1. One-day and half-day orientation sessions on UHC. The general objective is to build awareness on core concepts of UHC including its scope for different stakeholders. A total of 6-8 orientation sessions for up to 25 participants each will be delivered. Customized materials, based on the target audience, are being developed with input from the core group of experts.

Activity 2.2. Short courses on UHC and the World Bank Flagship course. Short courses (three-day or five-day based on participants) are envisioned to provide core technical concepts on UHC. As mentioned in the introduction to Activity 2, exact lists of participants and key messages will be identified with a core group of experts, partners and collaborators. One of the courses is expected to be offered to USAID staff and implementing partners. Curriculum for the course will be developed with the core group of experts. This activity will build on the existing five-day course on UHC offered by JPGSPH. It will also draw on the global Flagship course. Three courses for up to 25 participants each will be delivered. In addition, HFG supported the Bangladesh version of the global Flagship course, "Bangladesh Flagship Course on Health Systems Strengthening and Universal Health Coverage", offered in Cox's Bazar in May 2016, in partnership with the HEU, WHO, and the World Bank.

Activity 2.3. Other UHC communication products. Potential products include policy dialogues, talk shows/debates on TV/radio, and articles in print media. As mentioned in the introduction to Activity 2, types of products, key messages, and target stakeholders will be identified with a core group of experts and partners. In Year 4, the focus will be on designing and testing the products. In Year 5, the products may be rolled out more broadly.

Activity 3: Support capacity building and institutionalization of Health Accounts (HA), including production, dissemination, use of Bangladesh National Health Accounts-Five (BNHA V) estimates for policy, and planning. This activity is being done in collaboration with WHO and the World Bank.

Activity 3.1. Support stakeholder engagement

- Support BNHA Cell Chair to reconvene Steering Committee
- Support expanded scope of the Steering Committee for policy discussion, to define policy questions for BNHA-V, and to use BNHA-V for health sector planning and policy
- Provide technical materials
- Facilitate policy discussions (prior to and post production)
- Facilitate presentation by BNHA Cell Chair (Director General/HEU) of HA process and policy relevance to development partners consortium
- Engage stakeholders on use of HA results in sector development and monitoring.

Activity 3.2. Strengthen capacity for HA process

- Planning
- Assist HEU/BNHA cell to update work plan
- Develop capacity development for HA production
- Participate in coordination meetings for routine HA work
- Test HAPT with government data
- Provide technical assistance for HA primary data collection (review of instruments and results)
- Facilitate HAPT workshop using government data
- Provide technical assistance to data analysis, validation. and generation of tables using HAPT including breakdown of spending by disease/priority areas (FY 17). Assuming funding in FY17, it is proposed that this activity be continued to support data analysis and the production of HA tables for BNHA-V. (Not budgeted in work plan for FY16.)
- Support drafting of HA report (FY 17). Assuming funding in FY17, it is proposed that this activity be continued to support the final report of BNHA-V. (Not budgeted in work plan for FY16.)

Activity 3.3. Support dissemination and use of BNHA-V estimates for policy and planning (FY 17). (Assuming funding in FY17. Not budgeted in work plan for FY16.)

- Support preparation and use of press releases, policy briefs, and policy dialogues
- Facilitate dissemination
- Support working sessions on use of data for policy and planning.

Activity 4: Costing of Essential Services Package (ESP) with support for capacity building and institutionalization of health costing. This activity will be in done in collaboration with WHO.

Activity 4.1. Support stakeholder engagement in institutionalization of health costing and policy discussions on use of costing estimates for policy and planning.

- Determination of use of ESP costing results
- Policy discussion on use of costing estimates for policy and planning

Activity 4.2. ESP costing.

- As agreed upon by USAID and WHO, HFG will provide technical assistance for this activity, primarily with international experts, on the OneHealth Tool. WHO will provide local costs, including venue and other costs for training, and local consultants and data collectors who will compile the data, input into the OneHealth Tool, and draft the report.
- OneHealth Tool training
- ESP costing using the OneHealth Tool including verification

Activity 4.3. ESP costing dissemination. Assuming funding in FY17, it is proposed that this activity be continued to support further dissemination, preparation of policy briefs, and use of the ESP costing estimates for policy and planning.

- Presentation of ESP costing results
- Policy discussions
- Development of briefs and analysis (Not budgeted in work plan for FY16.)

Year 4 Progress Against Objectives -

Activity 1: Early in Y4Q2, under Activity 1, HFG provided the final formatted HFA report, which had been written in Q1. This report formed the basis for developing HFG's Year 4 work plan. Much of Q2 was spent finalizing that work plan, based on discussions and feedback from the mission. HFG received mission concurrence on the work plan on March 15, 2016.

Activity 2: In Y4Q2, Activity 2 was initiated after approval of the work plan. HFG initiated the work order with its regional partner, JPGSPH, which is leading the implementation of the activity. A core expert group was identified to support Activity 2 design and implementation. The inception meeting was held on April 5, and a two-day workshop was held on April 27-28 to develop a list of activities, key messages, target audience, and implementation strategies. JPGSPH developed the half-day and one-day session contents in Y4Q3. A third core expert group meeting took place on June 23, 2016 to review the contents for half-day and one-day orientation sessions for different target audiences and a video developed for orientation of UHC. Based on this feedback, materials were revised and updated in early Y4Q4.

Further, HFG with the World Bank and WHO sponsored a Bangladesh version of the Global Flagship course titled "Bangladesh Flagship Course on Health System Strengthening and Universal Health Coverage." The course, to orient participants to UHC core technical concepts, was offered on May 8-12 in Cox Bazar, and was attended by 44 participants. The course was designed for policymakers and mid-level government technical officers in the health and other relevant sectors, as well as representatives and senior officials of public service provider organizations, the private sector, civil society organizations, media, and development partners in Bangladesh. WHO and the World Bank supported three international trainers for the course; HFG supported local experts to customize the course to the Bangladesh context and co-teach the course with the international trainers. The course went very well with participants engaging well and with good daily and overall course evaluation. There is interest in supporting the course again in Bangladesh.

In Q4, JPGSPH completed four orientation sessions with senior government officials (multiple ministries), the Directorate General of Family Planning (DGFP), senior executives of professional bodies (doctors) including Bangladesh Medical Association, and senior executives of professional bodies (non-doctors) including Allied Professional Bodies (please see table below for details).

- At the time of this reporting, evaluation scores from two of the four orientation sessions were available. Overall usefulness of the session was scored at 4.4 out of 5 for the sessions at the Ministry (for senior government officials) and at DGFP. Average score across the evaluation questions was 4.2 for the session at the Ministry and 4.0 for the session at DGFP. Participants found the overview of UHC to be most useful and recommended more participatory and discussions to improve the sessions for the future.

Activity 3: Support institutionalization of BNHA, including dissemination and use of BNHA estimates for policy and planning: Following the visit of an HFG team to Dhaka during Q2, the HA team continued to work remotely with the BNHA cell and to prepare for the HAPT offered in Q3 (May 29-June 2, 2016). The team shared and discussed the workshop agenda and approach with the BNHA cell. Resident country manager Mursaleena Islam engaged extensively with the BNHA cell and WHO, which co-sponsored the workshop.

- HAPT training took place as planned and had 19 participants; 8 from MOHFW, 5 from the Institute of Health Economics of Dhaka University, 2 from DI, and one from icddr,b. Participants were engaged and enthusiastic.
- As per the participant evaluation, 100 percent of participants felt the workshop met their expectations and all the objectives were met. On the scale of 5, the average score for trainer/facilitator of all sessions from day 1 to day 5 was 4.6 with the highest on days 3 and 5 (4.7) and the lowest on day 1 (4.3). The participants rated the overall usefulness of the workshop at 4.8 and the extent to which the workshop improved their understanding of the HAPT at 4.3. Overall the participants found the HAPT is really effective and they are looking forward to using it for disease-specific HA analysis in Bangladesh.

Activity 4: HFG continued planning for a detailed ESP costing using the OneHealth Tool, including discussions with WHO and the HEU to coordinate support. Discussions continued with HFG partner Avenir Health to provide technical support on the use of the OneHealth Tool for ESP costing. The work order with Avenir Health was finalized. HFG also initiated discussions with WHO and the HEU regarding a policy dialogue on bringing together the various health sector costing studies, as well as how the ESP costing analysis will be used for policy and planning. WHO is going to support the data collectors whom it will need to contract.

In Q4, HFG finalized discussion on the ESP with WHO and the HEU, and co-sponsored, with WHO, a half-day "*Dissemination and Experience-Sharing on Costing Studies in Health*" on September 22, 2016. This event was attended by over 50 participants from government, UN agencies, research institutions, and development partners. The five-day training on the OneHealth Tool to cost the ESP was held September 24-28, 2016. This training was led by HFG partner Avenir Health and had 24 participants from HEU, the Institute of Health Economics and the Economics department of Dhaka University, iccdr, b, as well as development partners. The last day of the training was dedicated to planning for the use of the tool for a detailed costing of the ESP. The ESP costing is expected to start in Y5Q1 (assuming WHO contracts the consultants on time) and preliminary results are expected in Y5Q2.

Additional funding from Cross Bureau IR 1 was used to support a Bangladesh team of four individuals (two from the HEU, one from the Directorate of Health Services, and one from the Institute of Health Economics) to attend the workshop on "Domestic Resource Mobilization for Health: Getting Health's Slice of the Pie" on September 1-2, 2016. Also, Bangladesh was invited to attend a JLN conference in Kuala Lumpur as well as training on the OneHealth Tool, both supported by core funds.

Q4 Challenges - Health Accounts: Despite numerous attempts, the BNHA cell has not taken up HFG's offer to support the use of the HAPT, or review the HA process. Following discussions with USAID, HFG is closing this activity.

ESP costing: WHO has had some difficulties contracting an organization to support the ESP costing. HFG assisted in the drafting of updated TORs for the second RFP. The second RFP will be tendered soon and WHO expects that the procurement process will be completed by November 2016. This has delayed data collection and thus the generation of ESP costing estimates and report.

Table 43 provides activity-specific updates.

TABLE 43. BANGLADESH ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Support the USAID Bangladesh Health Financing Assessment		
Participate in the health financing assessment and co-author the report	Completed in January 2016.	
Activity 2: Raising National UHC Awareness through Communication		
Orientation sessions on UHC	Four (4) orientation sessions were completed in Q4 • Senior government officials at MOHFW Conference Room, 11 August, 2016. 33 participants (excluding organizers and facilitators) • DGFP officials at DGFP, 16 August 2016. 39 participants (excluding organizers and facilitators) • Senior officials of professional bodies (doctors) at BMA Bhaban, 6 September, 2016. 47 participants (excluding organizers and facilitators) • Senior officials of professional bodies (non-doctors) at BMA Bhaban, 27 September, 2016. 34 participants (excluding organizers and facilitators).	
Short courses on UHC and Flagship course	Flagship course completed in May 2016. Short courses planned for Y5-Q1.	
Other UHC Communication Products	Policy discussions planned for Y5 Q1.	
Activity 3: Support Capacity Building and Institutionalization of Health Accounts		
Support stakeholder engagement	Canceled by HEU.	
Strengthen capacity for HA process	Health Account Production Tool training completed in Q3 (May 29-June 2, 2016)	
Support dissemination and use of BNHA-V estimates for policy and planning (FY17)	Canceled based on discussions with the BNHA cell	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 4: Costing of Essential Services Package (ESP) with support for capacity building and institutionalization of health costing		
Support stakeholder engagement in institutionalization of health costing and policy discussions on use of costing estimates for policy and planning	Experience Sharing and Dissemination of Costing Studies workshop held in Q4.	Follow-on meetings and workshop will focus on ESP results.
Essential Service Package costing	Training on use of OHT for ESP costing.	Support to use of the tool for ESP costing will be contracted by WHO.
ESP Costing Dissemination	FY17 Q2 or Q3	ESP costing using OHT will take place during FY17 Q1, assuming WHO contracts the local consultants for data collection, data entry for ESP costing. Final report is expected to be produced Q2.

5.2.3 Cambodia

Program Objectives - Achieving UHC is a primary objective of Cambodia's ongoing social protection reforms. The Ministry of Health, Ministry of Labor and Vocational Training, and Ministry of Social Affairs, Veterans and Youth Rehabilitation are independently working to develop social protection schemes to expand health insurance to different sectors of the population. All of these schemes aim to reduce out-of-pocket payments for medical care and reduce the risk of Cambodians being impoverished by health expenses. However, the various ministries are not coordinating with each other, leading to duplicated efforts that create unnecessary complexity and waste that could have a negative impact on health system performance.

The Royal Government of Cambodia recognizes the potential issues with its social protection reforms and has requested that a technical working group, led by the Ministry of Economy and Finance (MOEF), oversee and coordinate the reform efforts. However, the MOEF does not have expertise in health financing and needs training and capacity building to successfully create an integrated strategy for achieving UHC. Lack of financial resources is Cambodia's other main barrier to implementing and scaling up social protection programs. The Royal Government of Cambodia currently dedicates only 1.4 percent of gross domestic product to health care and international donor funding is declining rapidly.

Responding to these challenges, the HFG Cambodia program's objectives are to build the MOEF's capacity to carry out its functions of coordinating the social health protection reforms, and to support the MOH in its efforts to overcome barriers to increasing resources for health. HFG will specifically support the MOH in its efforts to: improve efficiency and change the MOEF's perception that the MOH does not manage its resources wisely; develop health financing and UHC indicators that would allow the MOH and MOEF to monitor the impact of health financing interventions; and develop high-quality, up-to-date HIV expenditure information to serve as a baseline for a strategy for mobilizing domestic resources for funding HIV programs.

Year 4 Activities - The HFG Cambodia country program is engaged in four specific activities to achieve its objectives:

- Building the MOEF's expertise in health financing through a series of workshops that teach MOEF personnel about international experiences designing and governing social protection and health insurance programs. HFG is also providing assistance to the MOEF through targeted policy briefs to answer specific health financing questions. Improving the MOEF's expertise will increase the likelihood that Cambodia's social protection reforms will lead to a simpler, more efficient, and more comprehensive strategy for achieving UHC.
- Developing health financing and UHC indicators and collecting baseline data to help the MOH and the MOEF understand Cambodia's current financing landscape, how it compares with other countries, and which UHC goals are realistic. The ministries will use the indicators to develop an M&E plan that will allow them to track progress on these goals.
- Strengthening communication between the MOH and MOEF by conducting a workshop on strategies for improving the efficiency of health spending. The sessions will create a shared understanding of the resources needed for the health sector and mechanisms for improving efficiency.
- Conducting a National AIDS Spending Assessment (NASA) to provide Cambodia's National Center for HIV and AIDS, Dermatology, and STDs (NCHADS) with up-to-date HIV expenditure information that it can use to redesign its HIV and AIDS policies to improve efficiency and access, and advocate to the MOH and MOEF for additional funding.

Year 4 Progress Against Objectives - While Year 4 began in October 2015, HFG only started implementing Activity 1 in December 2015 and Activities 2-4 in March 2016. Nonetheless, HFG made significant progress on all four activities through September 2016. To support the MOEF in designing a strategy for UHC, HFG facilitated a half-day "Global Evidence Summit" on health financing arrangements in other countries (Q1); held capacity-building sessions on health economics, health financing, and UHC for the working group for social protection (Q2; Q3); produced a document highlighting health financing questions that Cambodia will need to address with its social health protection strategy (Q2); presented materials highlighting global case studies and evidence on health financing issues (Q2; Q3); and developed a report on cross-subsidation of health insurance (Q4). The MOEF has requested a third capacity-building session in November and additional technical briefs (i.e., provider payment systems and reinsurance). HFG's support has strengthened the MOEF's knowledge of health financing and increased the likelihood that the ministry's social protection strategy will be effective for integrating the country's various efforts to provide health coverage to disparate sectors of the population.

HFG developed a draft of UHC and health financing indicators for monitoring and evaluating Cambodia's health financing strategy (Q2; Q3). The HFG team submitted a report of these indicators and baseline data to the MOEF and MOH for review (Q3). HFG also held a meeting to discuss the indicators and baseline data with the MOEF; the MOH was invited but did not attend (Q3). The MOEF indicated that they would invite the MOH to meet and discuss the indicators, which would be facilitated by HFG, but to date the MOH has not responded to this request. Instead, in July the MOH published a very high-level set of UHC indicators without HFG or development partner input (Q4). It is unclear whether they are willing to solicit HFG input. If not, HFG and the MOEF may instead work with the social health protection working group. This group would use the indicators to shape the country's health financing strategy and monitor progress on such reforms.

HFG learned that inefficiencies across the health care system were of critical concern for the MOEF and MOH. Both ministries were keen to understand sources of inefficiencies in Cambodia and identify strategies for addressing them (Q2). In August, HFG submitted an efficiency report to the MOEF (Q4). Specifically, the report highlights how efficiency is defined and measured, common sources of inefficiency, how health financing impacts efficiency, and options for improving efficiency in Cambodia. HFG presented findings from the efficiency report to the MOEF, which expressed considerable interest in the topic, findings, and options (Q4). The MOEF has agreed to host an efficiency workshop in October or November. Once a date has been agreed upon, the report and workshop dates will be sent to other ministries and development partners. While the MOEF supported many of the options presented in the efficiency report, HFG cannot implement them or other strategies until the workshop takes place.

Finally, HFG has nearly completed the 2014-15 NASA. In Q2 and Q3, HFG met with key NASA stakeholders (UNAIDS, National AIDS Authority (NAA), NCHADS, WHO) to discuss the scope, methodology, and timeline for the NASA. The NASA launch workshop was held, where NAA and HFG explained the objectives and methodology for the NASA. The data collection instrument was also presented to stakeholders to ensure they are completed correctly. HFG worked with NAA to complete data collection and analysis for 2014/15 (Q4). Over 12,100 codes were allocated to spending data. The team then produced preliminary results, which were presented to the Steering Committee in August (Q4). The NASA process has been highly collaborative, with HFG, NAA, and UNAIDS working very closely together since the beginning. Two UNAIDS representatives also attended the data analysis workshop in August, and participated in coding data. HFG is currently working with NAA to draft the NASA report.

Q4 Challenges - The main challenge to the Year 4 HFG Cambodia program was that progress on all activities depended on the schedules of Cambodian government ministries and the willingness of key ministerial staff to provide feedback on deliverables or engage in activities. HFG is working closely with the relevant ministries and development partners to ensure that the activities move forward in a timely manner, but in some instances HFG has been unable to control timelines or participation. This is particularly challenging for activities that require joint collaboration between ministries.

Table 44 provides activity-specific updates.

TABLE 44. CAMBODIA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Support the Ministry of Economy and Finance in Designing a Cross-Cutting Strategy for Universal Health Coverage		
Review Ernst & Young report for gaps and alternative approaches	HFG developed memo of recommendations based on report (Q1).	Task is complete and deliverable submitted.
Facilitate workshop on governance and institutional arrangements for health financing systems	HFG developed trip report from workshop, including topic, participants, content, and knowledge assessment (Q2).	Task is complete and deliverable submitted.
Facilitate workshop on health financing arrangements (resource mobilization, pooling, and purchasing)	HFG facilitated a capacity-building session and workshop on the core concepts of resource mobilization and pooling (Q3).	Task is complete and deliverable submitted.
Provide technical assistance on conception, development, and implementation of health financing/ UHC reforms	HFG developed: • Document comprising critical health financing questions that Cambodia needs to address in developing its social health protection strategy (Q2). • Short memos on global case studies, best practices, and key concepts (Q2; Q3). • Report on cross-subsidization of health insurance, which includes best practices, country case studies, and benefits/limitations (Q4)	Task is complete and deliverables submitted. The MOEF has requested additional briefs/reports, including one on purchasing (provider payment systems) and reinsurance.
Conduct capacity-building seminars on health financing, regulation, and M&E of health sector	HFG completed two of the three capacity-building sessions with the MOEF and other members of the Social Protection working group: • Session 1: Topics included basics of health economics and what makes health care markets different (Q2); • Session 2: Topics included the relationship between health financing and UHC; the fiscal context for UHC; and revenue generation and pooling (Q3). • Session 3: Topics will include strategic purchasing and applied, country case studies on good practices of health financing.	Two of the three capacity-building sessions have been completed and deliverables submitted. Per the MOEF's request, the third capacity-building session will take place in November, outside of Phnom Penh.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 2: Support MOH Department of Planning and Health Information (DPHI) and MOEF in developing health financing indicators and an M&E implementation plan for its UHC strategy		
Conduct hands-on training sessions with MOH and MOEF personnel on data collection, analysis, and interpretation of UHC indicators	This task has been delayed, despite interest from the MOEF. Both the MOEF and HFG are awaiting a response from the MOH.	Task is delayed. Capacity-building sessions can only occur after indicators and the M&E plan have been developed and agreed upon by the MOEF and MOH.
Provide technical assistance to MOH and MOEF in the development of UHC and health financing indicators as well as baseline data	This task has been delayed, despite interest from the MOEF. Both the MOEF and HFG are awaiting a response from the MOH.	Task is delayed. Following the Q3 meeting, the MOEF expressed a desire to meet with the MOH and indicated that they would set up a meeting, to be facilitated by HFG. To date, there has been no response from the MOH.
Develop a comprehensive list of health financing and UHC indicators; provide baseline data from Cambodia and other countries	HFG developed and submitted a draft report of UHC and health financing indicators as well as baseline data to the MOH and MOEF (Q3). HFG held a meeting in June with the MOEF to discuss the indicators and baseline data (the MOH was invited but did not attend); HFG received feedback from the MOEF on desired indicators and next steps (Q3).	Task is complete and deliverable submitted.
Activity 3: Promote engagement between the MOEF and MOH to sustainably finance health via improved efficiency of health and disease spending		
Work with the MOEF and DPHI to understand and gather information concerning obstacles to greater MOH funding (via independent meetings with MOEF and MOH personnel)	The MOEF indicated that the primary obstacle to increased MOH budgets is a perceived lack of efficiency (technical and allocative) in health spending (Q2).	Task is complete and deliverable submitted.
Facilitate a workshop for the MOEF-MOH technical working group to address strategies for sustainable health and HIV/TB financing, specifically by improving the technical and allocative efficiency of health and disease (HIV/TB) spending	HFG presented findings from the efficiency report to the MOEF. The MOEF expressed considerable interest in the topic, findings, and options.	Task is in process. HFG is waiting on the MOEF to identify a date for the efficiency workshop. It is expected that this will take place in October or November. Once a date has been agreed upon, the report and workshop dates will be sent to other ministries and development partners.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Provide joint technical support to the MOEF-MOH in the implementation of chosen strategies to improve the efficiency of health spending. This may take the form of a report, tool, or analysis	HFG provided several strategies in its efficiency report, which were supported by the MOEF. It cannot implement these or other strategies until the workshop takes place.	Task has not yet started. The task is predicated on the efficiency workshop, through which the MOEF, MOH, and other ministries would identify strategies for improving efficiency.
Develop a brief identifying inefficiencies and strategies for addressing them, both globally and domestically	HFG developed a report on efficiency in the health sector, specifically, how it is defined and measured, common sources of inefficiency; how health financing impacts efficiency; and options for improving efficiency in Cambodia (Q4).	Task is complete and deliverable submitted.
Activity 4: Support NAA in the development of 2014 and 2015 NASA		
Provide technical assistance in the production of 2014 and 2015 NASA	During Q4, HFG supported NASA data collection. NAA, with the support of two local HFG experts, collected HIV/AIDS spending data from NGOs and government. They were supported remotely by two HFG experts based in Bethesda. NAA, the local consultants, and HFG HQ staff held weekly calls to share progress, identify challenges and potential solutions (Q4). In August, two HFG experts travelled to Phnom Penh to provide refresher training on the NASA classification and to support NAA to code spending data in order to produce the final tables ("data analysis workshop"). NAA presented the preliminary results to the Steering Committee (Q4). HFG is presently working with NAA to draft the NASA report (Q4).	Task is in process. HFG is incorporating feedback from the Steering Committee to finalize the results. One key update to be made is the addition of a proportion of government non-earmarked spending to HIV/AIDS. NAA has officially requested data from the Health Accounts team, which has already calculated this proportion through the use of distribution keys. At the same time, USAID has requested it informally from WHO. HFG has analyzed the data received from WHO but they cannot be officially incorporated into the NASA until there is an official response from the Health Accounts team.
Conduct workshops to strengthen NCHADS/ NAA/ DPHI capacity to conduct and use resource tracking data	HFG consultants held an initial training session with the MOH and NAA staff in June (Q3). The NASA data analysis workshop in August included refresher training on the NASA classifications, and the methodology for coding spending data and eliminating double counting, and producing final tables (Q4).	Task is in process.

5.2.4 India

Program Objectives - Under the Ministry of Health and Family Welfare's (MOHFW's) reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) strategy, USAID is the lead partner in six states of northern India, and it has been tasked with strengthening program management and service delivery of various RMNCH+A-related programs and activities. USAID is also a strong partner of the Government of India (GOI) on its TB program and has supported the country's Revised National TB Control Program (RNTCP) since 1998.

The HFG project in India started with providing technical assistance (TA) to the six states, especially in HFG's technical domain areas of human resources for health (HRH), health financing, and health information systems (HIS). In the first phase of the project, which ended in March 2016 (Y4Q2), support targeted health system improvements through initiatives in HFG's technical domains. Key focus areas in Phase I included increasing the quality and use of HMIS data for evidence-based decision making; strengthening and institutionalizing the development and use of Health Accounts (HA); undertaking research to inform the development of a sustainable Tibetan Medicare System; and supporting the development of Haryana's human resources information system to improve recruitment and retirement planning. Beginning April 2016, HFG started work on Phase II of the project, which will focus on building the sustainability of USAID support in India by working through local institutions. Contributing to India's achievement of key RMNCH+A outcomes and goals to end TB will be the overarching aim of HFG support.

Year 4 Activities - The key activities initiated in Y4 include:

1. Scaling up a selected health mutual scheme and documenting best practices and evidence for expanding health mutuals in India
2. Documenting global and national innovations in health insurance, which could support scaling up of the National Health Protection Scheme in India and community-based insurance schemes
3. Establishing a well-functioning resource center to provide flexible, short-term TA for policy analysis and planning in priority health areas, such as TB, family planning (FP), and urban health
4. Strengthening the organizational and financial sustainability of civil society organizations (CSOs) to improve the quality and accountability of FP services
5. Designing and setting up a challenge competition for implementation research to address under-five mortality

Phase I activities:

1. Producing HA in the state of Haryana as a model for other states
2. Piloting the MoHFW framework for assessing HMIS data quality in five districts and assessing the perception of service quality through interviews of beneficiaries
3. Developing a functioning geographical information systems (GIS) application for Haryana

Year 4 Progress Against Objectives - Year 4 of the HFG project marked the completion of Phase I and the initiation of Phase II project activities in India. The start of a new phase required considerable effort in Y4 to be focused on outlining a new work plan and set of activities, defining the attendant scopes of work and terms of reference (TOR), identifying and onboarding suitable resources/consultants, and initiating work on the new activities while completing the Phase I activities.

The project brought on board Dr. Lysander Menezes, a senior health economist, as the COP to provide strategic leadership to HFG work in India. Dr. Menezes joined in early August 2016. Dr. Rashmi Kukreja, a seasoned public health specialist, was also recruited, for the position of deputy COP (DCOP); he will oversee and coordinate work on the different activities planned for Phase II. Dr. Kukreja joined in early July 2016.

Key among the new set of activities initiated in Year 4 is providing support to the scale up of health mutuals in India through targeted desk research, TA, and policy influence. Work on health mutuals will contribute to the expansion of financial protection and access to primary health care for Indians below or near the poverty line. HFG has made a promising start on this activity by contracting a senior academic with considerable credibility and experience in public health financing. The consultant has formulated a broad work plan and methodology for selecting the most appropriate health mutual that would benefit from the TA. The HFG team recruited a senior consultant to conduct a review of global innovations to scale up health insurance. The consultant has initiated work and submitted a draft outline of the report, which will be revised further.

Under this activity, HFG is working to set up a high-level technical health insurance working group (HIWG) to oversee work on health insurance and define research and advocacy priorities for scaling up a health mutual. HFG has developed the TOR for the HIWG, which would comprise academics, researchers, and implementers. HIWG participants were shortlisted based on specific criteria, such as expertise as well as projected long-term sector impact. The first meeting of the HIWG is planned for the first week of October 2016 to enable participation of the USAID Chief Economist for the Global Health Bureau.

HFG has also initiated work on the second major activity - the HFG resource center to support the sustainability of USAID activities in India through flexible, short-term TA, research, and analysis. Under this activity, HFG is supporting four sub-activities, the progress on which is briefly discussed below:

- Assessment of WHO TA to RNTCP: This was done to assess the effectiveness of the TA network, document lessons for sustainability, and inform future financing modalities. HFG developed a scope of work and contracted a consultant who worked alongside a USAID consultant. The study report was completed in a record turnaround time of seven weeks. This study recommended continued funding for the TA network as a strategic investment, which is feasible under the present GOI agreement with the Global Fund. The findings also recommend diversification of the donor base for the TA to include investments from the GOI and other domestic partners, such as the corporate sector. There is a strong commitment from the GOI, WHO, Global Fund, and other stakeholders to accept these recommendations and prepare future plans and budgets for the TA network.
- Conducting a political economy analysis (PEA) of TB: HFG drafted a scope of work with inputs from the USAID Mission for an agency to conduct the PEA, which is expected to provide guidance to government and development partners on how to overcome the social, economic, and political barriers for private sector participation within the TB program in India. Proposals and budgets were invited from technical agencies and experts. Meetings were conducted with four agencies to assess the comparative strengths and weaknesses of the teams and methodologies. The contractual negotiations are ongoing with the preferred bidder, and the proposals and budgets will be sent to the USAID contract division for approval.
- Study to assess vocational health challenges among urban migrants: The GOI's National Urban Health Mission (NUHM) is developing a vocational health plan for urban migrants, for which HFG will provide TA to identify priority vocational health issues. The study will seek to promote evidence-based decision making for a national vocational health policy and improved access to health services, address occupational health risks, and access to safe employment. HFG developed the concept note, draft study protocol, and implementation plan, along with the tentative budget, and

submitted these to NUHM and the USAID Mission. The consultant for the study has been identified and recruitment is in process. HFG is, with support from the Mission, negotiating with NUHM to approve domestic financing of INR 4 million (US$65,000) for data collection costs. HFG is currently waiting for government budgetary approval.

- Family planning financing roadmap: HFG held discussions with the Mission, HFG partner Avenir Health, and the Packard Foundation to define the scope for a range of FP-related activities. Avenir proposed concept notes for four sub-activities: FP financing roadmap; correlation analysis for total fertility rate (TFR) and contraceptive prevalence rate (CPR); an incentives study on accredited social health activists (ASHAs); and dissemination of FP results under the Track20 global project. The Mission suggested dropping of the incentives study on ASHAs. Subsequently, HFG and USAID officials met the MoHFW team to share FP activity plans. The ministry agreed to all the activities with some modifications and suggested a new study to explore FP care seeking-behavior among adolescents. HFG is now finalizing a work order for Avenir Health to begin work.

The third new activity that was initiated in Y4 is **strengthening CSOs** for demand generation of FP services as well as to improve accountability and transparency. USAID identified the Advocating Reproductive Health Choices (ARC) Coalition as the potential HFG partner to help strengthen CSOs' role in FP promotion; a draft work plan was developed to this end. However, despite follow-ups, ARC did not show an interest in pursuing the partnership, and the Mission advised HFG to cancel this activity with ARC and instead explore other CSO partners. The White Ribbon Alliance (WRAI) network, managed by the Centre for Catalyzing Change (C3), emerged as a promising partner with a strong existing CSO network of 1,800 grassroots NGOs. HFG shared a draft work plan with WRAI and USAID for mutual agreement. The aim is to build CSO organizational capacities for leadership, management, fundraising, and financial sustainability.

HFG developed a concept note for the fourth new activity of Year 4 - **designing a challenge competition to address under-five mortality**. An expert from HFG partner DAI laid out various design options and methodologies for screening and selecting innovative models for reducing preventable child deaths; the decision is pending with the Mission. In the interim, the Mission conveyed that the Center for Innovation and Partnership team within the Mission is currently working on the scope and broad contours of the challenge activity. HFG's role and contribution to the challenge competition needs to be discussed in more detail with the Center.

Significant effort also went toward completing the remaining Phase I tasks on HA, health GIS, and data and service quality assessments. In what was acknowledged by Haryana government partners as a major development made possible by HFG support, the team successfully rolled out the innovative **Haryana Health Geographic Information System (HHGIS)** application. The software was developed by HFG in collaboration with National Health Mission (NHM), Haryana, and rolled out at a joint training and launch event attended by 80 state health functionaries, including senior NHM officials. The feature-rich, interoperable software application will enable its users to access a huge quantum of data with ease and speed and dramatically enhance their analytical capabilities for evidence-based decision making.

Another key Phase I activity in the HIS domain pertained to **the service quality assessment (SQA) and data quality assessment (DQA) pilot** conducted by HFG in support of the MoHFW's data quality improvement initiatives. The pilot was conducted in five districts from five geographically dispersed states: Kota, Rajasthan; Birbhum, West Bengal; Ernakulam, Kerala; Ferozepur, Punjab; and Chirang, Assam. The HFG team developed the methodology, customized the tools, and collected the data. The team analyzed the data and prepared two reports and two separate policy briefs summarizing DQA and SQA key findings. Both the reports and the briefs were submitted to the MoHFW and the Mission. HFG is waiting for the MoHFW's comments on the SQA report and the DQA and SQA briefs; meanwhile, it is planning a dissemination workshop for October 2016. Implementation of the DQA/SQA

pilot and the insights it has lent have demonstrated the feasibility and utility of setting up a sustainable mechanism for regular data and service quality improvement in India.

In the health financing domain, HFG completed data collection and analysis for the **Haryana State Health Accounts** activity. A report on this HA exercise was prepared and shared with the Mission, the National Health Systems Resource Centre (NHSRC), the Haryana state government, and other stakeholders. The report presents critical findings and insights that will enable the stakeholders to identify the main health financing challenges in the state. The dissemination event is planned for October 2016.

Finally, a **qualitative assessment of the Tibet Medicare System** was another Phase I activity that was completed in Year 4. Data collection for this rapid study was conducted in four Tibetan settlements and three sweater markets, using group discussions, key informant interviews, and in-depth interviews. The key findings of the study were captured in a report that was shared with the USAID Mission.

Q4 Challenges - Although significant progress was made on almost all project activities, ere certain issues slowed the pace of work in some areas. HFG found it challenging to identify a local consultant/agency with PEA experience with a specific disease focus, as PEAs are generally commissioned for broader social, economic, and political health systems issues. On the activity pertaining to capacity building of CSO networks, more than five weeks were lost because of delays in agreement with ARC. Delay in budgetary approvals in the NUHM hindered the start of the migrant vocational health study.

The Challenge Competition was another activity that saw slow initial progress, due largely to still-emerging clarity about the scope and broad contours of the activity. The USAID Centre for Innovation and Partnerships and the USAID Health team are working on designing the challenge competition. The HFG team is awaiting clarity about the role HFG would play in the challenge competition, i.e., whether the team would provide TA or support the design of the challenge. HFG cannot provide grants and prizes and, unfortunately, has a limited timeline to provide sub-awards.

Table 45 provides activity-specific updates.

TABLE 45. INDIA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Support the Scale-Up of Health Insurance		
Support scale-up of a health mutual	HFG contracted a consultant, Dr. Ramesh Bhat, to lead the overall work on health financing. Dr. Bhat formulated a broad work plan and methodology for selecting the most appropriate health mutual that would benefit from TA. He has begun discussions with the International Cooperative and Mutual Insurance Federation (ICMIF), existing mutuals, and other stakeholders to explore their interest in collaboration and future plans.	At present, Dr. Bhat and the HFG team are shortlisting indicators for assessing a mutual using an organizational and corporate demography perspective. The key performance indicators, as listed in the International Labor Organization handbook, will be assessed: • Producer value (incurred expenses ratio, claim ratio, net income ratio) • Product awareness and satisfaction • Service quality (claim ratio, etc.) • Financial prudence (liquidity ratio and solvency ratio) Use of the balance scorecard approach will be explored.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Draft report on Global Innovations to Scale Up Health Insurance	The HFG team drafted the scope of work and recruited a consultant to conduct the review of global innovations to scale up health insurance. The consultant has shared the outline of the report.	HFG has provided detailed comments on the draft report outline, and the final report will be ready by the end of October 2016.
Establish a Health Insurance Working Group	HFG developed TOR for a HIWG consisting of academics, researchers, and implementers. A concept note on the formation of the HIWG and participants has been submitted to the USAID Mission for further guidance and approval. HIWG participants were shortlisted based on specific criteria, such as expertise and projected long-term sector impact.	The first HIWG meeting is planned in the first week of October to enable participation of USAID Chief Economist for the Global Health Bureau. HFG is planning the meeting.
Activity 2: HFG Resource Center		
Conduct a Political Economy Analysis of Tuberculosis	The scope of work for the PEA was finalized with inputs from the USAID Mission, and it was agreed the PEA would focus on barriers and incentives to private sector participation in the TB program in India. Proposals and budgets were invited from technical agencies and experts, and meetings were conducted with four agencies to assess the comparative strengths and weakness of the teams and their methodologies. Contractual negotiations with the preferred bidder are currently underway. The proposals and budgets will be sent to USAID Washington for approval.	This PEA will be the first PEA that USAID has funded in India. HFG has found it challenging to identify a local consultant/agency with previous PEA experience with a specific disease focus, as PEAs generally are commissioned for broader social, economic, and political health system issues. The scope of the PEA desired by the USAID India Mission appeared to be too large for an individual consultant to conduct. Therefore, HFG began searching for small firms to conduct this work. The process for providing a sub-award to a small firm is considerably longer and requires final approval from USAID/Washington. This may delay the start of work on the PEA of TB.
Analyze sustainability of financing for family planning	HFG held discussions with the Mission, Avenir Health, and the Packard Foundation to define and scope a range of FP-related activities. Avenir proposed concept notes for four sub-activities – FP financing roadmap, TFR/CPR correlation analysis, ASHA incentives study, and dissemination of FP results under the Track20 global project. The Mission suggested dropping the ASHA incentives study.	In summary, the following sub activities under FP are agreed with Avenir Health for initiation in Y5Q1: • Prepare a FP financing roadmap • Study to understand the relationship between TFR and CPR and the other factors affecting TFR in Indian states • Facilitating dissemination of FP results in collaboration with the Track20 project

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	Subsequently, HFG and Mission official met the MoHFW team to share FP activity plans. The government agreed to all activities with some modifications and suggested a new study to explore FP care-seeking behavior among adolescents.	• Study to explore care-seeking behavior related to contraceptive use (including PTKs, emergency pills, etc.) among adolescents Drafting of a work order for Avenir Health is in process.
Assess WHO Technical Assistance to RNTCP	The objective of this study was to assess the effectiveness of the TA network, document lessons for its sustainability, and inform the future financing modalities. HFG developed a scope of work and contracted a consultant, who worked in collaboration with a consultant contracted directly by USAID. The study and its report was completed in seven weeks, and included defining the TOR, hiring the consultant, designing and execution of the study, securing feedback from key stakeholders at all stages, and writing the report.	Long-term funding for the WHO TA network through USAID and other donors is shrinking, while the GOI has simultaneously set the ambitious goal of "universal access" and the End TB Strategy. The study's findings are expected to inform the decisions for future sustainability and funding of the TA network. There is a strong commitment from the GOI, WHO, Global Fund, and other stakeholders to the study's recommendations and to prepare the future plans and budgets for the TA network. HFG's work on this activity has been completed.
Do study to assess vocational health challenges among urban migrants	The concept note and implementation plan for the vocational health study, along with the tentative budget, has been submitted to the NUHM, MoHFW. The consultant has been selected, and the recruitment is in process.	The NURM needs to obtain interdepartmental budgetary approval for the study in order for HFG to move forward.
Activity 3: Capacity Building for Civil Society Organizations		
Select HFG partner coalition, finalize Scope of Work and Memorandum of Understanding	For this activity, USAID had earlier identified the ARC Coalition as the HFG partner to help strengthen CSOs' role in family planning promotion. The work plan was developed and shared with ARC. However, despite follow-up, ARC did not show interest in pursuing further partnership, and the Mission advised cancellation of this activity with ARC and exploration of other CSO network partners. WRAI, a CSO network, emerged as a promising partner. The draft work plan has been shared with WRAI and USAID for mutual agreement.	More than five weeks was lost because of delays in agreement with ARC. The WRAI director has expressed strong interest in building CSO organizational capacities for leadership, management, fundraising, and financial sustainability.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 4: Haryana State Health Accounts		
Disseminate Haryana HA Results	The HFG team met with the new Executive Director - HSHRC and gave a brief presentation on the overall HA process and the Haryana State HA findings for FY2014/15. It was agreed to propose dissemination of the Haryana HA report and seek approval from the ACS Health office his availability. ACS Health office has decided on October 5 as the dissemination date.	The dissemination event will take place on October 5, after which this activity will be completed.
Activity 5: Pilot to inform the development of a national mechanism to assess health management information systems data quality		
Analyze data	Detailed analysis of the DQA pilot data was completed. The additional analysis required to calculate the composite index of data quality, as demanded by MoHFW, was also completed.	Data analysis for the DQA pilot has been completed.
Write report	Report writing for the DQA pilot was completed. A policy brief summarizing the DQA report and the key findings was also prepared. Both DQA report and the brief were shared with the Mission and the MoHFW. MoHFW shared its comments on the DQA report. The HFG team addressed the comments and submitted the revised final DQA report to the Mission and the MoHFW.	The MoHFW's comments on the SQA report and the DQA and SQA briefs are awaited. The SQA report and the DQA and SQA briefs will be finalized after the incorporation of MoHFW comments.
Disseminate results	The MoHFW is in the process of taking intradepartmental approval for conducting the dissemination workshop.	Considering the availability of the MoHFW and USAID officials, the dissemination event is expected to be conducted by the end of October 2016.
Activity 6: Challenge Competition for Implementation Research		
Design blueprint with options for designing a mechanism to incentivize innovations for reducing child mortality	HFG developed a concept note for the design of a challenge competition to address under-five mortality. An expert from HFG partner DAI worked with HFG to lay out various design options and methodologies for screening and selecting innovative models for reducing preventable child deaths. In the interim, the Mission conveyed that the Center for Innovation and Partnership team within the Mission is currently working on the scope and broad contours of the challenge activity.	HFG's role and contribution to the challenge competition needs to be discussed in greater detail with the Center for Innovation and Partnership at the USAID Mission.

5.2.5 Indonesia

Program Objectives - Given declining donor resources for development in the health sector, increasing domestic resources, and the continued roll-out of national health insurance coverage for Indonesians, in Year 4 HFG is continuing to support USAID/Indonesia in strategically investing in HSS, and is supporting the Government of Indonesia in improving JKN implementation through implementation research (IR).

Year 4 Activities -

- HFG finalized a rapid health system assessment (RHSA) to identify opportunities for Indonesia to strengthen its health systems and accelerate progress toward UHC.
- HFG prepared and conducted a "UHC 101" training for USAID's implementing partners in Indonesia around the topics of health financing, insurance, and UHC. The training aimed to help USAID/Jakarta and USAID implementing partner staff in Indonesia understand health financing principles, and the options available to help Indonesia transition toward UHC.
- HFG continues to implement the IR for UHC activity together with the University of Gadjah Mada (UGM) Center for Health Policy and Management (CHPM) and the MOH Center for Health Financing and Health Security (PPJK), identifying potential policy recommendations and implementation changes to improve JKN implementation. The activity supports policymakers and implementers in their efforts to develop JKN- and UHC-related research questions, and to undertake rapid cycles of research to explore gaps and bottlenecks and offer improvements to implementation of the national health insurance scheme in Indonesia. Through the IR for UHC activity, HFG is supporting the MOH and key stakeholders in refining and improving implementation of and policy around JKN and UHC.
- HFG is supporting PPJK to institutionalize Health Accounts (HA) production, dissemination, and use. PPJK would like to lead the production, analysis, and dissemination of HA data going forward and has asked HFG to help define the technical and resource requirements that this would imply. In the past, HA estimations were led by the University of Indonesia with funding from DFAT and some technical support from WHO. HFG is working with PPJK, USAID and the University of Indonesia to finalize the technical assistance scope of work, budget, and timeline to support PPJK in HA production and analysis for fiscal year 2015.
- In Quarter 4 of Year 4, HFG began discussions with USAID and the World Bank around establishing and facilitating a participatory process to assess Indonesia's current strategic purchasing and provider payment mechanisms and develop a roadmap for step-by-step improvements.

Year 4 Progress Against Objectives -

RHSA: In Quarter 3, HFG finalized the report per recommendation by USAID and the MOH, and published it on the HFG website. USAID/Indonesia shared findings from the RHSA at the 2016 Indonesia Health Economics Association conference.

UHC 101: In Quarter 2, HFG representatives Laurel Hatt, Rena Eichler, Alex Ergo, and Susan Gigli traveled to Jakarta in February 2016 to conduct the training on health financing and UHC. The three-day training (February 3-5) aimed to help USAID/Indonesia staff and its implementing partners in Indonesia understand health financing principles and the options available to help Indonesia transition toward UHC. The training included 47 participants (22 from USAID and 25 from 14 different implementing partners), four trainers and facilitators, and six presentations by Indonesian health system experts. The sessions consisted of a mix of interactive lectures, presentations, group work, and role playing, which served to make the training more engaging, to solidify the participants' mastery of key concepts, and to

facilitate their thinking on how to use their work to support Indonesia's progress toward UHC. On the last day of the workshop, USAID teams (MCH, HIV, TB, and QA) discussed how they might apply the learning of the workshop to their ongoing work.

The post-training feedback from USAID and participants was very positive. All of those providing feedback felt that the training was informative, relevant and resulted in specific ways they could incorporate their learning into their work.

Implementation research for UHC: In Year 4, HFG and its local partner CHPM built on the groundwork laid in Year 3 and advanced the first cycle of IR for UHC to near completion. Throughout Year 4, HFG and CHPM worked to ensure government involvement in and ownership of the IR, to focus on actionable ways to strengthen JKN policy and implementation, to build capacity around IR, and to instill a collaborative and sustainable IR process. Specific activities included:

1. Ongoing formal and informal engagement with the primary government counterpart for the IR for UHC activity - the MOH Center for Health Financing and Health Security (PPJK);
2. Capacity building on IR among stakeholders through an IR for UHC technical working group at the national level and through individual consultations at the district level;
3. A two-day workshop in Jakarta in February 2016 to launch the first cycle of IR that involved 65 participants including representatives from USAID, HFG, national-level ministries (MOH, Ministry of Home Affairs, Bappenas), provincial and district-level organizations (provincial and district health offices, and Badan Penyelenggara Jaminan (BPJS), which manages JKN), and local university partners in the five selected provinces;
4. Consensus-building on the focus of the first cycle of IR: how JKN and other regulations relating to primary care - JKN and others - are being understood and implemented at the district level;
5. Development of a three-phased strategy for the first cycle of IR: 1) mapping of JKN and other regulations affecting primary care based on desk research and expert consultations; 2) qualitative fieldwork in five districts exploring issues around the implementation of JKN regulations on primary care; and 3) analysis and develop of actionable recommendations to feed into multi-stakeholder discussion of how to strengthen JKN policy and implementation;
6. A week-long training in May 2016 of 25 field supervisors and interviewers from CHPM and their university partners in each district;
7. Completion of qualitative research in five districts in July 2016: Jakarta Timur City (DKI Jakarta), Jember (East Java), Tapanuli Selatan (North Sumatera), and Jayapura City and Jayawijaya (Papua);
8. Engagement of PPJK and district stakeholders in discussion of the preliminary findings of the first cycle of IR; and
9. CHPM creation of a website Indonesia Implementation Research for UHC (http://indonesia-implementationresearch-uhc.net/).

HFG and CHPM are now collaborating on the analytical outputs from IR cycle 1, which will include a comparison of findings across districts, along with overarching findings, implications, and recommendations. HFG is supporting CHPM and PPJK to host a learning workshop in Y5Q1 to actionable recommendations, and identification of priority research questions for IR cycle 2.

Support MOH to institutionalize HA production, dissemination, and use: In Quarter 3, HFG conducted a scoping mission to explore options for institutionalization of HA. HFG worked with USAID and PPJK to design three options for institutionalizing HA production and use; developed a draft institutionalization plan; and identified potential areas of the plan that could be supported by HFG. The institutionalization plan was submitted to USAID in June. In Quarter 4, HFG finalized the plan, working closely with USAID and the MOH, as well as the University of Indonesia, and began taking steps to prepare for subsequent technical assistance beginning late in Quarter 4 and in Quarter 1 of Year 5.

Strategic Health Purchasing in Indonesia: In Quarter 4, HFG began discussions with USAID, the World Bank, and the Indonesian MOH to establish and facilitate a participatory process with key stakeholders to assess Indonesia's current strategic purchasing and provider payment mechanisms and develop a roadmap for making feasible, step-by-step improvements. Beginning in Y5Q1, the project will support a "bottom-up" assessment using the JLN Provider Payment Assessment Guide (adapted for the specific context and questions of Indonesia).The assessment may include a specific review of global experiences leveraging provider payment mechanisms for incentivizing preventive and promotive care and outline possible options and implications for JKN. The activity will be implemented in collaboration with the World Bank and the Joint Learning Network (JLN).

Q4 Challenges - The HA institutionalization activity involves several key partners: USAID/HFG, WHO, University of Indonesia, and PPJK. It is important that roles and responsibilities of each are clear going forward in order to avoid duplication of effort and ensure consistent application of the SHA 2011 framework. PPJK is keen to take ownership of HA production and use going forward, the latter of which was previously done by the University of Indonesia. This relationship will need to be carefully managed.

Q4 Additional Information - Karishmah Bhuwanee and Tesfaye Dereje joined the Indonesia team as National Health Accounts advisors to lead activity 2. Cheryl Cashin and Chelsea Taylor, from R4D, joined the Indonesia team to lead activity 3. Consultants from the University of Indonesia will also be brought on in Quarter 1 of Year 5 to support the HA activity.

Table 46 provides activity-specific updates.

TABLE 46. INDONESIA ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity: Support Indonesian MOH to institutionalize Health Accounts production, dissemination, and use		
Provide technical assistance to PPJK for Health Accounts production, dissemination. and use	HFG, USAID Indonesia, the MOH (PPJK), and the University of Indonesia are finalizing the HA timeline and partner roles in providing technical assistance.	HFG will need to bring on University of Indonesia consultants to support the activity. The timeline is short for agreeing to the scope of work and hiring University of Indonesia consultants. Also, due to government scheduling constraints, the initial workshop has been postponed.
Activity: Strategic Purchasing TA in Indonesia		
Do Bottom-Up Assessment of Current Strategic Purchasing Provider Payment Mechanisms	Activity currently being designed.	

5.2.6 Vietnam

Program Objectives - As donor resources diminish in the medium and long term, the overall objective of HFG/Vietnam is to support the Government of Vietnam (GVN) in ensuring the sustainability of HIV/AIDS programs with financing from Social Health Insurance (SHI). Key activities are designed to support the expansion and increased coverage of HIV prevention, care, and treatment services through the inclusion of these as core services under the benefit package financed by SHI. The project follows a "blueprint for transition" that revolves around four priorities to achieve successful transition:

- Increased enrollment in SHI of people living with HIV (PLHIV);
- Integration of outpatient clinics (OPCs) into the hospital system;
- Financial sustainability for patients, providers, and insurance fund;
- Increase domestic resource mobilization (DRM) for antiretroviral drug (ARV) procurement.

Year 4 Activities -

Activity 1: Support Vietnam Administration of AIDS Control (VAAC), Department of Health Insurance (DHI), and Vietnam Social Security (VSS) in the integration of OPCs for eligibility of reimbursement by the Health Insurance fund. With HFG support, the VAAC and DHI, along with major stakeholders, have undertaken a rapid assessment of HIV service delivery in selected provinces. The assessment highlighted gaps and best practices, and provides a detailed plan of action with specific recommendations for the full integration of HIV into the package of services provided by the MOH and paid by SHI. Specifically, HFG will support VAAC, DHI, and VSS to:

1. ***Identify the steps necessary for the integration of OPCs into the MOH health facility system and implement them in Ho Chi Minh City (HCMC) and five selected PEPFAR maintenance provinces.***

   HFG will provide advice and technical support to VAAC, VSS, and DHI to enable the integration of OPCs in HCMC and selected PEPFAR maintenance provinces to qualify for reimbursement of HIV services through the SHI scheme. This will allow the GVN to quickly fill the gaps left in new enrollment and care of patients who will not be covered by PEPFAR or other mechanism. HFG proposes the additional provinces to be Ha Nam, Can Tho, Quang Ninh, An Giang, and Hai Phong, but VSS, VAAC, and other government partners will have to validate the final list.

2. ***Provide a model to ensure the availability of ARVs and commodities to be provided in facilities contracted by VSS***

   This task is intrinsically connected with the ARV procurement activity carried out in the Sustainable Financing Initiative (SFI) section of the work plan. The major issue to be solved is the availability of ARVs as OPCs are integrated into the SHI scheme. Substantial amounts of ARVs are still procured by international partners like PEPFAR and The Global Fund and distributed outside of the SHI scheme. Once OPCs currently outside of the system are integrated, however, implementation challenges might arise in terms of cost attribution, cost-sharing, control of stock, reporting of usage and disposition, and other issues.

3. ***Provide technical assistance and financial support to VAAC and Department of Planning and Finance (DPF) to train health providers in HCMC and the five maintenance provinces on modality and protocols of delivery of HIV services for reimbursement through the SHI scheme***

   Working with mechanisms such as SMART-TA and CDC-financed programs, HFG will team up with DPF and VAAC to deliver comprehensive training programs in support of staff in the selected provinces. HFG technical role will mainly be concerned with content and technical assistance for

improvement of planning, budgeting, and management skills in light of the changes brought by the integration of OPCs into the SHI scheme. HFG proposes to deliver the technical content of this task along with MOH and in coordination with PEPFAR partners. The choice of recipients will favor facilities where other partners will not be able to provide adequate support, according to providers' respective roles and capabilities.

Expected Results:

- The regulatory demands preventing many OPCs from joining the health insurance scheme are fulfilled and OPCs are able to provide services reimbursed by the SHI scheme;
- The health providers from HCMC and five maintenance provinces are trained, mentored, and ready to receive HIV clients in GVN-run facilities and claim reimbursement from the SHI scheme.

Deliverables:

By end of September 2016:

- The majority of preventive-level OPCs in HCMC and five selected PEPFAR maintenance provinces can provide HIV services reimbursed by SHI;
- A paper to present the options and remedies for ensuring availability of ARVS in OPCs newly contracted with SHI;
- Training sessions provided to health providers in the facilities covered by HFG to comply with Circular 15 guidelines in each of the relevant provinces.

Activity 2: Support Departments of Health (DOH) and Provincial Social Security (PSS) in five maintenance provinces to implement Circular 15 and facilitate the roll-out of the HIV benefits in 2016. The process of rolling out the new Basic Health Services Package (BHSP) including HIV services at national scale will be greatly facilitated by working with selected provinces to monitor the implementation of the HIV cluster of services under the guidance provided by Circular 15. Currently, although the Circular establishes the provision of HIV services paid by SHI, there are still unresolved challenges in all provinces and municipalities:

1. DOH and PSS have to agree on specific services each level of service delivery (commune, district, provincial, and national) will have to provide for reimbursement of HIV treatment from SHI;
2. There is no clarity on the appropriate payment mechanism PSS would have to adopt to reimburse for the services at each level, once they were provided though the SHI scheme.

HFG proposes to work in coordination with CDC in five selected provinces (propose: Ha Nam, Can Tho, Quang Ninh, An Giang, and Hai Phòng). HFG would provide technical and financial support to DOHs, DPF, and VSS to conduct supportive supervision missions, policy discussions, and validation workshops around the correct implementation of HIV services at the various facility levels already contracted by the SHI scheme. Monitoring the progress and measuring the impact of our activities in those provinces will allow for systematic sharing of lessons learned and of identified solutions to current challenges. Finally, HFG proposes to work with DOH and VSS/PSS to agree on appropriate payment mechanisms for the cluster of HIV services by level of service provision.

The overall objective of the activity is to enable service providers, MOH leadership, and other stakeholders to be prepared for scaling up nationwide the provision of the HIV package and, by extension, the BHSP. HFG will work mainly with DOHs, DPF, and VSS/PSS on the following main tasks:

1. ***Work with service providers and PSS to establish the conditions for delivery of HIV services at various facility levels***

   HFG will evaluate the results of the recent assessment, conducted by VAAC and partners, of HIV/AIDS services covered by health insurance. With that evidence, it will make recommendations for the design of a monitoring and supportive supervision activity to improve delivery of HIV services in the selected maintenance provinces.

   HFG will discuss its recommendations with service providers, managers, PSS administrators, and finance staff in those provinces on a delivery model and plan of action. It will agree on a plan of action with relevant PSS and DOH staff. HFG will then conduct supportive supervision missions and work to ensure the functioning of the agreed-upon delivery model. HFG expects to also work at the central level with VAAC, VSS, and DPF to ensure full alignment of local providers with central management and decision makers.

2. ***Conduct Monitoring and Impact Evaluation when delivering HIV services through the BSHP at all levels of service delivery***

   As HFG assists DOHs with supportive supervision visits, the supported facilities will be monitored to create evidence about the impact of the activities and to record the challenges and solutions identified along the way. This evidence will be applied in the future to similar activities in other provinces. The final end-of-year impact evaluation will be circulated to share experiences and lessons learned. HFG proposes to identify and subcontract an appropriate Vietnamese institute or consulting firm to carry out this task.

Expected Results:

- The lessons learned from deploying SHI-funded HIV services at all levels of the health system in the five provinces can be used to adapt the model in other provinces.

Deliverables:

By end of September 2016:

- The DOH and PSS in the five selected provinces are aware of the HIV services to be provided at each level of delivery and Circular 15 is being implemented;
- Final Monitoring and Impact Evaluation report on delivery of HIV services according to Circular 15.

Activity 3: Provide technical assistance for the effective and meaningful inclusion of HIV services in the BHSP paid by Health Insurance (COP15). HFG/Vietnam is well-positioned to provide technical advice to the MOH and VSS, having helped the GVN understand the tasks required to update the SHI Benefit Package. Phase Two of the BHSP's Master Plan requires the GVN to identify and evaluate SHI Benefit Package options against economic, political, and public health priorities. This is the critical juncture when the approval for inclusion of HIV services in the BHSP will be hopefully formalized.

To contribute to the activities identified in the Master Plan, HFG/Vietnam will focus on the inclusion of preventive HIV services in the BHSP, the design of appropriate provider payment methods for HIV, and further dissemination of evidence on the impact and cost of HIV interventions.

1. ***Provide advocacy based on available evidence to the Council for including both preventive and curative HIV services in the SHI Benefit Package to be delivered at all four levels (central to commune level)***

   With Country Operational Plan (COP) 14 funding, HFG has been conducting an actuarial analysis required to evaluate the potential cost implications of various options for the SHI Benefit Package. Analysis results, along with international experience in including preventive HIV services, will be

used to make a stronger case for inclusion of preventive HIV services in future versions of the BHSP. The analysis will focus the savings in terms of lives and resources that could derive from including HIV prevention in BHSP. It will also help advocate for the integration of OPCs that are currently considered a preventive medicine facility and are not eligible for contracting with SHI.

2. ***Finalize the analytical studies part of COP 14 activities and present them in national and international contexts.***

   With COP 14 funding, HFG has been conducting studies of the socio-economic impact of HIV interventions. It has also provided a well-received estimate of financial liability for the SHI Fund, should it take on the majority of HIV-related expenditures. HFG proposes to finalize, format, and disseminate the results of two facility exit interviews with antiretroviral therapy (ART) clients and methadone maintenance treatment (MMT) clients, with presentations provided at the Sixth National Scientific Conference on HIV/AIDS in Hanoi in November 2015. HFG also proposes to publish the results of the HIV liability study in a relevant journal of international standing to reinforce the case of health insurance as the best option for financing HIV in Vietnam.

3. ***Ensure the adoption of a reliable pre- or post-payment system of financing of HIV services by SHI***

   HFG advising VSS and the MOH on the payment system, that will allow the most efficient delivery of HIV services, access to those services by insured patients, and reliable payment to the providers of those services. The options will be critical in identifying a long-term solution to the challenge of reimbursing HIV services with SHI funds in an efficient and sustainable manner.

Expected Results:

- HFG's actuarial analyses and international cost-effectiveness analyses provide evidence for the GVN to implement its insurance program more efficiently and to consider the benefits of including HIV and other preventive services in the BHSP. The efficiencies will eventually free up fiscal space that may be directed to financing HIV services.
- HFG will present and validate the final results from the two facility exit interviews (one with ART clients and one with MMT clients) at the Sixth National Scientific Conference on HIV/AIDS in Hanoi.
- The pricing and reimbursement modalities for HIV services agreed for the five provinces can be used as model for the rest of the country;

Deliverables:

- A paper written by HFG, presenting the evidence to build the case for inclusion of preventive services in the BHSP;
- Complete report and analysis from two facility exit interviews (one with ART clients and one with methadone maintenance clients) carried out last project year;
- Three abstracts and presentations for the Sixth National Scientific Conference on HIV/AIDS, Hanoi;
- A paper on health insurance liability for providing HIV services in Vietnam accepted in a relevant international journal;
- The MOH and VSS have a pricing and payment model in place for reimbursing HIV services provided in selected provinces and elsewhere.

Activity 4: Support GVN to ensure effective and efficient domestic procurement and financing of ARV drugs and other commodities (Funded through SFI). While many available drugs, such as antibiotics for opportunistic infections, offer prices, availability, and quality that are on par with international standards, procurement for some pharmaceuticals (such as ARVs) do not. This is due to several factors, such as (a) no viable domestic market and lack of international procurement; (b) fragmented, decentralized procurement; (c) limited competition (e.g., monopolies) among suppliers; (d) bidding is limited to spot tenders (no use of longer-term framework agreements); (e) local tenders with high unit cost and high elasticity with regard to drug quantities; and (f) drugs are not currently registered for circulation in Vietnam.

These obstacles drive up ARV prices and inhibit access, particularly in markets where domestic sourcing has been limited (e.g., tenofovir combinations, second line medicines, and specific pediatric ARV formulations). Prices that the National Targeted Program for HIV/AIDS pays for imported ARVs have historically been higher than those paid by The Global Fund or PEPFAR. If unaddressed, when donors reduce or eliminate funding in 2018, the GVN will have to procure these ARVs at higher market prices. At best, this will lead to substantial inefficiencies HIV/AIDS spending; at worst, ARV coverage will shrink. To avoid both these problems and realize its 90-90-90 objectives by 2020, the GVN must take action to eliminate the above obstacles. The MOH on behalf of the Prime Minister has therefore requested that HFG present a proposal for the introduction of a Central Procurement Unit (CPU) for pharmaceutical products (including ARVs) offered in the public health system. However, it is not yet clear how a CPU would be designed, governed, or implemented. HFG has also been tasked with identifying practical, short- and long-term options for domestically financing and purchasing ARVs.

In the first phase of this activity, HFG, in collaboration with the USAID funded Supply Chain Management System (SCMS), will work with the MOH, VAAC, and VSS to identify, evaluate, and agree on options for domestically financing ARVs, designing a well-governed CPU, and effectively procuring ARVs. Both short-and long-term options will be assessed, and an implementation plan developed. HFG will draw on its experience and expertise to highlight best practices and the most feasible course of action.

In the second phase of this activity, HFG will help domestic stakeholders implement agreed-on policies. HFG will collaborate with DPF and Drugs Administration of Vietnam (DAV) to strengthen their capacity to monitor and regulate the CPU. HFG will also work directly with the nascent CPU and VAAC to strengthen their procurement capacity and carry out other, newly defined roles and responsibilities. Finally, HFG will work with VSS and DHI to pilot and scale up ARV financing and reimbursement strategies, with the aim to eventually achieve UHC of PLHIV through SHI.

During the first year, this activity will focus on tasks associated with the first phase:

1. ***Conduct key informant interviews to better understand options being discussed by the GVN for CPU institutional arrangements and ARV financing mechanisms.***

   HFG will conduct in-person, qualitative interviews with key public officials in Vietnam to learn about current discussions and in-country dialogue on options for designing, implementing, and governing a new CPU as well as alternative ARV financing mechanisms. These interviews will improve HFG's understanding of technical, institutional, and regulatory challenges specific to Vietnam. They also will better equip the project to assess which institutional and financing reforms are both technically sound and politically feasible in order to create a well-functioning CPU and a sustainable ARV financing system.

   Design and validate a roadmap for short- and long-term reforms that will establish a CPU and enable the GVN to sustainably procure and finance ARVs. Based on options and recommendations presented in Task 1, key domestic stakeholders are expected to identify mutually agreed-upon reforms. HFG proposes to design and validate, with GVN and other partners, a roadmap that will

present the steps and milestones involved with these reforms. The document will also provide a timeline for implementing the desired, short- and long-term reforms, as well as indicators to monitor and evaluate the implementation of these reforms.

2. ***Assist the GVN in legalizing the institutional arrangements required to implement the reforms and establish a CPU.***

   After the analytical work has provided viable options and the GVN has committed to the adoption of a best course of action, HFG will provide technical assistance to the GVN to legalize the reforms' required governance and financing arrangements. HFG will work with the MOH to draft a legal document outlining the implementation of the institutional arrangements of the CPU, including regulatory and reporting arrangements; appropriate staffing structures with defined roles and responsibilities; a capacity development plan; and a system of checks and balances to ensure transparent bidding, and selection and procurement processes. HFG will support the MOH to convene the necessary meetings and workshops with stakeholders to validate the draft document and to incorporate feedback from stakeholders in order to finalize the draft for submission to GVN leadership.

Expected Results:

- The GVN agrees upon short- and long-term reform options for establishing a CPU as well as sustainably financing and procuring ARVs. This includes a suitable mechanism for pooling SHI funds for procurement of ARVs;
- The GVN understands the necessary pathways for implementing and legalizing these governance and financing reforms over the next three years;
- The GVN takes initial steps to strengthen its institutional, financial, and technical capacity to implement these reforms over the next three years, and it begins to establish a CPU.

Deliverables:

- Task 1: A brief that summarizes findings from key informant interviews and outlines short- and long-term recommendations for designing and governing a CPU, and procuring and domestically financing ARVs;
- Task 2: A roadmap identifying short- and long-term reforms that will establish a CPU and enable the GVN to sustainably procure and finance ARVs. This includes a suitable mechanism for pooling SHI funds for procurement of ARVs;
- Task 3: A draft legal document that outlines steps for institutionalizing the CPU, to be submitted to GVN leadership for consideration and approval.

Activity 5: Engage with VSS to strengthen its ability to forecast SHI expenditures and needed revenue to cope with inclusion of HIV services in SHI benefit package (Funded through the SHI). In working with VSS, HFG proposes to leverage the ongoing actuarial analysis of insurance claims at the national level. Such analysis will inform VSS and other stakeholders of utilization patterns for services covered under health insurance. The knowledge resulting from the studies conducted under COP 14 will be used to support VSS in managing the expenditures for health insurance, learn of possible efficiencies, and align forecast of outflows with planning of needed revenue. Before VSS can start making good use of the new information, however, a number of hurdles have to be removed. To increase VSS's predictive ability, HFG will:

1. ***Provide VSS with a functioning SHI projection model.***

   The existing tools at VSS do not fulfill their intended purpose. However, their effectiveness for providing adequate data and useful summary information needs to be assessed. As the SHI benefit package is reviewed and updates issued in 2017, the inputs associated with each service will likely change, as will their their cost. There will be a need to revise and adapt the database and related instructions to accommodate the changes.

2. ***Feed the new utilization parameters to the model in order to generate adequate and reliable reports and forecasts.***

   The projection model available to VSS is under-utilized for lack of relevant parameters. Building on the actuarial analysis, HFG plans to revise the model with the correct utilization parameters. This should allow VSS to appropriately forecast general utilization of the services paid by health insurance and, critically, to include the new HIV services in the benefit package while estimating the expected additional costs.

3. ***Build MOH and VSS capacity in the use and maintenance of the projection model.***

   As the model is updated and the correct parameters are provided, there is a risk that the MOH and VSS lack of capacity in data collection, analysis, and reporting will prevent the staff tasked with maintaining the model from generating quality outputs and from updating the SHI information contained in the model in following years. Building on its training of data collectors for the actuarial study, HFG will provide the necessary instruction to MOH and VSS staff to ensure sustainable use of the projection model.

As VSS capacity is strengthened to predict health insurance utilization, HFG also wants to enable VSS to outline the proposal for a reform of the Social Security Insurance Fund to allow for the sustainable financing of HIV services through SHI. To fulfill the objective, HFG plans to:

1. ***Provide technical assistance to VSS with a team of international and national experts in insurance funds and health financing to inform future reform of the Social Security financing of HIV.***

   Circular 15/2015, authorizing SHI reimbursement of HIV services needs to be operationalized, but this must be approved by VSS. HFG's role is explained in more detail in the COP 15 activities section. There are many financing challenges related to SHI provision of HIV services that must be addressed before Circular 15 takes effect:

   - Reimbursing for services provided in preventive facilities, rather than in curative settings;
   - Choosing adequate provider-payment mechanisms to facilitate reimbursement of HIV services at the primary health care level (commune health stations) and creating the necessary efficiencies to ensure financial sustainability;
   - Defining the normative framework necessary for payment of pharmaceutical products using funds pooled through the SHI Fund;
   - Setting appropriate levels of co-payment that protect the key population from catastrophic payments and adequately finance SHI provision of HIV services.

   HFG's work with VSS in the short term will have to address the complex interrelation created by all these challenges..

2. ***Provide policy advice and communication materials for VSS to lobby for the needed changes with the GVN leadership.***

   As the work with VSS progresses and the actuarial study comes to fruition, HFG intends to provide VSS the opportunity to disseminate the new information to the highest levels of decision making accessible to them and to HFG. Depending on progress toward HIV financing reform, this task will include providing policy advice backed by evidence for VSS to use in addressing GVN leadership on topics including the raising additional revenue, including HIV in capitation packages, and procuring pharmaceuticals through international bidders.

Expected Results:

- Enable VSS to forecast future financial needs of the SHI Fund;
- Define the appropriate financing norms to apply Circular 15 and allow reimbursement of HIV services through health insurance;
- Plan to raise adequate amounts of revenue to finance additional HIV services and commodities to be added to the SHI benefits package;
- Avoid excessive out-of-pocket expenditure by vulnerable populations;
- Achieve efficiencies through adequate schemes of provider payment at the appropriate level of service delivery.

Deliverables:

- Fully functional projection model for VSS to forecast SHI Fund liability;
- A paper co-authored with VSS/Institute of Social Security Science contributing to the guidelines for implementation of Circular 15 with proposed reform of normative framework in financing HIV services and commodities through health insurance.

Activity 6 Supply evidence-based data and strategic information to support key advocacy objectives toward increased DRM for HIV (Funded through the SFI). HFG proposes to build on its capacity to collect and analyze data in Vietnam, acquired over the previous year of activities. Along with the ability to create new evidence, HFG proposes to work with relevant partners to disseminate existing analysis and studies in a way that non-technical audiences can understand and that is focused on the urgency of increasing Vietnam's funding for HIV. An important audience is the Social Affair Committee of the National Assembly. Given the political nature of working with the Assembly, USAID will have to engage with relevant Assembly members to define the scope and depth of HFG's involvement with the committee and potential sub-committees. From October 1, 2015 to September 30, 2016, HFG proposes to:

1. ***Generate and use evidence to inform GVN stakeholders of the economic implications of providing HIV services.***
   - Finalize a database of studies containing costs of HIV/AIDS interventions in Vietnam; help establish a method for estimating the unit cost of HIV/AIDS services.
   - Explore the possibility of conducting a study following up MMT patients after the wider implementation of MMT user fees to assess the long-term association between user fees and treatment retention, catastrophic expenditures, and socio-economic status of MMT patients.
2. ***Provide policy evidence and technical support to enable the National Assembly to better advocate for increased GVN funding for HIV.***

   By entering in an agreed program of activities with the Assembly's Social Affairs Committee, HFG proposes to:

- Interview new members of parliament with involvement in social affairs about their awareness of the financing challenges and the socio-economic implications of HIV in Vietnam, inform them of past discussions around financing, and provide evidence needed to inform their work on policies for 2016–2020;
- Provide a non-technical executive summary on research to generate evidence on the efficiency of integrating HIV/AIDS treatment paid by health insurance to better inform new members of the National Assembly;
- Provide and fund opportunities for policy dialogue about HIV in Vietnam. Discuss impact of laws and policies on funding of HIV over the course of three HIV policy forums in the North, Center, and South of the country, and communication activities over public and political media channels, with the goal of presenting financing options for HIV under SHI as the viable and sustainable option;
- Support National Assembly committees and sub-committees relevant to HIV discourse for supervision missions to verify the enactment and implementation of policies related to HIV, to include teams from the MOH and MOF to cross-pollinate concepts and policies.

3. ***Continue and complete the National Health Accounts (NHA) and HIV subaccount expenditure tracking exercise for 2013 and for 2014 accounts.***

   For the first time in Vietnam, the HFG team has introduced the System of Health Accounts (SHA) 2011 methodology for the production of NHA. This work started with SFI funding in June–September 2015. HFG will continue to support the production of HA with the current year SFI funding, in strict coordination with MOH and the WHO NHA representative in Vietnam. HFG will complete the HIV subaccount in October 2015, the complete NHA for 2013 in December 2015, and the 2014 subaccount by the end of September 2016.

4. ***Expand the knowledge and use of SHA 2011 at the provincial level.***

   The MOH has expressed its intention to extend the use of the SHA 2011 and HAPT software application to key provinces. HFG will provide a feasibility study and support for implementation of the bottom-up Provincial Health Accounts by training officials of HCMC, Khanh Hoa, Hanoi, Nghe An, and Can Tho in the use of the SHA 2011 method for HA.

Expected Results:

- VAAC is better equipped with costing data and evidence on HIV financing to communicate and advocate with GVN leadership on increasing domestic resources for HIV;
- The HIV/AIDS resource tracking team will have more capacity to lead and implement HIV/AIDS resources tracking using the updated SHA 2011 framework and to use results to inform policy and planning;
- There will be strengthened collaboration and coordination among organizations involved in resource tracking, including MOH/VAAC, National Assembly, and VSS;
- A selected number of provinces will be able to use the SHA11 methodology for tracking health expenditures at the local level;
- The National Assembly will be able to better advocate in favor of increased domestic resource mobilization for HIV.

Deliverables:

- Pamphlet summarizing key findings, implications, and recommendations for the HIV subaccount in a format usable for national and donors' reporting;
- Pamphlet summarizing findings, implications, and recommendations for the overall NHA;
- NHA report and methodology section;
- Briefing kit for incoming members of the National Assembly on HIV challenge;
- Three HIV policy forums for National Assembly to evaluate the option of the SHI scheme as the funding and financing agent for HIV;
- A course of training for the implementation of bottom-up Provincial Health Accounts in selected provinces;
- Phase Two from October 2015 to September 2016: Ha Nam, Hoa Binh, HCMC, and Dong Thap.

Year 4 Progress Against Objectives - In Y4Q4 (July-September 2016), most of USAID/HFG Vietnam work focused on priority and transition provinces for the pilot implementations of HIV services paid by health insurance including: the resolution of accreditation issues with HIV OPCs currently unable to contract with VSS; the needed increase of PLHIV's enrollment in health insurance in those provinces; and the sustainable transfer of knowledge for tracking HIV resources from government and external sources with the definition of the BHSP paid by the SHI fund and the definition and inclusion of HIV/AIDS services in the larger BHSP; proposed options for centralized procurement of ARV from the SHI fund; and development of the SHI projection model. In Q4, HFG/Vietnam team achieved some of key results as below:

1. Integration of OPCs for health insurance reimbursement eligibility

Direct technical support to provinces

- In collaboration with key MOH departments DPF, VAAC, DHI, and Medical Services Administration (MSA) along with VSS as the administrator of the SHI Fund, HFG/Vietnam provided technical assistance to six provinces (Hanoi, Ho Chi Minh City, Can Tho, Hai Phong, Hoa Binh, and Thai Binh) to develop standardized integration plans that were approved by DOHs. The integration plan defined integration options as internal and external together with specific actions for each option and criteria to fulfill SHI requirements for contracting, service provision, and reimbursement.
- HFG and a team from key MOH departments conducted supportive supervision to DOHs and health facilities to help them implement the integration per the provincial integration plans and advise them on regulatory issues related to health and SHI policies.

Technical support to MOH

- HFG supported VAAC to develop the HIV benefit package for inclusion in the BHSP, along with cost estimates, to be used as a basis for integration of services and reimbursement from SHI.
- HFG supported VAAC to develop a national mapping tool for M&E of the integration process in 63 provinces. The tool has three phases, contracting, service provision, and reimbursement; under each phases are steps/criteria to reach key milestones. The tool is being used by VAAC to monitor the integration on a quarterly basis using the quarter's integration data report from the provinces.

- With the 63 provinces that did not receive direct technical assistance, HFG supported the dissemination of integration guidance through three regional integration guiding workshops.
- By the end of September 2016, 13 current health facilities with HIV/AIDS treatment with 6,657 patients receiving ART and six health facilities with newly set up HIV/AIDS treatment services amended their SHI contract for HIV/AIDS. The 11 facilities supported by PEPFAR accounted for 23.9 percent of the total PEPFAR sites (46). Health facilities reached phase 2 of integration, meaning they started to provide HIV/AIDS services through SHI and were reimbursed; these included three hospitals in Hoa Binh, two district hospitals in Can Tho, two district hospitals in Hai Phong, and two hospitals in Ho Chi Minh City.

2. ***Definition of the BHSP paid by SHI Fund:***
   1. Completed data collection for the actuarial analysis in six provinces (Hanoi, HCMC, Hoa Binh, Binh Dinh, Gia Lai, and Dong Thap);
   2. Conducted the data analysis and organized the workshop to share the preliminary results of the actuarial analysis with data collection from the six provinces;
   3. Collaborated with the MOH Health Strategy and Policy Institute) to develop the criteria to select/screening of services to be included/excluded in the BHSP paid by the SHI Fund;
   4. Prepared the option note for the next steps of costing exercise based on the proposal from the MOH;
   5. Advocated for the inclusion of the HIV/AIDS sub-package in the larger BHSP.
3. ***Development of the SHI financial projection model***
   - Collaborated with VSS to conduct the workshop on the technical protocol for the SHI financial projection model to get the consensus on the policy questions to develop the SHI projection model;
   - Finalized the technical protocol on the development of SHI financial projection model with VSS;
   - Collected data from one province (Binh Dinh) with full data from health facilities (at provincial, district, and commune level) and data from PSS to analyze and build the draft model.
4. ***Proposed options for ARV centralized procurement and reimbursement from the SHI Fund***
   - Supported VAAC/MOH in the development of the proposal for centralized procurement of ARVs from the SHI Fund and developed the Prime Minister's Decision on the centralized procurement and reimbursement of ARV from the Social Security fund.
   - Three options of ARV procurement and reimbursement were developed in collaboration with VAAC.
   - Provided technical support to VAAC/MOH to develop the guideline signed by the Vice Minister of Health for provinces to increase the coverage of SHI for PLHIV by using local funds.

Q4 Challenges - Among the most relevant challenges, HFG has identified:

- As the DOHs in the assigned provinces go through the integration process outlined and started by HFG in 2016, the fact that free-of charge PEPFAR and Global Fund commodity support still exists does not motivate health facilities to transit to SHI.
- The current design of the BHSP for SHI does not include HIV Testing and Counseling (HTC), MMT, or Viral Load testing.

- The majority of PMC-based OPCs are still working on their integration plans and are not able to provide reimbursable HIV services;
- The level of SHI coverage for PLHIV is still well below the national average, at ~ 35 percent;
- Even though the law requires the SHI Fund to be accountable for reimbursing HIV services provided to the insured population, there is no official mechanism for financing ARVs central reimbursement using funds from SHI.
- Even with support from SHI, HIV patients will have to endure the financial hardship of out-of-pocket expenditure as they move from free-of-charge OPCs to public hospitals and commune health stations;
- Due to the national election for Parliament and the National Assembly, the activities with the National Assembly have not been started yet. These activities should be considered to carry over into next year if relevant.

Table 47 provides additional activity-specific updates.

TABLE 47. VIETNAM ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: Support VAAC, DHI, and VSS in the integration of OPCs for eligibility of reimbursement by the SHI Fund		
1.1. Identify the steps necessary for the integration of OPCs into the MOH health facility system and implement them in HCMC and five selected PEPFAR maintenance provinces	**At provincial level:** HFG supported Hanoi, HCMC, Hai Phong, Can Tho, Hoa Binh, and Thai Binh provinces to develop provincial integration plans. These plans identify appropriate and feasible steps for the integration as well as actions to meet the criteria for entering SHI contracts. Four provincial integration workshops were held to reach consensus among DOHs, Provincial AIDS Centers (PACs), and health facilities on the plan and for immediate implementation in Hanoi, HCMC, Hai Phong, and Can Tho. HFG has technically and financially supported OPC integration activities of DOHs and PACs in the six provinces. The activities include development of a provincial OPC integration plan and detailed plan for selecting OPCs, and holding consultative workshops in collaboration with VAAC and DPF/MOH. Following a standardized approach and current law, HFG collaborated with each DOH and PAC to visit selected OPCs to assess their progress in contracting with VSS to provide HIV services reimbursed by the SHI Fund, and identify challenges impeding progress. Workshops were conducted in Hai Phong on April 8 with 80 participants, in HCMC on April 15 with 220 participants, and in Hanoi on April 26 with about 150 participants. All participants were staff of PACs, OPCs, hospitals, PSS, VSS, or MOH. Facilitators were Deputy Directors of Provincial DOH, Deputy Directors of VAAC, and leaders of PSS. The workshops allowed OPCs to share their integration plans and to raise questions and concerns about human resources, practitioner licenses for doctors to provide HIV services, confidentiality for HIV patients when OPCs are integrated into the medical examination system, etc. DOH, VSS/PSS, and VAAC leaders	• **At provincial level:** To continue follow-up supportive supervision of activities in all sites. New sites in Hoa Binh, Thai Binh, and HCMC will receive similar support. • **At national level:** To discuss with VAAC and develop action plans for phases 2 and 3 of the integration. • Integration requires health system restructuring at the provincial level, hence a delay in the integration process is inevitable.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	discussed and answered all questions. All OPCs will complete their integration plan following guidance from VAAC, DOH, and PSS to meet the July 1, 2016, deadline set by VAAC. HFG together with VAAC, DPF, SHI, and DOH did follow-up supportive supervision activities at all sites in the six provinces: 75/75 current treatment sites and 6 newly set up sites. For health facilities with complex regulatory issues and concerns about service provision, re-visits were made to ensure timely follow-up and actions. **At national level:** HFG supported VAAC/MOH to develop a comprehensive mapping tool for M&E of the integration progress in all 63 provinces. The M&E tool, developed for VAAC quarterly monitoring and production of quarterly integration reports, was based on HFG's technical experiences in the provinces. Its three periods guide the next steps until integration is complete. The VAAC conducted a mapping exercise of all OPCs and their integration status, and assisted several OPCs in implementing their integration plan. To date, meaningful progress has been made in 13/75 HFG/USAID-supported sites and six health facilities with new HIV/AIDS treatment services that have signed contracts with VSS. Some of the facilities have started to provide HIV/AIDS service through SHI. Challenges remain however, before all the facilities can sign contracts with the SHI Fund and, for those that have signed, before a critical mass of patients can be transferred to the care of the SHI network. Through the end of FY15, three regional integration training workshops for Northern, Central, and Southern provinces were organized with technical and financial support from HFG and CDC. Two successful regional integration workshops were held, in Nha Trang on June 14-15, 2016 for 100 participants from 17 Central and Central Highland provinces, and in HCMC on June 23-24 for about 100 participants from 19 Southern provinces. A third workshop was held in Hanoi on July 17-18 for over 100 participants from DOHs, PACs, PSSs, and OPCs in 28 Northern provinces. Participants shared their preferred integration option, discuss difficulties and challenges they faced during the integration process, and raised questions/ concerns for VSS, MOH/VAAC, MSA, and DHI on the list of medical services, approved prices, and other terms of SHI reimbursement, requirements for a supplementary annex for HIV/AIDS services in the contract with VSS, etc. On September 13, 2016, USAID/HFG supported the MOH in organizing an experience-sharing workshop in Can Tho City. The Minister of Health (MOH/VAAC) chaired the workshop. The 60 attendees came mostly from the six supported provinces. The workshop updated the progress of integrating HIV/AIDS treatment facilities into the SHI scheme, and discussed many integration issues. MOH, VAAC, and OPCs shared advice on solving issues and overcoming challenges. A	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	significant result of this sharing was a tangible increase in motivation among participants. All provinces expressed their commitment to reach integration targets.	
1.2.Provide a model to ensure the availability of ARVs and commodities to be provided in facilities contracted by VSS	Supported VAAC/MOH to prepare MOH proposals for Prime Minister approval: • Centralized procurement of ARV from SHI Fund, conducted by MOH in collaboration with VSS; • ARV central reimbursement • Financial mechanism to support PLHIV to enroll in SHI scheme and support the co-payment for ARV expenses through Provincial Poor Health Care Funds, PLHIV Support Funds, and other sources. VAAC/MOH officially sent the documents and received comments/feedback from related MOH departments (MSA, DHI, DPF…). Then VAAC/MOH sent the documents to VSS, MOF, and Ministry of Planning and Investments (MPI) for comments and received positive official feedback from VSS and MPI. MOH will submit the proposal and decision to the Prime Minister after getting the official feedback from MOF. HFG supported VAAC to present the options on ARV procurement and reimbursement in two workshops with DOH, PAC, and provincial hospitals.	• Continue to provide technical support to VAAC in coordination with VSS and MOH to develop a proposal on centralized procurement and reimbursement of ARVs and submit it for Prime Minister approval. • Provide technical support to VAAC and MOH in coordination with VSS and MOF to develop a liquidation of ARV from the SHI Fund; a guideline for ARV reimbursement at central and provincial levels, and a guideline for the expansion of health insurance coverage for PLHIV from the local domestic funding. • Wait for official feedback from MOF in order to have enough comments from MOH, VSS, and MOF. Then the MOH will submit the proposal and decision to the Prime Minister.
1.3 Provide technical assistance and financial support to VAAC and DPF to train health providers in HCMC and five maintenance provinces on modality and protocols of HIV service delivery for reimbursement through the SHI scheme	This activity has not been carried out since HCMC integration has not advanced fast enough.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 2: Support Departments of Health and Provincial Social Security in five maintenance provinces to implement Circular 15 and facilitate the roll-out of the HIV benefits in 2016		
2.1 Work with service providers and PSS to establish the conditions for delivery of HIV services at various facility levels	This activity has been rolled into activity 1, as part of the steps followed for the integration of Out-Patient Clinics (OPCs)	
2.2 Conduct Monitoring and Impact Evaluation when delivering the cluster of HIV services through BSHP at all levels of service delivery	USAID/HFG collaborated with the DPF, the MOH Health Strategy and Policy Institute (HSPI), and a local consultant team to conduct the Baseline Survey on the Relevance and Feasibility of Implementation of a BHSP Paid by SHI Fund and Sub-package on Care and Treatment services for PLWH in six provinces (Hanoi, HCMC, Thai Binh, Hai Phong, Can Tho, and Hoa Binh). Using key performance indicators associated with the BSHP, the baseline data will be used to monitor BHSP implementation including HIV/AIDS services provided at different levels of care. After finalizing the technical protocol and data collection tools, HFG held a training course on the BHSP and survey data collection tool for participants from the six provinces on June 30-July 1. Data collection took place July 11-30, and data analysis started in August.	
Activity 3: Provide technical assistance for the effective and meaningful inclusion of HIV services in the BHSP paid by health insurance		
3.1 Provide advocacy and technical support to the Council for including both preventive and curative medicine in the list of reimbursable services in the SHI Benefit Package to be delivered at all 4 levels (central to commune level)	With the support from HFG/USAID, VAAC has officially presented the final HIV/AIDS package and cost estimates and then sent/submitted the costed package of HIV/AIDS services to be included in the larger BHSP covered by the SHI Fund. HFG/USAID supported MOH in the development of the draft circular for BHSP as requested by the Minister of Health. It is to be endorsed by the end of Dec 2016. Since the Minister of Health signed the decision to establish a National Consultation Council on Health Insurance Policy to provide him guidance on health insurance policy in May 2016, USAID/HFG has been working with related MOH departments to advocate to the Council on the BHSP and HIV/AIDS sub-package. On August 31, 2016, USAID/HFG supported the MOH to organize the council's first consultation workshop to review the approach to and criteria of the BHSP and get comments for the draft circular about BHSP paid by the SHI Fund.	• HFG will cost the proposed BHSP based on actuarial data from the six provinces. • HFG/USAID will continue to support the MOH in developing the draft circular for BHSP as requested by the Minister of Health. It is to be endorsed by the end of Dec 2016. • The final actuarial analysis workshop will be held in Hanoi in November 2016.
3.2 Finalize the analytical studies part of COP 14 activities and present them in national and international contexts	The results of the 2 studies conducted by HFG team in collaboration with Vietnam Authority of AIDS Control were presented at the symposium on "Health economy & health insurance related to HIV/AIDS" at the 6th National Scientific HIV/AIDS conference. HFG directly contributed to the conference with two presentations including (1)*"Estimating the*	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	Health Insurance Liability for Treatment of HIV/AIDS in Vietnam (2016-2020)", presented by Mr. Nazzareno Todini, HFG Vietnam's chief of party and (2)*"Income, expenditures, and health insurance status among ART clients – Results from facility exit interview",* presented by Dr. Benjamin Johns, HFG/Vietnam lead health economist. Dr. Nguyen Hoang Long, director of Vietnam Authority of AIDS Control emphasized that the results of the 2 studies were critically important and provided evidence for Vietnam Authority of AIDS Control to negotiate and advocate with the Government of Vietnam, Vietnam Social Security to mobilize domestic funding for HIV/AIDS and to increase the coverage of health insurance for people living with HIV/AIDS in Vietnam. Specifically, the estimate of Health Insurance liability has been integrated in Vietnam Authority of AIDS Control's proposal for funding for HIV, currently reviewed by Ministry of Planning and Investments and Ministry of Finance, before being submitted to the Prime Minister of Vietnam.	
3.3 Ensure the adoption of a reliable pre-payment or post-payment system of financing of HIV services by Social Health Insurance	Under USAID/HFG, the Results for Development Institute (R4D) is assisted partners in the Ministry of Health, the Health Strategy and Policy Institute (HSPI) and Department of Planning and Finance (DPF), Viet Nam Administration of HIV/AIDS Control with a) estimating a capitation increment for incorporating outpatient HIV services in the ongoing capitation piloting; b) outlining inclusion/exclusion criteria for health care services and products for determining a Basic Health Services Package for the VSS; and c) developing an implementation roadmap for the Vietnam Health Financing Strategy.	
Activity 4: Support GVN to ensure effective and efficient domestic procurement and financing of ARV drugs and other commodities		
4.1 Conduct key informant interviews to better understand options being discussed by the GVN for CPU institutional arrangements and ARV financing mechanisms.	This activity has been completed. The final report with proposed options for the procurement of ARV and the establishment of a CPU is in the finalization process and will be shared with related partners early in the next quarter.	• The final report on the centralized procurement of ARV and establishment of a CPU will be shared with USAID in Vietnam. The Vietnamese version will be shared with VAAC and DPF in January 2016.
4.2 Design and validate a roadmap for short- and long-term reforms that will establish a CPU and enable the GVN to sustainably procure and finance ARVs	HFG has developed an initial draft of a Joint Circular between Ministry of Health and Ministry of Finance to provide guidance on the implementation of centralized procurement of ARVs financed by the Social Health Insurance (SHI) fund. The document will also provide legal language to regulate the estimation of the co-payment for ART for people living with HIV. The draft has been shared with leaders of Vietnam Authority of AIDS Control for comments and it will be finalized once fully validated. The Joint Circular is expected to be a major step in defining the legal framework necessary for ensuring the sustainability of the HIV response in Vietnam and	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	the transition of the cost of ARVs to the Government of Vietnam as donors' support phases out.	
4.3 Assist the GVN in legalizing the institutional arrangements required to implement the reforms and establish a CPU.	This activity was not implemented, waiting for a final decision on modalities of procuring ARVs with GVN funds	
Activity 5: Engage with VSS to strengthen the agency's ability to forecast SHI expenditures and needed revenue to cope with inclusion of HIV services in SHI benefit package		
5.1 Provide VSS with a functioning SHI projection model	The collaborative relationship between USAID/HFG project and VSS has been strengthened. On April 25 and 27, 2016, HFG had 2 technical meetings with VSS to finalize the technical protocol for the SHI financial projection model. With the proposed policy questions from VSS and expected outputs, the consultant team developed the technical protocol with dummy tables for data collection and an activities time frame to discuss and agree with VSS on the next steps of model development. The model will help the VSS, MOH, and MOF manage the SHI Fund by projecting total health expenditure for certain services, including HIV, over the coming years. The following tasks were done in Q4: a. Collaborated and agreed with VSS on the Technical Protocol for the SHI financial projection model. b. Developed the MOU between USAID/HFG and Institutes for Social Security Science (ISSS)/VSS to develop the SHI financial projection model. c. Worked with ISSS/VSS and agreed on the data collection plan for the SHI financial projection model. d. Collected all data from Binh Dinh PSS and provincial hospital. The remaining data will be collected soon to be analyzed and build the draft model. Protracted discussions with VSS on characteristics and purposes of the projection model have limited progress on this activity. The activity will be rolled to next year's program of activities.	• Continue to work with VSS to conduct training for VSS/PSS staff on data collection and analysis to provide the inputs for the development of SHI Fund's financial projection model.
5.2 Feed the new utilization parameters to the model in order to generate adequate and reliable reports and forecasts	This activity will be implemented in the next year.	
5.3 Provide capacity building to MOH and VSS in the use and maintenance of the projection model	This activity will be implemented in the next year.	
5.4 Provide technical	This activity will be implemented in the next year.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
assistance to VSS with a team of international and national experts in insurance funds and health financing to inform future reform of the VSS financing of HIV		
5.5 Provide policy advice and communication materials for VSS to lobby for the needed changes with the GVN leadership	This activity will be implemented in the next year.	
Activity 6: Supply evidence-based data and strategic information to support key advocacy objectives towards increased domestic resource mobilization for HIV in Vietnam		
6.1 Generate and use evidence to inform GVN stakeholder of economic implications of the provision of HIV services	The Follow-up study on MMT retention after user fees has been completed and it will be disseminated in the next project year.	
6.2 Provide policy evidence and technical support to enable the National Assembly to better advocate for increased GVN funding for HIV	The National Assembly underwent the election process in 2015 and it has not been possible for HFG to meaningfully engage during the year.	
6.3 Continue and complete the NHA and HIV subaccount expenditure tracking exercise for 2013 and 2014 accounts	The final report for the NHA 2013 exercise has been completed and is now being printing (in Vietnamese and English). This will be used as the official data to inform the decision makers regarding health financing system, health expenditure, and HIV/AIDS expenditure. Following the training courses on SHA 2011 in March 2016, USAID/ HFG collaborated with the MOH to collect data for the NHA 2014-2015 and Provincial Health Account with HIV subaccounts (Hanoi, HCMC, Nghe An, Khanh Hoa, Can Tho). • Data collection (reported data for 2014 and provision data for 2015) was implemented at the central GVN level (MOF, Vietnam State Treasures, MPI, MOH, VAAC) and development partners. • Provided technical support to DPF and key partners in five supported provinces to guide data collection for the NHA exercise 2014-2015 and to keep on track/ accelerate progress of providing secondary data for the HIV/AIDS account. All five provinces have submitted about 70% of the necessary data for the HIV subaccount. The remaining 30% is expected to be submitted in October 2016. • Conducted four training courses on ICD 10 for participants from Ha Noi, Nghe An, Khanh Hoa, HCMC,	• Continue to follow up with data collection, data organization, development of distribution keys, and analysis for the NHA exercise 2014-2015 and Provincial Health Account with HIV subaccounts. By Y5Q1, the first draft of results, primary outcomes, and report will be presented.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
	Can Tho, Hai Phong, and Thai Binh. The training is part of HFG's effort to build capacity of the MOH NHA team and stakeholders in key provinces, which will improve NHA (expenditure by diseases) and BHSP analysis. • DPF/MOH approved the concept note for the Enterprise Health Expenditure Survey proposed by the HFG consultant. They have started to collect health expenditure data from the private sector at the national level. The survey should be completed in October 2016 and the results used in the NHA exercises for 2014-2015.	
6.4 Expand the knowledge and use of SHA 2011 at provincial level	Provided training courses on SHA 2011 for participants from five provincial DOHs (Hanoi, Nghe An, HCMC, Khanh Hoa, and Can Tho) to do provincial health accounts. This activity was completed in May 2016 with two training courses, held in Hanoi and HCMC.	Provide technical assistance on Provincial Health Accounts and HIV subaccount.

5.3 Eastern Europe and Eurasia

5.3.1 Eastern Europe and Eurasia Bureau

Program Objectives - HFG's E&E Bureau Activity seeks to build the capacity of regional organizations in the South Caucasus to be a technical resource for NGOs in the region; and strengthen the capacity of local HIV/AIDS NGOs serving key populations in Armenia, Azerbaijan, and Georgia, to provide quality services in an environment of decreased international donor funding.

Year 4 Activities - During Year 4, the subaward and lower-tier subaward agreements will be initiated with the two organizations which were selected through a competitive process in Year 3. HFG will provide technical assistance to these organizations in implementing NGO-strengthening activities for local HIV/AIDS NGOs in the three South Caucasus countries, and will support overall organizational strengthening of the two implementing organizations. Activities to be carried out by these two organizations, with TA from HFG, include capacity assessments of their own organizations, selection of and capacity assessment of participating local HIV/AIDS NGOs, organizational capacity development training, individualized TA/mentoring, and establishment of a network of participating NGOs.

Year 4 Progress Against Objectives - Q1 was devoted to further preparation for signing of the subrecipient and lower-tier subrecient agreements, now expected to take place during Q2.

At the close of Q1, HFG held a financial management/compliance training with the primary sub-recipient, Business Support Center (BSC) in Armenia, and the lower-tier sub, United Nations Association of Georgia (UNAG) in Georgia, to provide each organization with an orientation on requirements for sub-agreements. Subsequently, during Q2, BSC and UNAG were able to finalize and sign their agreements to begin work in February 2016. Since then, BSC has finalized the detailed project work plan with HFG. BSC/UNAG have identified a total of 15 NGOs, five each in Armenia, Azerbaijan, and Georgia, to participate in the activity, and the list of participating NGOs has been approved by HFG.

As planned, BSC has begun implementing activities directly with NGOs in Armenia and will oversee UNAG's implementation of activities with the participating NGOs in Georgia and Azerbaijan. HFG has also brought onboard a local consultant based in Georgia to help monitor and organize TA on this activity.

During Q3, BSC and UNAG made tremendous strides in program implementation. The first regional workshop in April in Tbilisi launched the program, allowed the NGOs to network with one another, and provided for intial TA. Following that workshop, the subrecipients carried out participatory assessments of organizational capacity for all fifteen participating NGOs. Based on these assessments, capacity development plans were put in place for each NGO. Full training schedules and initial coaching plans were developed, and the first trainings launched at the end of June.

In Q4, BSC and UNAG trained all the participating NGOs in the five topics of resource mobilization; financial management; internal management and governance; advocacy and constituency-building; and networking, partnerships and external relations. To support the training topics and help NGOs meeting the priority objectives set out in their capacity building plans, both BSC and UNAG began a series of coaching sessions for all NGOs on these topics. Coaching sessions are tailored to the specific needs of each organization. Additionally, online platform development continued. HFG's subrecipients brought the participating NGOs together in Tbilisi, Georgia, to finalize the platform, receive training in platform management, and share information about their work to build the regional network.

Table 48 provides additional activity-specific updates.

TABLE 48. EASTERN EUROPE AND EURASIA BUREAU ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Capacity development technical support		
Determine capacity development needs of grant recipient	All capacity development plans were completed in Q4.	
Deliver technical assistance to grant recipient as needed	HFG provided ongoing assistance to the main sub-recipient and lower-tier sub-recipient through review of capacity plans, mid-term workshop agenda, website content, and coaching plans. HFG monitored coaching sessions and provided written and oral feedback to the BSC and UNAG for improvement. Additionally, through regular Skype meetings, HFG provided regular support in program management for BSC and supported BSC in improving its skills in managing its own sub.	
Monitor sub-award implementation	HFG held regular check in calls with BSC, reviewed draft deliverables and deliverables, and monitored coaching sessions.	
Activity 2: Strengthening country-based NGOs		
Organizational Capacity Development Training Provided	Training was provided for 15 NGOs on five topics.	
Individualized TA_mentoring delivered to local NGOs	Coaching plans were developed, including a series of 35 individual coaching sessions. All 15 participating NGOs have begun to participate in coaching sessions focused on achieving the specific objectives laid out in their tailored capacity-building plans. Coaching will run through October 2016.	
Regional_National networks of NGOs established or strengthened	The participating NGOs have gotten to know each other through this activity and have formed a network. Through the mid-term regional meeting, the NGOs exchanged information and dedicated their time to establishment of the online networking platform, which will help them maintain contact with one another and share information about their organizations with a broader audience. The NGOs made a joint proposal to run a platform launch week in late October, to use a combination of approaches, including social media, interpersonal communications, and print media to get word out about the networking platform.	Despite the commitment of the NGOs to the networking platform, the platform is new and the relationship between these NGOs is also rather new. HFG is concerned about the longevity of the platform, given that it will launch only one month before the end of the sub-agreement to BSC, and there is always a risk of later technical issues that may need to be addressed to keep the platform running. HFG has recommended that BSC and UNAG seek potential small grants for either themselves or a leading NGO in the group to allow for platform maintenance and related expenses.

5.3.2 Ukraine

Program Objectives - HFG's current work in Ukraine aims to introduce more effective provider payment systems for TB hospitals. HFG will do this by developing a new output-based TB hospital payment system, based on DRGs and relative payment weights. HFG will contribute to the development of legal and PFM changes required for implementation including budget formation, operating systems, funds flow and facility autonomy and establish linkages with broader national health financing reforms, other USAID projects and development partners.

Year 4 Activities -

- Create the required database for TB case group and relative weight analysis combining TB clinical information and cost accounting information for Poltava Oblast, and initiate this work in the new geographic regions: Kyiv City and Odessa Oblast. These databases will be combined in Year 5, to allow for development of a simulation model for use in creating TB case groups and relative weights. The simulation model will allow comparison of payments to each TB hospital under the old and new TB hospital payment systems to assess impact, determine winners and losers, and contribute to development of implementation and transition plans. It will also contribute to development of plans for TB hospital restructuring required to create savings for reinvestment into TB outpatient services.
- Establish a participatory process for new TB hospital payment system development and preparation for implementation to build capacity, institutionalize methodology and link to national reforms. This process will be used in Poltava Oblast and replicated in Kyiv City and Odessa Oblast.
- Establish productive and synergistic linkages between TB purchasing and national health financing reforms.
- Build capacity among oblast and national health and TB financing/purchasing stakeholders by participatory development and institutionalization of TB hospital payment methodology and systems.

Year 4 Progress Against Objectives - During the first quarter, HFG adapted cost accounting methodology to local conditions and introduced it in all eight TB hospitals in Poltava Oblast and provided training and software for data collection to all eight hospitals. Based on the success in Poltava, four other oblasts and Kiev City have requested HFG assistance.

During Q2, HFG began discussions with the MOH and key international partners on expanding the HFG activities to another oblast. HFG worked with USAID during the next quarter to select geographic areas for expansion.

During Q3, USAID/Ukraine provided additional funding of $400,000 to HFG to expand the TB provider payment work to several new regions. USAID recommended Kyiv City and Odessa Oblast as priority regions, with the possibility of including Lviv Oblast as well. HFG revised the work plan to include these new regions. HFG also initiated policy dialogue with public administration and health authorities in Kyiv City and Odessa Oblast and agreed on an overall strategy for the HFG program expansion.

During Q3, the HFG team also updated the comprehensive analysis of the Poltava Oblast discharged patients' database for 2013-2015, based on feedback and clarifications provided from Poltava TB providers and health authorities. HFG presented the Poltava experience developing a new TB payment system at a national round table entitled "Implementation of the Strategy on Development of Outpatient TB Treatment in Ukraine" held on April 21st 2016. The HFG presentation was well received by participants and the MOH and local TB projects showed interest in the results of the analysis of the discharged patients' database.

In Q4, HFG moved forward with work in the new oblasts, signing Memoranda of Cooperation with both Odessa Oblast and Kyiv City and agreeing on the implementation plans in these two areas. In Odessa, the Project began conducting trainings for economists and statisticians on cost accounting and the discharged patients database for eight TB facilities and the Oblast health department and began the data collection process. In Kyiv City, in close collaboration with the Kyiv City Health Authorities, HFG introduced a cost accounting system into all of the city TB facilities, trained economists and statisticians from the facilities, and undertook the first round of cost accounting analysis on 2015 budget and statistical data. In Kyiv City, a discharged patients' data base has been established in each TB facility (based on form U66) and HFG conducted a preliminary analysis on hospitalization structure.

Given the expansion to additional geographic areas, HFG will focus on data collection and analysis through Year 4 and into early Year 5. DRG development and accompanying simulation models will be developed in Year 5, to be based on data from all three of these geographic areas.

Q4 Challenges - The addition of two new geographic regions to the HFG Ukraine activity means that (a) significantly more data will be collected and analyzed, which will allow for better DRG development; (b) DRG development will take place only after data collection and analysis take place in the new geographic areas of Kyiv City and Odessa Oblast, so Q4 activity focus shifted from the originally-planned DRG development to introduction of databases and data collection in new geographic areas; (c) collection of new Form 66 data continues in Poltava Oblast, but the collection is quite automatic on the facility level and requires little support from HFG, allowing HFG to focus on data collection and analysis from the new geographic areas.

Table 49 provides additional activity-specific updates.

TABLE 49. UKRAINE ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
Activity 1: HFG TB Strategic Purchasing		
New Regions_ Odessa Oblast and Kyiv City	In Q3 and Q4, HFG expanded its activities to Kyiv City and Odessa Oblast. In Q4, Memoranda of Cooperation were signed with the local authorities in both locations, trainings were held on collection of cost data, and data collection began. In Odessa, six seminars were conducted, three on cost accounting and three on use of information systems for collection of patient case data. Data on 18% of the over 8100 cases (form U66) treated in Odessa Oblast's TB facilities from 2014 through the first half of 2016 were collected. In Kyiv, data were collected for over 98% of the city's nearly 4,900 cases treated in the city's TB facilities in this same period. Additionally, a preliminary cost accounting and discharged patients analysis was conducted, including individual cost accounting for each TB hospital, detailed hospitalization structure, length of stay, bed turnover by facility, and type of case (drug resistant, sensitive, pulmonary/non-pulmonary). These data will be further analyzed in the following quarter.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
1. Facility level cost accounting analysis and capacity building to support the development of TB DRGs in Poltava Oblast		
Liaise with MOH and partners on cost accounting to enable implementation and harmonize oblast and national health financing reforms, and also distribute in preparation for scale-up to other oblasts	HFG is working in close collaboration with the MOH DRG Center and World Bank on technical discussions regarding general DRG system introduction for Ukraine. HFG contributed in policy dialogue and technical discussion on cost accounting methodology for DRG development in Ukraine, shared Abt experience in introduction of step down allocation approach for DRG development in Central Asia, and shared best international experience that summarized in the recent JLN Costing Manual. In Q4, HFG team met with the WB Health Project TTL and its technical team and presented preliminary results of a comprehensive analysis of TB hospitals performance in Poltava and Kyiv City and further steps for TB DRG development. The WB and MOH DRG Center requested HFG assistance in design and carrying out a national DRG workshop for regional health authorities and MOH. The joint HFG-WB effort is planned for the next quarter.	
Calculate the facility level cost per case and other parameters agreed upon in the context of clinical departments in accordance with the step-down cost accounting methodology	2016 data collection continued, with information input (form U66) taking place automatically on the facility level in Poltava. Cost accounting system has been introduced at each TB hospital in Kyiv city and first round of cost accounting analysis was conducted based on 2015 budget and statistical data. The data will be combined with the data now being collected from the Odessa Oblast, and analzed for use in DRG development in Year 5.	
2. Creation of a hospital discharge database from existing health information systems to support the development of TB DRGs in Poltava Oblast and further strengthen health information systems for TB		
Continuously liaise with MOH and partners on hospital discharge database to enable implementation and harmonize oblast and national health financing reforms, and also distribute in preparation for scale-up to other oblasts	As noted elsewhere, HFG continued to collect data from Poltava Oblast and initiated data collection and analysis in the new geographic areas, replicating the structure of the hospital discharge database which had been developed for use in Poltava. To date all TB hospitals in Poltava and Odessa oblasts and Kyiv City use the discharged patients database on a daily basis. The database includes records on all discharged patients since 2014/15 and has been used by oblast health authorities for internal monitoring of TB hospitals performance and further TB sector restructuring. HFG regularly meets with the USAID HSS advisor embedded in the MOH, as well as with other international and national partners, to ensure coordination with the national reforms.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/ Problems Encountered/ Follow-up Steps
3. Design and development of strategic TB purchasing including TB DRGs and accompanying changes in budget formation, funds flow and facility autonomy in Poltava Oblast		
Continuously liaise with MOH and partners on strategic TB purchasing to enable implementation and harmonize oblast and national health financing reforms, and also dialogue in preparation for scale-up to other oblasts	Through discussions with the World Bank in Ukraine this quarter, HFG and the WB have agreed to conduct a joint seminar for health system managers on the oblast level, to introduce the concept of DRGs and their introduction in Ukraine. This seminar, which will include technical input from HFG, is tentatively scheduled for Y5 Q1.	
Create analytical model to develop TB DRG classification and relative payment rates (includes combining clinical and cost accounting data to attach cost to each case)	HFG earlier developed an analytical model for Poltava Oblast, and is in the process of doing so for the new geographic regions.	
Clinical and financial specialists conduct iteration of options to reach final TB DRG classification and relative payment rates	This task will take place in Year 5, using data and analysis from Poltava Oblast, Kyiv City, and Odessa Oblast.	
Create simulation model and simulating impact	This task will take place in Year 5, using data and analysis from Poltava Oblast, Kyiv City, and Odessa Oblast.	
Design new strategic TB purchasing system for Poltava Oblast including TB DRGs, accompanying changes in budget formation, funds flow and facility autonomy and implementation steps	This task will take place in Year 5, using data and analysis from Poltava Oblast, Kyiv City, and Odessa Oblast.	

5.4 Latin America and Caribbean

5.4.1 Eastern and Southern Caribbean

Program Objectives - The overall objective of the USAID Eastern and Southern Caribbean field-supported activities under the HFG project is to support the Bahamas, Barbados, Guyana, Suriname, and Trinidad and Tobago to plan, finance, and monitor a financially sustainable, effective, and efficient HIV response. The activities are designed to support domestic resource mobilization and targeted financing through the institutionalization of data collection systems, as well as the analysis and use of financial data for decision making.

Year 4 Activities - Activities in HFG Project Years 4-5 (work plan period of June 1, 2016 - June 30, 2017) entail leveraging existing systems and data sources to ensure that countries have strong evidence that speaks both to their advocacy needs and planning requirements for sustainable domestic financing of the HIV/AIDS response. HFG will provide targeted technical assistance in line with the USAID Eastern and Southern Caribbean Mission's request to ensure that existing and envisaged increases in financial resources are allocated to the most effective activities in the most efficient manner; they should support a more geographically-focused, sustainable response that focuses on key populations. HFG will tailor assistance to each country's specific context, and may amend the work plan over the course of implementation, as requested by USAID, to ensure maximum synergy with activities which are being planned and supported by PEPFAR and other donors. Activities by target country are as follows:

1. The Bahamas: Facilitate and support a PEPFAR Sustainability Index Dashboard (SID) exercise and develop a sustainability plan for the HIV response.
2. Barbados: Facilitate and support a SID exercise and develop a sustainability plan for the HIV response, while simultaneously strengthening health budgeting and health planning including HIV spending by supporting the National HIV/AIDS Commission and the MOH to collect spending data for HIV and AIDS as part of regular data collection.
3. Guyana: Support the government to update the existing SID and sustainability plan for the HIV response to ensure that the new costs and program needs associated with the Test and Treat strategy are reflected, and work with the MOH and relevant national stakeholders to track HIV and AIDS expenditures, assess current financing sources and levels of funding, and determine where efficiencies may be sought and current donor funding may be replaced by domestic sources.
4. Suriname: Facilitate and support a SID exercise and develop a sustainability plan for the HIV response. As a result of the SID prioritization process, HFG expects that local counterparts may want HFG to support an HIV investment case, and HFG has included the conduct of an investment case in the work plan.
5. Trinidad and Tobago: Facilitate and support a SID exercise and develop a sustainability plan for the HIV response. As a result of is work, HFG anticipates that local counterparts may be interested in HFG conducting a public expenditure review (PER) to assess government and donor funding for HIV and its allocation; and in receiving technical support to conduct HIV investment case type modelling and analysis for allocation decisions and advocacy for increased funds. These latter two activities are in the existing work plan.

The above stated activities were approved by USAID/Eastern and Southern Caribbean with the understanding that htey would be further defined in consultation with local governments and key stakeholders, taking into account PEPFAR and other donor work currently being planned or conducted in each country. A revised work plan based on further consultation with USAID/Eastern and Southern Caribbean and conversations with local counterparts was developed at the end of Year 4 and is currently pending USAID review and approval.

Year 4 Progress Against Objectives - HFG revised the Year 4-5 work plan based on guidance from USAID/Eastern and Southern Caribbean to include technical support for the SID exercises and to add Guyana as a new country to work in. In order to fit within the budget envelope, HFG removed from the previous draft work plan regional activities and direct capacity development support for University of the West Indes Health Economics Unit that had been previously envisioned. USAID approved the work plan in the last week of the quarter with the provision that the work plan may need to be modified over the course of implementation so as to avoid duplication and maximize complementarity, as there is a rapidly changing landscape in the region, and many PEPFAR and other donor supported actors are in or planning to enter the health financing and governance space. The objectives and activities under that approved work plan are reflected here. Upon work plan approval, HFG quickly organized to attend key meetings in Barbados and Trinidad and Tobago and to kick off activities in the region through discussions with regional counterparts. In September, the work plan was re-revised based on consultations with USAID/Eastern and Southern Caribbean to include additional activities with an increased budget, factoring in anticipated PEPFAR ROP 16 funding. The revised work plan is currently undergoing USAID review and is pending approval.

Table 50 provides additional activity-specific updates.

TABLE 50. EASTERN AND SOUTHERN CARIBBEAN ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 6: The Bahamas Program		
Sustainability Index Dashboard Development	HFG participated in the PEPFAR Work Planning meeting in Bahamas in September, along with other PEPFAR implementing partners, key government and non-government stakeholders in the Bahamas. The meeting was chaired by the head of the National AIDS Program, and attended by the Minister and Acting Permanent Secretary of Health. HFG introduced the SID tools and obtained country endorsement for proposed work plan activities.	
Activity 7: Barbados Program		
Conduct work planning	In July, HFG attended a week-long regional consultative workshop in Bridgetown, Barbados convened by PAHO to solicit stakeholder feedback to better understand, from a health system strengthening perspective, how Barbados can sustainably expand its HIV care and treatment services in support of the new WHO "treat all" recommendation. The HFG team also discussed with the Ministry of Health areas of possible HFG involvement, which fed into the drafting of the HFG work plan. HFG participated in a Subregional Workshop on Strengthening and Optimizing the Supply Chain Management of Medicines and Laboratory Commodities for HIV/STI/ Opportunistic Infections in the Caribbean,	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	led by PAHO, held August 22-27 in Bridgetown, Barbados. HFG team members attending the workshop provided input into health financing and governance issues that came up for discussion, and identified financing and governance aspects of procurement and supply chain management where HFG could provide support.	
Sustainability Index Dashboard Development	During the August 2016 trip, HFG led a half-day workshop for the Barbados Ministry of Health and stakeholders to initiate the process of completing the SID assessment. Participants began to complete the assessment during the workshop and agreed to have a preliminary draft completed by mid-October. The draft will be validated during a larger stakeholder workshop by early November.	HFG could not conduct a full SID assessment in August because the idea of conducting the exercise had not yet been discussed and agreed by the MOH Senior Management Team.
Activity 8: Guyana Program		
Sustainability Index Dashboard Development	HFG met with the National AIDS Programme Secretariat Manager to discuss the Guyana work plan, including the SID tool and process.	
Conduct work planning	Including information from discussions with the National AIDS Programme Secretariat Manager, identified possible areas for HFG support that were then reflected in the Eastern and Southern Caribbean work plan.	
Activity 9: Suriname Program		
Sustainability Index Dashboard Development	The Activity Lead for HFG's Suriname program travelled to Paramaribo, Suriname to attend the PEPFAR Regional Operation Plan (ROP) 16 consultation meeting held September 15, 2016. During the visit, meetings were held with the Ministry of Health to discuss areas of possible HFG involvement and SID implementation.	
Conduct work planning	While in Suriname, HFG discussed and agreed with USAID/Eastern and Southern Caribbean to explore the possibility of conducting an efficiency gains in supply chain management study. USAID/Eastern and Southern Caribbean plans to contact the Ministry to vet the idea as a next step.	

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 10: Trinidad and Tobago Program		
Sustainability Index Dashboard Development	HFG participated in a PEPFAR Health Financing Partners work planning meeting on July 1, 2016. During that meeting, HFG presented the Sustainability Index and Dashboard (SID) and oriented the group to its data requirements. As a result of stakeholder input, it was also agreed that HFG would draft some indicators to specifically measure the sustainability of the psychosocial response in TT. HFG also attended PEPFAR ROP '16 work planning meeting September 13-14, 2016 where HFG oriented the stakeholders to the SID progress and timeline. A definition of psychosocial support and a set of indicators to measure the sustainability of TT's HIV/AIDS psychosocial response were drafted and circulated to key stakeholders for review and input. A review of publically available data sources and reports was conducted. Available data was used to complete the SID as much as possible. Where publically available data was unavailable or where gaps existed, HFG reached out to key stakeholders to follow-up and conduct one-on-one interviews to help fill the data gaps. HFG held a SID validation meeting on September 30, 2016 during which 25 stakeholders from government, civil sociey, and donor organizations discussed the SID and validated all of the SID domains. In addition, using the SID results, the team discussed sustainability priorities to focus on going forward. The addition of the psychosocial support component was very well received – and it represented the first time that psychosocial support stakeholders were convened in TT. As a result of this meeting, representatives from government and civil society are proposing a national level process to follow-up on the meeting, refine the psychosocial support survey and discuss next steps.	Feedback and additional data from the SID validation meeting will be incorporated into the SID before it's finalized and distributed.

5.4.2 Guatemala

Program Objectives - The primary objective of the HSA was to map the health system's strengths and weaknesses. The USAID/Guatemala Mission is using the resulting report to generate policy dialogue with civil society and political actors in Guatemala. The Report will be disseminated in a widely publicized event with the new presidential administration in January 2016.

Year 4 Activities - This Activity was intended to be complete in Y3, but political transitions in Guatemala led the mission to delay the dissemination of the final report. Y4 tasks include translating the HSA into Spanish, developing a separate Executive Summary document in Spanish, and preparing for a Q2 Dissemination.

Year 4 Progress Against Objectives - The final translated products were completed and sent for printing in Y4/Q1. Based on the new administration's interest in the report, an ambitious date was sent for the joint dissemination of the HSA and the SHOPS Private Sector Assessment (Jan. 18). HFG and the mission worked under tight timelines in order to finalize the translated materials and prepare for the dissemination event.

5.4.3 Haiti

Program Objectives - USAID/ Haiti asked that the HFG project work closely with the Haitian Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population*, MSPP) to strengthen 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. HFG developed a country strategy to address the Mission's request, which was approved in Year 1. To execute this strategy, HFG works directly with five MSPP operational units: *Unité d'Appui à la Décentralisation Sanitaire* (UADS) (Decentralization Unit), *Unité d'Etude et de Programmation* (UEP) (Planning and Evaluation Unit ,formerly called the UPE), *Direction de l'Administration et du Budget* (DAB) (Budget and Administration Directorate), *Direction des Ressources Humaines* (DRH) (Human Resources Directorate), and *Direction de Formation et Perfectionnement de Sciences de la Santé* (DFPSS) (Training Directorate) on institutional and technical capacity building as well as technical implementation support.

Year 4 Activities - In Year 4, the HFG project continued to strengthen the capacity of the MSPP and developed technical capacity to ensure that health financing strategies, human resource management policies and plans, and management and coordination systems can be implemented in a sustainable and ministry-led manner through improved governance. More specifically, HFG supported the MSPP in strengthening the institutional and technical capacity of its key units and improving their accountability in the health sector. These institutional capacity-building efforts will improve management core functions. In addition to the five aforementioned MSPP operational units, HFG works with two other units: *Direction de l'Organisation des Services de Santé* (Directorate of the Organization of Health Services, DOSS) and *Département Sanitaire de l'Ouest* (Department of the West, DSO).

The focus of activities with DRH is on strengthening the Human Resources Information System (HRIS) and using the data for planning and decision making, in addition to improving career and performance management processes. HFG supports the DFPSS' continued implementation of an accreditation process, which consists of effective processes to ensure that minimum standards are followed in pre-service institutions and in-service trainings across Haiti. HFG continues to strengthen MSPP's capacity through the UEP to develop a health financing policy, improve budget and execution processes, and improve public investment planning and resource tracking, including HIV funding.

Year 4 Progress Against Objectives - The following progress was made in Year 4, Quarter 4 (Q4):

General observations/changes at DRH: Year 4 was marked by the strong mobilization of internal and external stakeholders around human resource management (HRM) issues, as illustrated by the establishment of a Multisectoral Steering Committee for the development of a HR strategy. The Committee is composed of MSPP key directorates, *Office de Management et des Ressources Humaines* (Office of Management and Human Resources, OMRH), Ministry of Finance (MEF), and health professional associations. As part of the aforementioned Committee, a specific technical working group (TWG), chaired by a former Minister of Health, was established to implement ERHIS-2 (*Evaluation des Ressources Humaines des Institutions Sanitaires du Secteur Privé*). These mechanisms support the implementation of stakeholder-generated policies.

Moreover, in Year 4, HFG completed a successful handover of the leadership role of the performance management system (SYSEP) to MSPP/DRH to further ensure MSPP ownership of the performance management process. For example, MSPP will lead the roll-out of the performance management system (SYSEP) developed with HFG support. To achieve this, HFG provided training to reinforce the skills among three cadres at the MSPP and established these leaders as SYSEP champions. During the scale-up phase in Year 5 (Y5), the MSPP champions will provide leadership and train more people who will operationalize SYSEP in other directorates and geographical departments.

ERHIS-2 as an opportunity to develop a tool for MSPP to regulate the private health sector: In early Year 4, Quarter 4 (Q4), following data collection completion in the remaining geographical departments, HFG supported DRH in organizing an HRH data validation workshop for the West Department (DSO). The Director General of the MSPP opened the workshop and convened MSPP and private sector representatives including the main professional health associations. The participants seized this opportunity to discuss regulating the professional private health sector practice and established a technical committee responsible for implementing specific ERHIS-2 priority recommendations. The technical committee, chaired by a former Minister of Health who currently works for the private sector, is a bipartisan committee that includes MSPP and private sector representatives. The EHRIS-2 data were used to create the first directory of private doctors and nurses in Haiti. This directory will include health practitioners working legally and will be widely promoted and disseminated among the general population. It will be a reliable reference that will allow the population to make informed decisions in choosing recognized private facilities and providers. For the MSPP, both at central and district levels, EHRIS-2 data and the resulting directory constitute a mechanism and effective useful tool to support the Ministry's oversight of private sector providers. Finally, throughout the ERHIS-2 process, from its launch to the release of the directory, private sector representatives showed significant interest in working with MSPP and appreciated the dynamic collaboration between the two entities within the Haitian health system; this presents great potential for continued public-private health sector collaboration.

DRH has systematized HRH data quality control through use of a routine updating process: In Q4, HFG continued to assist the DRH in periodic reviews of HRM activities through workshops that group Human Resource Managers at MSPP central and departmental levels. In preparation for these meetings, department managers regularly update the HRH database of their respective departments. Subsequently, the HRH database at the central level of the MSPP is automatically updated. The review serves to consolidate the information and assess the data quality. In addition, with the support of HFG, supervision in geographical departments is an opportunity that DRH uses to support HRH data quality. Supervisors of HR managers in their respective departments focus on verification of personnel information. The supervision visits have also permitted DRH to identify managers' professional development needs. The related trainings will help DRH improve the mechanism put in place for updating its information database and ensuring high quality data.

MSPP's gained even further momentum in identifying and reducing "ghost employees": So-called "ghost employees" are a significant strain on the resources of the Haitian health system. As a result of the DRH's now-independent quarterly data quality review of the public sector health workforce – initial ERHIS-1 research and capacity building for which was facilitated by HFG - and the application of some key HR management strategies which HFG supported the implementation of, MSPP continues to routine identify and eliminate "ghost employees" from its payroll. In the past three years, DRH went from having 788 (June 2014) to 205 (June 2015) to 118 (June 2016) "ghost employees", corresponding to a 74 percent reduction between June 2014-June 2016. With the funds saved from the effective removal of ghost employees, the DRH has invested in the recruitment of additional health sector personnel.

DFPSS continues to refine and advance its Reconnaissance process: In Q4, HFG continued its support to the DFPSS for the revisions of the reconnaissance tools, specifically the reconnaissance manual. Additionally, HFG worked with CASN to develop the content for the video tutorials that will provide further detail on information, resources and strategies that will assist evaluators in carrying out their duties as well as directors of nursing institutions to prepare them for the reconnaissance process. The newly revised tools and the webinar material will be reviewed and validated by the reconnaissance key stakeholders, notably, the DFPSS, the evaluators, the jury and key institutions, during a workshop in early October. To achieve their target of evaluating 150 schools, in this quarter, the DFPSS has conducted 32 visits to nursing institutions. The jury will finalize their review in the first quarter of FY17.

With the development of the site and video tutorials, revisions of the reconnaissance tools and the near-completion of the pilot phase, HFG is supporting the transition and ownership of the reconnaissance process by the DPFSS: the DFPSS will manage the reconnaissance site, revise, as needed, the reconnaissance tools and will be able to provide assistance to institutions looking to apply for reconnaissance.

Costing MSPP's Plan Directeur de Santé (PDS) through the effective use of the OneHealth Tool: HFG held a training of UEP staff on the OneHealth Tool (OHT) in Quarter 3 (Q3), after which an MSPP OHT team was formed. In Q4, HFG organized a training workshop for more MSPP planners and cadres in order to provide OHT training to a wider audience at MSPP, the Ministry of Finance and the Ministry of Planning. Ninety-five people attended the workshop. The Director General of the MSPP opened the workshop and noted his satisfaction with HFG support in his remarks. He further linked the HFG-led training with the launch of the costing of the *Plan Directeur de Santé* (PDS) 2012-2022. Following this workshop, HFG worked with UEP to set up the configuration of One Health Software and to harmonize the scope of information to be collected. UEP, with the support of HFG, is currently driving the costing exercise for the Three-Year Operational Plan 2017-2019 through organization of field visits and facilitation of workshops for gathering relevant data across the 10 geographical departments and MSPP entities at the central level. MSPP users took ownership of the OneHeath tool. All the MSPP entities' vertical planning is taken into account in the Three-Year Operational Plan 2017-2019. Once data collection has been completed, UEP, with the assistance of HFG, will finalize the costing and draft the Three-Year Operational Plan 2017-2019.

In Y4Q3, HFG furthered its country strategy implementation with the following progress achievements:

HFG facilitates completion of private health workforce data collection (ERHIS-2) toward improved Human Resources for Health (HRH) management: Following the Q2 data collection for five of Haiti's 10 geographical departments – the North, Artibonite, North-West, North-East and Center–in Q3, HFG drafted an ERHIS-2 mid-term report highlighting the halfway point findings at the institutional and provider levels. Among major institutional-level observations, we found that: There were a total of 349 private health institutions in these five departments, consisting of 5 polyclinics, 90 clinics, 22 hospitals, 81 health centers, 52 dispensaries, 33 laboratories and 66 pharmacies. Sixty-five percent of these institutions are not listed in the MSPP database. Of the 66 pharmacies, only 38 percent are run by actual pharmacists. Finally, 85 percent of these private sector institutions rely on international NGOs; the domestic private sector represents only 15 percent.

The mid-term ERHIS-2 report also highlighted several provider-level findings. Firstly, 2,020 health professionals were identified. Distribution by provider type is as follows: 252 physicians (including 64 specialists), 496 nurses (including 19 specialists), 10 midwives, and 1,262 professionals from other categories (pharmacists, dentists, laboratory technicians, and nurses' aides, the last of which represents 41 percent of this "Other" group). Only 10 percent of these private sector health professionals have their salary paid from domestic revenues (90 percent are paid by other external partners). Salary ranges are as follows in: 3,500-125,000 HTG for doctors, 1,200-75,000 HTG for nurses, and 5,000-35,000 HTG for midwives.

Beyond the report, in collaboration with DRH and other directorates within MSPP, data collection was completed for three additional departments, South-East, South and Grande Anse. In each geographical department, HFG organized a data validation workshop that engaged department-level stakeholders as well as the MSPP Directorates of DRH, UEP, and DSIM. Also during this period, a concomitant data pre-collection was completed for the two remaining geographical departments, Nippes and West. By the end of June 2016, HFG and DRH will have completed ERHIS-2 data collection for all 10 geographical departments.

In Q4, HFG will work with DRH to analyze and report on the data. Further, HFG will organize a national workshop on data validation followed by the relaunch of discussions on the development of retention strategies and planning.

MSPP remains committed to reducing ghost workers amidst new leadership: During Q3, a new Director was appointed to the DRH, quintessential partner in the HRH work. The new Director is engaged and personally committed to continued follow-up on the public health workforce data collection (ERHIS-1) recommendations to address the issue of ghost workers. To that effect, in April 2016, the Director, with the support of HFG, personally led unannounced visits to supervise human resource managers in five of Haiti's 10 geographical departments (Center, Artibonite, South-East, South, and Grande Anse).

DFPSS continues to refine and advance its Reconnaissance process: In Q3, HFG continued to support DFPSS (*Direction de la Formation et de Perfectionnement en Sciences de la Santé*) Reconnaissance visits, a strengthened accreditation process for private nursing schools. By the end of June 2016, Reconnaissance visits will have been completed for 26 institutions, 11 of which have successfully passed. HFG also continued to assist the DFPSS in strengthening the on-site institutional evaluation process. Moreover, in Q3, HFG continued to facilitate key improvements to the Reconnaissance website to (1) increase advertisement of the site to ensure it reaches a wider audience and (2) continue technological advancements as well as enhanced user-friendliness of the site. These improvements will allow DFPSS, individual institutions, current students, and prospective students alike to directly interface; individual institutions will be able to apply for Reconnaissance, DFPSS will have a real-time alert system to monitor institutional progress and results, and current/prospective students will be able to search, review, and compare institutions.

In fact, now that information is accessible to a larger public, including potential students, the project has observed anecdotally that nursing institutions tend to be more responsible regarding their own performance. Some of them have even hired new coordinators and managers, which proves that they are working toward improving the quality of the education they are offering.

HFG leads MSPP/UEP and partners toward a draft National Health Financing Strategy: During Q3, the HFG Health Financing Advisor was introduced into the national health financing strategy technical committee. In collaboration with partners from MSPP/UEP, the World Bank, WHO, and PAHO, HFG's Health Financing Advisor actively contributed to relaunching the development of the strategy. The advisor facilitates collaborative advancement of the committee's objectives by organizing and/or hosting several technical meetings. In addition, he helped facilitate a two-day technical committee workshop, resulting in the development of two of the first three health financing strategy draft chapters.

Advancing hospital costing and business plan development garners recognition from clients and global community alike: During Q3, HFG completed the draft business plan for Saint Damien Hospital (HSD) and assisted the hospital in determining which highlighted strategies are most viable. This draft business plan outlined five strategies developed during the HFG-facilitated HSD business planning workshop held in December 2015: (1) Increasing the number of births in the maternity ward; (2) Increasing the number of clients seeking CLIMEDI (US health clearance for visas) services; (3) Managing the hospitalization length of stay; (4) Opening laboratory and imaging services to outsiders; and (5) Developing the capacity to accept health insurance. HFG's analysis showed that strategy 1 was a priority. In response, in addition to the business plan, HFG developed and submitted a summary strategy note to HSD to facilitate their decision-making processes.

For Sacré Coeur Hospital of Milot (HSCM), during Q3, HFG completed the costing of health services and the list of pathologies selected by HSCM. HFG submitted preliminary results for review by the hospital CEO and received positive feedback. Building upon the costing analysis, HFG conducted a two-day business planning workshop with the hospital management team. Through this workshop, HFG will

lead the development of a draft business plan for HSCM, engaging key stakeholders from HSCM's Board and other key managers in the process.

In Q3, HFG's costing study on *Hôpital Universitaire Mirebalais* (Mirebalais University Hospital, HUM) (completed in Year 3) was formally used as a case study at Harvard Business School, an indicator of the viability of this HFG analysis to the global community and future thought leaders.

OneHealth Tool Training provided by HFG led to facilitate the costing of the Plan Directeur de Santé (PDS): In Q3, HFG completed the training of 13 UEP staff on the OneHealth Tool (OHT). The UEP director expressed satisfaction with the training outcomes and the OHT team newly created.

The Chief of the OHT team reported that UEP has acquired sufficient capacity in costing the PDS. He reported that during the training, a technical document comprising a plan of data collection and organization was developed. He added that with the help of the trainer, the participants finalized the nomenclature of the PDS, and, finally, each of the 13 MSPP staff has now skills to analyze the impacts/ financial sustainability of the PDS interventions/programs. To ensure the effectiveness of the process, UEP decided that more MSPP planners and cadres should be involved and the OHT team planned to provide OHT basic use requirements to a wider audience at MSPP.

The following progress was made in Quarter 2 (Q2) of Year 4:

From ERHIS-1 to Human Resources Resolutions and DRH's HRH roadmap: In Year 1, HFG partnered with the DRH in order to complete data collection and improve the data quality on health workers in the public sector.

The two partners conducted an important data collection activity christened ERHIS-1. This activity consisted of gathering both quantitative and qualitative data on the health workforce in the public sector. The EHRIS-1 allowed the DRH to uncover the problems related to human resources at the central and regional levels, and in May 2015, the Minister organized a forum of managers and directors of the MSPP to discuss key findings of ERHIS-1. This meeting led to the adoption of "11 Human Resources Management Resolutions," which have become the roadmap of the DRH. In fact, at present, the directorate is using these resolutions to implement improvements in human resources management at the MSPP. For instance, as resolution #4 requires, DRH continued to solve the problem of employees recruited informally. As of Year 4 Q2, such employees received formal, time-bound job contracts ranging from 2 to 16 months. Similarly, as resolution #5 requires, DRH is recalling current MSPP employee badges in order to produce new ones that will comply with the new MSPP protocol (ID number for each employee and expiration date of the badge).

Ghost employees identified, money saved by MSPP: Based on ERHIS-1 findings, HFG in collaboration with the DRH institutionalized a quarterly data quality audit of the public sector health workforce. As of Q2, DRH staff has taken full ownership of this task. This quarterly review process enabled the MSPP to identify 788 ghost employees in June 2014. This number went down to 205 in June 2015 due to effective removal of such employees from the payroll, corresponding to a 74 percent decrease in ghost employees. This number was expected to decline significantly by the end of fiscal year 2016. The identification of ghost employees has allowed the DRH to have a more accurate estimation of the amount of money the MSPP could save in terms of salary paid to these employees. According to the DRH's estimation, the total money that can be saved in a fiscal year amounts to 32,029,400.00 HTG (including bonuses), corresponding to more than 500,000 USD (1 USD=60 HTG). The DRH is planning to use this information to advocate for recruitment of new employees needed by the MSPP directorates.

Besides the identification of ghost employees, HFG and the DRH are working on reducing the employee absenteeism rate within the MSPP. An attendance sheet has been set up and each directorate within the MSPP is encouraged to use it in order to report on employee absenteeism. DRH, for instance, is currently using the attendance sheet and has reported an absenteeism rate of 2 percent as of Quarter 2.

In the same vein, it is worth mentioning that the DRH has one of the highest attendance rates within the MSPP.

Updated job titles and descriptions lead to more effective and more motivated health workforce: The operationalization of the *Système d'Evaluation de la Performance* (SYSEP) has led to two key improvements: the development of a refined organizational structure and updated job titles and descriptions for the personnel working for the administrative units within the MSPP. Since each position now has a job title and clear description, each employee is able to concentrate on the tasks he or she has been hired for and tends to be more effective. Concurrently, supervisors and supervisees are developing « SMARTER » performance objectives and tools to monitor and assess employee performance. Managers at DPSPE, for example, are now assigning more specific tasks and Mission to their staff.

The Reconnaissance process triggers nursing educational institutions to be more accountable: In Q2, with the support of HFG, the DFPSS continued leading the evaluation process of second phase institutions. Due to a reduced number of skilled DFPSS staff to conduct the evaluations, there have been less site visits which, in turn, have slowed down the process.

In Q2, HFG worked with the DFPSS to improve the website. The website aims to convey information on which schools are officially "recognized" by the new process and provides accurate statistics for each school on the percentage of students who pass the national nursing exam. Though the Reconnaissance website's original design and content was completed in Q4 of Year 3 and the website officially launched in Year 4, after discussions with the DFPSS team and changes to their master list of 'accredited' schools, in Q2, HFG worked with the DFPSS and liaised with Abt's Client Technology Center (team leading the development of the website within Abt) to add functionalities that will be beneficial to the website's target audiences (nursing school applicants and institutions).

The development of costing and business plans found useful by hospital partner: In Q2, HFG submitted completed business plans to Hôpital Universitaire Mirebalais (Mirebalais University Hospital or HUM) for dissemination. Further HUM indicated that the process was being replicated in Zanmi Lasante (Partners in Health's Haiti collaborator) facilities. These business plans were transmitted to the USAID Haiti Mission for dissemination to the MSPP.

SHA training provided by HFG led to an improvement of collection and organization of data for the upcoming NHA 2013-2014: Throughout Q2, HFG trained 8 UEP staff on the new 2011 SHA. Two of the trained staff members recently reported that this training has allowed them to improve the organization and data collection processes for the upcoming NHA 2013-2014. Regarding the organization, they have mentioned that training specifically enabled them to: (1) improve the coding of outlays sub-categories in the NHA; (2) cluster some donor's information, which speeds up data processing; (3) eliminate double counting. Overall, the two UEP staff members expect to produce a more standardized NHA.

In Quarter 1 (Q1) of Year 4, the project's achievements were as follows:

HRH moves forward with training plans and ERHIS-2 data collection underway: The HFG team organized a workshop with OMRH to discuss the MSPP training plan. At the end of this workshop, the training plan was submitted to the "Haute Instance" of the MSPP for validation. This workshop was also an opportunity for the project to incorporate the orientation sessions in the training plan in order to ensure the sustainability of this activity. Throughout Q1 of the project, in collaboration with DRH and other directorates within MSPP, the HFG team conducted data collection for ERHIS 2. Roughly 90 percent of the data needed have been collected for the North, Artibonite and North-West departments. Once the data collection is complete, HFG will relaunch discussions on the development of retention strategies and planning.

HFG enables DFPSS' improved Reconnaissance processes: HFG supported DFPSS' conduct of reconnaissance visits in ten (10) additional nursing schools. In Q1, HFG also provided DFPSS with presentation/orientation sessions on the reconnaissance website and online management system held on October 8th, 2015.

Saint Damien Hospital and Sacré Coeur Hospital of Milot (HSCM) realize gains toward complete costing studies and business plans: During Q1, HFG conducted a second phase of the costing study for Saint Damien Hospital. The second phase consisted of costing a list of 14 pathologies chosen by the hospital. The results of this costing exercise were presented during a three-day workshop conducted by the project team with the hospital management team. This workshop was designed to produce a draft business plan for Saint Damien Hospital with key stakeholders from Saint Damien's Board and other key managers.

During Q1, HFG started the data collection for the costing of services and a list of pathologies chosen by HSCM. An estimated 90 percent of the data needed were collected.

HFG explores opportunity for Government to Government (G2G) Public Financial Management (PFM) through risk assessment: In Q1, following the draft assessment report that was submitted to USAID /Haiti Mission, the Mission asked HFG to prepare a specific risk mitigation plan based on one of the options for the scenario that the USAID team agreed upon. HFG drafted and submitted the requested risk mitigation plan for the option related to the use of the MSPP for making PBF payments only outside of the GOH financial system.

Q4 Challenges - The HFG Haiti team is working to optimize staffing, hiring for several new positions to support technical acceleration, such as a Deputy Chief of Party. The bottlenecks include a competitive labor market and challenges identifying local staff with the necessary skill sets. HFG welcomed a Human Resources Specialist who started on September 15th, 2016.

Q4 Additional Information - HFG held coordination meetings with two implementing partners, JSI and Palladium, during Q4. Participants shared information about their respective activities and explored potential opportunities for collaboration. JSI support, under the project Advancing Partners and Communities project (APC), will strengthen DAB capacity in implementing results-based financing through a Government to Government model. JSI's intervention directly results from the specific risk mitigation plan that HFG developed in Quarter 1 (Q1). HRH2030 activities, implemented by Palladium, include two studies: a task analysis and a HRH assessment using the HRIS Assessment Framework (HAF). As a result of the HFG-HRH2030 coordination meeting, HFG has identified opportunities to coordinate further and build off of HRH2030's expected HAF tool results with HFG's upcoming situational analysis. This synergy will further advance the development of the HRH Strategy to occur in early 2017.

Table 51 provides activity-specific updates.

TABLE 51. HAITI ACTIVITY DETAIL

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 1: Strengthen the DRH capacity to manage the health workforce		
Support DRH in the implementation of the draft Process for the Development of a Training Plan (provided to MSPP by OMRH)	Cancelled: This activity was dependent upon feedback from MSPP stakeholders at DFPSS, the entity responsible for coordinating the technical working group charged with finalizing the draft training plan. HFG has awaited this feedback for several quarters. In lieu of the potential for indefinite stalling of this activity, at advance HFG has proactively worked on the creation of a virtual platform of trainings to be posted on the MSPP's official website. This platform will serve as a hub to coordinate the trainings activities and inform stakeholders on the different trainings proposed, the related schedules and funding partners.	The process for finalizing the draft training plan did not occur. In Q4, a new director was appointed to DFPSS, and HFG met with her to restart the process. The related activities have been re-planned due to competing priorities of DFPSS, in particular the preparation of the National Nursing exams.
Complete ERHIS-2	HFG completed data collection in the 2 remaining geographical departments (Nippes and West) in early July. Data collection also concluded with a data validation workshop in each department. HFG completed the data processing and data analysis at the end of Q4.	Data analysis was completed at toward the close of Q4 due to delays MSPP/DRH experienced with completing its data audit, a prerequisite of data analysis. Following data analysis completion and the development of the final ERHIS-2 report, HFG will organize and facilitate a national workshop to present the resulting product for validation. HFG aims to present the final ERHIS-2 report to key stakeholders in early October 2016.
Conduct data quality control through quarterly review	Ongoing: HFG continues to support DRH's quarterly data review. HFG finalized the DRH's human resources activities' annual review report for 2014/15. The second and the third quarters' reviews of human resources activities for 2015/16 were combined into a workshop organized on July 18-22, 2016.	The fourth quarter review for 2015/16 will be held in October 2016. During this workshop, HFG anticipates discussion of the situational analysis, to be conducted on the HRH workers currently under contract by development partners and embedded in MSPP facilities. USAID has directed HFG to assist in developing a proposal for addressing the issue concerning the absorption of this category of HRH worker into MSPP.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Assist DRH to conduct field supervision visits in the selected departments	HFG accompanied DRH's field supervision visits in geographic departments and, among the findings, identified the need for manager capacity building. Following that, HFG conducted a series of interviews with key leaders and managers in the MSPP to identify training topics and drafted and submitted a subsequent leadership and management (L&M) training plan. This process was supported by HFG Senior Organizational Development Consultant, Graeme Frelick from the TRG team, through his short-term technical assistance visit to Haiti on August 15-25, 2016.	The draft L&M training plan was submitted to the Mission for approval in September 2016. Once the L&M draft training plan is approved, HFG will organize training sessions which are expected to start in late October 2016. The next field supervision visits will take place in the geographical department of Nippes and Centre; these are expected to occur in Y5Q1.
Conduct a situational analysis for the development of HRH Strategic Plan using the results of ERHIS-1 and ERHIS-2	HFG helped lead the creation of the Multisectorial Steering Committee for the HRH strategy 2017/22 development. HFG has identified necessary studies (i.e., study on HRH motivational factors in the workplace) to be conducted in order to substantiate the planned situational analysis.	HFG's situational analysis will use the results of EHRIS-1/2 and the findings of other studies identified, including an HRIS assessment using the HRIS Assessment Framework Tool (HAF) that will be conducted by Palladium under HRH2030 project. HFG continues to coordinate with other implementing partners to ensure effective, synergistic collaboration. HFG aims to complete the situational analysis on HRH by December 2016.
Elaborate HRH strategic plan	This will be completed by Y5Q2.	The process of HRH Strategy elaboration will be launched following the situational analysis findings which are expected to available by December 2016.
Activity 2: Support the DRH in developing an HRH Performance Management System and institutionalize civil service reform		
Continue to support MSPP personnel orientation	This will be completed by Y5Q1.	The next phase in supporting MSPP personnel orientation has been delayed because it is predicated upon MSPP's *Direction des Soins Infirmiers'* (DSI) development and finalization of its nursing care protocol, which it has not yet finalized. USAID has given the approval for HFG to support DSI in the finalization of the national nursing care protocol. HFG and DSI are taking the necessary steps for developing the national nursing care protocol, which includes identifying and hiring technical resources and workshop planning.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support the revision of HRH employment and competencies index (REC)	Ongoing: HFG continues to roll out this initiative in a phased manner to ensure sustainability. HFG completed revising and updating the job titles and job descriptions for DRH's 24 employees. This revision was extended to the job titles and job descriptions for the Department North-East (DSNE)'s 30 employees. HFG organized two TWG sessions related to career development planning for the health care workforce. HFG's sessions helped identify some specific requirements that now exist in the current HRH employment and competencies index (REC), its non-compliance with certain classifications of jobs defined by OMRH, and categories of new jobs that need to be created according to the Package of Essential Services (PES).	The revision of the entire REC will be continued. Other activities will contribute to achieving an updated REC, i.e., the revision of job titles and job descriptions for the five key directorates' employees and the definition of additional employment categories based on the PES' requirements (as a result of the process of HRH career development planning).
Support MSPP in scaling up the performance management system	Ongoing: HFG organized the review meeting for SYSEP piloted at DRH. The performance evaluation of DRH's staff was completed. In addition, HFG reviewed and updated the SYSEP guidelines (performance goals) for 2015/16 for DRH staff. HFG has operationalized SYSEP in DSNE. In addition, HFG has formed a team composed of three champions from DRH and DPSPE who will lead the extension of the performance evaluation system to the five key directorates.	The presentation/review meeting on the results of the SYSEP pilot phase will be organized in October 2016, followed by the scale up of the performance management system in the 5 additional MSPP directorates. In order to ensure sufficient institutional capacity and full handover of SYSEP implementation to the entire MSPP, the three champions supported by HFG will lead the remaining process.
Develop performance-specific indicators tools for doctors, nurses, and midwives, based on the package of essential services	This will be completed by Y5Q1.	This activity has not yet taken place because the PES, a necessary prerequisite, was only officially disseminated in September 2016. The immediate next step for HFG is to create the TWGs that will work on the development of the specific performance indicators for the three categories of health care providers: doctors, nurses, and midwives.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Develop a HRH normative framework	This will be completed by Y5Q1.	This activity was delayed because of its dependence on the availability of the PES, which was only officially disseminated in September 2016.
Support DRH in promoting health workforce valorization, including the participation of two DRH managers at the 4th HRH Global Forum	This will occur in Y5 subsequent to Forum details (e.g., date) being made publically available.	The Fourth HRH Global Forum will be held in 2017.
Elaborate strategy and plan for career development for the health care workforce	HFG recruited an international consultant to develop a career plan in collaboration with MSPP. HFG organized and facilitated a launching workshop grouping 27 stakeholders from MSPP, OMRH, professional associations and public/private universities from September 4-6. HFG reinforced the TWG members' capacities on HR career development process and planning. Two TWG sessions were held on September 13-14 and September 19-21.	HFG will continue working to develop a career plan in collaboration with MSPP through several TWGs sessions, Multisectorial Committee meetings, and a validation workshop. HFG aims to complete the plan for career development for the health care workforce by December 2016.
Support the development of an HRH rural retention plan	This has been re-planned for Y5Q2.	In order to develop a sustainable, MSPP-owned HRH rural retention plan, this activity requires a foundation of relevant information/data resulting from specific studies that HFG and MSPP DRH have identified (for example, a study on HRH motivational factors in the workplace) as well as other supporting documents that HFG and MSPP are in currently developing such as the HRH career development plan and the HRH employment and competencies index (REC). Prior to launching the development of the HRH rural retention plan, HFG needs to ensure that all these key prerequisites are completed and the necessary information available. Therefore, this activity has been postponed to Y5Q2.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 3: Support reconnaissance activity		
Support communication of Reconnaissance results to potential students via print_radio media	Ongoing: In Q4, HFG continued to support the communication of Reconnaissance results by facilitating the access to free campaign media.	HFG will support DFPSS in doing more and more targeted communications, planned for Y5Q1.
Build capacity of DFPSS and MSPP evaluators in strengthening the on-site school evaluation process	Ongoing: HFG continues to work on strengthening the on-site the school evaluation process by finalizing the reviewed evaluation tools currently used and the reconnaissance manual for updating the Reconnaissance process.	HFG will lead a validation workshop with the DFPSS of the reviewed tools in October 2016.
Complete evaluation of Phase 1 training of nursing educational institutions for the reconnaissance process (visit)	Completed and now in Phase 2, HFG continues to support DFPSS with conducting nursing school reconnaissance visits. At the completion of Q4, over 123 evaluation visits were completed. In addition, 72 institutions have been revisited to-date. DFPSS, with HFG support, expects to complete 150 evaluation visits by Y5Q1. HFG continues to work with DFPSS to develop a strategy to expand the team and to ensure the sustainability of the "Reconnaissance" process.	The limited number of evaluators in charge with conducting evaluation visits is still a critical challenge for including a greater number of nursing educational institutions during the period. However, progress was made. And the targeted number of institutions is expected to be achieved in Y5Q1.
Train the DFPSS and nursing educational institutions on online management of the reconnaissance system	Ongoing: HFG is working with MSPP's CIFAS (*Le Centre d'Information et de Formation en Administration de la Santé* or the Health Administration Information and Training Center) and DFPSS to update the online management of the Reconnaissance system. In addition, in Q4, HFG supported DFPSS in organizing trainings to nursing schools on docimology, held July 4-8, 2016 and attended by 18 participants.	Once the online management system is updated, HFG will organize refresher training for DFPSS on the online management system.
Assist DFPSS staff to develop an orientation process for new evaluators	Ongoing: As part of this process, HFG is developing a sustainability plan for the Reconnaissance process which is in review.	The orientation process will be based on the sustainability/transition plan that is currently being developed by HFG for the DFPSS.
Develop video tutorials for the DFPSS accreditation website	Ongoing: The training video modules for schools and evaluators are currently in development.	The training video modules program will be reviewed and validated by DFPSS during the October workshop.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 4: Support implementation of health financing strategy and build capacity in resource mobilization		
Finalize the formulation of the national health financing strategy, including drafting of the strategy document	Ongoing: During Q4, HFG has continued supporting the national health financing strategy technical committee in drafting the strategy document. On July 4th, 2016, HFG met with UEP's Director to discuss next steps for moving forward with the formulation of the national health financing strategy. HFG organized working sessions with the technical committee including UEP and project partners World Bank, WHO, and PAHO. As a result, the third chapter that will complement the strategy document is being drafted: the chapter outline is completed and its writing is in progress.	HFG will continue providing assistance to the national health financing strategy technical committee in completing the draft strategy document. The draft strategy document is expected by October 2016. Once the draft strategy document is available, HFG will support activities including (1) a progress meeting with the Minister of Health, (2) specific studies to gather supporting evidence that would complement/substantiate the strategy options, and (3) organization, facilitation, and/or participation in meetings with stakeholders for the validation of strategy options and review of the draft document.
Support strategy presentation by MSPP_UEP	The strategy presentation itself is a future milestone to be completed by Y5Q1. This process has started in Q3 and is ongoing. While working with UEP to draft the draft the health financing strategy, HFG is also assisting UEP in preparing a presentation for top level management at MSPP (Haute instance du MSPP).	HFG is supporting the preparation of the draft health financing strategy as of the close of Q4; we expect the draft to be available in mid-Y5Q1. Once the draft health financing strategy is available, HFG will support the activities related to the strategy presentation, including: assisting in technical presentation skills, supporting materials and workshop dissemination. This collaborative HFG-UEP work is crucial to the engagement and support needed to ensure a viable health financing strategy for Haiti.
Organize the mini summit on health financing for Haiti	This will be completed by Y5Q1.	This activity has not yet occurred because priority was given to drafting the strategy document. It was more relevant to involve stakeholders in developing the draft strategy document than having them to attend a mini summit on health financing. The proposed strategy document will be part of the summit materials.
Assist with the development of costed operational plan	This will be completed by Y5Q2.	This will occur subsequent to the health financing strategy's finalization, validation, and adoption.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Support health financing strategy implementation activities/interventions, including specific studies (e.g., fiscal space creation and innovative financing)	This will be completed by Y5Q2.	HFG will begin this activity in Y5Q1 with the preliminary studies/assessments that are identified as necessary to complement/substantiate strategy options. Secondly, HFG will support the implementation of identified interventions.
Activity 5: Support MSPP Capacity in Hospital Financial Reporting and PFM System		
Support training and implementation of hospital financial reporting processes	HFG facilitated a follow-up discussion with MSPP (newly appointed DAB Director, UADS and UEP) to update the planning and reframing of this activity. HFG supported DAB, with the collaboration of UADS and UEP, in organizing a workshop aimed at sharing experience on reporting processes used in various health institutions. This workshop was held from September 26-29, 2016 and grouped MSPP participants (administrators from the central level and public health facilities) and MEF participants.	MSPP asked to reorient the workshop on financial reporting process in order to align the related training with the current reforms that are underway by the MEF. Rather than holding training sessions with the prepared materials, it has been agreed that the first step is to organize an experience-sharing workshop on reporting processes. In a second phase, based on the resulting analysis and with the guidance of the MEF, the training program will be tailored in order to be adapted to MSPP financial and accounting information system (SYSFC). Upon the MSPP Director General's request, HFG has involved other MSPP Directorates (UADS, UEP) in the hospital financial reporting processes training.
Conduct a rapid assessment of the functionality of accounting computerized system in the three piloted tertiary facilities (HUEH, Eliazar Germain, and Maternité Isaïe Jeanty)	HFG completed the rapid assessment of the functionality of the HUEH computerized accounting system.	HUEH was designated a priority institution for MSPP. As a result of the rapid assessment, needs were identified, which include basic IT equipment, software and training on QuickBooks. In regard to the remaining piloted facilities (Maternité Isaïe Jeanty), HFG needs to discuss with the Mission whether or not to extend the rapid assessment of the functionality to these facilities.
Support DAB with technical expertise with embedded advisor on PFM	Pending: The strategy of embedding an advisor to support the DAB needs further discussions with top-level management at the MSPP (Haute Instance du MSPP) to clarify the status of and continued interest in this support activity.	
Support implementation of the computerized accounting system at HUEH	Ongoing: HFG, under the auspices of MSPP/DAB, has assisted in elaborating HUEH chart of accounts and training HUEH's accountants on QuickBooks	HFG will continue to support through DAB to complete the implementation of the computerized accounting system at HUEH.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
	software use. The list of requirement (basic IT equipment, and QuickBooks software) was approved by USAID. HFG has started the equipment procurement process.	HUEH, with the DAB Director's support, requested that HFG extend its technical support for three additional months. This extension period aims at ensuring efficient follow-up and improvement of DAB and HUEH teams' skills in independently using the computerized accounting system.
Activity 6: Assist MSPP in resource strategic planning (target setting)		
Support the revision of the PDS 2012-2022 to align with the Sustainable Development Goals (SDGs)	HFG is working with UEP to plan and prepare activities that will incorporate the SDGs into the PDS three-year operational plan 2017-2019. This will be completed in Y5Q1.	The SDGs are taken into account in the PDS 2012/2022. HFG, while assisting UEP in drafting the report of the costing PDS 2017/2019 data collection, will ensure the alignment with SDGs.
Train UEP on OHT	In Q4, HFG worked with UEP to organize an OHT training workshop on August 2-5, 2016. Ninety-five stakeholders composed of MSPP Directors and planners at central and departmental levels, participants from the Ministry of Finance, and the Ministry of Planning attended the workshop that aimed at strengthening the capacity of MSPP directors and planners to use the OHT.	HFG will conduct quality control of UEP efforts via a post-training follow-up in the form of a data review once their data collection is completed.
Do data collection and costing of the PDS 2012-2022 (with a focus on the next seven years) using the OneHealth Tool	This will be completed by Y5Q1. HFG supported several meetings and working sessions with UEP to finalize data collection tools and to prepare data collection for the costing of the PDS three-year operational plan 2017/19. Data collection is underway at the MSPP central level and in the 10 geographical departments. Data collection is expected to be completed by September 30, 2016. The PDS operational plans' database and classification will also be used to inform the PDS costing by providing accurate details and unit costs on the PDS implementation activities.	Once data collection is completed, HFG will continue to assist MSPP/UEP in elaborating and costing the three-year operational plan. This includes technical assistance to complete data processing, drafting the three-year operational plan, and organizing a validation workshop.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Develop a planning guide for the MSPP	This will be completed by Y5Q1. HFG has started to assist UEP in developing the planning guide. The PDS operational classification will also be used to inform the planning process and sustain the PDS planning guide. HFG will update the MSPP *Plan Directeur de Santé (*PDS) classification based on new strategies and policies. This outcome partially results from the meetings and working sessions that HFG held to support UEP in the configuration of OHT, harmonization of the data to be gathered, and UEP's HFG-supported development of data collection and planning tools.	HFG will continue to assist UEP in completing the planning guide for the whole MSPP.
Disseminate costed PDS	This will be completed in Y5Q2, once PDS data collection and costing are completed. It will include costing report validation with stakeholders.	This activity will commence once the PDS 2017/19 costing is completed.
Activity 7: Assist MSPP in resource tracking, including HIV funding (NHA)		
Train staff to use the new 2011 SHA	Original training on SHA 2011 and the Health Accounts Production Tool (HAPT) was completed in Q2. From August 16-24, 2016, HFG conducted a post training follow-up for UEP, aimed at assisting in data processing and data analyzing, as well as finalizing and standardizing the 2013/14 NHA.	In Q4, HFG will continue to provide technical support in the application of the SHA 2011.
Disseminate NHA	This will be completed in Y5Q1.	
Update 2013-2014 NHA, including an HIV subaccount	Ongoing: HFG provided UEP with additional support for extending the scope of data collection. The complementary data collection was completed. The 2013-2014 NHA update will be completed by Y5Q1. HFG is supporting the MSPP to convert previous health accounts studies in the production tool to keep consistency and time series analysis with the health accounts analysis tool.	While assisting UEP in data gathered during the associated field visits, HFG identified missing data resulting in the necessity to extend the initial scope of data collection. HFG will continue to provide Haiti's NHA team with technical support in finalizing 2013-2014 NHA, including an HIV subaccount and its visualization.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Activity 8: Assist hospitals in costing health services and developing business plans		
Assist St Damien Hospital with developing its business plans	In Q4, HFG completed the development of St Damien hospital business plans. Pending final formatting, these business plans will be submitted to St Damien and the Mission in early Y5Q1.	
Cost services of Sacré Coeur of Milot Hospital	Costing of services and the transmission of a preliminary study report were completed in Q4.	The final costing study report will be transmitted to HSCM in early Y5Q1.
Assist Sacré Coeur of Milot Hospital with developing its business plan	In Q4, HFG produced and shared a draft business plan with HSCM for review and comments. HFG subsequently received and incorporated these comments.	A final version of the business plan will be transmitted to HSCM in early Y5Q1.
Assist in developing tools and training materials on costing services and in business plan development	Ongoing: The HFG team is currently working on the development of costing training materials. This is expected to be completed during Y5Q1. The development of business planning training material will be based on the process and results of the *Hopital Universitaire Justinien* (Justinien University Hospital, JUH) costing of services.	
Support TOT on services costing and business plan development processes	Ongoing: This activity is subsequent to the JUH costing study and will be completed by Y5Q2. The costing training will be executed in Y5Q2. Business plan training, if appropriate, will occur in Y5Q3.	Costing training materials will be developed and ready for implementation pending the availability of UEP and other MSPP stakeholders in Y5Q2.
Cost services of Justinien University Hospital	Currently in pre-planning: The activity itself will begin in Y5Q1. HFG has launched the process for recruiting a Costing Specialist consultant to facilitate data collection and analysis. This is in progress.	This start of this activity is dependent on the identification and hiring of the Costing Specialist consultant.
Assist Justinien University Hospital with developing its business plan	This will begin in Y5Q2.	This activity will follow the JUH costing exercise and will be used to inform the development of a public sector business plan approach.
Conduct situational analysis of the practice and needs of services costing and business plan development in health facilities	This will begin in Y5Q2 following the costing and BP development trainings.	In order to be most useful and sustainable, we assume that MSSP/UEP has the capacity to undertake further hospital costings. The business plan for the public hospital approach and training material are pertinent.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Work closely with UEP to institutionalize costing of services and business plan development in public health facilities	This will begin in Y5Q1.	As part of the strategy to work closely with UEP, HFG will implement this activity in combination with hospital costing and business plan development for JUH.
Activity 9: Support MSPP's units' institutional capacity building		
Support Minister-appointed consultant for DFPSS in the in-depth institutional assessment of roles and function	HFG organized a one-day workshop with DFPSS on July 27, 2016. HFG and DFPSS went through the findings of the rapid assessment conducted in 2013 by HFG and the current status of DFPSS strategic plan 2013/16 implementation. As a result, HFG re-scoped the activity related to in-depth institutional assessment of roles and function. HFG is in the process of working with DFPSS to define priority actions for DFPSS capacity building. HFG supports a biweekly meeting to conduct this process. This will be completed by Y5Q1.	Following internal discussions, it has been decided to assign the leading responsibility of the implementation of this activity to HFG/Haiti's Capacity Building Advisor.
Improve MSPP filing system capacity	Ongoing: To continue to set up the filing system, a list of the needs specific to each Directorate (DAB, DRH and DFPSS) has been drawn-up and submitted to USAID. HFG is awaiting USAID concurrence. This will be completed by Y5Q1.	Once USAID approval is obtained, HFG will proceed with the procurement of the required furniture, supplies and consumables for the MSPP filling system.
Complete organizational assessment reports for UADS, DRH, DOSS, and DSO	Re-scoped/re-planned: HFG re-scoped and re-planned this activity in line with the new MSPP political context and needs. Based on discussions with DRH and DOSS newly appointed directors as well as DSO, HFG has prepared a validation workshop of the findings resulted from the organizational assessment of their respective directorates and the related recommendations. As result of the re-scoping discussion with UADS, HFG will focus on developing an organic framework for UADS.	Most of the information produced by an organizational assessment of UADS already exists. In general, UADS personnel are composed of former directors at central and departmental levels. Rather than conducting an organizational assessment, HFG will support the development of an organic framework that will be more relevant for UADS. Further, clear orientation should be received from the new top-level management at the MSPP (Haute Direction du MSPP) on the vision of the new government in regard to the possible new structure for UADS.
Implement selected recommendations from the DAB capacity assessment	This has started in Q4: the training on financial reporting processes, as part of the DAB assessment recommendations, is in preparation. This activity aims at training managers including DAB's staff.	HFG will continue implementing some of the relevant recommendations, including training on financial reporting, revision of job titles and job descriptions for DAB employees, and the implementation of the SYSEP at DAB.

Year 4 Q4 Planned Tasks	Year 4 Q4 Progress	Critical Assumptions/Problems Encountered/Follow-up Steps
Assist DRH in putting the new structure into place	This will be completed by Y5Q1.	This did not take place in Q4 because of the need to re-scope the activity, the length of time required to update the Minister-appointed consultancy contract, and scheduling conflicts with DRH whose HFG-supported priority Q4 activities were completion of EHRIS-2 and implementation of the SYSEP pilot phase.
Assist UADS in continuous training for staff on skills building	This will begin in Y5Q1.	This activity is subsequent to and will be informed by, the organic framework that will be developed for UADS, in accordance with direction from the new top-level management at the MSPP.
Conduct an assessment of institutional capacity building for both organizational and technical assistance to date in MSPP directorates	This is a future milestone for Year 5.	

5.4.4 Peru

Program Objectives - USAID/Peru's support to the health sector in the country spans more than half a century. Since 1990, the mortality rate for children under five has fallen from 78 to 21 per 1,000 children (64 percent decline); the maternal mortality has fallen from 318 to 103 per 100,000 live births (71 percent decline); and the total fertility rate has fallen from 4.1 to 2.6 births per woman, close to the desired number of children.

Given the limits of time and available resources for health assistance in Peru, USAID/Peru focused on strengthening decentralization of the health sector in the region of San Martin through a transferable Health Systems Strengthening approach, based on the WHO framework of six health system building blocks: Finance, Governance, Human Resources, Service Delivery, Information Systems, and Pharma/Medical supplies logistics. This approach involves the transfer of proven USAID-developed tools, guidelines, and procedures and their institutionalization at the national, regional, and local governmental levels.

Over the last five years, USAID/Peru has been providing technical assistance mainly through three projects: 1) USAID/Health Policy Reform (HP), 2) USAID/Healthy Communities and Municipalities II (HCM-II), and 3) USAID/Quality Healthcare (QHC). All of them have developed tools, methodologies, and health strategies that USAID wants to disseminate.

HFG ended its one-year activity in November 2015, in line with USAID/Peru's completion of technical assistance in the health sector. In order to preserve the knowledge and progress acquired under the earlier projects, HFG has endeavored to systematize and transfer USAID-designed health tools, methodologies, and other products, in coordination with the Government of Peru (GOP) as well as national and subnational institutions and stakeholders.

Year 4 Activities - Following work planning discussions, USAID/Peru outlined four components for HFG support in Year 3:

- *National and subnational institutions and stakeholders have access to a user-friendly toolkit to improve health service delivery systems under decentralization.* To achieve this result, HFG will design and develop a toolkit matching available tools with the needs of national and subnational institutions and stakeholders. This toolkit will be made available to GOP national and subnational governments and other stakeholders. It will also be disseminated through at least four existing national public service and administration fora and one international health development forum.
- *Regional health directorate in San Martin (SMT-RHD) continues improving governance and financial reform.* To achieve this result the project will advance the implementation of new organizational frameworks within SMT-RHD. Moreover, HFG will consolidate improved strategic budgeting procedures, financing modalities, and payment mechanisms for SMT-RHD and operational units. Finally, HFG will follow up the results achieved under the HP program in SMT and the MOH.
- *SMT-RHD has 11 micro-networks using the Sistema de Información en Salud (SIS) GalenPlus and the GOP gives technical assistance to health facilities that have installed SIS GalenPlus through the SIGES Project.* HFG will support the implementation of SIS GalenPlus for decision making in SMT-RHD and at least 11micro-networks. HFG will also advance the transfer of technical capabilities to the MOH in order to consolidate the ministry's leading role in rolling out GalenPlus use within public health facilities and in performing the regular maintenance of the software.
- *Public health community has access to concise and clear technical reports and briefs sharing USAID results and lessons learned.* HFG will disseminate USAID experience and lessons learned to both the local and international public health community through technical briefs and papers. USAID and HFG will jointly develop a list of available "experiences and lessons learned," based on reports provided by USAID implementing partners (HP, HCM-II, and QHC).

Year 4 Progress Against Objectives -

National and subnational institutions and stakeholders have access to a user-friendly toolkit to improve health service delivery systems under decentralization.

HFG finalized the toolkit with extensive review and validation. The toolkit is publicly available through the University of San Marcos website, of which the Medical Faculty has assumed management and administration, and intends to build upon it in the future as a public asset. http://gestionensalud.medicina.unmsm.edu.pe/

HFG held numerous coordination meetings with public sector institutions to generate a cooperative network to disseminate the Gestión en Salud (GeS) toolkit. These include nine national and regional institutions that are committed to using and disseminating the toolkit.

Regional health sector in San Martin continues improving governance and financial reform.

Assistance to San Martin ended after September 2015

Public health community has access to concise and clear technical reports and briefs sharing USAID results and lessons learned.

During Q1, HFG presented the use of the toolkit to reduce chronic malnutrition in San Martin, Peru at the Global Maternal and Child Health Conference in Mexico.

HFG drafted six technical briefs that are in the final stages of editing in the Abt/USA office. These will be finalized and sent to USAID/Peru when complete.

Finally, the project transferred several pieces of equipment under the USAID/Peru-approved disposition to the Regional Government of Lima – Huaral Hospital.

6. FINANCIAL UPDATE

The financial overview for Year 4 is presented in Table 58.

TABLE 52. FINANCIAL OVERVIEW

Client	USAID
Project Director	Bob Fryatt
Total Potential Worth	$199,702,730
Obligated to Date	$154,748,661.42
Expensed to Date	$103,743,039 (thru September 2016)
Funded Backlog Remaining	$51,005,622.42
Project End Date	09/29/2017

Cost Share

Through the end of September 2016, HFG has obtained $5,426,348.87 in actual cost share contributions. Sources of cost share contributions include the Namibia Social Security Commission, the Benin Ministry of Health, the Health Systems Board, the Department for International Development, the Tanzania Ministry of Health and Social Welfare, Abt Associates, the World Bank Haiti Living Standards Measure Survey, Results 4 Development Ghana, the Africa Bureau, the Botswana MOH, the Addis Ababa City Administration Regional Health Bureau-Ethiopia, the Ghana NHIS, the Amhara Regional Health Bureau (Ethiopia), the Ethiopian Health Insurance Agency, the Benishangui-Gumuz Regional Health Bureau (Ethiopia), the Oromia Regional Health Bureau (Ethiopia), the Tigray Regional Health Bureau (Ethiopia), the Southern Nations, Nationalities, and Peoples Region Regional Health Bureau (Ethiopia), the SADC conference in Pretoria, and the World Bank-Asia Regional Flagship Course, Vietnam MOH, Tanzania Commission for AIDS, WB WHO-DRC, regional sources in Ethiopia, and Avenir Health.

7. KNOWLEDGE MANAGEMENT/COMMUNICATIONS UPDATE

Highlights

In early July, Dr. Pablos-Mendez, Assistant Administrator, Bureau of Global Health, launched USAID's Health Systems Benchmarking tool at an event in Crystal City. Originally, USAID (EADS) were to host the tool, but they determined shortly before the launch that they could not. HFG provided critical support by uploading and hosting the tool and accompanying manual on the HFG website in time for the event. In addition, HFG promoted the materials widely via social media. Within two weeks, the tool had been downloaded 274 times and the manual 189 times. At the end of Q4, the tool had been downloaded 480 times.

During this quarter, Bea Spadacini, Senior Communications Advisor for the BHG front office, reached out to HFG to learn more about the project and USAID's work in HSS. We have developed a productive working relationship, which is very helpful given Yara Francis's departure in May and Trent White's in August. In particular, HFG worked closely with Spadacini to support BHG's communications plans for UNGA. We curated and developed 30 new tweets – with links to health financing content – for use by USAID around its signature event in New York. We also wrote a new Nigeria DRM story, which Spadacini plans to link to a USAID platform.

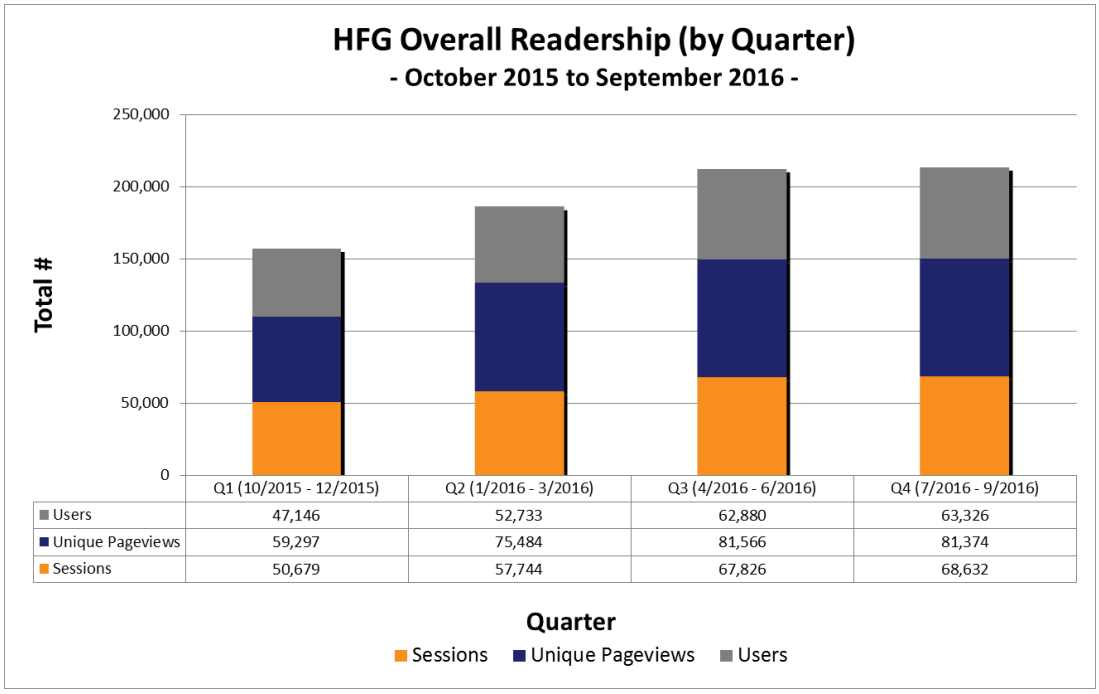
In September, HFG and JLN hosted a Technical Briefing with a specific focus on JLN's work in Ghana with NHIA. Mr. Nat Otoo, Chief Executive Officer, and Dr. Lydia Selby, Chief of Claims, were featured speakers. They spoke eloquently about USAID's support to NHIA. More than 150 people signed up for the briefing, and ultimately 70 joined online and in person at Abt's offices.

This quarter, HFG made good progress with optimizing the website for use on mobile phones. It should be complete by early October. Other improvements to the website include:

- Adding a related resources sidebar, which automatically populates with three additional documents or tools;
- Adding stronger search function; and
- Continuing to add more hyperlinks to older pages.

Website stats:

- Total sessions: 68,632 (vs. 67,826 in Q3)
- Unique page views: 81,374 (vs. 81,566 in Q3)
- Users: 63,326 (vs. 62,880 in Q3)



Overall, we saw a slight increase in traffic to the website, which can be expected during the summer months. Downloads, however, increased significantly. This quarter there were over 9,700 total downloads – compared to 8,100 last quarter.

The top 25 downloads are listed below.

Publication	Total Downloads
Health Systems Benchmarking Tool	480
Impact of Health Systems Strengthening on Health	335
HSB Tool Manual	314
Essential Package of Health Services Country Snapshot: Kenya	150
Implementing Universal Health Coverage on the Ground: The View from Four Countries	116
Following the Money: Making the Most of Limited Health Resources	113
Domestic Innovative Financing for Health: Learning From Country Experience	112
Demystifying Universal Health Coverage	104
Building the Organizational Capacity of Health Systems Global: From Start-Up to Performance	91
Synopsis: Impact of Health Systems Strengthening on Health	88
Introduction: A Toolkit for Ministries of Health to Work More Effectively With Ministries of Finance	77
Essential Package of Health Services Country Snapshot: Bangladesh	76
Tax Reform and Resource Mobilization for Health	72
Mobile money options to facilitate payment of incentives in Senegal's RBF program: An assessment of opportunities, barriers, and solutions	71

Publication	Total Downloads
Developing Key Performance Indicators: A Toolkit for Health Sector Managers	68
Ethiopia's Community-based Health Insurance: A Step on the Road to Universal Health Coverage	68
Essential Package of Health Services Country Snapshot: Uganda	67
Rapid Analytical Review and Assessment of Health Systems Opportunities and Gaps in Indonesia	61
Self-Assessment of Internal Control Health Sector: A Toolkit for Health Sector Managers	53
Data for Efficiency: A Tool for Assessing Health Systems' Resource Use Efficiency	52
Essential Packages of Health Services: A Landscape Analysis of 24 EPCMD Countries	52
Implementation Research for UHC in Practice – Lessons Learned in Myanmar and Indonesia, Part 1: Laying the Groundwork	52
Essential Package of Health Services Country Snapshot Series: 24 Priority Countries	51
Evaluation de la Gouvernance du Secteur Sante en Côte D'Ivoire	51
Synthesis Report of Health Information Systems in India	51

New Stories

We added 20 new stories this quarter, including a story focusing on women's expanded access to health insurance in Ethiopia and as well as a video on Botswana's first health financing strategy. The stories have been featured in HFG's external newsletters, which went out in July and September, as well as via the JLN's weekly newsletter.

Social Media Stats

Twitter

- Total followers: 1,640
- New followers since last quarter: 114

YouTube

- Total views: 325
- Total watch time: 27 hours, 3 minutes (total minutes of viewing time, all videos, all viewers)
- Average view duration: 4 minutes, 59 seconds
- New subscribers: 0
- Top 5 countries by total minutes watched:

Country	Watch Time (minutes)	Total Views	Average View Duration
United States	744 (46%)	111 (34%)	6:42
France	135 (8.3%)	7 (2.2%)	19:18
Nigeria	134 (8.3%)	16 (4.9%)	8:23
Ethiopia	89 (5.5%)	25 (7.7%)	3:33
Ghana	89 (5.5%)	21 (6.5%)	4:12

Slideshare

- Total views: 12,844
- Total downloads: 225
- Top 3 by views:
  - Building the Organizational Capacity of Health Systems Global: From Start-Up to Performance (267 Views)
  - Universal Health Coverage: An Annotated Bibliography (221 Views)
  - Cost-Benefit Analysis of Outsourcing Cleaning Services at Mahalapye Hospital, Botswana (199 Views)

Facebook

- Likes since last quarter: 103
- Total likes: 10,005
- Total engagement (link clicks, other clicks):
  - Total clicks: 596
  - Link clicks: 229 (20 percent increase from last quarter's 190)
    - Total organic (unpaid) reach: 22,520

8. GENDER UPDATE

Throughout Year 4, the HFG Gender Advisor provided support across the project and on the issues of gender equality, female empowerment, and social inclusion. The Gender team continued to work with country teams to develop gender strategies, supporting teams to articulate plans to mainstream gender considerations into their technical assistance, in line with USAID's Gender Equality and Female Empowerment Policy. To date, the team has worked with 20 country teams, enhancing the treatment of gender issues in technical documents, sharing technical resources, and supporting teams in responding to gender-related requests from missions.

The Gender team began work this year on a series of success stories that will articulate the ways that HFG has advanced gender equality and female empowerment while also achieving successes in health finance, governance, human resources for health, healthy systems management, and measuring health system performance. The stories will be disseminated via the HFG website, where the first story, on the links between female empowerment and community-based health insurance in Ethiopia, has been posted.

The HFG Gender Advisor attended the Gender360 Summit in Washington D.C. This annual meeting gathers together hundreds of U.S. Government and implementing partner staff to share successes and disseminate new findings. This year's meeting had a particular focus on gender-based violence and the needs of adolescents. The Gender Advisor shared updates from the meeting with HFG staff in Q4.

9. M&E UPDATE

For Year 4, M&E focus continued with country Performance Monitoring Plan (PMP) development/management, MandE (M&E system) updating, reporting, internal review, and data quality audits. The Global HFG PMP with results for Year 4 will be updated and resubmitted to the AOR Team in December 2016.

Country PMP development and updating continued to progress, with the following updates:

- Global HFG PMP developed/updated with FY 2015 results and FY 2016 targets and submitted to AOR Team.
- PMPs developed/updated with FY 2015 results and FY 2016 targets and submitted to respective missions: Angola, Benin, Botswana, Bangladesh, Burundi, Cambodia, Côte d'Ivoire, DRC, Eastern Europe and Eurasia , Ethiopia, Ghana, Guinea, Haiti, Indonesia, Mali, Namibia, Nigeria, Swaziland, Tanzania, Ukraine, and Tanzania.
- PMPs to be developed: Mali, South Africa, West Africa, and Guatemala.
- PMPs to be updated: Nigeria, Bangladesh, India, Eastern and Southern Caribbean, and Peru.

MandE development also continued with both enhancements and ongoing maintenance and support:

- ***Quarterly reporting:*** All past quarterly reports are integrated in the system. All teams use MandE for quarterly reporting. Over 200 team members have contributed to the quarterly report across 26 countries.
- ***Data/deliverable loading:*** All teams are using MandE for deliverables/supporting information. Nearly all four years of project deliverables are in MandE.
- ***Indicator development:*** Over 180 indicators were updated in MandE, aligning with the indicators in all country/project PMPs.

DQAs continued, on reported accomplishments/deliverables/supporting files, on the following programs: IR1, IR 2, IR 4, Malaria, MCH, TB, Angola, Botswana, Burundi, Côte d'Ivoire, DRC, Mali, Namibia, Nigeria, South Africa, Tanzania, Bangladesh, India, Indonesia, Vietnam, Ukraine, Eastern and Southern Caribbean, Guatemala, Haiti.

10. MANAGEMENT UPDATE

The following are key management accomplishments this quarter.

- ***Haiti surge support:*** The Core Management Team has been working closely with the HFG Haiti team and the USAID mission to substantively scale up the technical support to the country. As the relevant Haiti country section of this report shows, there have been substantive upheavals in the country and an unstable political environment. The USAID mission, however, has requested a major scale-up of support to ensure delivery of the essential work on health financing and human workforce, and to ensure that the relevant institutions in government and in the health sector have their capacities built and sustained. To deliver on this "surge" of support, the HFG team is expanding its capacity in country, and increasing the engagement of HFG partners, in particular R4D, Development Alternatives, Inc., and TRG.
- ***New areas of work:*** As we enter Year 4 of the project, HFG continues to expand into new technical areas and new geographical locations:
  - Health security in the Caribbean: In the last quarter, new work has started on bringing health security to the Caribbean through developing what is to date a unique regional approach to the CDC-led "Global Health Security Agenda." HFG has been able to do this by mobilizing both its extensive expertise in the region, and its expertise and networks active on GHSA.
  - Uganda: HFG has just started work in Uganda for the first time, focusing on domestic resource mobilization for HIV and AIDS, as part of the Strategic Financing Initiative. The initial scoping work will get under way in October 2016.
  - Middle East: USAID's Middle East Bureau has asked HFG, together with the SHOPS Plus project, to conduct a landscape analysis of health financing and the private sector. The scope of the work is still taking shape, but will likely take place in countries where USAID has strategic health interests.
- ***New HFG quarterly review formats:*** Starting in April 2016, HFG initiated a new format to the quarterly reviews with the USAID AOR team. This format focuses on a smaller number of thematic areas, with links across the HFG portfolio and with more time to discuss and reflect on lessons being learned, and synergies across the project. Given the size of the HFG project, the quarterly meetings will be structured to cover the project as a whole over a series of quarterly meetings. As the HFG learning strategy starts to deliver concrete lessons, this will be brought into the quarterly meetings, and USAID will consider whether participation should be extended beyond the AOR team.
- ***Linking HFG global and country work:*** HFG is also at a stage where it is now more systematically developing links between the global "public goods" commissioned by USAID offices in Washington, and making them available in country. A good example was the preparation of the cross-bureau work commissioned by the Office for Health Systems, where all HFG country teams were consulted and advised on the priorities to be agreed with the OHS. This coordination will ensure that new global priority pieces of work, such as the work on finding efficiencies in health systems, are more quickly taken forward with USAID and country partners.

11. COLLABORATION WITH OTHER COOPERATING AGENCIES

Currently, HFG has an extensive network of partners, even beyond the existing partnerships within the HFG consortium itself and the many partners it works with at regional and country levels. Some examples of the global partnerships that have been taken forward over the last 12 months are provided here.

- ***Multilaterals***

  - WHO: HFG has developed a close working relationship with the Health Governance and Financing Department, led by Agnes Soucat. This builds upon HFG's longstanding partnership with WHO's health accounts team to roll out the System of Health Accounts. Our collaboration has expanded to include the updating of the USAID HSAA Manual, and participation of WHO experts in a three-day meeting co-hosted with UNICEF to review the evidence of the impact of HSS strategies (see below). In addition, USAID/WHO/HFG are co-leading the HFG activity Marshalling the Evidence for Health Governance, which will lead to a major joint conference in 2017. WHO intends to use this HFG/USAID collaboration as a major part of its UHC 2030 collaboration, launched recently by Margaret Chan, the Director General of WHO.

  - World Bank: The World Bank has also been involved in the discussions about a more harmonized approach to health systems assessments, and is involved in the health governance work. In addition, the World Bank team responsible for the Global Financing Facility worked with HFG on joint consultations with five countries (Nigeria, DRC, Ethiopia, Tanzania, and Bangladesh) to share information that might be of use in taking forward the GFF in these countries. Of particular use to the World Bank is the HFG work in health expenditure analysis.

  - UNICEF: Since 2015, HFG has been working closely with UNICEF on setting up and undertaking a major review of the evidence of quantitative measures of the effect of health system strengthening strategies. This review will have a number of uses, but of immediate interest is the strengthening of the UNICEF EQUIST tool that can be used in country to inform planning, help target underserved groups, and provide powerful arguments to mobilize more resources for strengthening the health system.

  - Global Fund: Two areas of work are now under way involving the Global Fund. The first is a review of TB provider payment systems in a number of countries. The work is at an advanced stage and the results will soon be presented to USAID and the Global Fund. Second, HFG has also started work on joint HIV/AIDS expenditure analysis that provides a common analysis and "crosswalk" for national programs, PEPFAR, and the Global Fund. This will help inform longer-term strategies for domestic resource mobilization.

- ***USAID family***
  - USAID OHS and D&G: HFG has engaged in the OHS collaborative event, where many of the USAID global projects explored how to strengthen joint work globally and in country. HFG has also formed stronger working relationships with the USAID Democracy and Governance group, in country, working on strengthening key institutions for accountability in Guinea, and globally on the work on health governance. HFG is working with the Africa Bureau's health, education, and D&G teams to conduct a study of mobilization and allocation of public health resources in Ghana. HFG also participated in the OHS briefing of the Collaborative Data Hub, a new international collaboration that aims to share data and data analytics from low- and middle-income countries.
  - ASSIST: HFG continues to work with the ASSIST project on the governance of quality in the health sector. Following the country consultation earlier in 2016, the Community of Practice in this area was established, with WHO as chair. The Community of Practice will continue to develop, and meet regularly.
  - Health Policy plus Project: This project is now a key partner in taking the HFG MtE Health Governance work forward; its Project Director co-chairs one of the four Thematic Working Groups.
  - Leadership, Management, and Governance Project: The Leadership, Management and Governance Project is also part of the MtE Health Governance work. In addition, the Leadership, Management and Governance project and HFG will soon have a joint lesson learning and information sharing event.
  - SHOPS Plus: A number of opportunities are arising for HFG and SHOPS Plus to work more closely together. This includes the landscape analysis of health financing and the private sector in West Africa, also involving the Bill and Melinda Gates Foundation; a similar analysis in the Middle East (see above); and peer learning in Asia on public sector governance of the private health sector.
- ***DFID:*** Following on from an enquiry from DFID to USAID, HFG has also been instrumental in setting up exchanges between USAID and DFID on work of joint interest. This focused on the Health Systems Assessment Approach Manual update, and a presentation of the Health Systems Benchmarking Tool.