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Evaluation Report: 024 MOMENTUM MID-TERM PROCESS EVALUATION, 2022

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Cover Photo: MOMENTUM Integrated Health Resilience South Sudan. Wilma Keji, 24-years-old, holds baby Susan, 5 months old, while arranging the dress of her child on the 7th of June 2021, in Gurei PHCC supported by MOMENTUM Integrated Health Resilience, near Juba, South Sudan. IMA World Health / Adrienne Surprenant.

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ABSTRACT

This mid-term process evaluation was commissioned by the U.S. Agency for International Development (USAID) Bureau for Global Health's Office of Maternal and Child Health and Nutrition and the Office of Population and Reproductive Health. Its goal was to investigate the costs and benefits of the Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale (MOMENTUM) project's processes, working groups, and systems, and how those affect program implementation. It reviews MOMENTUM's design hypotheses and assumptions in order to document how they have evolved due to the realities of the program environment, and it identifies potential risks to achieving MOMENTUM's vision. This review does not focus on assessing the impact of implementation on health outcomes or on specific technical interventions.

The MOMENTUM Suite of Awards consists of six flagship service delivery cooperative agreements awarded between December 2019 and September 2020. Through MOMENTUM, USAID seeks to accelerate reductions in maternal, newborn, and child mortality and morbidity in high-burden USAID partner countries. Each MOMENTUM award offers a deep understanding of different settings and approaches and is intended to work in a coordinated way across the Suite to provide specialized technical and regional expertise.

The evaluation utilized an extensive desk review, key informant interviews with 89 MOMENTUM stakeholders, and an online survey as sources of evidence. While recognizing the limitations of a primarily qualitative review, the evidence indicates that MOMENTUM has succeeded in being responsive to partner needs, providing technical leadership, and adapting to the COVID-19 pandemic. Its overall approach and the idea of a Suite of awards premised on coordination, collaboration, and shared learning, though, is still a work in progress. It should be noted that the USAID Missions, which MOMENTUM is intended to serve, do not consider the functioning of MOMENTUM as a Suite one of their higher priorities. Rather, they have a greater interest in ensuring specific activities are undertaken and targets are met.

Designing and implementing a mechanism such as MOMENTUM entailed some risks and missteps, especially regarding the management burden, partnering arrangements, and expectations for how MOMENTUM could clearly communicate its story as a project. In addition, although MOMENTUM quickly adjusted its activities in response, the COVID-19 pandemic undermined the sense of cohesion and collaboration among the multitude of partners at both the headquarters and the country levels.

Nevertheless, there is still time for MOMENTUM to solidify this interconnected approach, as most of its awards are at or near the mid-point of implementation. Thus, recommendations are offered to strengthen how MOMENTUM can enhance its partnering opportunities; streamline its strategic communications; and ensure that monitoring, evaluation, and learning reinforce MOMENTUM's coordinated approach.

ACKNOWLEDGEMENTS

This evaluation benefited greatly from the contributions of dozens of individuals who provided documents and perspectives on the MOMENTUM Suite of Awards and the six activities as part of the Suite. The evaluation team is grateful for the participation of the teams from the offices of Population and Reproductive Health (PRH) and Maternal and Child Health and Nutrition (MCHN) — particularly for the consistent leadership and timely assistance of Benjamin Isquith, Rebecca Levine, Shawn Malarcher, and Barbara Rawlins, whose knowledge and management support have been essential to this endeavor.

The evaluation was conducted while the global COVID-19 pandemic was ongoing. The authors are especially indebted to the 89 USAID, implementing partner, and global technical Agency staff in the United States and multiple countries who, under challenging circumstances, gave their time to participate in the key informant interviews and group discussions that constituted a principal data source for this evaluation. We hope that it does justice to all the stakeholders from the PRH and MCHN health teams which undertook both an innovative and a challenging approach to improving global health.

TABLE OF CONTENTS

ABSTRACT	I
ACKNOWLEDGEMENTS	II
ACRONYMS AND ABBREVIATIONS	V
EXECUTIVE SUMMARY	7
1. EVALUATION PURPOSE AND EVALUATION QUESTIONS	14
2. BACKGROUND	17
3. ASSIGNMENT METHODS AND LIMITATIONS	23
4. FINDINGS	32
5. CONCLUSIONS	54
6. RECOMMENDATIONS.....	57
ANNEX 1: SCOPE OF WORK	60
ANNEX 2: ASSIGNMENT DESIGN MATRIX.....	104
ANNEX 3: INDONESIA COUNTRY CASE STUDY	107
3A: Indonesia Case Study — List of Documents Reviewed.....	116
3B: Indonesia Case Study — Profile of Respondents	117
3C: Indonesia Case Study — Translation of Roles and Functions.....	118
3D: Indonesia Case Study — Health Facility Participation	119
ANNEX 4: DATA COLLECTION TOOLS	121
ANNEX 5: SOURCES OF INFORMATION.....	152
5A: List of Persons Interviewed	152
5B: Bibliography of Documents Reviewed	155
ANNEX 6: SURVEY GRAPHICS.....	158
ANNEX 7: DISCLOSURE OF ANY CONFLICTS OF INTEREST	166
ANNEX 8: EVALUATION TEAM MEMBERS	169

LIST OF FIGURES

Figure 1: Locations of MOMENTUM Implementation.....	18
Figure 2: MOMENTUM 's Theory of Change.....	22
Figure 3: Survey Respondents' Locations	26
Figure 4: Survey Respondents' Affiliation with MOMENTUM	26
Figure 5: Level of Effort Needed to Manage and Access the MOMENTUM Awards.....	43
Figure 6: The Utility of Grouping MOMENTUM Under One Mechanism	47
Figure 7: Unmet Technical Needs Within MOMENTUM	48
Figure 8: Survey Respondents' Satisfaction with MOMENTUM	49
Figure 9: MOMENTUM 's Responsiveness by Survey Respondents.....	49
Figure 10: MOMENTUM 's Contribution to USAID 's Global Technical Leadership Role....	51
Figure 11: Global Partners' Responses to MOMENTUM 's Technical Breadth.....	52

LIST OF TABLES

Table 1: Evaluation Questions for MOMENTUM	14
Table 2: Overview of the MOMENTUM Suite of Awards.....	17
Table 3: List of all MOMENTUM Awards, IPs, and Sub-IPs.....	19
Table 4: MOMENTUM Coordination Mechanisms.....	21
Table 5: Unique Number of KIIs and Their Stakeholder Affiliations.....	25
Table 6: Initial Criteria for Country Selection (KIIs and Survey).....	27
Table 7: ADS 201 Guidance on Learning.....	39

ACRONYMS AND ABBREVIATIONS

Acronym	Definition
ADS	Automated Directives System
AMPSR	Audit Maternal Perinatal Surveillance and Response Section, Indonesia Ministry of Health
AOR	Agreement Officer Representative
APS	Annual Program Statement
BGH	Bureau for Global Health
BMGF	Bill & Melinda Gates Foundation
BPJS	Social Security Administrator for Health (Indonesia)
DHO	District Health Office
DTO	Digital Transformation Office
EMAS	Expanding Maternal and Newborn Survival Project
EQ	Evaluation question
FBO	Faith-based organization
FCR	Findings, Conclusions, and Recommendations
FP	Family Planning
GH EvalS	Global Health Evaluation and Learning Support Activity
GKIA	Directorate of Nutrition, and Maternal and Child Health, Indonesia Ministry of Health
GOI	Government of Indonesia
HQ	Headquarters
IP	Implementing Partner
IPC	Infection Prevention and Control
KI	Key Informant
KII	Key Informant Interview
KM	Knowledge Management
LOE	Level of effort
M&E	Monitoring and Evaluation
MCGL	MOMENTUM Country and Global Leadership
MCH	Maternal and Child Health
MCHN	Maternal and Child Health and Nutrition
MEL	Monitoring, Evaluation, and Learning
MIHR	MOMENTUM Integrated Health Resilience
MKA	MOMENTUM Knowledge Accelerator
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn, and Child Health
MNH	Maternal and Newborn Health

Acronym	Definition
MOH	Ministry of Health
MOMENTUM	Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale Project
MPDN	Maternal Perinatal Death Notification
MPHD	MOMENTUM Private Health Care Delivery
MPK	Directorate of Quality of Health Services Indonesia Ministry of Health
M-RITE	MOMENTUM Routine Immunization Transformation and Equity
MSSFPO	MOMENTUM Safe Surgery in Family Planning and Obstetrics
NMR	Neonatal Mortality Rate
NTT	Nusa Tenggara Timur Province, Indonesia
PHC	Primary Health Care
PMB	Private Midwife Practice
POCQI	Point of Care Quality Improvement, Indonesia Ministry of Health
PRH	Population and Reproductive Health
PUSDATIN	Centre of Data and Information (Indonesia)
RH	Reproductive Health
SC	Strategic communications
SIMATNEO	Hospital Self-Assessment Instrument
SISRUTE	Indonesian Integrated Referral System
SISRUTE	Integrated Referral System, Indonesia Ministry of Health
SOW	Scope of Work
TKPK	Governance of Health Services, Indonesia Ministry of Health
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

EVALUATION BACKGROUND

This mid-term process evaluation was commissioned by USAID's Bureau for Global Health (GH) Office of Maternal and Child Health and Nutrition (MCHN) and the Office of Population and Reproductive Health (PRH). Its purpose was to examine the costs and benefits of the processes, working groups, and systems of the Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale (MOMENTUM) Suite of Awards and how these affected program implementation. It reviewed MOMENTUM's design hypothesis and assumptions to document how they have evolved due to new realities of the program environment (e.g., the COVID-19 pandemic) and identify potential risks for achieving MOMENTUM's vision. Recommendations from this evaluation are to inform adaptations to MOMENTUM's processes and structures, as well as future management decisions and designs.

USAID's vision for MOMENTUM was that it would be a group of distinct but interrelated awards, all of which collectively contribute to a common purpose to accelerate reductions in maternal, newborn, and child mortality and morbidity by increasing and leveraging existing capacity in USAID partner countries. Each of the six awards was designed to focus on supporting countries in a particular phase of the development continuum or in priority technical areas that address emerging global priorities or tackle entrenched obstacles. Further, it was expected that the awards would create opportunities to collaborate on synergistic activities for greater impact and the ability to leverage the expertise, experience, and knowledge of the full Suite of consortium partners. The vision for MOMENTUM was predicated on several assumptions, including:

- Awards with specific expertise and experience can provide countries with more tailored and targeted support, resulting in more effective programming;
- An explicit mandate to coordinate, collaborate, and share learning across awards will help foster cross-fertilization of ideas and amplify the breadth of experiences and best practices in the field;
- A suite of awards will support the ability to tell a holistic and persuasive story to various stakeholders including Congress, about USAID's investment in preventing child and maternal deaths;
- Distinct awards that all work toward the same ultimate results and purpose will have greater overall impact — in essence, the whole is greater than the sum of its parts;
- Integrated programming across the PRH and MCHN offices, with adequate coordination and collaboration, can reduce duplication of effort and increase complementarity in program implementation; and
- Structuring GH programs similar to Mission programs will allow central mechanisms to be more responsive to Mission needs.

EVALUATION QUESTIONS

The following four evaluation questions, most of which included several sub-questions, defined and structured the evaluation. They focus on the thematic areas of design, adaptation, stakeholder satisfaction, and future trends.

1. Have the awards been able to leverage their relationships with other MOMENTUM awards to benefit their work, e.g., to improve the efficiency, effectiveness, and/or scale of programming? If so, how?
2. What operational shocks and stressors are driving programmatic adaptations?
3. Does the MOMENTUM Suite address the needs and expectations of implementing partner (IP) individual awards, USAID Missions, MOMENTUM Agreement Officer Representative (AOR) management teams, Technical Offices, and other Agency leadership?
4. What are the emerging trends and needs in family planning (FP)/reproductive health (RH)/maternal, newborn, and child health that might be addressed in the current or future awards?

These questions reflect the evaluation's focus on MOMENTUM's processes rather than its performance in order to derive findings, conclusions, and recommendations. In other words, this evaluation does not examine whether MOMENTUM or any of the individual awards have or have not reached specific targets.

EVALUATION METHODS AND LIMITATIONS

As the initial Annual Program Statement (APS) for MOMENTUM was issued in May 2019 — more than three years ago — and the design of MOMENTUM occurred even earlier, the evaluation relied on both current and retrospective perspectives to elicit and analyze the reasons for and consequences of the choices and processes observed. The evaluation team reviewed MOMENTUM's Theory of Change, its vision and assumptions, and the Evaluation Questions to develop the evaluation's approach, specific methods, and evidence collection tools.

The evaluation methods were primarily qualitative, although one method, an electronic survey, collected some limited quantitative evidence. The methods included a review of MOMENTUM documentation, key informant interviews (KIIs) or group interviews (GIs) with a purposive sample of individuals knowledgeable about MOMENTUM at the global and country levels, an online survey, and a country case study (Indonesia). Data collection instruments included tailored KII guides and data extraction templates for document and KII review. These were shared among the evaluation team. Through an iterative review and discussion, and by triangulating findings across sources, the team arrived at the assessment's findings, conclusions, and recommendations. It should be noted, though, that because of low sample sizes in response to some of the survey questions, as well as greater depth of information provided through the KIIs, the evaluation team gave more weight to the information obtained via interviews.

A number of limitations were inherent in the assessment. These included the overall qualitative approach; potential bias in the sample of participants; response, recall, and feedback biases; and the small samples for some survey questions. With these factors in mind, the evaluation team used the various data sources to mitigate the limitations and created a system to rate the strength of evidence (green, yellow/orange, and red) for each finding.¹

FINDINGS

The findings presented below follow on and correspond directly with the four major evaluation questions and their sub-questions.

Evaluation Question	Findings	Strength of Evidence
I	The main contributing factors for effective leveraging of relationships at the country level are the formal division and clarity of roles.	Green
	There were few examples cited by the key informants (KIs) of leveraging relationships to improve the scale of programming thus far at either the headquarters or country level.	Green
	In general, as mentioned by KIs working at the global level, the awards are not functioning as a Suite, and collaboration occurs primarily on an as-needed basis based on varying perceptions regarding when that collaboration is needed.	Green
	At the country level, many in-country KIs do not perceive MOMENTUM as a singular project.	Yellow
	The most notable achievements of the MOMENTUM Knowledge Accelerator (MKA) have been the MOMENTUM HUB (its internal knowledge management/KM platform) and the Share Fairs.	Green
	Perceived benefits of MKA's strategic communications engagement vary based on awards' communications capacity.	Green
	A major barrier that many KIs cited is that MKA presents an additional layer of bureaucracy for approvals.	Green
	The major benefits have been around particular technical areas (e.g., immunizations, public/private sector linkages) when there is a clear scope and mandate to interact, specifically at the country level.	Green

¹ Ratings of strength of evidence are as follows. Green indicates that the finding is supported by multiple data sources and little to no contradictory evidence was found. Yellow indicates that the finding is supported by multiple data sources, although not all information may be completely aligned. Red indicates that the finding is worth mentioning (insightful, useful, etc.) but is supported by few data sources and/or may have strong contradictory responses.

Evaluation Question	Findings	Strength of Evidence
	The major cost, as described by KIs, is the level of coordination.	
	Local technical leadership at the subnational level has been enhanced and strengthened in some countries.	
	Feedback was mixed regarding whether the MOMENTUM design has been responsive to the needs of health ministries and/or partners.	
	There is limited evidence to date that the awards have created new partnerships and ways of working within the consortium.	
	Feedback from most KIs focused on USAID needing first to structure itself internally to provide guidance and instruction as to how coordination should take place.	
2	The key shock or stressor has been the COVID-19 pandemic.	
	The MOMENTUM Integrated Health Resilience (MIHR) award, by its nature, needs to be discussed separately from the other MOMENTUM awards when examining shocks and stressors.	
	The MOMENTUM Routine Immunization Transformation and Equity (M-RITE) award faced the unexpected task of contributing to mitigating the impact of COVID-19.	
	The individual awards and the MOMENTUM Suite collectively have made an outstanding response to the COVID-19 pandemic.	
	There also have been some challenges to the MOMENTUM Suite due to adaptations to the COVID-19 pandemic.	
	At the headquarters level, overstretched IP staff do not have sufficient time to devote to learning activities.	
	At the country level, there is limited evidence of shared learning.	
	Potential solutions for increasing shared learning were offered, and the COVID-19 pandemic has presented both challenges and opportunities for learning.	
	Most of the technical components that comprise MOMENTUM's Theory of Change do not need adjustment.	
	No generalizable statements can be made for adaptations of the Theory of Change at the country/Mission level.	
	Per KIs, a stronger vision and guidance are needed from USAID in terms of coordination and collaboration along with additional light "touchpoints."	

Evaluation Question	Findings	Strength of Evidence
	Because MIHR works in fragile settings and emphasizes humanitarian-development interventions, its ability to align with other awards has been especially limited.	
	In general, the staggered timing of the awards and their start-ups significantly and negatively affected the MOMENTUM Suite.	
	Missions were largely unaffected by the staggered timing (of the awards).	
3	Technically, MOMENTUM generally meets expectations.	
	Strategically, MOMENTUM generally does not meet expectations.	
	There are, perhaps, some gaps in technical and functional skills within the MOMENTUM Suite; however, those gaps may be country- and stakeholder-specific.	
	There was a mixed level of knowledge and understanding among KIs as to where certain technical and functional skills are within the Suite and how to access those skills.	
	MOMENTUM neither inhibits nor facilitates meeting USAID (USAID/W and Missions) and individual award needs, as it is not functioning as a Suite.	
	The overlaps in MOMENTUM award functions require clarification.	
	It is too early to determine whether MOMENTUM addresses the needs of global partners.	
	To date, global partners have had limited engagement with MOMENTUM.	
	Per global partners, there are both technical and learning gaps within MOMENTUM.	
4	There was no clear consensus regarding emerging trends and needs in FP/RH/MNCH that current or future awards might address.	

CONCLUSIONS

The evidence gathered by the evaluation team indicated that MOMENTUM has succeeded in ensuring that USAID Missions are technically supported by the six awards. Further, MOMENTUM has shown its adaptability both as a Suite and individual awards by responding to the COVID-19 pandemic by modifying its internal processes and how activities were implemented. It has brought new ideas forth in how technical assistance can be provided, and it is well-aligned with the needs of its stakeholders. What is less certain is whether MOMENTUM is truly functioning as an interrelated Suite of awards that contribute collectively to a common purpose through a coordinated and collaborative approach with the whole being greater than the sum of its parts.

Thematic Conclusions

Design. MOMENTUM is not currently functioning as a Suite as the MOMENTUM Theory of Change envisioned, and there is a lack of clarity regarding how the awards are supposed to work together. However, there are some examples, primarily at the country level, around specific technical issues that can provide some guidance as to how better coordination and collaboration can occur.

Adaptation. MOMENTUM has, for the most part, adapted exceptionally well to the COVID-19 pandemic during its implementation, which was the primary shock and stressor that it faced. There are some inherent limitations to MOMENTUM's adaptability, though, such as working in countries that are very diverse on the development continuum, unclear perceptions of in-country stakeholders about MOMENTUM's vision, and how well USAID Missions are aligning their individual MOMENTUM theories of change within the greater framework.

Stakeholder satisfaction. Technically, for the most part, MOMENTUM is satisfying USAID Mission needs, and Missions are the primary users of its services via buy-ins. Strategically, MOMENTUM is not meeting its initial expectations to function as a Suite. However, given that this approach is of less importance to USAID Missions, it will most likely affect neither MOMENTUM's overall performance nor the end users' satisfaction with the mechanism.

Future trends. No clear consensus emerged as to what future priority trends USAID should address in future FP/RH/MNCH designs. Some recurrent ideas put forward included a focus on PHC, mitigating climate change impacts, global health security, and effectively utilizing digital tools to enhance partner capacity.

RECOMMENDATIONS

The evaluation team offers **four high-priority recommendations** derived from the findings that should receive immediate consideration. They are (in brief):

1. Develop explicit internal and external guidance for coordination, collaboration, and partnering.
2. Review and revise the MOMENTUM monitoring, evaluation, and learning (MEL) framework(s) specifically to provide measurable incentives for coordination and collaboration.
3. Streamline strategic communications, especially the guidance document and approval process.
4. Provide additional learning opportunities, including those outside of MKA's responsibilities.

Six additional recommendations are presented for consideration, based on both USAID and IP interest and bandwidth to implement them. They are (in brief):

1. Increase publicity and dissemination opportunities for COVID-19 lessons learned.
2. Name a full-time USAID MOMENTUM coordinator who would be appointed to neither the MCHN nor PRH offices.
3. Consider MIHR- and M-RITE-specific adjustments to the Theory of Change and MEL Framework.

4. Determine whether having Mission-level theories of change is in MOMENTUM's strategic interests.
5. Continue outreach to Missions and partners to ensure clarity on the MOMENTUM Suite and individual awards.
6. Prioritize primary health care (PHC) and climate change for possible future investments/awards for PRH and MCHN.

I. EVALUATION PURPOSE AND EVALUATION QUESTIONS

I.1. EVALUATION PURPOSE

The purpose of this evaluation is to investigate the costs and benefits² of MOMENTUM's³ processes, working groups, and systems, and how these affect programs implementation. It reviews MOMENTUM's design hypotheses and assumptions in order to document how they have evolved due to new realities of the program environment, including the COVID-19 pandemic, and it identifies potential risks to achieving MOMENTUM's vision. Recommendations from this evaluation will inform adaptations to MOMENTUM's processes and structures, as well as future program designs. This is a process evaluation rather than a performance evaluation; therefore, this review does not focus on assessing the impact of implementation on health outcomes to date or on specific technical interventions. Rather, the focus is on assessing how program operations, management, and systems across the MOMENTUM Suite affect resources and outputs.

I.2. EVALUATION QUESTIONS⁴

The evaluation questions address four main themes: design hypothesis, adaptation, stakeholder satisfaction, and future trends (see Table 1: Evaluation Questions for MOMENTUM). Where needed, the evaluation team has modified and/or interpreted the evaluation questions to ensure a shared understanding of terminology and definitions (original Evaluation Questions are given in Annex 1: Scope of Work).

Table 1: Evaluation Questions for MOMENTUM

Main Question	Sub-Questions
Design	
I. Have the awards been able to leverage their relationships with other MOMENTUM awards to benefit their work, e.g., to improve the efficiency, effectiveness, and/or scale of programming? If so, how?	I.A. What has been the cost and benefit (to USAID and IPs) of coordinating with the MOMENTUM MKA and across the Suite of awards? What have been the barriers and facilitators to achieving this? I.B. What has been the cost and benefit of awards coordinating with each other (exclusive of MKA)? I.C. What has been the cost and benefit of in-country coordination (to USAID, to IPs, to country partners)?

² Costs and benefits are limited here to administrative and managerial measures (level of effort, communications, meetings, documents developed, etc.).

³ MOMENTUM, per the original 2019 APS, is the Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale project. For the sake of brevity, the term MOMENTUM is used throughout the report.

⁴ The evaluation team modified and expanded the Evaluation Questions included in the original Scope of Work (SOW) based on consultations with USAID (the SOW is provided in Annex 1).

Main Question	Sub-Questions
	I.D. Have awards been able to create new partnerships and ways of working within the consortium? I.E. What adaptations (e.g., changes in systems/processes) would lead to more efficient and/or more effective coordination?
Adaptation	
2. What operational shocks and stressors are driving programmatic adaptations?	2.A. How has the Suite collectively, and as individual awards, adapted to the realities of working in dynamic country contexts, particularly the ongoing effects of the COVID-19 pandemic? 2.B. What adaptations (e.g., changes in systems/processes) would lead to more efficient and/or more effective shared learning? 2.C. Do any of these adaptations require adjustments to the development hypothesis and/or key assumptions of the MOMENTUM Award Suite and/or implementation at the country or global level? 2.D. Are additional adjustments needed to achieve the vision for this Suite of Awards? If so, what? 2.E. How has the staggered timing of the awards start-up affected coordination and collaboration across the awards, with MKA and with Missions?
Stakeholder Satisfaction	
3. Does the MOMENTUM Suite address the needs and expectations of IP individual awards, USAID Missions, MOMENTUM AOR management teams, Technical Offices, and other Agency leadership?	3.A. Are there technical or functional skills not available or accessible in the current configuration? 3.B. Does the Suite design inhibit or facilitate meeting USAID's and individual award needs? 3.C. Does the MOMENTUM Suite address key needs of global partners (e.g., Bill & Melinda Gates Foundation/BMGF, UNICEF, World Health Organization/WHO) through its role in global forums and partnerships? How has the design of the Suite helped or hindered this?
Future Trends	
4. What are the emerging trends and needs in FP/RH/ MNCH that might be addressed in the current or future awards?	

I.3. EVALUATION AUDIENCES

There are multiple audiences for this evaluation. The primary audiences for the evaluation are the USAID MOMENTUM AOR teams and MOMENTUM IPs. Additionally, it is anticipated that this evaluation will be of interest to USAID Mission-based activity managers and ministries of health (MOH) in countries with MOMENTUM field support buy-ins and/or countries receiving core support, including, but not limited to, the proposed country case study (Indonesia). Global partners/thought leaders in PRH and MCHN outside of USAID may also be interested in the evaluation's outputs.

Finally, participating stakeholders, either KIs or survey participants, may be interested in receiving the evaluation, as their participation demonstrates specific interest in MOMENTUM and its achievement and challenges. The evaluation team anticipates that recommendations will be of primary benefit to the offices of PRH and MCHN to inform current award implementation and future designs.

2. BACKGROUND

The PRH and MCHN offices' flagship service delivery projects, under the MOMENTUM Suite of Awards, were awarded between December 2019 and September 2020 as a set of six five-year cooperative agreements. Through MOMENTUM, USAID seeks to accelerate reductions in maternal, newborn, and child mortality and morbidity in high-burden USAID partner countries. The project represents a paradigm shift in how USAID carries out its work, with a greater focus on strengthening the capacity, sustainability, and resilience of local institutions. Table 2: Overview of the MOMENTUM Suite of Awards is an overview of the six awards.

Table 2: Overview of the MOMENTUM Suite of Awards

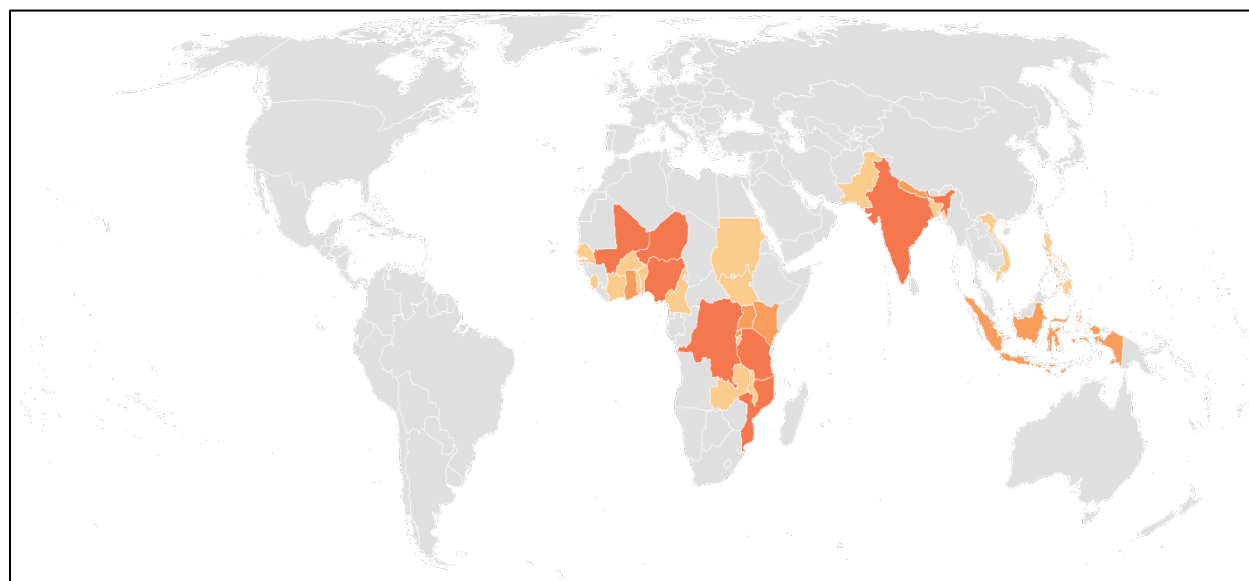
MOMENTUM Award	Focus	Funding Ceiling	Start Date / End Date
Country and Global Leadership (MCGL)	Providing targeted technical and capacity development assistance to Missions, partner countries, and local organizations; contributing to global technical leadership and policy dialogue for maternal, newborn, and child health (MNCH) voluntary FP, and reproductive outcomes.	\$200,000,000	December 27, 2019–December 26, 2024
MIHR	Addressing the impacts of fragility on the health and well-being of women, newborns, and children, whether triggered by political instability, conflict, violence, or natural disasters such as floods and earthquakes.	\$199,999,472	May 22, 2020–May 21, 2025
MKA	Supports monitoring and evaluation (M&E), KM, strategic communications, and the translation of learning across the Suite of Awards.	\$29,670,166	December 31, 2019–December 30, 2024
MOMENTUM Private Health Care Delivery (MPHD)	Ensuring increased availability of and demand for evidence-based, quality voluntary FP care and MNCH information, services, and supplies through private providers and outlets; and expanding public and private partnerships to ensure a total market approach for improved health care coverage.	\$75,000,000	June 22, 2020–June 21, 2025
M-RITE	Sustainable strengthening of routine immunization programs to overcome entrenched obstacles contributing to declining immunization rates, and addressing barriers to reaching zero-dose and under-immunized children with life-saving vaccines and other health services.	\$120,000,000	July 27, 2020–July 26, 2025

MOMENTUM Award	Focus	Funding Ceiling	Start Date / End Date
Safe Surgery in Family Planning and Obstetrics (MSSFPO)	Promoting awareness of and equitable access to high-quality of care for voluntary and consented safer surgeries within maternal health and FP programs.	\$40,000,000	September 21, 2020–September 20, 2025

As shown on its website,⁵ MOMENTUM works in the following countries (see Figure 1: Locations of MOMENTUM Implementation): Bangladesh, Benin, Bosnia and Herzegovina, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, Ghana, Guinea, Haiti, India, Indonesia, Kenya, Kyrgyzstan, Madagascar, Malawi, Mali, Moldova, Mozambique, Nepal, Niger, Nigeria, Pakistan, the Philippines, Rwanda, Senegal, Serbia, Sierra Leone, Sudan, South Sudan, Tanzania, Togo, Uganda, Vietnam, and Zambia.

Figure 1: Locations of MOMENTUM Implementation⁶

Number of MOMENTUM Projects



Each MOMENTUM award offers a deep understanding of different settings and approaches but is intended to work in a coordinated way across the Suite to provide specialized technical and regional expertise to address challenges to MNCH/FP/ RH care in varied contexts. Table 3: List of all

⁵ <https://usaidmomentum.org/where-we-work/>

⁶ Map is from MOMENTUM's website as of October 1, 2022.

MOMENTUM Awards, IPs, and Sub-IPs provides a full list of IPs and sub-IPs. USAID designed and further refined this Suite of Awards during implementation under the hypotheses that:

- An explicit mandate to coordinate, collaborate, and share learning across awards will help foster cross-fertilization of ideas and amplify the breadth of experiences and best practices in the field.
- A Suite of Awards will enable the ability to tell a holistic and persuasive story about USAID's investment in preventing child and maternal deaths to various stakeholders, including Congress.
- Distinct awards that are all working toward the same ultimate results and purpose will have greater overall impact — in essence, the whole is greater than the sum of its parts.
- Integrated programming across the PRH and MCHN offices, with adequate coordination and collaboration, can reduce duplication of effort and increase complementarity in program implementation.
- Aligning GH programs to be structured similar to Mission programs will allow central mechanisms to be more responsive to Mission needs.
- Awards with specific expertise and experience can provide countries with more tailored and targeted support resulting in more effective programming.
- Each award is designed to focus on supporting countries in a particular phase of the development continuum or on priority technical areas which address emerging global priorities or tackle entrenched obstacles.

Table 3: List of all MOMENTUM Awards, IPs, and Sub-IPs

Name of Award	Prime IP	Sub-IPs
MIHR	IMA World Health	1. JSI Research & Training Institute, Inc. 2. Pathfinder International 3. Africa Christian Health Associations Platform 4. GOAL 5. CARE

Name of Award	Prime IP	Sub-IPs
MCGL	Jhpiego	1. Save the Children 2. Johns Hopkins University International Vaccine Access Center 3. The Manoff Group 4. Quicksand 5. Matchboxology 6. BAO Systems 7. Avenir Health 8. McKinsey & Company 9. PACT 10. Institute for Health Care Improvement 11. Christian Connections for International Health 12. Uboru Quality Institute
MKA	Population Reference Bureau	1. JSI Research & Training Institute, Inc. 2. Ariadne Labs 3. GEMNet
MPHD	Population Services International	1. Jhpiego 2. Avenir Health 3. FHI 360 4. ThinkWell
MSSFPO	EngenderHealth	1. IntraHealth International 2. London School of Hygiene and Tropical Medicine 3. Johns Hopkins Center for Communications Programs

Name of Award	Prime IP	Sub-IPs
M-RITE	JSI Research & Training Institute, Inc.	1. PATH 2. Accenture Development Partnerships 3. Results for Development 4. Gobee Group 5. CORE Group 6. The Manoff Group

Table 4: MOMENTUM Coordination Mechanisms is an illustrative list of mechanisms for coordination across the awards include formal agreements, professional exchanges, and technology.

Table 4: MOMENTUM Coordination Mechanisms

Formal Agreements	Professional Exchanges	Technology
• Letters of collaboration (e.g., between MKA and other awards) • Guidance on MOMENTUM research transparency and data sharing	• Working groups ○ MEL ○ KM ○ Strategic communications ○ Digital health ○ Youth • Project-to-project meetings	• Internal KM platform (HUB) • Data sharing platform • Public website • Social media accounts

At the March 23, 2021, MOMENTUM All Hands Meeting,⁷ guidance was provided as to when and how coordination was to take place across the MOMENTUM Suite. Specifically:

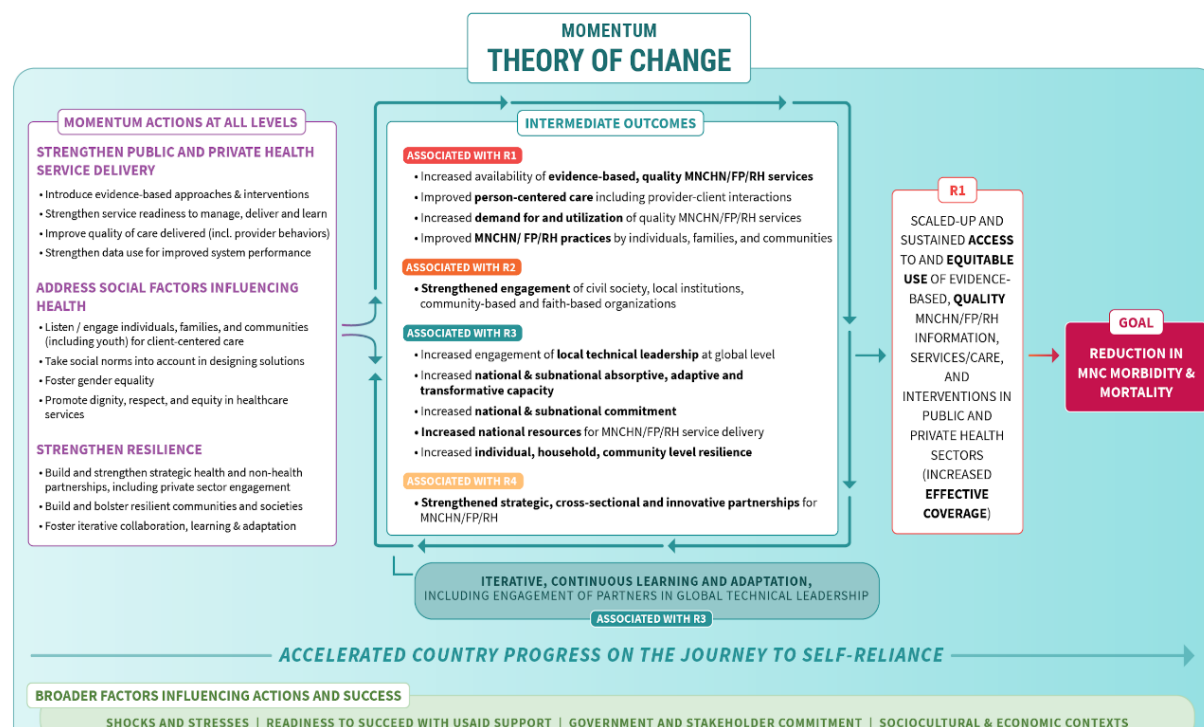
- Coordination mechanisms should be co-created and agreed upon by awards;
- Coordination should be efficient and on an as-needed basis (no coordination for coordination's sake);
- Coordination should add value (result in better ideas, more data, more learning, and better programs, and reduce duplication of efforts); and
- Coordination is part and parcel of each award's mandate and budget (not considered as an extra burden or additional request).

⁷ All the awards, by this point, had been in implementation for several months and, for two awards, for more than one year.

Following approximately the first year of implementation for some of the projects, MKA conducted a review on behalf of USAID to gauge the understanding of “One MOMENTUM” and its implementation among the different MOMENTUM award holders and their USAID teams. Representatives from all six MOMENTUM awards and members of their USAID AOR and extended technical teams participated in focus group discussions carried out by MKA from January 11–22, 2021. The results of this review were presented in a two-day leadership meeting on February 16–17, during which collaborative solutions to improving technical and country coordination among the awards were decided.

The MOMENTUM Suite of Awards is now approaching the mid-point of its current five-year award. MCGL and MKA are about to start their Project Year 4 work year, while MPHD, MIHR, MSSFPO, and M-RITE are all either beginning or about to begin their Project Year 3. Thus, the timing of this evaluation should, to the extent possible, feed into work plans for the subsequent years. Further, the evaluation results may affect the overall approach to MOMENTUM’s Theory of Change (Figure 2: MOMENTUM’s Theory of Change).

Figure 2: MOMENTUM’s Theory of Change



3. ASSIGNMENT METHODS AND LIMITATIONS

3.1. ASSIGNMENT METHODOLOGY

The MOMENTUM mid-term process evaluation commenced in March 2022 with an inception phase that lasted through the beginning of May. The next step was data collection (additional details follow below), which occurred from May until the end of July. A series of preliminary finding debriefs held during August allowed the team to receive feedback from various stakeholders, including USAID/W, IPs, and other in-country stakeholders. Drafting of this report occurred during August, with an internal review by GH EvalS prior to its submission in September 2022.

A non-experimental design with a mixed-methods approach utilizing quantitative and qualitative data was used to gather and analyze the needed information to produce findings against each Evaluation Question and Sub-question (the MOMENTUM articulated development hypothesis, Theory of Change, and Results Framework formed the fundamental evaluation elements).

To answer the evaluation questions, the evaluation team used:

- A desk review of documents and data;
- KIs and/or GIs;
- An online survey; and
- A country case study (Indonesia).

An introductory email explaining the purpose of the evaluation was sent to stakeholders prior to requesting stakeholder participation in KIs and the survey, and USAID/Indonesia sent an introductory email to inform local stakeholders about the Indonesia country case study. Because of the COVID-19 pandemic, virtual approaches to data collection were used, including virtual stakeholder meetings and key informant and group interviews. However, for the Indonesia case study, the local expert was able to travel within country to interview selected KIs as necessary.

Protocols to ensure strict privacy and confidentiality, based on the GH EvalS data management plan, were part of the data collection process. This included seeking informed oral consent, a statement that all information provided would be confidential and not connected to the individual, the right to refuse to answer any question, the right to refuse participation in the assignment, and the right to refuse to have the KI recorded (see Annex 4).

3.2. DATA SOURCES

3.2.1. Desk Review

The first step in data collection was a desk review of approximately 60 MOMENTUM-related documents. The purpose was to obtain background information and data for the evaluation team and for use as part of the analysis of the MOMENTUM Suite. Documents and data reviewed included the initial APS and subsequent awards, results reporting, other MOMENTUM technical documents (briefs, case studies, etc.), meeting notes, data sharing agreements, workplans, and performance monitoring plans. Annex 5B is a bibliography of documents reviewed. Documents were categorized as either “core” (i.e., all team members reviewed them) or “non-core” (only some team members reviewed the documents depending on the relevancy to assigned Evaluation Questions).

GH EvalS assembled a passworded electronic folder of background documents from USAID and the MOMENTUM HUB, to which the evaluation team added materials it identified independently. To enhance the systematic analysis of the documentation it obtained, the team summarized documents using a standard template that was shared with team members. Any documents that contained sensitive information (proprietary technology, budgetary, procurement, etc.) were redacted before being shared with the team.

3.2.2. Key Informant and Group Interviews

KIs were conducted with selected informants whom the team identified through document review and verified with USAID and MOMENTUM IPs. KIs included representatives from:

- Project AORs;
- MCHN Office representation;
- PRH Office representation;
- BGH (specific to MOMENTUM interactions);
- USAID Mission-based Activity Managers and/or Health Officers;
- MOMENTUM IP staff (primes and a select group of sub-partners);
- MOH officials (when available);
- Global partners outside of USAID (WHO, UNICEF, GAVI, FP2020, etc.); and
- Additional stakeholders identified during data collection.

For stakeholders at the country level, the evaluation team contacted only individuals within a select sub-group of countries where MOMENTUM is being implemented (see Section 3.3, Country Selection, below). In some cases, KIs were interviewed in small groups of similar respondents, if all participants felt free to express their opinions in a group. Interviews followed interview guides tailored to specific stakeholder groups (see Annex 4). The guides included opportunities for interviewees to provide comments at the end of the interview on topics not covered by the questions in the guide. Interview notes and recordings were kept in a password-protected electronic folder accessible only to the evaluation team and the GH EvalS team. Information from each interview was logged using a data extraction log for interviews to enhance systematic analysis. All interviews were conducted in English. Table 5: Number of KIs and Their Stakeholder Affiliations summarizes the interview participants (a full list is provided in Annexes 3B and 5A).

Table 5: Unique Number of KIs and Their Stakeholder Affiliations

Stakeholder	Number
USAID/W	13
USAID Mission staff	9
IP headquarters staff	33 ⁸
IP country staff	5 ⁶
External partner organizations (international technical agencies, foundations, etc.)	5
Indonesia (country case study)	24
Total	89

3.2.3. Online Survey

An online survey was sent to targeted stakeholders including USAID Missions, MOMENTUM AOR management teams, USAID technical offices and other Agency leadership, MOMENTUM staff, and other stakeholders. This list of survey respondents was developed from inputs provided by USAID and the prime IPs. The initial list was then narrowed to 180 potential respondents, ensuring that there would be no duplication among those individuals participating in the interviews (either individually or within groups) and those responding to the survey, a rating by USAID and IPs (“High,” “Medium,” and “Low”) for potential information yield, and a review of the potential respondents’ positions within the MOMENTUM structure.

The survey was sent to 11 countries based on the criteria listed in Table 6: Initial Criteria for Country Selection (KIs and Survey) below, focusing on countries scoring 3+ (except Indonesia, the country case study). The full draft survey, included in Annex 4, was beta-tested internally several times prior to distribution. It was translated and distributed in English, French, and Portuguese and was open for responses for three weeks; two reminders were sent in addition to an introductory email. A total of 88 responses were collected (approximately 48% response rate) across the three languages (56 English, 25 French, six Portuguese). Some basic demographic information, presented in Figure 3 and Figure 4, shows that the majority of respondents were based at the country level and that a large percentage of feedback came from IPs. Not all survey respondents received the same set of questions, based on their MOMENTUM affiliation (see Figure 4). Skips were inserted into the survey based on affiliation to better target questions; however, as will be seen in the Findings (Section 4), this resulted in several questions having a low number of respondents/sample size.

⁸ From the six MOMENTUM awards, the total distribution of KIs was MCGL = 9; MIHR = 9; MKA = 5; MPHD = 3; M-RITE = 7; and MSSFPO = 5. The five IP country staff interviewed were drawn from four countries.

Figure 3: Survey Respondents' Locations

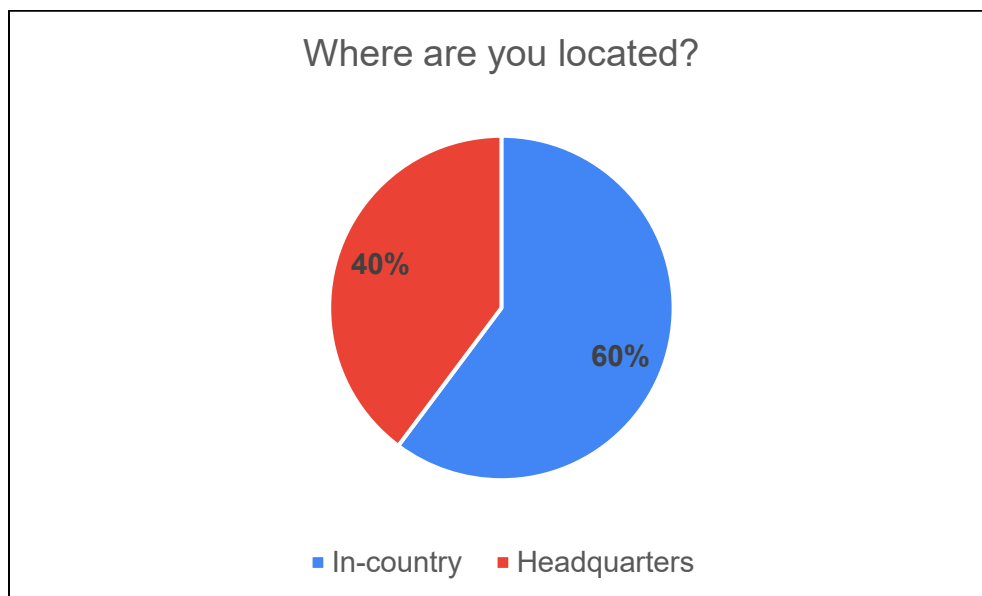
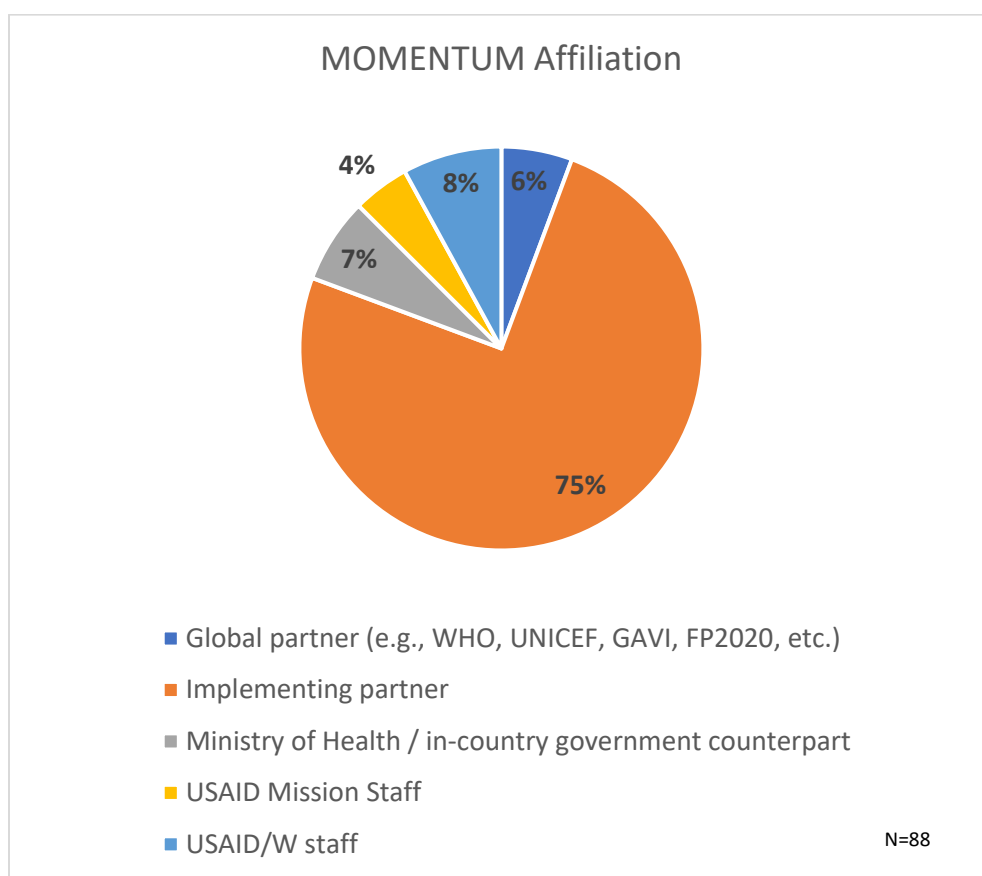


Figure 4: Survey Respondents' Affiliation with MOMENTUM



3.2.4. Country Case Study (Indonesia)

The purpose of the case study was to provide an in-depth, specific example of how MOMENTUM IPs are collaborating, learning, and adapting. This would enable the evaluation team to generate additional insights. While the case study focused on one country (Indonesia), it is situated within the overall evaluation framework and the corresponding Evaluation Questions. The evaluation team triangulated data and findings from the case study with data and findings from the KIIs, survey, GIs, and desk review.

USAID's criteria for selecting the country case study included significant investment; multiple MOMENTUM IPs in-country; USAID Mission interest and support; use of in-country expertise; and no international travel. Based on an iterative process, including discussions with USAID Missions, Indonesia was selected as the case study country. After reviewing USAID/Indonesia's initial feedback, the local consultant liaised and consulted with Mission staff to ensure that their concerns and perspectives were incorporated into the data collection tools, with guidance from the evaluation team, while adhering to the fundamental themes and questions of the evaluation. Then, with USAID/Indonesia's introduction, he began contacting, scheduling, and conducting KIIs. Quality assurance was provided via email and check-in calls to ensure any issues with data collection were mitigated. The full case study is provided in Annex 3.

3.3. SAMPLE/COUNTRY SELECTION (KIIs AND SURVEY)

Not all countries in which MOMENTUM is working were involved in the KIIs and the survey. In Table 6: Initial Criteria for Country Selection (KIIs and Survey) below, the evaluation team lists the initial criteria against applicable countries. Based on this table and discussions with USAID, the initial MOMENTUM countries were narrowed down to 11⁹ to participate either in the interviews or survey. Indonesia, although it had a high score, was excluded from the survey as it had already been chosen for the country case study, which would include in-country KIIs.

Table 6: Initial Criteria for Country Selection (KIIs and Survey)

MOMENTUM Presence¹⁰	Has at least 2+ MOMENTUM Awards¹¹	USAID Priority Countries for Maternal and Child Health (MCH)¹²	Priority PRH Countries	Total Score (1 Point per X)
Bangladesh		X	X	2
Benin			X	1
Burkina Faso			X	1
Cameroon			X	1

⁹ Democratic Republic of the Congo, Ghana, India, Kenya, Mali, Mozambique, Nepal, Nigeria, Rwanda, Tanzania, Uganda.

¹⁰ Per [Where We Work - USAID MOMENTUM](#), April 28, 2020.

¹¹ Ibid.

¹² Per <https://www.usaid.gov/global-health/health-areas/maternal-and-child-health/priority-countries-as-of-April-28,2022>.

MOMENTUM Presence¹⁰	Has at least 2+ MOMENTUM Awards¹¹	USAID Priority Countries for Maternal and Child Health (MCH)¹²	Priority PRH Countries	Total Score (1 Point per X)
Côte d'Ivoire			X	1
Democratic Republic of the Congo	X	X	X	3
Ghana	X	X	X	3
India	X	X	X	3
Indonesia	X	X	X	3
Kenya	X	X	X	3
Malawi		X	X	2
Mali	X	X	X	3
Mauritania			X	1
Mozambique	X	X	X	3
Nepal	X	X	X	3
Niger	X		X	2
Nigeria	X	X	X	3
Pakistan		X	X	2
Philippines			X	1
Rwanda	X	X	X	3
Senegal		X	X	2
Sierra Leone			X	1
South Sudan		X	X	2
Tanzania	X	X	X	3
Togo			X	1
Uganda	X	X	X	3
Zambia		X	X	2
Number of countries scoring 2+				20
Number of countries scoring 3+				12

3.4. DATA MANAGEMENT AND ANALYSIS

All information and data collected were analyzed and triangulated across the data sources, focused on answering the evaluation questions, and fitting within the time and resources allotted for the evaluation. The use of quantitative and qualitative methods, as well as existing data, enabled the team to triangulate findings to produce more robust results. Data and findings from the Indonesia case study were triangulated with data and findings from the evaluation KIs, survey, GIs, and desk review to derive overall conclusions, supplemented by specific examples from the case study.

All data sources were reviewed holistically to determine corroboration or identify specific themes. The team analyzed the material identified in the Document and Interview Extraction forms by Evaluation Question and Sub-question. During data reduction and analysis, the team developed a provisional list of emerging themes related to the questions and elements of the Theory of Change. These themes provided the basis for thematic content analysis of the reviewed documents and interviews to identify preliminary findings in relation to the Evaluation Questions and Sub-questions.

When different methods presented conflicting evidence, the team examined the degree to which the findings diverged to determine why the data conflicted, and presented this information as part of the strength of evidence within the findings. It should be noted that, in general, though, more weight was given to the information derived from the KIs in comparison to the other lines of evidence (e.g., survey, desk review, country case study) because they provided a deeper information and, specifically in reference to the survey, a greater number of responses to specific issues, even though there were 89 KIs and 88 survey participants. As noted previously, not all survey respondents received the same set of questions. Thus, in some cases, the corresponding sample sizes were small. Through triangulation of the qualitative and quantitative evidence gathered and analyzed, the evaluation team produced a final Findings, Conclusions, and Recommendations (FCR) Matrix that provided a clear line of sight from Evaluation Questions and sub-questions to FCR.

3.4.1. Quantitative Data Analysis

The evaluation team analyzed quantitative data primarily using descriptive statistics from survey responses; when possible, the team also attempted to quantify data generated from the key informant and group interviews. Data were primarily stratified by location (e.g., in-country or headquarters) and stakeholder affiliation (e.g., IP, USAID, in-country government, etc.). After the data were reviewed and cleaned, a number of graphics were generated by combining data across the three survey languages and, when applicable, across stakeholder groups. Some of the graphics are presented as part of the findings; the full disaggregated information can be found in Annex 6.

3.4.2. Qualitative Data Analysis

The evaluation team used qualitative data to substantiate quantitative findings, provide more insights into quantitative data alone, and answer questions where other data did not exist. The evaluation team analyzed KIs, GIs, and qualitative responses within the survey using content and thematic analysis techniques aligned with the Evaluation Questions and Sub-questions. Key themes and their definitions were iteratively developed and discussed among team members and documented in the FCR Matrix. The team compared evidence and perceptions from the perspectives of the various stakeholders and, through that process, accumulated evidence and insights. The thematic review of the qualitative data

sought to establish relationships, context, interpretation, nuances, homogeneity, and outliers within and among data points to better explain the overall perception of the various aspects of MOMENTUM.

3.5. ETHICAL CONSIDERATIONS

Stakeholders' informed oral consent was sought as a condition of participating as key informants. The documentation (see Annex 4) contained:¹³

- An introduction of the interviewer;
- A review of the purpose of the evaluation;
- A brief discussion of the purpose of the interview;
- A statement that all information provided is confidential and information provided would not be connected to the individual;
- The right to refuse to answer questions or participate in interview/discussion and right to stop interview at any time; and
- A request for consent prior to initiating data collection (i.e., interview)/discussion.

Information obtained from KIIs was secured in a GH EvalS password-protected folder accessible only to the team. The data were reviewed and discussed only within the team. The confidentiality of respondents' contributions was maintained by pooling and citing all input by stakeholder group and by anonymizing any quotations that were extracted to illustrate key points. Similar measures were put in place to ensure the confidentiality of survey results. The survey questionnaire also included an informed consent statement as part of the introduction (see Annex 4). The evaluation team did not interview any project beneficiaries. Further, no one under 18 years of age was interviewed or participated in the online survey.

3.6. LIMITATIONS

The evaluation team anticipated that several possible biases and other data limitations would need to be mitigated through methodological and/or analytical means. These included:

1. **Qualitative approach:** The primary approach for this evaluation was qualitative data collection via KIIs and possibly GIs and, to a lesser degree, qualitative and quantitative questions within the survey. The opinions of stakeholders are, by their nature, subjective, and may also reflect certain vested interests. Further, team members may not have accurately recorded or correctly transcribed important data for a variety of reasons (such as fatigue and difference in understanding). Due to the COVID-19 pandemic, all interviews were virtual. Virtual interviews may limit the ability of evaluation team members to observe non-verbal communication expressed by informants.
2. **Selection and representation biases:** Key stakeholders may have been inadvertently excluded, and those persons who participated in a KII or GI may have introduced self-selection bias (either beneficial or detrimental) into the results. Persons with stronger vested interests in the results of the assessment (either negatively or positively) may have been willing to spend

¹³ KIIs were developed in alignment with the Common Federal Policy for Protection of Human Subjects in Research (the Common Rule) adopted by USAID.

more time with the interviewers. However, the evaluation team identified numerous stakeholders at the global and country levels and, while the team experienced some difficulties in scheduling interviews with stakeholders (e.g., because of other demands on their time or personal leave), a large and diverse group was interviewed.

3. **Response bias:** Response bias is a common problem for assessments, evaluations, and reviews and takes several forms. For instance, respondents may have given the interviewers positive remarks about MOMENTUM because they have a vested interest in seeing the project succeed and continue. Respondents may have been inclined to shape their responses according to gender or other social norms, or to say what they think the interviewer wants to hear.
4. **Recall and recency biases:** Respondents' experience with the MOMENTUM Suite may have varied by the length of time involved, which would positively or negatively influence the opinions of stakeholders regarding MOMENTUM processes. Respondents may have given more weight to recent events and understated the significance of conditions and events that occurred earlier.
5. **Inherent competition/feedback bias:** Most of the organizations involved in MOMENTUM and that participated in the KIs are inherently competitors for USG awards and funding. Thus, they may have incentives to provide positive or negative feedback on the MOMENTUM Suite of Awards that would distort the accuracy of the findings. This could be to improve USAID's current perception of their performance and negatively impact a competitor organization or to better position themselves for future awards. The evaluation team, however, drew from a wide range of stakeholders from all awards (see Table 5 above), as well as additional partners, and gave the awardees the opportunity to submit self-developed lists of individuals to be interviewed. The evaluation team believes, therefore, that this bias was substantially mitigated.
6. **Survey conversion:** One unexpected challenge in the implementation of the evaluation that caused a delay in collecting data was the instruction to the evaluation team that the survey could not be completed in Survey Monkey but rather had to be entered and distributed via Google Forms. Unfortunately, this instruction came after the survey had already been finalized and beta-tested in Survey Monkey and necessitated its re-entry/conversion. Further, because none of the team members had previously conducted a survey using Google Forms, a substantial learning curve involved further delayed the survey's distribution.

The evaluation team believes that these limitations were mitigated by the number and scope of methods utilized and that the robustness of the methods enabled the team to develop valid findings, estimate the strength of the underlying evidence, synthesize conclusions, and produce specific and actionable recommendations.

4. FINDINGS

Findings are presented below by evaluation question and sub-question and, as mentioned previously, draw upon four lines of evidence (documentation, KIs and GIs, survey results, and the Indonesia case study). The strength of the evidence (High or Medium) is noted as well as when, for example, the data triangulates against multiple lines of evidence and is consistent throughout those data sources.

Evaluation Question 1: Have the awards been able to leverage their relationships with other MOMENTUM awards to benefit their work, e.g., to improve the efficiency, effectiveness, and/or scale of programming? If so, how?

Finding 1.1 (High): The main contributing factors for effective leveraging of relationships at the country level are the formal division and clarity of roles in cases when one award focuses on the private or public sector; division of geographic intervention areas; division of focus of engagement at different levels of the health care system, such as a national MOH versus the district level; and active Mission commitment to and involvement in planned collaboration. Examples of countries where MOMENTUM awards have leveraged their relationships to improve efficiency and effectiveness at the country level include Mali, Nigeria, Niger, the Democratic Republic of the Congo, Kenya, and Indonesia. Further discussion and examples are outlined in the findings for Evaluation Sub-question 1C.

STRENGTH OF EVIDENCE: HIGH

Finding 1.2 (High): KIs cited few examples of leveraging relationships to improve the scale of programming thus far at either the headquarters or country level. Informants cited a loss of efficiency of scale due to less core funding, lack of time, and fewer staff to foster collaborative relationships. The relationship between MIHR and M-RITE in the Democratic Republic of the Congo potentially improves the scale of programming through a formal agreement to work in different geographic areas and at different levels of the health system. M-RITE has taken the lead in coordinating with the MOH at the national level, while MIHR focuses its interventions at the district level.

“There is no scale of programming, although there has been some leveraging of technical expertise.”

— Key informant interview

STRENGTH OF EVIDENCE: HIGH

Finding 1.3 (High): In general, as mentioned by KIs working at the global level, the awards are not functioning as a suite, and collaboration occurs primarily on an as-needed basis based on varying perceptions of when that collaboration is needed. Informants stated that staff do not consistently reach out to other awards, the vision of MOMENTUM as a Suite has not worked as it was intended, and the distinct realms are not working together on implementation. Few USAID and IP staff see much benefit to coordination, while citing costs in time and duplication of efforts. In some cases, the awards have had to create dual tracking and reporting systems.

“Approaching MOMENTUM as one entity is a challenge. There are too many partners in the mega awards and each organization has its own branding.”

— Key informant interview

STRENGTH OF EVIDENCE: HIGH

Finding 1.4 (Medium): At the country level, many in-country KIs do not perceive MOMENTUM as a singular project. Many KI IPs described a lack of understanding at Missions regarding what the Suite is intended to do and how the Suite of Awards should work together to meet the needs of the Mission. This was reinforced by USAID Mission KIs who, likewise, noted that when they bought into multiple MOMENTUM awards it was not because of any overall coordinated approach by the Suite but rather a need to respond to specific in-country technical needs. Their expectations for any collaborative efforts were limited. Further, KIs mentioned a lack of clarity about whether coordination was required and the potential for cross-learning and -fertilization. However, the few (n=6) survey respondents who answered this question generally had a different view. When asked whether they perceived MOMENTUM as “one” project, five of the six individuals responded that they did.

STRENGTH OF EVIDENCE: MEDIUM

Evaluation Sub-question 1A: What has been the cost and benefit (to USAID and IPs) of coordinating with MKA and across the Suite of awards? What have been the barriers and facilitators to achieving this?

Finding 1A.1 (High): The most notable achievements of MKA have been the MOMENTUM HUB and the Share Fairs. Most IPs, both at the country and headquarters levels, are appreciative of the MOMENTUM HUB and the Share Fairs, although many informants noted that the level of effort required to prepare for the Share Fairs was a challenge. The Share Fair is considered a useful tool for shared knowledge and learning and for increasing engagement and collaboration. The HUB is seen as a valuable resource for accessing information, tools, and resources and for standardization, although the reported use varied due to time constraints. The training for adaptive management and MAKLab were also cited as achievements of MKA. There were only seven survey respondents to the question “How would you rate the benefit of coordinating with MKA to USAID and Implementing Partners?” Three respondents believed that the benefits of coordinating with MKA across the Suite were High,” three rated them as Medium, and one rated them as Low.

STRENGTH OF EVIDENCE: HIGH

Finding 1A.2 (High): Perceived benefits of MKA’s strategic communications engagement varied based on awards’ communications capacity. Many headquarters-based KIs stated that the MKA approval process has slowed and has been a barrier to both messaging and implementation. However, this is award-specific, based on organizational capacity (e.g., high-capacity awards saw it as burden, and low-capacity awards did not). Awards led by organizations with longstanding communications departments generally perceive collaboration with MKA as a barrier to sharing knowledge; producing messages, learning materials, and publications; and telling the story of MOMENTUM. However, most informants commented positively on the dedication, professionalism, and exceptional skills of MKA staff (e.g., they respected and thought highly of them as people). KIs from awards with little strategic communications capacity or experience stated that MKA saved them time and money. This was stated by KIs at two non-MKA projects. and MKA staff also noted that a subset of the MOMENTUM awards reached out to MKA more than others to assist with strategic communications.

“There is a bottleneck if we want to prepare a blog. It takes months and then it is rejected.”

— Key informant interview

STRENGTH OF EVIDENCE: HIGH

Finding 1A.3 (High): A major barrier that many key informants cited is that MKA presents an additional layer of bureaucracy for approvals. For M&E frameworks, numerous headquarters-based informants stated that the MOMENTUM Data Platform is too macro, many of the indicators are not relevant to their projects, the lead time for requests from MKA is too short, approval processes take too long, and MKA lacks authority to enforce its coordinating efforts. According to some KIs, some projects have had to set up parallel data systems because the MOMENTUM Data Platform is not appropriate for their needs, and they have had to pay for data entry at a high cost.

“The document produced by MKA outlining the rules is 19 pages long and the rules are confusing and contradictory.”

— Key informant interview

STRENGTH OF EVIDENCE: HIGH

Evaluation Sub-question 1B: What has been the cost and benefit of awards coordinating with each other (exclusive of MKA)?

Finding 1B.1 (High): The major benefits have been around particular technical areas (e.g., immunizations, public/private sector linkages) when there is a clear scope and mandate to interact, specifically at the country level. This has enabled knowledge sharing and some joint work planning and activities, primarily at the country level. In some countries (for example, Nigeria), the awards are sharing tools; this saves time and contributes to standardization of care. In countries where there have been military coups, MPHDL liaised with the private sector to work with MCGL, MIHR, and M-RITE, enabling the MOMENTUM programs to continue.¹⁴ However, the workplans needed to be totally revised. Informants cited M-RITE’s role as the technical lead in the response to the COVID-19 pandemic to support other awards as an example of effective collaboration.

STRENGTH OF EVIDENCE: HIGH

Finding 1B.2 (High): The major cost, as described by KIs, is the level of coordination — both internally (i.e., within the awards) and externally (i.e., with USAID or other partners). According to both headquarters and country-level IP KIs, the extra time and effort required to coordinate as a Suite is burdensome for relatively modest gains. Other costs cited included challenges and confusion with the project’s identity subsuming the organization’s identity, as well as branding and rebranding issues.

“We have had to set up two separate systems for everything. It is manageable but there is a duplication of efforts and there is a cost to that.”

— Key informant interview

STRENGTH OF EVIDENCE: HIGH

Evaluation Sub-question 1C: What has been the cost and benefit of in-country coordination (to USAID, to IPs, to country partners)?

¹⁴ Specific country examples of this include Mali and Niger.

Finding IC.1 (High): Local technical leadership at the subnational level has been enhanced and strengthened in some countries. According to most in-country informants, local expertise has been strengthened and cross-pollinated best practices. One informant stated that the multi-country design has been a virtual platform for learning and that it increased districts' ability to interact with experts in other countries and at the global program level.

STRENGTH OF EVIDENCE: HIGH

Finding IC.2 (High): Feedback was mixed regarding whether the MOMENTUM design has been responsive to the needs of health ministries and/or partners. The benefits have been modest, with some joint programming done. For many partners, MOMENTUM, through the depth of experience and extensiveness of the participating IPs (including both primes and subs) has avoided gaps in technical skills. In some countries, IPs have been able to coordinate and ensure limited overlap by dividing their efforts either geographically or functionally. MOMENTUM's support for the response to the COVID-19 pandemic was appreciated by many MOHs and increased engagement with local NGOs and districts at the central and subnational levels, according to one informant. Other country informants stated that the MOMENTUM design is not aligned with the priorities of the MOH. Initially, both Missions and government counterparts experienced quite a bit of confusion at the country level regarding the structure of MOMENTUM. However, most of those issues have been resolved, and any outstanding issues are dependent on Mission bandwidth (and interest) to clarify with counterparts MOMENTUM's wider-ranging approach. Most country counterparts see little benefit in the structure of the award; without USAID staff consistently pushing for collaboration and coordination, it occurs infrequently.

"The health system was challenged and engagement (by MOMENTUM) with the local NGOs and the MOH at the district and subnational level was very responsive to MOH needs."

— Key informant interview

STRENGTH OF EVIDENCE: HIGH

Evaluation Sub-question ID: Have awards been able to create new partnerships and ways of working within the consortium?

Finding ID.1 (Medium): There is limited evidence to date that the awards have created new partnerships and ways of working within the consortium. In August 2021, MKA published *Approaches to Partnership Measurement: A Landscape Review* to examine existing measurement approaches, frameworks, and metrics utilized to measure partnerships. The review aimed to inform the selection of evidence-informed, appropriate, and feasible measurement indicators to monitor partnerships within the MOMENTUM consortium. Similarly, MCGL published a policy brief, *Promising Practices for Engaging Local Faith Actors to Promote Uptake of COVID-19 Vaccination: Lessons Learned from Four Countries* (Ghana, Indonesia, Sierra Leone, and Uganda) in 2022 to advance learning and evidence regarding how programs could work with faith-based organizations and religious leaders to accelerate the uptake of vaccines and counter vaccine misinformation. Although both documents were intended to provide guidance and support for forming new partnerships, KIs commented that stakeholders prefer to continue to interact with "known quantities," and this may have inhibited their willingness to seek out new partnerships.

MOMENTUM Uganda's response to COVID-19 is an example of new partnerships and ways of working. There were huge gaps in water, sanitation, and hygiene (WASH) at the local level, and MOMENTUM,

primarily through MCGL, partnered with UNICEF, Makerere University, and the Catholic Medical Bureau to improve infection prevention care to decrease neonatal and maternal infections. Virtual platforms of the Digital Data Collection were downloaded on phones, and the facilities uploaded data to feed into the MOH. Dashboards were developed to use the data and inform procurements and trainings. The data were shared with local leaders and partners. Local leaders noticed that 60 percent of staff were not washing their hands, and infection prevention improved after dissemination of information. The use of personal protective equipment was low, and supplies were lacking; the data helped local leaders advocate to procure more supplies and to help with vaccines.

A USAID informant commented that there is a need to figure out a way to incentivize cross-collaboration and make it easier for awards; there is currently little incentive to collaborate; and it is even more difficult for field support, which is primarily focused on meeting the needs of the Mission rather than serving USAID's agenda for MOMENTUM. Per a few KIs, core funds are low compared to buy-ins, so the amount of funding that awards are able and willing to use for collaboration around the MOMENTUM Theory of Change is unclear.

STRENGTH OF EVIDENCE: MEDIUM

Evaluation Sub-question 1E: What adaptations (e.g., changes in systems/processes) would lead to more efficient and/or more effective coordination?

Finding 1E.1 (High): Feedback from most KIs focused on USAID needing to first structure itself internally to provide guidance and instruction as to how coordination should take place. Many stakeholders noted that turnover in AORs had hindered their ability to coordinate due to different management styles and requests, and that the AORs themselves were not well coordinated. Informants cited the need for USAID to encourage and elevate collaboration and coordination and to promote “positive deviance.” Other suggestions include decreasing complexity at the USAID level and determining who really needs to give the go-ahead for approvals to improve efficiency and save time.

“We are trying to weave one MOMENTUM together without things really being coordinated.”

— Key informant interview

STRENGTH OF EVIDENCE: HIGH

Evaluation Question 2: What operational shocks and stressors are driving programmatic adaptations?

Finding 2.1: The key shock or stressor has been the COVID-19 pandemic (discussed further in the findings for Evaluation Sub-question 2A).

Finding 2.1.1 (High): MIHR, by its nature, needs to be discussed separately from the other MOMENTUM awards when examining shocks and stressors. MIHR is focused on strengthening resilience in fragile settings (i.e., countries affected by conflict, disasters, weak governance and institutions, population displacements, and other acute and chronic crises); therefore, its activities will face a substantial number of challenges by definition. Since the award was made in May 2020, MIHR has received funding to implement interventions in, for example, Burkina Faso, which is in the midst of a seven-year insurgency; Mali, which underwent a coup in August 2020; and the Democratic Republic of the Congo, which has hosted a U.N. peacekeeping mission for more than 20 years. These conflicts

occur within the greater context of climate change and related environmental emergencies, loosely controlled borders and migration, and periodic public health crises (e.g., ongoing Ebola outbreaks).

While the four other awards within the MOMENTUM Suite that have country presence¹⁵ may be facing their own challenges (e.g., the COVID-19 pandemic), MIHR has borne the greatest burden, per KIs, and has had to develop innovative solutions to continue with activities when, for example, it is unable to interact with government counterparts. Because of these ongoing difficulties, implementation has been delayed in MIHR countries. These delays, say KIs, further complicate MIHR's ability to coordinate, collaborate, and align itself within the greater MOMENTUM Suite (see Finding 2D.2 for additional details).

STRENGTH OF EVIDENCE: HIGH

Finding 2.1.2 (High): The M-RITE award faced the unexpected task of contributing to mitigating the impact of COVID-19. M-RITE, which was awarded in July 2020, was originally intended to focus its efforts on applying best practices and innovations to increase equitable immunization coverage in USAID-supported countries, specifically to overcome barriers to reaching zero-dose and under-immunized children and older populations with vaccines and other integrated health services. However, the COVID-19 pandemic significantly changed that focus.

"M-RITE was supposed to focus on routine immunization, but COVID changed the focus overnight. We received a lot of emergency funding and there is a much shorter time frame to spend the money and for staff to get the work done."

— Key informant interview

M-RITE's Year 2 Core Workplan lists the first technical priority as "Support COVID-19 vaccine roll out" which, while perhaps at a future date would be considered a routine immunization, is not currently. As in the workplan, M-RITE is devoting substantial technical resources to supporting COVID-19 vaccine rollout in low- and middle-income countries. At the global level, M-RITE has provided technical support in helping countries develop national deployment and vaccine plans and facilitated their review by the COVID-19 Vaccines Advance Market Commitment equitable access vaccine initiative. KIs from M-RITE and other IPs noted that M-RITE has responded positively to these challenges; however, its COVID-19 response has stretched M-RITE's bandwidth, pulled it away from routine immunizations, and placed greater constraints on its ability to coordinate and collaborate with other awards within the MOMENTUM Suite.

STRENGTH OF EVIDENCE: HIGH

Evaluation Sub-question 2A: How has the Suite collectively, and as individual awards, adapted to the realities of working in dynamic country contexts, particularly the ongoing effects of the COVID-19 pandemic?

Finding 2A.1 (High): The individual awards and the MOMENTUM Suite collectively have made an outstanding response to the COVID-19 pandemic. KIs were nearly unanimous in the observation that MOMENTUM had not only adapted well to COVID-19 but had successfully innovated methods and activities to significantly mitigate the pandemic's impact. KIs provided numerous examples, such as the

¹⁵ MKA has no ongoing country presence.

move toward virtual trainings, implementation of COVID-19 prevention measures for in-person activities, the modeling behavior of staff in receiving vaccinations, development of templates for monitoring how COVID-19 affected activities each month, and the general flexibility of adapting workplans in response to changing or easing in-country government guidance and restrictions. Indeed, a few KIs praised MOMENTUM clinical teams for their courage in continuing in-facility activities during the pandemic. From this experience, MOMENTUM developed numerous documents (technical guidance, research articles, distance learning resources, etc.) that can provide a plethora of information and lessons. Some of those documents are listed in Annex 5B.

“We have to figure out a way to incentivize the cross-collaboration and to make it easier for them and it’s even more difficult when we’re really focused on serving the Mission’s needs.”

— Key informant interview

STRENGTH OF EVIDENCE: HIGH

Finding 2A.2 (High): There also have been some challenges to the MOMENTUM Suite due to adaptations to the COVID-19 pandemic. Per KIs (primarily IPs), the move to virtual trainings, for example, limited the number of individuals able to participate because of either lack of online access or the natural limits to how many persons can be hosted without lowering the quality of the instruction. On a similar note, KIs noted that it was difficult to build teams at all levels. This included at headquarters, both within individual awards and across the Suite; between headquarters and in-country offices for individual awards; and within countries. Additionally, outreach efforts to counterparts (government, technical agencies, bilateral awards, etc.) at the country level were impeded because of the inability to meet. Other COVID-19-related barriers need to be considered on a case-by-case basis; however, in general, the awards have adapted, although sometimes at a cost of slower-than-expected implementation. While slower implementation was referenced by all interviewed USAID Mission staff, they also noted that it was not a substantial impediment to achieving Mission-level goals and, given the circumstances, the awards were, for the most part, meeting Mission expectations.

STRENGTH OF EVIDENCE: HIGH

Evaluation Sub-question 2B: What adaptations (e.g., changes in systems/processes) would lead to more efficient and/or more effective shared learning?

Finding 2B.1 (High): At the headquarters level, overstretched IP staff do not have sufficient time to devote to learning activities. The design of MOMENTUM, as given in its original APS, had learning as part of its mandate via Results 3: Adaptive learning and use of evidence in MNCH/FP/RH programming through sustained USAID and host country technical leadership increased. USAID, in Automated Directives System (ADS) Chapter 201, provides definitions and guidance for how learning should be undertaken, and its importance to the agency and the development process. Thus, the findings for the Evaluation Sub-question need to be examined based on that understanding. Table 7 summarizes some of the ADS 201 learning information.

Table 7: ADS 201 Guidance on Learning

Definition of learning. A continuous organizational process throughout the Program Cycle of analyzing a wide variety of information sources and knowledge, including evaluation findings, monitoring data, research, analyses conducted by USAID or others, and experiential knowledge of staff and development actors.
Importance. A learning organization supports actively questioning assumptions, seeking evidence, reflecting, and exploring a range of solutions to development problems.
Methods. Learning can take place through a range of processes and use a variety of sources, such as monitoring data, evaluation findings, research findings, analyses, lessons from implementation, and observation.
Roles of USAID and IPs. IPs and local and regional actors play a central role in USAID’s efforts to be a learning organization. Knowledge and learning should be documented, disseminated, and used to help spread effective practices widely for improved development.
How and when. Pausing periodically to reflect on new learning and knowledge and adapting accordingly.

To date, based on the criteria described above, the MOMENTUM Suite has had limited learning opportunities, specifically in being able to pause and reflect¹⁶ on new learning and knowledge and to adapt accordingly.¹⁷

However, several resources for Adaptive

Learning/Adaptive Management have either been developed

or were in the process of being finalized during the review period. There have been several Share Fairs, topic-based learning exchanges, and technical forums, and learning agendas and tools have been developed. However, IP KIs noted that the “strategic” element of learning is not occurring because there is limited time for reflection. Further, because of the lack of clear guidance on whether and how coordination for learning should take place, opportunities for cross-learning and cross-fertilization have been missed — both for adaptative management purposes and technical issues (local capacity building, immunizations, private sector engagement, etc.). Approximately 20 percent of IP KIs who were asked about learning noted that adaptive learning, while a substantial focus for the MOMENTUM Suite, takes place at the individual award level and that there should be a greater effort to unite these undertakings.

“I know there is so much we could be learning from the other awards. We are, as a community, very siloed.”

— Key informant interview

¹⁶ Per stakeholders, MIHR did engage in a pause and reflect activity after Project Year 1.

¹⁷ MOMENTUM as a project does have a shared learning agenda, as described in the MOMENTUM MEL Framework. Individual MOMENTUM awards have specific learning agendas. In addition to exploring whether MOMENTUM goals were achieved, the learning agenda explores how MOMENTUM partners achieved success, capturing information on the contexts, strategies, approaches, and adaptations shaping MOMENTUM’s work.

STRENGTH OF EVIDENCE: HIGH

Finding 2B.2 (High): At the country level, there is limited evidence of shared learning. Some KIs (primarily IPs at the country level and USAID Mission staff) cited instances of participating in learning events and trainings, and some mentioned specific technical knowledge generated by MOMENTUM activities. More generally, however, those respondents were only somewhat aware of the Suite’s learning agenda, knowledge products, and more global activities. Some reasons cited for the suboptimal learning were the lag time between the start of implementation and the development and rollout of the Learning Agenda, lack of capacity at the local level to contribute to learning, and the centralization of learning into MKA,¹⁸ which created a gatekeeper situation of countries being limited in determining their learning priorities. Similar to headquarters staff, in-country counterparts noted missed opportunities for expanded learning.

“Cross award coordination, learning etc. are non-existent in my setting. This would be useful if made available.”

— Survey respondent

STRENGTH OF EVIDENCE: HIGH

Finding 2B.3 (Medium): Potential solutions for increasing shared learning were offered, and the COVID-19 pandemic has presented both challenges and opportunities for learning. While the pandemic limited travel and in-person knowledge sharing, it also forced the MOMENTUM Suite to adapt the way it conceives of and implements learning. Activities such as trainings, workshops, and Share Fairs were moved online with few negative effects other than the limited number of participants. Some of the 60 respondents to the survey question “What adaptations (changes in systems/processes) would lead to more efficient and/or more effective coordination, help foster cross-fertilization of ideas and best practices, and reduce duplication of efforts?” offered several possible solutions focused on increasing learning. Suggestions included:

- More in-person regional knowledge fairs;
- South-South missions;
- Cross-border/regional technical assistance opportunities;
- Appointing one of the awards at the country level as the “convener”;
- Monthly highlight meetings;
- More thematic groups and coordination platforms; and
- Joint field visits.

A general theme in several responses was that sharing and learning need to be more regular and systematic, and that they should be based on a jointly prepared timetable. However, there was no consistent response as to who or which institution should be responsible for ensuring that this occurs at the country and regional levels.

¹⁸ It should be noted that the MKA’s learning agenda was originally developed based on the other awardees’ global learning agendas.

STRENGTH OF EVIDENCE: MEDIUM

Sub-question 2C: Do any of these adaptations require adjustments to the development hypothesis and/or key assumptions of the MOMENTUM award Suite and/or implementation at the country or global level?

Finding 2C.1 (High): Most of the technical components that comprise MOMENTUM's Theory of Change do not need adjustment. However, several of its underlying assumptions, as well as Result 4, need to be reconsidered as there has been limited progress in those areas. MOMENTUM, as per its Theory of Change and the original APS,¹⁹ has as its goal contributing to USAID's priority of preventing maternal and child deaths by assisting USAID-supported FP and MCH priority countries in meeting global goals in MNCH and voluntary FP by 2030. That Theory of Change, as shown and discussed in the Background section, has four results, as well as several underlying assumptions around collaboration, learning, adaptation, partnerships, cross-fertilization, and holistic storytelling. Further, Result 4, as given in the APS, states:

“Cross-sectoral collaboration and innovative partnerships between MNCH/FP/RH and non-MNCH/FP/RH organizations increased. MOMENTUM will advance a holistic, multi-sectoral approach to meet the health needs of women and children across the MNCH/FP/RH continuum, exploring strategies to support cross-sectoral linkages and priorities where possible with both traditional and non-traditional organizations.”

While KIs were able to provide some examples of how some of the Intermediate Results under Result 4 had been achieved (MPHD's increasing of public-private partnerships, the inclusion of academic institutions within the original Suite and outreach during implementation, etc.), the underlying theme is that, within the Suite, there had not been sufficient collaboration and partnership, and this resulted in less-than-optimal results for external partnering as well.

“I understand the rationale behind the Suite of awards given the optics of the previous 20–25 years. However, I find that splitting up the award has created inefficiencies that cannot be overcome because of the structure.”

As discussed in the findings for the other evaluation questions and sub-questions, the challenges around collaboration, learning, partnership, and holistic storytelling are recurrent. They were mentioned not only by survey respondents, but by all KIs. Only two of seven survey respondents stated that the benefits of coordinating across the Suite were High.

STRENGTH OF EVIDENCE: HIGH

Finding 2C.2 (Medium): No generalizable statements can be made for adaptations of the Theory of Change at the country/Mission level. At the country level, even though field support buy-ins are within the global Theory of Change, Missions may develop their own theories of change. Thus, without a review of all country-level theories of change, there are no generalizable statements about a need for adaptation which can be derived from this review. However, several KIs noted that it is challenging to

¹⁹ MOMENTUM (Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale), Annual Program Statement, 2019.

reconcile the Theory of Change at the global level with different theories of change at the country level, even though guidance was provided on how to ensure integration.

The same limitations for the global Theory of Change, though, apply at the country level in that partnering, coordination, and collaboration are labor-intensive. For example, as shown in the Indonesia country case study which has MCGL and MPHD implementing activities, the combination of involving the public and private health sectors has been complex. However, USAID/Indonesia believed having Jhpiego as part of each award would lead to easier coordination of their activities and this has been demonstrated during implementation.

“The project was designed well but the Missions have not necessarily followed the design. Many of the things Missions are asking for are not six sub-projects or a theory driven project.”

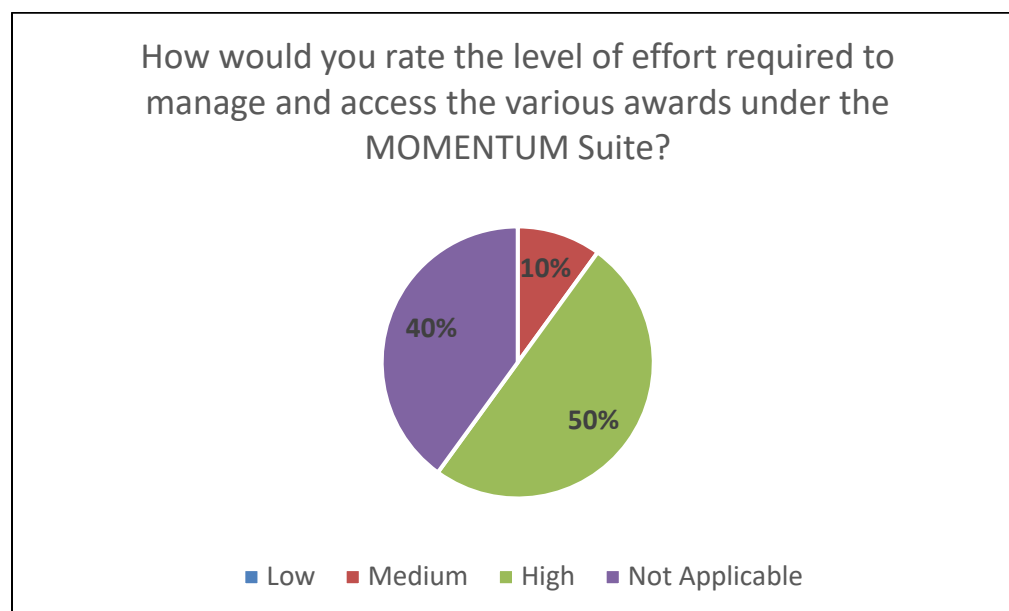
— Key informant interview

STRENGTH OF EVIDENCE: MEDIUM

Sub-question 2D: Are additional adjustments needed to achieve the vision for this Suite of awards? If so, what?

Finding 2D.1 (High): Per KIs, a stronger vision and guidance are needed from USAID in terms of coordination and collaboration, along with additional light “touchpoints.” Key IP informants were nearly unanimous (greater than 80%) in stating that USAID/W had not sufficiently communicated with them the expectations for how the six awards were to function as a Suite. This issue was compounded by the perceived lack of a unified vision for partnering among the six AORs and the fact that some awards have had multiple AORs since their inception. Further, KIs stated that, because of unclear and evolving partnering expectations for many of the awards it was very challenging to determine the right level of effort to dedicate to interacting both within the Suite and with external stakeholders (USAID/W, USAID Missions, bilateral awards, etc.). A high level of effort for coordination was also noted by survey respondents as shown in Figure 5: Level of Effort Needed to Manage and Access the MOMENTUM Awards below; however, the number of respondents was fairly low (n = 10).

Figure 5: Level of Effort Needed to Manage and Access the MOMENTUM Awards



Many stakeholders suggested that USAID first needs to clarify its expectations and develop clearer guidance. Additionally, several IP KIs noted that there had been few opportunities, other than Share Fairs, for the various awards to interact, and that they need a systematic method for touching base with each other (although, as shown in Table 4, there are several types of coordination mechanisms).

Selected KI feedback to the question “Are there additional adjustments needed to achieve the vision for this Suite of awards? If so, what?”

“It is hard to figure out ‘where the buck stops’ because all the AORs are peers. We don’t know who is in charge. It would be helpful to have someone in charge overall who provides leadership in where MOMENTUM is going, what the key messages are, etc. For something as resource intensive as MOMENTUM we need more directive leadership from USAID.”

“We need to invest in clarity and shared expectations across the USAID AOR teams and how they should function as a Suite and how is that different from having six separate awards? Are they six awards or one award that has the same results?”

“The relationships to other MOMENTUM awards should be clarified at the outset by D.C. and the Missions and sit together to define the relationship. It is not clear how to meet the expectations for coordination.”

“I wonder if ‘we are all singing from the same Theory of Change.’ I know there is so much we could be learning from the other awards. Coordination across the awards needs to be pushed by USAID.”

“I’m not sure the individual awards see that it is important to collaborate, and they need to understand the value of having ‘One MOMENTUM.’ We need more clarity on the value of One MOMENTUM.”

“It would be helpful for USAID to look at how they could work together with IPs to strategize and plan how to implement the vision.”

“There is a flaw in the design that the project directors don’t talk to one another often enough.”

“Six months into the project we had a large MOMENTUM meeting to coordinate but we haven’t had another one since.”

“More coordination mechanisms with space for a quarterly Project Directors’ meeting with AORs. There was no movement on actions recommended during the February AOR meeting-it seems like the AORs decided not to. We function in an ad hoc way to coordinate and ensure collaboration across work plans. There are unspoken expectations about coordination, but we have to plan this ourselves.”

STRENGTH OF EVIDENCE: HIGH

FINDING 2D.2 (High): Because MIHR works in fragile settings and emphasizes humanitarian development interventions, its ability to align with other awards has been especially limited. As noted in some other findings, MIHR works in operating environments where there are both human-made and environmental challenges. Most of the countries in which it works are not as far along the development spectrum as those

where the other four awards with in-country presence are implementing activities. KIs observed that it is difficult for MIHR to align with the other awards, as its ability to align and partner within the suite is

“When you have awards that do such different things in places like Mali, does it make sense to link them together? I don’t know.”

— Key informant interview

naturally constrained — especially because it has faced several challenges that have delayed implementation (MIHR was awarded in May 2020). Indeed, some KIs questioned whether MIHR should belong within the Suite, given its inherently different goals of addressing the humanitarian-development nexus and working in areas with prolonged crises and inherent fragilities versus the goals of localization and sustainability.

STRENGTH OF EVIDENCE: HIGH

Evaluation Sub-question 2E: How has the staggered timing of the awards start-up affected coordination and collaboration across the awards, with MKA and with Missions?

Finding 2E.1 (High): In general, the staggered timing of the awards and their start-ups significantly and negatively affected the MOMENTUM Suite. The MOMENTUM awards were made in the following order:

1. MCGL December 20, 2019
2. MKA December 26, 2019
3. MIHR May 22, 2020
4. MPHD June 17, 2020
5. M-RITE July 23, 2020
6. MSSFPO September 21, 2020

In other words, there was a nine-month span of time between the first and last award and, further, MCGL was awarded slightly before MKA (which was awarded during the end-of-year holiday season). For MCGL, per KIs, the timing of the awards was particularly difficult as it had already developed several core documents (a learning agenda, a MEL plan, etc.) and then had to retrofit those documents to the overarching frameworks that MKA was tasked with developing. Of the 11 KIs (USAID/W and IP headquarters staff) who commented on the staggering of the awards, 10 said that the effects were largely negative. Some of those effects included difficulties and delays in implementation, fragmentation of coordination, possible confusion amongst Missions and in-country counterparts, and alignment of technical activities.

“The consensus was that the first year of the program suffered because the awards were staggered.”

— Key informant interview

STRENGTH OF EVIDENCE: HIGH

Finding 2E.2 (Medium): Missions were largely unaffected by the staggered timing. All Mission KIs were asked to comment on the staggered timing of the MOMENTUM awards. They noted that they were generally unaware of any timing issues and instead focused on determining how to proceed with their specific procurements (e.g., choosing between a bilateral award or a buy-in). The only challenges related to some initial confusion about which award would address which issues, and whether and how to proceed with FP/RH and MCHN procurements. In other words, respondents were unclear about whether to buy into a current award, wait for a possible upcoming award, or design a bilateral award. However, respondents also noted that, as MOMENTUM awards continued to be made and rolled out, USAID/W made several efforts to clarify any issues, which they appreciated.

STRENGTH OF EVIDENCE: MEDIUM

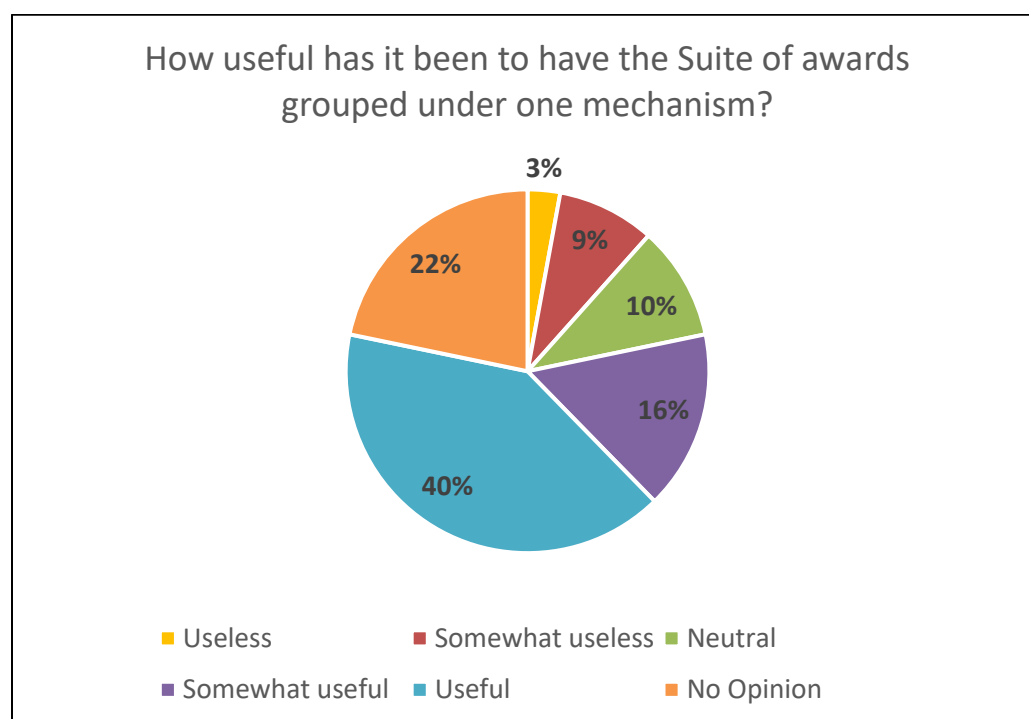
Evaluation Question 3: Does the MOMENTUM Suite address the needs and expectations of IP individual awards, USAID Missions, MOMENTUM AOR management teams, Technical Offices, and other Agency leadership?

Finding 3.1 (Medium): Technically, MOMENTUM generally meets expectations (see Finding 3A.1 for further details). KIs were in general agreement that the MOMENTUM Suite meets their technical needs due mainly to the breadth and depth of IP participants. However, survey respondents and the country case study results require some caveats. Finding 3A.1 provides additional details.

STRENGTH OF EVIDENCE: MEDIUM

Finding 3.2 (High): Strategically, MOMENTUM does not generally meet expectations. Many of the evaluation questions and sub-questions touch upon some of the underlying premises and assumptions for the strategy behind the MOMENTUM Suite. As demonstrated in multiple findings, strategically MOMENTUM is not generally meeting expectations around coordination, collaboration, partnerships, holistic approaches and storytelling, and others. While the findings for those questions and sub-questions provide specific details, one starting point is the responses shown in Figure 6: The Utility of Grouping MOMENTUM Under One Mechanism. Only 40 percent of the 69 survey respondents found the grouping useful (16 percent found it somewhat useful, 22 percent had no opinion, and 22 percent had a less favorable view). These results are actually better than those provided by IP and USAID Mission KIs, who did not see much cohesion among the awards and provided limited examples of MOMENTUM functioning as a cohesive Suite without substantial involvement by USAID. Most partnering examples, including those provided as part of the Indonesia country case study, involve specific technical discussions or tasks done at the country level, as time zone differences made the involvement of headquarters staff challenging.

Figure 6: The Utility of Grouping MOMENTUM Under One Mechanism



STRENGTH OF EVIDENCE: HIGH

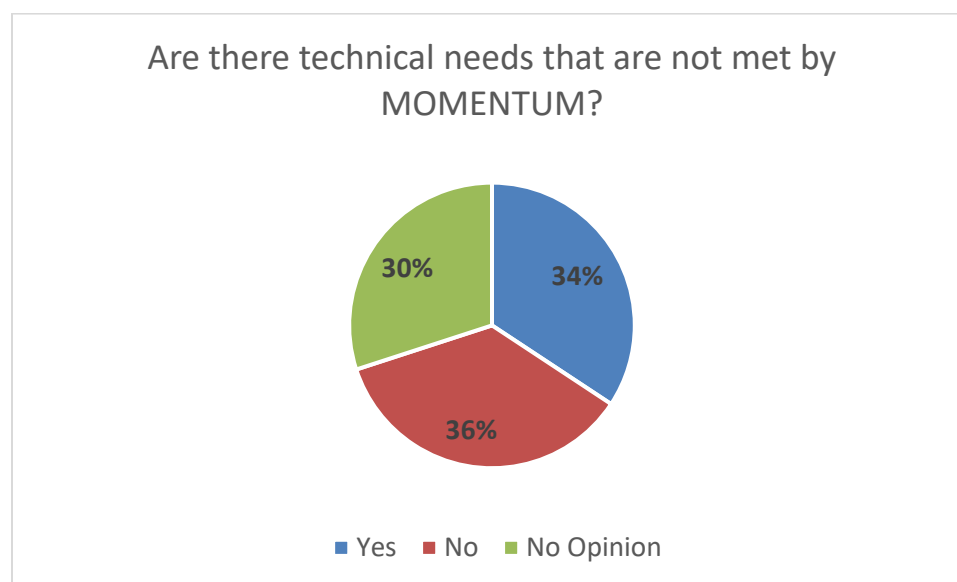
Sub-question 3A: Are there technical or functional skills not available or accessible in the current configuration?

Finding 3A.1 (Medium): There are, perhaps, some gaps in technical and functional skills within the MOMENTUM Suite; however, those gaps may be country- and stakeholder-specific. The MOMENTUM Suite of six awards includes more than 30 IPs (a few IPs are on multiple awards) at both the prime and sub level. The IPs range from academic institutions (Johns Hopkins Bloomberg School of Public Health), global management consulting firms (McKinsey & Company), large international non-profits (IntraHealth International), technology companies (Premise Data), and local organizations (Ubora Quality Institute) to smaller organizations (CORE Group). As such, it would be unlikely that there would be technical and/or functional gaps within the Suite, and this was reflected in responses by KIs. More than 60 percent of KIs across all stakeholder groups who were asked if there were any gaps in the MOMENTUM Suite responded that, in general, most areas were well covered; however, they did have recommendations for future PRH and/or MCHN awards (see EQ 4).

This finding among KIs was not quite matched by the survey respondents or the findings of the Indonesia country case study. As shown in Figure 7: Unmet Technical Needs Within MOMENTUM, respondents (N=70) were nearly evenly divided as to whether they believed there were unmet technical needs within the MOMENTUM Suite. Similarly, in the country case study, KIs noted some gaps in the technical and/or functional skills within the two MOMENTUM awards (MCGL and MPHD) implementing within the country. For example, respondents stated that international technical expertise is needed to instill comprehensive understanding of concepts and practical business processes for private health providers,

as well as a need for a local expert to formulate concepts and explore potential instruments of credit incentives/subsidy and tax exemptions for purchasing medical equipment. Thus, there may be some perceived gaps for some stakeholder groups and, perhaps, within some country contexts (e.g., where a limited number of MOMENTUM awards are being implemented).

Figure 7: Unmet Technical Needs Within MOMENTUM



STRENGTH OF EVIDENCE: MEDIUM

Finding 3A.2 (Medium): There was a mixed level of knowledge and understanding among KIs as to where certain technical and functional skills are available within the Suite and how to access those skills. This finding is primarily derived from KIs with IPs (at both the headquarters and country levels) and with USAID Mission staff. A sizeable minority of IP staff (approximately 33 percent) who were asked about the skills available within MOMENTUM noted that they were unfamiliar with all of the available capacities of the various organizations at the award level, but especially in regard to the other IPs. It was unclear whether this had any discernible effect on their ability to implement, though. All USAID Mission staff noted that, at the beginning of the rollout of MOMENTUM, there was substantial confusion about which awards would provide which skills and/or whether future awards would provide needed technical and functional skills; however, they also noted that much of that confusion had been mitigated through outreach from USAID/W to provide guidance regarding the Suite.

STRENGTH OF EVIDENCE: MEDIUM

Sub-question 3B: Does the Suite design inhibit or facilitate meeting USAID's and individual award needs?

Finding 3B.1 (High): The Suite neither inhibits nor facilitates meeting USAID's (USAID/W and Missions) and individual award needs as it is not functioning as a Suite. As noted in other findings, MOMENTUM currently functions only nominally as a Suite. While there are some examples of coordination and collaboration, they have been limited. As noted by the majority of KIs across all stakeholder groups, whether MOMENTUM can be considered a holistic approach is still to be

determined. For USAID Missions, the issues around MOMENTUM functioning as a Suite appear secondary, as most Mission-level KIs noted their focus is on how easily they can place buy-ins into the field support mechanisms. These observations by KIs are supported by the survey findings (see Figure 8 and Figure 9), although the number of respondents for each question was fairly low. As shown in Figure 8: Survey Respondents' Satisfaction with MOMENTUM, half of survey respondents were somewhat satisfied with MOMENTUM, with nearly equal numbers highly satisfied and highly dissatisfied. And, as shown in Figure 9: MOMENTUM's Responsiveness by Survey Respondents, most survey respondents (67 percent) believed that MOMENTUM has been somewhat responsive to their needs.

Figure 8: Survey Respondents' Satisfaction with MOMENTUM

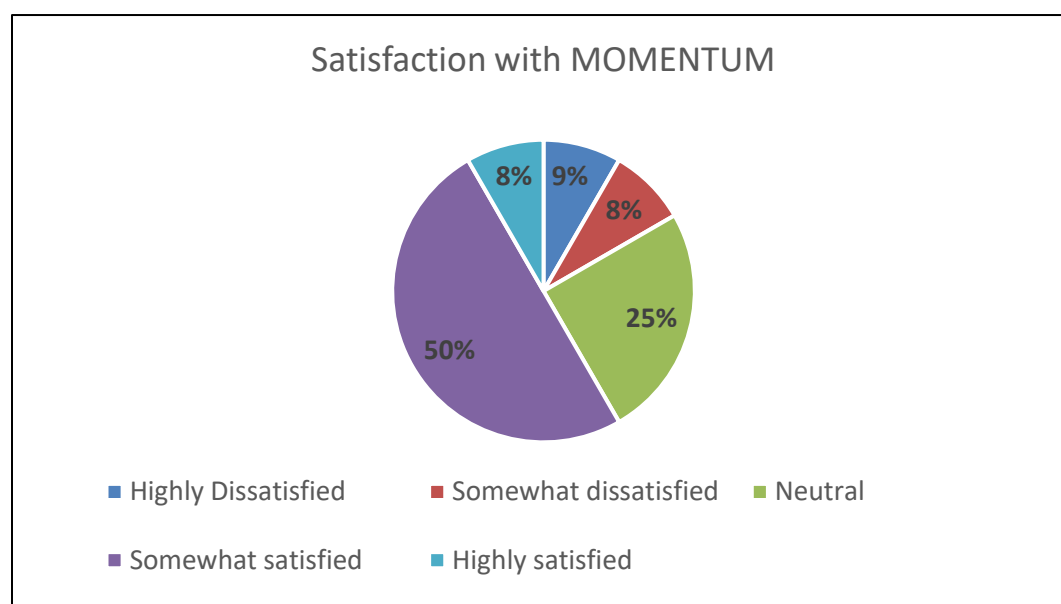
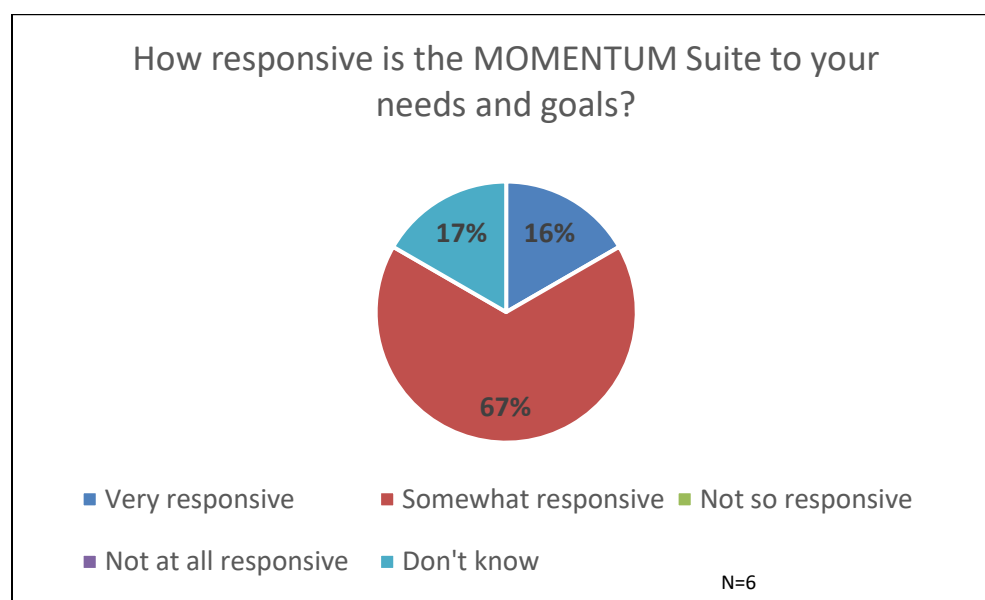


Figure 9: MOMENTUM's Responsiveness by Survey Respondents



STRENGTH OF EVIDENCE: HIGH

Finding 3B.2 (Medium): The overlaps in MOMENTUM award functions require clarification.

A limited number of stakeholders, primarily among USAID Mission staff and global partners, are confused about the different technical and functional areas of each award. For example, a few stakeholders were confused about what falls under “humanitarian assistance” as part of MIHR, as well as the different responsibilities for communication between MKA and other awards. This lack of clarity among partner organizations and USAID Missions stands in direct contrast to responses from KIs from USAID/W and IPs, almost all of whom noted distinct roles and responsibilities between awards and little overlap.

“MOMENTUM confuses the local stakeholders. They have all these activities and the stakeholders overlap, but some stakeholders are different. Even within the Mission people are confused about the awards and why they have similar names, but are doing different things.”

— Key informant interview

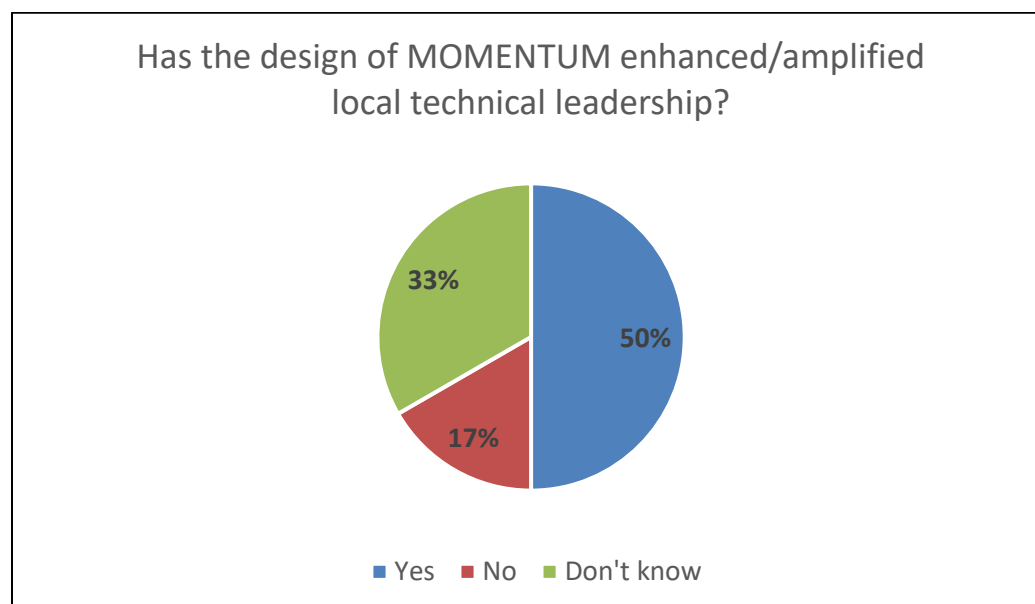
STRENGTH OF EVIDENCE: MEDIUM

Evaluation Sub-question 3C: Does the MOMENTUM Suite address key needs of global partners (e.g., BMGF, UNICEF, WHO) through its role in global forums and partnerships? How has the design of the Suite helped or hindered this?

Only five global partners participated in KIs, and only five global partners of the potential 23 survey respondents (8.9 percent of all respondents, or a 22 percent response rate for global partners) completed the survey. Therefore, all findings related to global partners should be qualified by the strength of the underlying evidence, which is rated medium at best.

Finding 3C.1 (Medium): It is too early to determine whether MOMENTUM addresses the needs of global partners. All global partner KIs agreed that MOMENTUM is noted for bringing certain technical issues (maternal mental health, safe surgery, private sector engagement, etc.) to the forefront of the global health agenda. However, none could provide a conclusive answer regarding the definitive contributions that MOMENTUM has provided via global forums and partnerships. All stated that, while they anticipated that MOMENTUM might serve a catalytic role in the future, it is currently too early to tell whether this will occur. However, for the most part, survey respondents noted that MOMENTUM has contributed to USAID’s leadership role in advancing MNCH and FP/RH (see Figure 10: MOMENTUM’s Contribution to USAID’s Global Technical Leadership Role).

Figure 10: MOMENTUM's Contribution to USAID's Global Technical Leadership Role



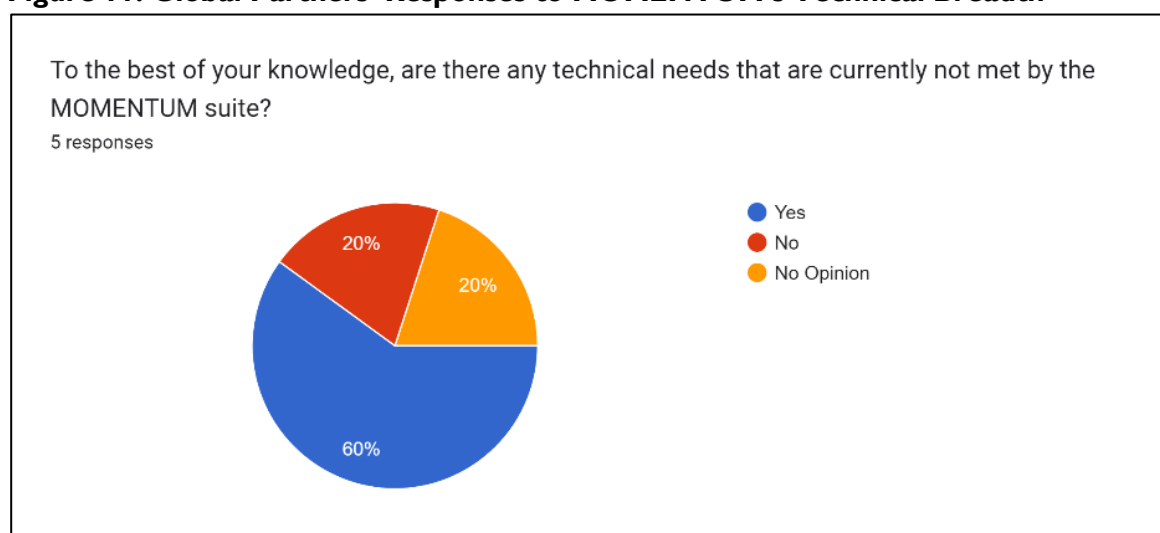
STRENGTH OF EVIDENCE: MEDIUM

Finding 3C.2 (Medium): To date, global partners have had limited engagement with MOMENTUM. Three of the five KIs (60 percent) confirmed that they had engaged with some MOMENTUM awards (primarily MCGL and MKA), and they provided examples of that engagement (technical working groups, conferences, and webinars). All acknowledged, though, that their engagement had been fairly limited. Most attributed the limited interactions to the newness of the awards, frequency of engagement forums, and IPs' need to seek USAID approval prior to engaging.

STRENGTH OF EVIDENCE: MEDIUM

Finding 3C.3 (Medium): Per global partners, there are both technical and learning gaps within MOMENTUM. As shown in Figure 11: Global Partners' Responses to MOMENTUM's Technical Breadth, three of the five survey respondents (60 percent) mentioned technical needs that the MOMENTUM Suite is not meeting; however, they provided few details regarding those gaps. Regarding future MNCH and FP/RH issues to be addressed, respondents (survey participants and KIs) cited several potential technical areas without achieving a clear consensus.

Figure 11: Global Partners' Responses to MOMENTUM's Technical Breadth



Additionally, a theme that emerged in qualitative survey comments from global partners is MOMENTUM's approach to learning. One respondent noted, "From engaging with MOMENTUM grantees in various contexts, we found that the learning and knowledge frameworks in particular remain based on a 'container' view of knowledge, with learning efforts primarily transmissive." The same respondent commented that this approach was "... disempowering for local practitioners and implementers" and that more modern approaches and frameworks for learning are needed to adhere more closely to the principles of MOMENTUM. Another respondent stated that MOMENTUM is missing mechanisms for:

1. Dissemination and knowledge sharing that reach large numbers of subnational staff;
2. Bottom-up generation of new knowledge and expertise grounded in local practice; and
3. Supporting local practitioners in implementing corrective actions to tackle root causes of their priority challenges using only locally available resources.

STRENGTH OF EVIDENCE: MEDIUM

Evaluation Question 4: What are the emerging trends and needs in FP/RH/MNCH that might be addressed in the current or future awards?

Finding 4 (Medium): There was no clear consensus among IPs, USAID staff, or country or global partners (survey respondents and KIs) regarding emerging trends and needs in FP/RH/MNCH that current or future awards might address. The trends mentioned included the impact of climate change, PHC, integration of services, maternal mental health, localization, gender, youth, self-care, nutrition, urbanization, global health security, universal health coverage, health care financing, health systems strengthening, adaptive learning, a post-Sustainable Development Goal agenda, engaging the private sector, how to move humanitarian efforts into the development space, and digital transformation technologies. One informant stated, "COVID has helped leapfrog digital tools and we need a digital transformation."

KIs' Responses Regarding Potential Future FP/RH/MNCH Needs to Be Addressed

“Rapid urbanization and the expansion of slum areas increases the need for MNCHRH services.”

“PHC systems are the backbone of the pandemic response. Are our workplans reflective of that?”

“The money is in global health security and the only priority for this administration. The next MOMENTUM needs to focus on global health security.”

“Maternal mental health is an emerging and important field and a neglected area.”

“Maternal neonatal health is being pushed to the margins in the movement towards universal health coverage. What role can MOMENTUM play in the conversation?”

“What is the innovation ecosystem for technology and immunizations?”

STRENGTH OF EVIDENCE: MEDIUM

5. CONCLUSIONS

Evaluation Question 1: DESIGN

The six diverse MOMENTUM awards are not currently functioning as a Suite as the MOMENTUM Theory of Change envisioned, and there is a lack of clarity regarding how the awards are supposed to work together. The benefits of attempting to leverage relationships to improve the efficiency, effectiveness, and/or scale of programming across the Suite of Awards, with 37 IPs, in 34 countries in varying stages along the development continuum, in seven regions of the world have yet to be realized. While there are examples of successful collaboration and coordination among two or three awards in select countries, the level of effort and project management time required at the headquarters and country levels for cross-MOMENTUM collaboration, in addition to fulfilling workplan deliverables, is significant and costly. Collaboration across the suite requires already limited core funding to be spent on coordination rather than implementation. The burden is especially felt by awards with smaller budgets and staff. The sheer number of IPs, technical advisors, and inputs contributes to delays in implementation and slows decision-making.

The key factors to effective leveraging of relationships in countries where more than one MOMENTUM award is active are 1) ongoing Mission involvement in planning, collaboration, and coordination and a 2) clear definition of roles that outline implementation at 3) what level(s) of the health system and technical and geographic areas of focus. Collaboration between awards does not happen naturally.

MKA has produced and is responsible for some valuable tools and initiatives such as MAKLab, the Share Fair, the HUB, digital health expertise, adaptive management training, and the MOMENTUM working groups. However, the full extent of level of effort required to collaborate with MKA and respond to their requests was not anticipated by the awards in their proposals and workplans. The review processes for KM and communications products are confusing and lengthy. The additional layers of coordination and review of communications is a disincentive to producing communications at the global and country levels to tell the story of MOMENTUM.

Evaluation Question 2: ADAPTATIONS

The MOMENTUM Suite of Awards, for the most part, adapted exceptionally well to the COVID-19 pandemic during its implementation. As noted, all of the awards were made either slightly before the pandemic began or after it had been recognized. That MOMENTUM has been able to operate during those challenging times with only nominal delays in its implementation attests to the flexibility and commitment of its IPs. Indeed, as noted in the findings, many lessons learned and best practices have enabled MOMENTUM to ensure its continuity during COVID-19. These should be shared widely, not just within MOMENTUM but externally as well. Further, that M-RITE was able to absorb COVID-19 funds and respond to the pandemic is notable; however, that response has come at a cost to its original core mandate and ability to collaborate within the Suite.

Similarly, MIHR has faced challenges in its ability to coordinate and collaborate; however, those issues are particular to an award focused on a humanitarian-development nexus versus the other MOMENTUM awards, which work with countries farther along the development continuum. This raises the issue of whether it makes sense to have MIHR within the Suite, or how the Theory of Change needs to be viewed in light of MIHR's unique and challenging operating environments. At the very least, this

issue (a health development award working in fragile settings within the humanitarian-development nexus versus progress toward localization and sustainability) should be considered prior to any future designs.

Overall, though, MOMENTUM's Theory of Change, excluding the issues with MIHR, seems to serve the Suite fairly well technically at the headquarters level. However, there are several caveats to that statement. First, as noted in the findings, USAID Missions are able to develop their own theories of change within the overall MOMENTUM Theory of Change; whether those are aligned and functioning needs further examination. Second, several of the foundational assumptions, such as collaboration, coordination, holistic storytelling, partnering, and learning for MOMENTUM to function as a Suite have yet to be fulfilled. For instance, there are limited examples of continuous learning within the Suite that happen outside of the periodic and labor-intensive Share Fairs. This issue seems to be particularly acute at the country level. Finally, the staggered timing of the awards had a substantial and negative impact on the ability of the Suite to function cohesively, although this had less of an impact at the Mission/country level. While a few specific examples were given of problems with alignment and coordination (the development of an M&E framework, knowledge products, etc.), more generally, the six awards have not yet realized the goal of functioning as a Suite. Rather, they are perceived and operate as six individual awards that occasionally work together on specific technical issues. KIs and survey respondents made several suggestions as to how to improve this situation, and those ideas are further expanded upon in the recommendations (Section 6).

Evaluation Question 3: STAKEHOLDER SATISFACTION

Stakeholder satisfaction needs to be seen through multiple lenses as there are multiple stakeholders involved in the MOMENTUM Suite, as well as two primary parameters — technical and strategic — that formed the basis for determining satisfaction. From a technical viewpoint, MOMENTUM in general satisfies stakeholder needs; however, the few survey respondents from partner organizations believed there was room for improvement. The response from the partner organizations may be due to their limited engagement to date with MOMENTUM, as noted by the KIs, as well as the evaluation coming too early in implementation to form a definitive opinion. The overall level of satisfaction from most stakeholders can be attributed to the breadth and depth of the IPs within the MOMENTUM Suite. Although there may be some additional need for clarification among Missions and partner organizations about which award is responsible for which area, the technical gaps within MOMENTUM are few, and Missions are appreciative of their ability to buy into the awards fairly easily.

From a strategic point of view, MOMENTUM is not meeting expectations for functioning as a holistic Suite. This was revealed across multiple findings. As noted, the IPs within MOMENTUM, whether at the prime or sub level, are fundamentally competitors, and the additional and more significant factors of a lack of clear guidance for coordination and limited bandwidth to do so have substantially undermined those efforts. The idea underpinning MOMENTUM — that IPs would organically (or with some slight motivation) coordinate and collaborate their efforts — was naïve. Without a strong inducement, either positive or negative, there has not been a clear incentive for the awards to function synergistically. Compounding this have been unclear expectations across the awards as to what the coordination and collaboration entails and the subsequent inability to plan for varying efforts. In both within the survey and the interviews, IPs strongly requested that USAID develop some standard internal and external guidance. This is further discussed in the recommendations.

Evaluation Question 4: FUTURE TRENDS

As stated in the findings (Section 4), there was no clear consensus among the IPs, USAID staff, or country or global partners regarding emerging trends and needs in FP/RH/MNCH that might be addressed in current or future awards. Among the plethora of emerging trends mentioned by some informants was PHC. A tenet of health care financing and sustainability is that essential basic health services are delivered at the lowest unit cost at the lowest levels of the health system. PHC can be delivered in all settings — urban, rural, and fragile — in both public and private facilities. PHC centers provide most services currently prioritized in the MOMENTUM Suite of Awards and include FP, RH, MNCH, immunizations, nutrition, and others. PHC centers can be formal parts of a referral system to transfer women, children, and their families to the next level of care when needed. They can also include or be important links to community outreach and social and behavior change interventions.

Many PHC centers have birthing centers that offer 24/7 obstetric care by safe birth attendants, contributing to reductions in maternal and neonatal mortality and morbidity. A focus on PHC would also contribute to improving global health security by offering services to detect, manage, and refer care for infectious diseases such as COVID-19 at the basic community level — services that are accessible to vulnerable populations. Finally, the impact of climate change and ways to mitigate its adverse impact on MNCH, how to effectively utilize digital tools to enhance the capacity of the public and private sectors to deliver essential MNCH care and monitor and improve outcomes, and global health security are also critical emerging trends and needs.

6. RECOMMENDATIONS

Priority Recommendations				
No.	Recommendations	Description	Responsible Parties	Related Finding(s)
1	Develop explicit internal and external guidance for coordination, collaboration, and partnering	This guidance would be aimed at: 1) USAID/W AORs, 2) USAID Activity Managers, and 3) IPs. It should define what are considered collaborative efforts, 4) align and/or set the level of efforts expected based on corresponding budgets and staff, and 5) delineate the overall coordinative and learning efforts versus those covered by MKA. At the country level, it should provide criteria for how to define the “convening” role and clarify the specific coordination mechanism(s). Given that most previous examples of well-coordinated efforts have occurred at the country level around specific technical issues, targeting this guidance first at countries with multiple MOMENTUM awards, where possible technical linkages could be encouraged, should be given priority.	USAID/W	1E.1, 2B.3, 2D.1, 3A.2, Annex 3 (Indonesia case study)
2	Review and revise the MOMENTUM MEL framework(s)	The current overarching MOMENTUM MEL framework section on collaboration and coordination needs to be further developed or revised, with better indicators to provide greater incentive for the Suite of Awards to work together. This may need to be applied at the individual award level.	USAID/W and MKA (primary) Other IPs (secondary)	As above (No. 1) and 1A.3, 1B.2, and 1D.1
3	Streamline strategic communications	The strategic communications guidance document and approval process needs to be reviewed and revised to ensure that information dissemination does not become a bottleneck to implementation.	USAID/W and MKA	1A.2, 1A.3, 3B.2

Priority Recommendations				
No.	Recommendations	Description	Responsible Parties	Related Finding(s)
4	Provide additional learning opportunities, including those outside of MKA's responsibilities	USAID needs to collectively negotiate with all IPs the budgets and workplans (and level of effort) for additional learning opportunities and corresponding activities to ensure that there is sufficient time and resources for IPs to learn from each other. Further, MKA's role should be clarified with all IPs such that it is not put in the position of serving as a gatekeeper to cross-IP learning.	USAID/W (AORs) and all IPs	1.4, 1A.2, 2B.2, 2B.2, 2B.3, 3C.3

For Consideration				
No.	Recommendations	Description	Responsible Parties	Related Finding(s)
5	Increase publicity and dissemination for COVID-19 lessons learned	Given MOMENTUM's outstanding adaptation and response to COVID-19, lessons learned need to be shared widely, both internally to USAID and with external partners. MKA and USAID/W should develop COVID-19-specific events (conferences, workshops, publication in peer-reviewed journals) to ensure information generated from MOMENTUM is acknowledged and used.	MKA and USAID/W	1D.1, 2A.1, Annex 3 (Indonesia case study)
6	Appoint a full-time USAID MOMENTUM coordinator	Rather than the two MOMENTUM coordinators from the PRH and MCHN offices who have other demanding job duties, USAID/W should consider appointing one individual whose sole responsibility would be to ensure and oversee both internal (AORs and Activity Managers) and external (IP) coordination efforts. This person, ideally, would not sit within either the PRH or MCHN offices to ensure technical and managerial neutrality.	USAID/W	1A.3, 1B.2, 1D.1, 1E.1, 2B.3, 2D.1, 3A.2

For Consideration				
No.	Recommendations	Description	Responsible Parties	Related Finding(s)
7	Consider MIHR and M-RITE specific adjustments to the Theory of Change and MEL framework	Because of their respective special circumstances, USAID/W should consider whether both the Theory of Change and MEL framework need to be revised to account for MIHR's and M-RITE's challenges.	USAID/W	2.1.1, 2.1.2, 2D.2, 3B.2
8	Determine whether having Mission-level theories of change is in MOMENTUM's strategic interests	Reviewing every Mission-level theory of change for MOMENTUM was outside the scope of this evaluation. However, as noted in the findings, stakeholders were uncertain whether having these country-specific theories of change was beneficial to MOMENTUM's strategic goals. This question needs further examination.	USAID/W	1D.1, 2C.1, 2C.2, 2D.1
9	Continue outreach to Missions and partners to ensure clarity on the MOMENTUM Suite and individual awards	These efforts are already underway. However, based on stakeholder feedback, periodic refresher outreach is needed.	USAID/W (and IPs, if appropriate)	1.1, 1.4, 2D.1, 2E.2, 3B.2
10	Prioritize PHC and climate change for possible future investments/awards for PRH and MCHN	Although there was no overwhelming consensus on PRH and MCHN emerging and/or future needs, several KIs mentioned two issues: PHC and climate change. PHC could address a multitude of additional emerging trends mentioned by stakeholders, such as integration, urbanization, rural health care, localization, health system strengthening, resilience, self-care, youth services, and nutrition. Other critical emerging trends and needs include the impact of climate change and ways to mitigate its adverse impact on MNCH; how to effectively utilize digital tools to enhance the capacity of the public and private sectors to deliver essential MNCH care and monitor and improve outcomes; and global health security.	USAID/W	4

ANNEX I: SCOPE OF WORK

Assignment #: 024 [assigned by GH EvalS]

Global Health Evaluation and Learning Support Activity (GH EvalS)
Contract No. GS-10F-154BA

STATEMENT OF WORK (SOW)

Date of Submission: _____

Last update: 02/03/2022

INSTRUCTIONS: Complete this template in MS Word to develop an SOW for your assignment, that may be an evaluation, an assessment, or other analytic activity to be passed to the GH EvalS team. From this point on, this assignment will be referred to as Assignment _____. Please be as thorough as possible in completing this SOW. The GH EvalS team will assist you in refining your SOW which will be finalized when the Assignment _____ team is in place. Some of the sections below have been pre-populated with information that is common to most evaluation/analytic activities. Please review these details and edit as needed to fit the needs of your specific analytic assignment.

Note: Refer to the [USAID How-To Note: Evaluation SOW](#) when developing your SOW.

I. SOW SPECIFIC INFORMATION

A. TITLE: MOMENTUM MID-TERM EVALUATION

A.

B. FUNDER/REQUESTER/CLIENT

X USAID/Washington

Office/Division: PRH and MCHN / _____

☐ USAID Country or Regional Mission

Mission/Division: _____ / _____

C. FUNDING ACCOUNT SOURCE(S): (Click on box(es) to indicate source of payment for this assignment)

☐ HIV

☐ PIOET

X FP/RH

☐ TB

☐ Other public health threats

☐ WSSH

☐ Malaria

X MCH

☐ Nutrition

☐ Other (specify):

D. BUDGET CEILING: _____ (Note: GH EvalS will provide a cost estimate for this assignment based on this SOW.)

B.

E. PERFORMANCE PERIOD

Expected start date (on or about): March 1, 2022
Anticipated end date (on or about): Sept 30, 2022

C.

F. LOCATION(S) OF ASSIGNMENT

Please indicate where work will be performed: Virtual

TYPE OF ASSIGNMENT

D.

E. **Instructions:** Please check the box to indicate the type of assignment.

F. EVALUATION:

1. Performance Evaluation ☐

Please check timing of data collection:

☒ Mid-term ☐ Endline ☐ Other (specify): _____

Performance evaluations encompass a broad range of evaluation methods. They often incorporate before-and-after comparisons, but generally lack a rigorously defined counterfactual. Performance evaluations can address descriptive, normative, and/or cause-and-effect questions. As performance evaluations do not contain a rigorously defined counterfactual, they should not answer questions about the amount of change attributable to an intervention, where other factors are likely to have influenced the variable in question.

Please select the type of performance evaluation:

Developmental Evaluation (DE): ☐

DE is an approach to continuous adaptation of interventions through the use of evaluative thinking and feedback. It includes having one or more evaluators embedded in program teams, ideally on a full-time basis; and working with teams to contribute to modifications in program design and targeted outcomes throughout implementation.

Outcome Evaluation: ☐

Outcome evaluations are among USAID "final" evaluations, and address questions that focus on whether planned results and targets were achieved, as well as whether activities had unintended consequences. While many evaluations in this cluster are single point in time studies, some are more formal "pre-post" evaluations that fund both a baseline and endline round of data collection, but only for the activity's intended beneficiaries. This performance evaluation subtype does not include a comparison group, which is one of the characteristics that differentiates it from an USAID impact evaluation.

Process or Formative Evaluation: ☒

Process evaluations focus on how the activity is working and whether expectations about implementation and beneficiary response to the activity are in line with expectations. Both process and formative evaluations may include questions about the initial results of an activity, such as what goods/services have been delivered, or to what degree outputs have been achieved, such as teachers trained, or new seed varieties planted.

Mixed-Method Evaluation ☐

A mixed-method evaluation is one that uses two or more techniques or methods to collect the data needed to answer one or more evaluation questions. Some of the different data collection methods that might be combined in an evaluation include structured observations, key informant interviews, pre- and post-test surveys, and reviews of government statistics. This could involve the collection and use of both quantitative and qualitative data to analyze and identify findings and to develop conclusions in response to the evaluation questions.

2. Impact Evaluation ☐

Please check timing of this assignment :

☐ Baseline ☐ Mid-term ☐ Endline ☐ Other (specify):

Impact evaluations measure the change in a development outcome that is attributable to a defined intervention. They are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

3. Economic Evaluation ☐

Economic Evaluations identify, measure, value, and compare the costs and outcomes of alternative interventions. Economic evaluations are a systematic and transparent framework for assessing efficiency, focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. The main types of economic evaluations are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example evaluation question: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?

4. Ex-post Evaluation ☐

Ex-post evaluations are conducted after USAID investments (technical and financial) have ended. It can be used to answer questions about whether and how interventions and/or outcomes are sustained and what factors and contexts help or hinder USAID

interventions and sustainable development outcomes. Ex-post evaluations offer a unique opportunity to ask key questions about the sustainability of a particular strategy, project, activity, or intervention after USAID has ended support. Ex-post evaluations are particularly relevant for understanding whether and how USAID programs support country self-reliance and the ability of the country to sustain development solutions over time.

5. Evaluation Synthesis: ☐

Evaluation syntheses are analytic reviews of evaluations that aggregate findings from evaluation reports and/or examine the quality of the evaluations reviewed.

6. Meta-Evaluations: ☐

Meta-Evaluations are an analytic examination of secondary source documents to identify patterns among them (convergence/divergence) and also a statistical approach to combining results of multiple studies to increase their statistical power. Meta-analyses may examine evaluations as well as other types of research.

7. Other Types of Synthesis: ☐

Other types of synthesis reports can also help build the evidence base on which decision-makers rely. Such studies do not necessarily review evaluations or published articles, although they may do so. Examples include: landscape reviews, desk studies, and compendium of evaluation abstracts.

8. PEPFAR Evaluations: ☐

Note: These questions are based on the [PEPFAR Evaluation Standards of Practice v3.1 October 2019](#)

Note: If this is a PEPFAR-funded, check the box for the type of evaluation:

a) Process Evaluation

b) : ☐

Please check timing of data collection:

☐ Mid-term ☐ Endline ☐ Other (specify): _____

Process Evaluations focus on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, and management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. Example evaluation question: Are activities delivered as intended, and are the right participants being reached?

c) Outcome Evaluation ☐

Outcome Evaluations determine if and by how much intervention activities or services achieved their intended outcomes. They focus on outputs and outcomes (including unintended effects) to judge program effectiveness but may also assess program processes to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example evaluation question: To what extent are desired changes occurring due to the program, and who is benefiting?

d) Impact Evaluation ☐

Please check timing of assignment:

☐ Baseline ☐ Mid-term ☐ Endline ☐ Other (specify): _____

Impact evaluations (IEs) measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact. Example evaluation question: What are the net effects of the program in achieving long term outcomes (e.g., changes in prevalence, incidence, mortality, sustainability)?

G. ANALYTIC ASSIGNMENT:

1. Assessments

☐ **Evaluability Assessments**

Evaluability assessments are useful for determining: the extent to which a project or activity is ready for an evaluation; the changes that are needed to increase readiness; and/or the type of evaluation approach most suitable to assess the project or activity's performance and/or impact.

☒ **Data Quality Assessments (DQAs)**

A DQA is a process to help USAID staff and implementing partners understand the strengths and weaknesses of their data and the extent to which the data can be trusted to influence management decisions. A DQA refers to USAID's standard practice for assessing data quality, documenting any limitations in data quality, and establishing a plan for addressing those limitations.

2. Other Analytical Activities

☒ Costing and/or Economic Analysis

Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

☐ Other Analytic Activity

Please specify what kind of activity: _____

H. LEARNING

☒ Management Reviews

Management reviews are a type of operations/implementation research, but with a more explicit focus on management systems, management reviews aim to evaluate whether those systems are producing their intended outcomes and results as efficiently as possible. They should be conducted periodically and ideally proactively to identify possible areas for improvement before problems occur.

☐ Formative Research

Formative research is an often-intensive process of understanding a particular context, subject, or community of interest. Formative research can help identify and understand the characteristics of target populations that influence their decisions and actions. Formative research is most important during the design stage of a program – to ensure that it accurately reflects the needs and interests of the target population – but it can also be used to help understand and adapt an ongoing program. Formative research may be conducted through a desk review, or it may involve field work and a mixture of quantitative and qualitative data collection.

☐ Operations Research

Operations research (OR) is a methodology that is used to generate evidence to inform programmatic operations and decision-making. It is often highly specific to a particular context or program, and emphasizes the applicability and use of the results in order to maximize the efficiency, effectiveness, and quality of a particular program.

☐ Implementation Research

Implementation research (IR) is the scientific study of methods to promote the integration of evidence-based interventions and research findings into policy and practice, often to inform and guide the scaling and sustainability of programs. It also aims to generate findings that are directly relevant to specific, real-world contexts and settings in order to facilitate more effective implementation in the future.

□ Quantitative Surveys

Quantitative surveys use a standardized questionnaire to collect data (typically at a household or individual level) that is intended to be representative of a population. Surveys can be administered in-person, over the phone (using SMS or interactive voice response (IVR) technology), or online. They quantify key questions and areas of interest in order to facilitate numeric statistical analysis and predict causal relationships. Quantitative research questions are typically closed-ended and highly structured.

□ Validation of Results

The validation of results is an essential component of any performance-based contract or other pay-for-results (PfR) scheme. In a PfR scheme, payments are explicitly linked to the achievement of outcomes or outputs, as opposed to traditional procurement mechanisms which pay partners up front for an agreed-upon scope of work, or reimburse partners for specific costs/inputs based on their budget and work plan. The metrics of success and methods for validating the results of the program are typically agreed upon before implementation.

□ Literature Reviews

A literature review involves searching for books, articles, reports, and other scholarly sources of information that are relevant to a topic of interest to understand the current evidence base for that subject. Typically, the deliverable for a literature review is a synthesis and analysis of the available evidence and the identification of any critical evidence gaps based on the review.

II. ASSIGNMENT BACKGROUND

A. PROJECT/PROGRAM BEING EVALUATED/ANALYZED

Project/Activity Title:	MOMENTUM Integrated Health Resilience (MIHR)
Award/Contract Number:	7200AA20CA00005
Award/Contract Dates:	5/22/2020 - 5/21/2025
Implementing Organization(s):	IMA World Health, m JSI Research & Training Institute, Inc. , Pathfinder International , Africa Christian Health Associations Platform (ACHAP) , GOAL , CARE , Harvard T.H. Chan School of Public Health , Johns Hopkins Bloomberg School of Public Health , Brigham Young University , and Premise Data .
Project/Activity AOR/COR:	Alanna White
Project/Activity Funding:	\$199,999,472
Project/Activity Title:	MOMENTUM for Country and Global Leadership (MCGL)
Award/Contract Number:	7200AA20CA00002
Award/Contract Dates:	12/27/2019 - 12/26/2024
Implementing Organization(s):	JHPIEGO, Save the Children , the Johns Hopkins University International Vaccine Access Center , The Manoff Group , Quicksand , Matchboxology , BAO Systems , Avenir Health , McKinsey & Company , PACT , Institute for Healthcare Improvement , Christian Connections for International Health , and Uboza Quality Institute .
Project/Activity AOR/COR:	Lory Meoli
Project/Activity Funding:	\$200,000,000
Project/Activity Title:	MOMENTUM Knowledge Accelerator (MKA)
Award/Contract Number:	7200AA20CA00003
Award/Contract Dates:	12/31/2019 - 12/30/2024
Implementing Organization(s):	Population Reference Bureau, JSI Research & Training Institute, Inc. and Ariadne Labs .
Project/Activity AOR/COR:	Shawn Malarcher
Project/Activity Funding:	\$29,670,166
Project/Activity Title:	MOMENTUM Private Healthcare Delivery (MPHD)
Award/Contract Number:	7200AA20CA00007

Award/Contract Dates:	06/22/2020 - 06/21/2025
Implementing Organization(s):	Population Services International, Jhpiego , Avenir Health , FHI360 , and ThinkWell .
Project/Activity AOR/COR:	Clancy Broxton
Project/Activity Funding:	\$75,000,000
Project/Activity Title:	MOMENTUM Safe Surgery in Family Planning and Obstetrics (MSSFPO)
Award/Contract Number:	7200AA20CA00011
Award/Contract Dates:	09/25/2020 - 09/24/2025
Implementing Organization(s):	EngenderHealth, IntraHealth International , the London School of Hygiene and Tropical Medicine , and the Johns Hopkins Center for Communications Programs .
Project/Activity AOR/COR:	Rebecca Levine
Project/Activity Funding:	\$40,000,000
Project/Activity Title:	MOMENTUM Routine Immunization Transformation and Equity (M-RITE)
Award/Contract Number:	7200AA20CA00017
Award/Contract Dates:	7/27/2020 - 7/26/2025
Implementing Organization(s):	JSI Research & Training Institute, Inc., PATH , Accenture Development Partnerships , Results for Development , Gobee Group , CORE Group , and The Manoff Group .
Project/Activity AOR/COR:	Nefra Faltas
Project/Activity Funding:	\$120,000,000

B. BACKGROUND OF PROJECT/PROGRAM/INTERVENTION AND CONTEXT

Provide a brief background on the country (or countries) and/or sector context; specific problem or opportunity the intervention addresses; and the development hypothesis.

The Office of Population and Reproductive Health and the Office of Maternal, Child Health and Nutrition flagship service delivery projects, under the MOMENTUM Suite of Awards, were awarded between December 2019 and September 2020 as a set of six, five year cooperative agreements. Through MOMENTUM, USAID seeks to accelerate reductions in maternal, newborn, and child mortality and morbidity in high-burden USAID partner countries. The project represents a paradigm shift in how USAID carries out its work, with a greater focus on strengthening the capacity, sustainability, and resilience of local institutions. Each MOMENTUM award offers a deep understanding of different settings and approaches but works in a coordinated way to provide

specialized technical and regional expertise to address challenges facing MNCHN/FP/RH services and care in varied contexts. USAID designed this suite of awards under the hypothesis that:

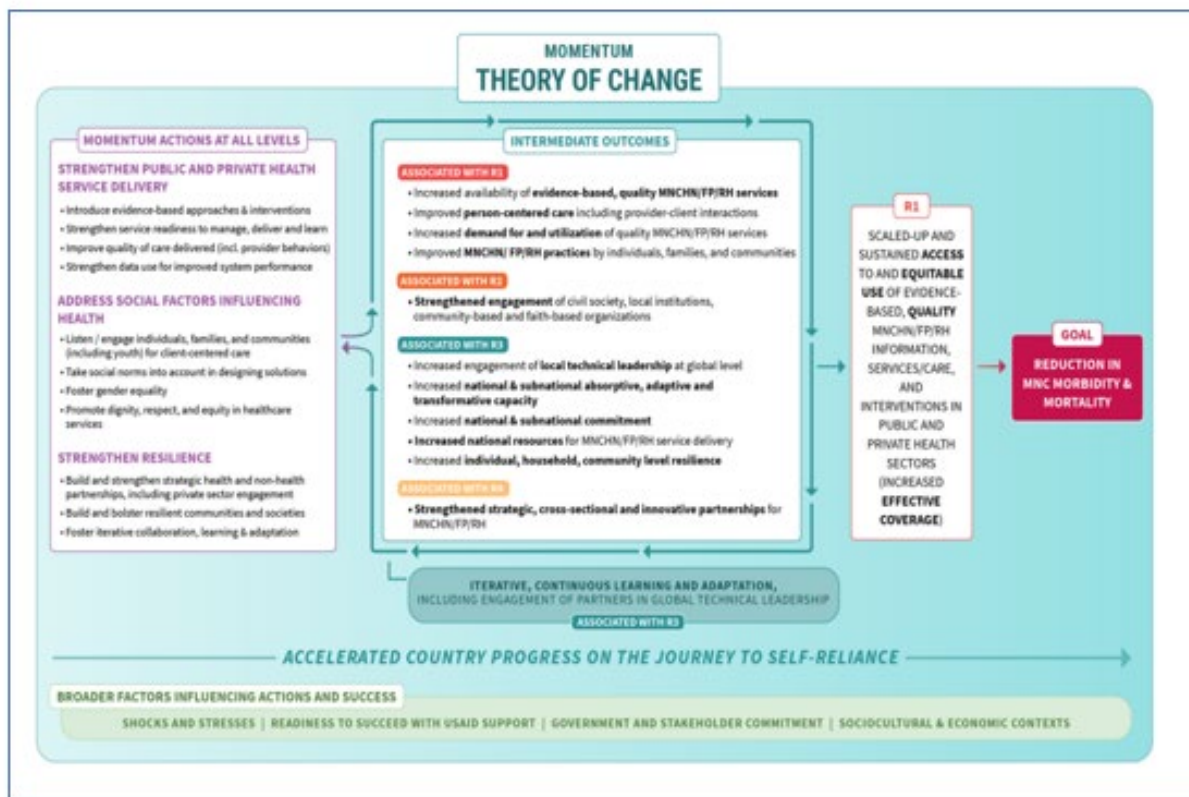
- An explicit mandate to coordinate, collaborate, and share learning across awards, will help foster cross-fertilization of ideas, and amplify the breadth of experiences and best practices in the field.
- A suite of awards will enable the capacity to tell a holistic and persuasive story about the outcomes of USAID's investment in preventing child and maternal deaths to various stakeholders including Congress
- Distinct awards that are all working toward the same ultimate results and purpose will have greater overall impact in essence "the whole is greater than the sum of its parts".
- Integrated programming across PRH and MCHN Offices, with adequate coordination and collaboration, can reduce duplication of effort and increase complementarity in program implementation.
- Aligning GH programs to be structured more similarly to Mission programs, will allow central mechanisms to be more responsive to Mission needs.

Following the first year of the projects, MOMENTUM Knowledge Accelerator (MKA) conducted a review on behalf of USAID to gauge the understandings of the different MOMENTUM award holders and their USAID teams of "One MOMENTUM" and its implementation. Representatives from all six MOMENTUM awards and members of their USAID AOR and Extended Technical Teams participated in focus group discussions carried out by MKA between January 11–22, 2021. Results of this review were presented in the two-day leadership meeting on February 16-17, 2021, during which collaborative solutions to improving technical and country coordination among the awards were decided.

The MOMENTUM Suite of Awards is approaching the mid-point of its current 5 year award. The USAID management team(s) are now planning a process evaluation for early 2022 to inform further adaptation of the management and coordination structures to maximize impact of the Suite and to inform decisions about future programming.

C. THEORY OF CHANGE OF TARGET PROJECT/PROGRAM/ INTERVENTION

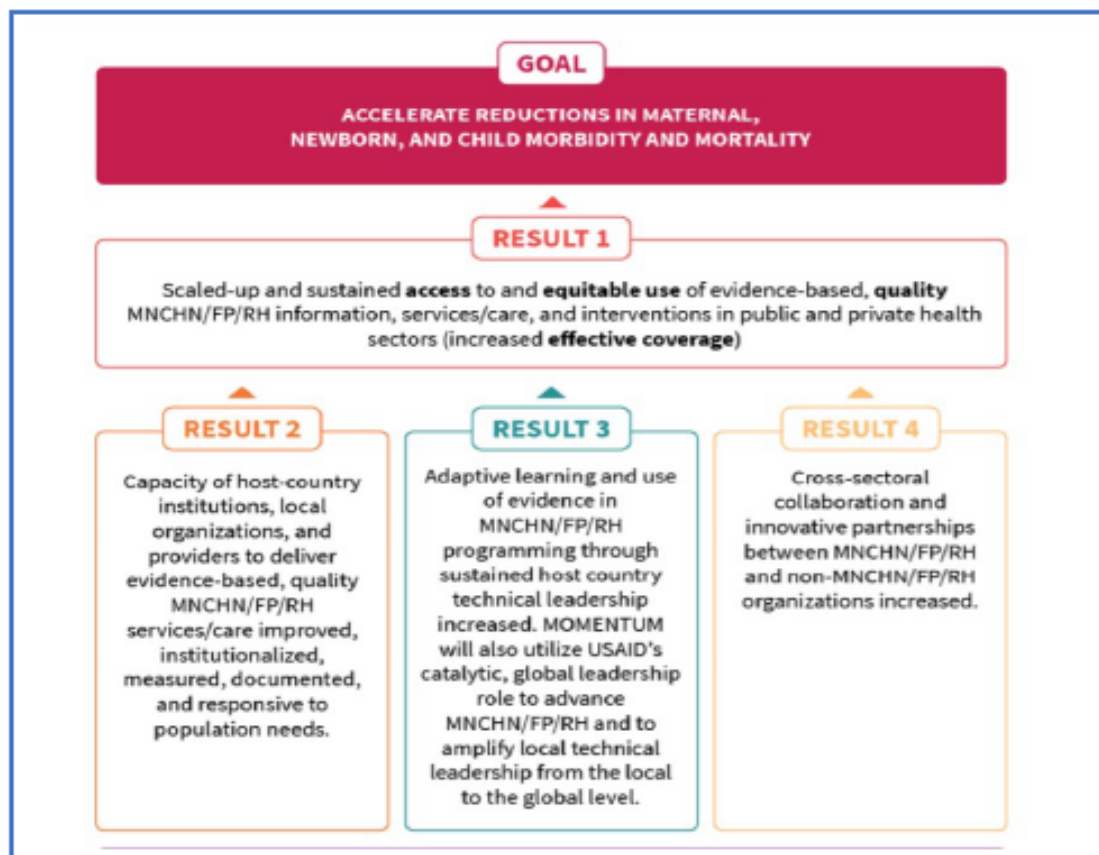
Please paste the Theory of Change below.



D. STRATEGIC OR RESULTS FRAMEWORK FOR THE PROJECT/PROGRAM/ INTERVENTION

Please also paste the framework below.

|



E. GEOGRAPHIC COVERAGE

What is the geographic coverage and/or the target/beneficiary groups for the project or program that is the subject of analysis?

The target beneficiary groups of this analysis are the MOMENTUM award partners, subpartners and working groups; USAID Missions and management teams.

I.

III. PURPOSE, AUDIENCE, & APPLICATION

A. PURPOSE

Why is this assignment being conducted (purpose of assignment)? Provide the specific reason for this assignment linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

The purpose of this evaluation is to investigate the costs and benefits of MOMENTUM's processes, working groups and systems and how these affect program implementation. It will review MOMENTUM's design hypotheses and assumptions in order to document how they have evolved due to new realities of the program environment and identify potential risks to achieving MOMENTUM's vision. Recommendations from this evaluation will inform adaptations to MOMENTUM's processes and structures and inform future management decisions and designs.

The MOMENTUM awards were designed prior to the COVID 19 pandemic, as a result, these awards have been implementing and adapting in response to this new context. The effects of these adaptations on the program portfolios and operations of the awards will also be examined. This evaluation is a process rather than performance evaluation; therefore this review will not focus on assessing the impact of implementation on health outcomes to date. Rather the focus will be on assessing how program operations, management and systems across the Suite affect resources and outputs.

While the earliest awards, MCGL and MKA, are beginning their PY3 work year. The later awards, including MPHD, MIHR, M-RITE, and MSSFPO, have just finished their first full year of implementation (see Annex 1. Project Information). The evaluation design will take these staggered startup timelines into account.

B. AUDIENCE

Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

There are multiple audiences for this evaluation. The primary audiences for the evaluation are the USAID Washington MOMENTUM AOR teams and MOMENTUM implementing partners. Additionally, USAID Mission-based activity managers and Ministries of Health in countries for case studies and other countries with MOMENTUM field support buy-ins. Recommendations and observations will also benefit the MCHN and PRH Offices to inform future and current award designs.

C. APPLICATIONS AND USE

How will the findings be used? What future decisions will be made based on these findings?

We anticipate the evaluation will generate information that will be useful for adaptive management. The findings and recommendations of the mid-term evaluation will assist USAID and our implementing partners to make critical adjustments to structures and processes that either hamper our ability to achieve the vision of MOMENTUM and/or facilitate greater impact or efficiencies within the Suite— both within individual awards and across awards. Findings will also be helpful to USAID in designing future mechanisms.

IV. ASSIGNMENT QUESTIONS & MATRIX

Instructions: Questions should be: a) aligned with the assignment purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.) that must be incorporated into the assignment questions. [USAID Evaluation Policy](#) recommends 1 to 5 evaluation questions.

State the method and/or data source and describe the data elements needed to answer the questions.

	Assignment Question	Suggested Data Sources	Suggested Data Collection Methods	Suggested Data Analysis Methods
1	Design Hypothesis: <i>Have awards been able to leverage their relationships with other MOMENTUM awards to benefit their work, e.g., to improve the efficiency, effectiveness, and/or scale of programming? How?</i> <i>What has been the cost and benefit (to USAID, to IPs) of coordinating with MKA and across the Suite of awards?</i> <i>What has been the cost and benefit of in-country coordination (to USAID, to IPs)?</i> <i>What adaptations (e.g. changes in systems/processes) would lead to more efficient and/or more effective coordination?</i>	Award reporting documents , Key informant interviews, group interviews		
2	Adaptation: <i>What operational shocks and stressors are driving programmatic adaptations? How has the Suite collectively, and as</i>	Award documents , including reporting documents		

	<i>individual awards adapted to the realities of working in dynamic country contexts, particularly the ongoing effects of the COVID 19 pandemic? Do any of these adaptations require adjustments to the development hypothesis and/or key assumptions of the MOMENTUM award suite and/or implementation at the country or global level? Are additional adjustments needed to achieve the vision for this Suite of awards? If so, what?</i>	, Key informant interviews, group interviews		
3	Stakeholder Satisfaction: Does the MOMENTUM Suite address the needs and expectations of USAID Missions, MOMENTUM AOR management teams, technical Offices, and other Agency leadership? Are there technical or functional skills not available or accessible in the current configuration? Does the Suite design inhibit or facilitate meeting USAID's needs? These needs will be identified during the course of the evaluation data collection.	Key informant interviews, survey, group interviews		
4	Future Trends: What are the emerging trends and needs in FP/RH/MNCH and WASH that might be addressed in the current or future awards?	Key informant interviews, literature review		

Other Questions [OPTIONAL]

(Note: Use this space only if necessary. Too many questions can lead to an ineffective assignment.)

V. DATA COLLECTION METHODOLOGY

J.

- K. **Instructions:** Describe the recommended methods for this assignment. Selected methods should be aligned with the assignment questions and fit within the time and resources allotted for the assignment. Also, include the sample or sampling frame in the description of each method selected.

Note Related to Methods

A critical part of the methodology will be to assess the situation during the COVID-19 pandemic. It is anticipated that for the assignment, especially where borders are closed and access is restricted, highly qualified national/regional evaluators and experts will be contracted. Additionally, virtual approaches to data collection will be used, including virtual stakeholder meetings, key informant interviews, and focus groups, where possible. See also [USAID Guide to Remote Monitoring in COVID-19](#).

Please choose from the following options:

☒ Document and Data Review

Please provide a list of documents and data recommended for review.

Desk review of results reporting, other technical documents developed by MOMENTUM awards (e.g., briefs, case studies), meeting notes, data sharing agreements, work plans and Performance Monitoring Plans

☐ Secondary Analysis of Existing Data

This is a re-analysis of existing data, beyond a review of data reports. Please list the data source and recommended analyses.

Data Source (existing dataset)	Description of Data	Recommended Analysis

☒ Key Informant Interviews

Please list categories of key informants and purpose of inquiry.

Key Informant Interview would include representatives from:

- PRH and MCHN leadership;
- AORs and extended technical teams from USAID management teams
- Mission Activity Managers in key countries;
- Senior leadership and technical staff of MOMENTUM suite implementing partners, including sub awards;
- Thought leaders in global health, outside USAID
- Depending on available resources may include implementing partners of other key mechanisms

☐ **Focus Group Discussions**

Please list categories of groups and purpose of inquiry.

☐ **Group Interviews**

Please list categories of groups and purpose of inquiry.

Sample:

Key informants may be interviewed in small groups of similar respondents, as long as all participants feel free to express their own opinions.

☐ **Client/Participant Satisfaction or Exit Interviews**

Please list who is to be interviewed and purpose of inquiry.

☐ **Survey**

Please describe the content of the survey and target responders and purpose of inquiry.

☐ **Facility or Service Assessment/Survey**

Please list the type of facility or service of interest and purpose of inquiry.

☒ **Observations**

Please list the types of sites or activities to be observed and purpose of inquiry.

Observations of working group meetings, USAID's bi-monthly MOMENTUM AOR meeting

☐ **Cost Analysis**

Please list costing factors of interest and type of costing assessment, if known.

☐ **Data Abstraction**

Please list and describe files or documents that contain information of interest and purpose of inquiry.

☒ **Case Study**

Please describe the case and the issue of interest to be explored.

Three country case studies, selected based on the following criteria: significant FS investment, multiple MOMENTUMs implementing in-country, Mission interest and support. Case studies would be conducted using locally hired experts. Case studies will not require international travel, however, the budget should include in-country travel

☐ **Verbal Autopsy**

Please list the type of mortality being investigated (i.e., maternal deaths), any cause of death, and the target population.

☐ **Rapid Appraisal Methods**

Please list and describe methods (ethnographic / participatory), target participants, and purpose of inquiry.

--

☐ **Other**

Please list and describe other methods recommended for this assignment and purpose of inquiry.

--

If this is an Impact Evaluation, then:

Is technical assistance needed to develop full protocol and/or IRB submission?

☐ Yes ☐ No

Please list or describe below the “case” for the intervention and the “counterfactual” comparison group for the Impact Evaluation.

Case	Counterfactual

L. Note on Human Subject Protection

The Assignment Team must develop protocols to ensure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the assignment, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the assignment at any time without consequences. Only adults can consent as part of this assignment. **Minors cannot be respondents to any interview or survey and cannot participate in a focus group discussion without going through an IRB.** The only time minors can be observed as part of this assignment is as part of a large community-wide public event, when they are part of a family and community in the public setting. During the process of this assignment, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

An Informed Consent statement included in all data collection interactions must contain:

- Introduction of facilitator/note-taker
- Purpose of the assignment
- Purpose of interview/discussion/survey
- Statement that all information provided is confidential and information provided will not be connected to the individual
- Right to refuse to answer questions or participate in interview/discussion/survey
- Request consent prior to initiating data collection (i.e., interview/discussion/survey)

VI. ASSIGNMENT ANALYSIS PLAN

Instructions: Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data is to be triangulated (if appropriate). For example, conduct a thematic analysis of qualitative interview data, or complete a descriptive analysis of quantitative survey data. The box below has been filled out to provide you with an example that you should edit, as necessary.

--

VII. **ACTIVITIES**

Instructions: List the expected key activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and deliverables may overlap. Please give as much detail as possible.

1. Assignment Launch/In-brief with USAID – A call/meeting with the USAID, GH EvalS project staff, and the Assignment Team (Team) to initiate the assignment and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH EvalS will introduce the Team and review the initial schedule and other management issues.

2. Team Planning Meeting – Two half-day team planning meetings (TPM) will be held at the initiation of the assignment and before the data collection begins. During the TPM, the Team will:

- Review and clarify any questions on the assignment SOW
- Clarify members' roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a preliminary data collection plan
- Draft the assignment work plan
- Develop a preliminary draft outline of the team's report
- Assign drafting/writing responsibilities for the final report or final presentation

3. Inception Report (work plan and methodology) submitted to USAID and followed by a review meeting. Work Plan will include:

- Assignment timeline
- Assignment questions
- Proposed methodology
- Data collection strategy, sampling frame, and selection criteria
- Data analysis plan describing procedures that will be used to analyze qualitative and quantitative data
- Data and resource requirements
- Data collection instruments

4. Desk Review – Several documents are available for review for this assignment. These include MOMENTUM proposals, annual work plans, M&E plans, quarterly and semi-annual progress reports, meeting notes, project publications and routine reports of project performance indicator data. This desk review will provide background information for the Assignment Team and will also be used as data input and evidence for the assignment.

5. **In-brief with the target Projects** to review the assignment plans and timeline, and for the project to give an overview of the project to the Assignment Team.

6. **USAID and Stakeholder Briefings** – The Team Lead (TL) will brief the USAID POC bimonthly to discuss progress. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.

A final debrief between the Assignment Team and USAID will be held at the end of the assignment and before the preparation of the final report, to present **preliminary findings to USAID**. During this meeting, a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The Assignment Team will incorporate comments received from USAID during the debrief in the assignment report. The TL may be required to provide other presentations to the IPs, Missions, or to USAID leadership. This should be considered in the estimation of the LOE. (*Note: preliminary findings are not final and as more data sources are developed and analyzed these findings may change.*)

7. **Data Collection** – The Assignment Team will conduct data collection virtually and in-person (in the three case study countries). The Team will prepare a list of potential key informants that will be finalized during the TPM in consultation with USAID. The Team will outline and schedule KIs and GIs and will finalize the list of the online survey respondents prior to the start of data collection. During the time of COVID-19, the Assignment Team will conduct virtual and, where possible and if the situation allows, in-person interviews in the three case study countries. See also [USAID Guide to Remote Monitoring in COVID-19](#).

8. **Assignment Report** – The Assignment Team, under the leadership of the TL, will develop a report with findings, conclusions and recommendations. The final report should not exceed 35 pages without annexes. Report writing and submission will include the following steps:

- TL will submit a revised outline to USAID prior to drafting the report.
- TL will submit a draft report to USAID for comment.
- Once revised, TL will submit a draft final report to GH EvalS for review and formatting
- GH EvalS will submit the edited draft report to USAID
- USAID will review the draft report in a timely manner, and send their comments and edits back to GH EvalS
- USAID will manage implementing partner(s)'s (IP) review of the report and compile and send their comments and edits to GH EvalS. (*Note: USAID will decide what draft they want the IP to review.*)
- GH EvalS will share USAID's comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH EvalS

- GH EvalS will review and reformat the final report, as needed, and resubmit to USAID for approval.
- Once the final report is approved, GH EvalS will re-format it for 508 compliance and post it to the DEC.

The evaluation/analytic report **excludes** any **procurement-sensitive** and other sensitive but unclassified (SBU) information. This information will be submitted in a memo to USAID separate from the report.

8. **Submission of Datasets to the Development Data Library** – Per USAID's Open Data policy ([ADS 579, USAID Development Data](#)), GH EvalS may submit all quantitative data to USAID and the Development Data Library (DDL), at www.usaid.gov/data, in a machine-readable format (CSV or XML). The datasets created as part of this evaluation/analytic activity will be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. It is essential that the datasets are stripped of all identifying information, as the data will be public once posted on USAID's DDL.

Qualitative data that do not contain identifying information should also be submitted to GH EvalS.

VIII. **TASKS, DELIVERABLES, AND TIMELINES**

Instructions: Select all deliverables and products required on this analytic assignment. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

Tasks/Deliverables	Timelines & Deadlines (estimated)
Assignment Launch /In-brief with USAID	Week 1 of assignment launch
Desk Review	Weeks 1-3
Team Planning Meeting/In-depth discussions with USAID on the Inception report (workplan and methodology)	Weeks 2-3
Inception report review briefing	Week 3
Inception report submission (includes assignment questions, methods, timeline, data analysis plan, and data collection instruments)	Week 4
Incorporating USAID’s feedback on Inception Report, the targeted stakeholder groups/individuals who will participate in the evaluation, and data collection tools. Inception Report finalization	Week 5
In-brief with target Project/Program	Week 6
Fieldwork: site visits, data collection, case studies	Weeks 7-12
Routine USAID briefings	Weekly/Biweekly
Debrief with USAID with PowerPoint presentation on progress of the assignment and preliminary findings	Week 13
IP & stakeholders findings review workshop with PowerPoint presentation	Week 13
Report writing and case study finalization (Draft Report)	Weeks 14-16
Draft report and case studies to GH EvalS; submission	Week 17-18

USAID feedback received (after 2 weeks) and incorporated	<i>Weeks 19-22</i>
GH EvalS review	<i>Week 23-24</i>
Final report and final case study submission	<i>Week 25</i>
Raw data (cleaned datasets in CSV or XML with code sheet)	
Report posted to the DEC	
Other (specify):	

Estimated USAID review time

Average number of business days USAID will need to review the report? 10 business days

IX. TEAM COMPOSITION, SKILLS, LEVEL OF EFFORT (LOE), AND LOGISTICAL NEEDS

A. TEAM COMPOSITION AND SKILLS:

Instructions: Please list technical areas of expertise required for this assignment:

- List desired qualifications for the team as a whole
- List the key staff needed for this analytic assignment and their roles

Please also consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leads for evaluations/assessments must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation/Analytics Specialist, who should have evaluation/analytic methodological expertise needed for this assignment. Similarly, other analytic activities should have a specialist with methodological expertise.
- All team members will be required to provide signed Non-Disclosure and Conflict of Interest statements attesting that they will keep all information confidential, and have no conflict of interest (COI) or describing the conflict of interest, if applicable, for further consideration.

Co-Team Lead (TL) 1 (Key Staff 1):

Roles & Responsibilities: The Co-TL will be responsible for: providing team leadership; managing the team's activities; monitoring team LOE; ensuring that all deliverables are met in a timely manner; serving as a co-liaison between USAID and the team; and co-leading briefings and presentations.

The Co-TL 1 should have significant experience conducting and leading project evaluations and/or assessments.

Qualifications:

- Minimum of 10 years of experience in public health, including experience in the design and implementation of MCHN and FP/RH health activities in developing countries
- Demonstrated experience leading health sector project/program evaluation/assessment activities, utilizing both quantitative and qualitative methods

- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills, with extensive report writing experience
- Experience working in the region, and experience in *Country* is desirable
- Familiarity with USAID, and its policies and practices including:
 - Evaluation policy
 - Results frameworks
 - Performance monitoring plans

Co-Team Lead (TL) 2: Partnership¹ and Collaboration Specialist (Key Staff 2)

Roles & Responsibilities: The Co-TL will be responsible for: providing team leadership; managing the team's activities; monitoring team LOE; ensuring that all deliverables are met in a timely manner; serving as a co-liaison between USAID and the team; and co-leading briefings and presentations.

The Co-TL 2 should provide insight and guidance on effective partnerships (those that advance program goals and objectives in an efficient way that adds value) and how they are evaluated.

Qualifications:

- At least 10 years of experience in partnerships
- At least 5 years working with qualitative data and analysis
- Experience in design and implementation of evaluations and/or assessments
- Strong knowledge, skills, and experience in qualitative and quantitative analytic tools
- Experience in data management
- Able to analyze qualitative data
- Experience using analytic software
- Demonstrated experience using qualitative evaluation methodologies, and triangulating with quantitative data
- Strong data interpretation and presentation skills
- Proficient in written and spoken English and [list other language(s) required or desirable]

¹ Partnerships can be within MOMENTUM awards (award consortia partners), across MOMENTUM awards (partnerships between multiple awards) or with entities outside the MOMENTUM suite of awards (e.g., Ministries of Health, UN agencies, civil society organizations).

- Good writing skills, including experience writing evaluation and/or assessment reports
- Familiarity with USAID health programs/projects, particularly in the area of MCHN and FP/RH

In-country Specialists (key personnel #3) X3 Roles & Responsibilities: This consultant serves as a member of the assignment team, providing insight and guidance on assessing MOMENTUM coordination and partnership in at least one country. Experience with USAID programming, government structures, and development partners. Demonstrated expertise in program evaluation.

Qualifications:

- At least 10 years of experience in development
- At least 5 years working with program evaluation
- Experience in design and implementation of evaluations and/or assessments
- Strong knowledge, skills, and experience in qualitative and quantitative analytic tools
- Experience in data management
- Able to analyze qualitative data
- Experience using analytic software
- Strong data interpretation and presentation skills
- Proficient in written and spoken English and [list other language(s) required or desirable]
- Good writing skills, including experience writing evaluation and/or assessment reports
- Familiarity with USAID health programs/projects, particularly in the area of MCHN and FP/RH

1. USAID Participation

Will USAID participate as an active team member or designate other key stakeholders to serve as an active team member? This will require full time commitment during the evaluation or assessment assignment.

☐ Full member of the Team (including planning, data collection, analysis, and report development) – If yes, specify who: _____

☐ Some Involvement anticipated – If yes, specify who: _____

☒ No

B. STAFFING LEVEL OF EFFORT (LOE) MATRIX AND ANTICIPATED TRAVEL

1. LOE Chart

Instructions: The LOE Matrix below will help you estimate the LOE needed to implement this assignment. If you are unsure, GH EvalS can assist you to complete this table. Please note:

- For each column, replace the label "Position Title" with the actual position title of staff needed for this assignment.
- Immediately below each staff title enter the anticipated number of people for each titled position.
- Enter row labels for each activity, task, or deliverable needed to implement this assignment.
- Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
- At the bottom of the table total the LOE days for each consultant title in the 'Sub-Total' cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

The following is an illustrative LOE Chart. Please edit to meet the requirements of this assignment. The level of effort is in **days** for each Team member.

Activity	Team Leader	Partnership Specialist	In-country Specialist N=3
Launch/In-brief with USAID	1	1	
Desk review	10	10	2
In-brief with Mission			1
Team Planning Meeting (TPM)	3	3	1
Inception report briefing with USAID	1	1	0.5

Inception report submission (includes assignment questions, methods, timeline, data analysis plan, and data collection instruments)	2	2	2
In-brief with target Project/Program	0.5	0.5	0.5
Interviews	25	25	20
Data analysis	5	5	3
Debrief with USAID with PowerPoint presentation on progress of the assignment and preliminary findings (including preparatory work)	2	2	1
Draft report and case study development	13	13	3
GH EvalS report QC review & formatting			
Submission of draft report to USAID			
Revise report and case study revisions per USAID comments	7	7	2
Finalize and submit report to USAID			
USAID approves report			

Final copy editing and formatting			
508 Compliance editing			
Eval Report(s) to the DEC			
Total LOE per person	69.5	69.5	36

2. Anticipated Travel

Please list international and local travel anticipated and by what team members.

No travel planned

C. LOGISTICS

1. Work week

Billing up to seven (7) days in any consecutive seven (7)-day period is approved when traveling to or from the consultant's home of record ☐ Yes

☐ No

A 6-day workweek permitted

☐ Yes

☐ No

6-day workweek approved for travel to/from work locations

☐ Yes

☐ No

2. Visa Requirements

List any specific Visa requirements or considerations for entry to countries that will be visited by consultant(s):

List recommended/required type of visa for entry into counties where consultant(s) will work:

Name of Country	Type of Visa		
	c Tourist	c Business	c No preference
	c Tourist	c Business	c No preference
	c Tourist	c Business	c No preference

	c Tourist	c Business	c No preference
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3. Clearances & Other Requirements

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH EvalS workspace, and travel (other than to and from post).

☐ USAID Facility Access (FA)

Specify who will require Facility Access: _____

☐ Electronic County Clearance (ECC) (International travelers only)

☐ High Threat Security Overseas Seminar (HTSOS) (*required in most countries with ECC*)

☐ Foreign Affairs Counter Threat (FACT) (for consultants working on country more than 45 consecutive days)

☐ GH EvalS workspace

Specify who will require workspace at GH EvalS: _____

☐ Travel, other than posting (specify): _____

☐ Other (specify): _____

Specify any country-specific security concerns and/or requirements:

--

Note on Workspace and Clearances

Most Teams arrange their own workspace, often in conference rooms at their hotels. However, if a security clearance or facility access is preferred, GH EvalS can submit an application for it on the consultant's behalf.

GH EvalS can obtain Facility Access (FA) and transfer existing **Secret Security Clearance** for our consultants, but please note these requests, processed through AMS at USAID/GH (Washington, DC), can take 4-6 months to be granted. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. FAs for non-US citizens or Green Card holders must be obtained through the RSO. If FA or Security Clearance is granted through Washington, DC, the

consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

If **Electronic Country Clearance (eCC)** is required prior to the consultant's travel, the consultant is also required to complete the **High Threat Security Overseas Seminar (HTSOS)**. HTSOS is an interactive e-Learning (online) course designed to provide participants with threat and situational awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. *[Note: The course is not required for employees who have taken FACT training within the past five years or have taken HTSOS within the same calendar year.]*

If eCC is required, and the consultant is expected to work in country more than 45 consecutive days, the consultant may be required complete the one-week **Foreign Affairs Counter Threat (FACT)** course offered by FSI in Blackstone, Virginia. This course provides participants with the knowledge and skills to better prepare themselves for living and working in critical and high threat overseas environments. Registration for this course is complicated by high demand (consultants must register approximately 3-4 months in advance). Additionally, there will be the cost for additional lodging and M&IE to take this course.

M.

X. GH EvaLS ROLES AND RESPONSIBILITIES

GH EvaLS will coordinate and manage the team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for assignment
- Recruit and hire the team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review and assist with development of methods, workplan, evaluation/analytical instruments, reports, and other deliverables as part of the quality assurance oversight, as appropriate
- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required, submitting to the DEC, and posting on GH EvaLS website. If the report is internal, then copy editing/formatting for internal distribution.

XI. USAID ROLES AND RESPONSIBILITIES

Below is the standard list of USAID's roles and responsibilities. Add other roles and responsibilities as appropriate.

Sample:

GH EvalS COR Responsibilities

The role of the COR team is to ensure the overall quality of EvalS deliverables. They will track the progress of the assignment and may review early drafts of the reports as they become available. They are available to USAID clients if they have any questions or concerns during the implementation of the assignment.

USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

Before Field Work

- SOW
 - Develop SOW
 - Peer Review SOW
 - Respond to queries about the SOW and/or the assignment at large
- Consultant Conflict of Interest (COI). To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CVs for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.
- Documents. Identify and prioritize background materials for the consultants and provide them to GH EvalS, preferably in electronic form, at least one week prior to the inception of the assignment.
- Local Consultants. Assist with identification of potential local consultants, including contact information.
- Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.
- Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

During Field Work

- Mission Point of Contact. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.
- Meeting Space. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e., USAID space if available, or other known office/hotel meeting space).
- Meeting Arrangements. Assist the team in arranging and coordinating meetings with stakeholders.

- Facilitate Contact with Implementing Partners. Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

After Field Work

- Timely Reviews. Provide timely review of draft/final reports and approval of deliverables.

XII. FINAL REPORT

Provide any desired guidance or specifications for Final Report. (See [How-To Note: Preparing Evaluation Reports](#))

The Final Report must follow USAID's Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the [USAID Evaluation Policy](#)).

- The report must not exceed 25-30 pages (excluding executive summary, table of contents, acronym list, and annexes).
- The structure of the report should follow the Evaluation Report template, including branding found [here](#) or [here](#).
- Draft reports must be provided electronically, in English, to GH EvalS who will then submit it to USAID.

For additional guidance, please see the Evaluation Reports in the How-To Note on preparing Evaluation Draft Reports found [here](#).

USAID Criteria to Ensure the Quality of the Evaluation Report (USAID ADS 201):

- Evaluation/Assessment reports should be readily understood and should identify key points clearly, distinctly, and succinctly.
- The Executive Summary of an evaluation/assessment report should present a concise and accurate statement of the most critical elements of the report.
- Evaluation/Assessment reports should adequately address all assignment questions included in the SOW, or the assignment questions subsequently revised and documented in consultation and agreement with USAID.
- Assignment methodology should be explained in detail and sources of information properly identified.
- Limitations of the assignment should be adequately disclosed in the report, with particular attention to the limitations associated with the methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
- If assignment findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

Reporting Guidelines: The draft report should be a comprehensive, analytical, evidence-based evaluation/assessment report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding

procedures. *The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.*

The findings from the final report will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:

- Abstract: briefly describing what was evaluated, questions, methods, and key findings or conclusions (not more than 250 words)
- Executive Summary: summarizes key points, including the purpose, background, questions, methods, limitations, findings, conclusions, and most salient recommendations (2-5 pages)
- Table of Contents (1 page)
- Table of Figures
- Acronyms
- Assignment Purpose and Questions: state purpose of, audience for, and anticipated use(s) of the assignment (1-2 pages)
- Project [or Program] Background: describe the project/program and the background, including country and sector context, and how the project/program addresses a problem or opportunity (1-3 pages)
- Methods and Limitations: data collection, sampling, data analysis, and limitations (1-3 pages)
- Findings (organized by Assignment questions): substantiate findings with evidence/data
- Conclusions
- Recommendations
- Annexes
 - Annex I: Assignment Statement of Work
 - Annex II: Methods and Limitations (if not described in full in the main body of the final report)
 - Annex III: Data Collection Instruments
 - Annex IV: Sources of Information
 - List of Persons Interviewed
 - Bibliography of Documents Reviewed
 - Databases
 - [etc.]
 - Annex V: Statement of Differences (if applicable)
 - Annex VI: Disclosure of Any Conflicts of Interest
 - Annex VII: Summary information about Team members, including qualifications, experience, and role on the team.

The assignment methodology and report will be compliant with the [USAID Evaluation Policy](#) and [Checklist for Assessing USAID Evaluation Reports](#).

The final report should **exclude** any potentially procurement-sensitive information. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USAID separate from the report.

All data instruments, data sets (if appropriate), presentations, meeting notes, and report for this evaluation/analysis will be submitted electronically to the GH EvalS Project Manager. All datasets developed as part of this assignment will be submitted to GH EvalS in an unlocked machine-readable format (CSV or XML). The datasets must not include any identifying or confidential information. The datasets must also be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data.

Qualitative data included in this submission should not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses, and other confidential information that can easily lead to identifying the respondent should not be included in any quantitative or qualitative data submitted.

XIII. USAID CONTACTS

	Primary Contact	Alternate Contact 1	Alternate Contact 2
Name:	Marc Cunningham	Barbara Rawlins	Shawn Malarcher
Title:		Health Development Office	Senior Utilization Advisor
USAID Office/Mission		USAID/MCHN	USAID/PRH
Email:	mcunningham@usaid.gov	brawlins@usaid.gov	Smalarcher@usaid.gov
Telephone:			
Cell Phone:			

List other contacts who will be supporting the Requesting/Funder Team with technical support, such as reviewing SOW and final report (such as USAID/W GH EvalS management team staff):

	Technical Support Contact 1	Technical Support Contact 2
Name:		
Title:		
USAID Office/Mission		
Email:		
Telephone:		
Cell Phone:		

XIV. OTHER REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment that are not listed above.

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XV. ADJUSTMENTS MADE IN CARRYING OUT THIS SOW AFTER APPROVAL OF THE SOW

N.

O. To be completed after assignment implementation by GH EvalS.

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ANNEX 2: ASSIGNMENT DESIGN MATRIX

	Assignment Question	Data Sources	Data Collection Methods	Data Analysis Methods
I	Design Hypothesis: Have the awards been able to leverage their relationships with other MOMENTUM awards to benefit their work, e.g., to improve the efficiency, effectiveness, and/or scale of programming? If so, how? A. What has been the cost and benefit (to USAID and IPs) of coordinating with MKA and across the Suite of awards? What have been the barriers and facilitators to achieving this? B. What has been the cost and benefit of awards coordinating with each other (exclusive of MKA)? C. What has been the cost and benefit of in-country coordination (to USAID, to IPs, to country partners)? D. Have awards been able to create new partnerships and ways of working within the consortium? E. What adaptations (e.g., changes in systems/processes) would lead to more efficient and/or more effective coordination?	Award reporting documents Key informants (Interviewed individually or in small groups)	Desk review Key informant interviews (KIIs) Group interviews (GIs)	Synthesis of background documents Analysis of relevant secondary data Content/thematic analysis of KII/GI notes and transcripts Triangulation of data/information from all sources

	Assignment Question	Data Sources	Data Collection Methods	Data Analysis Methods
2	Adaptation: What operational shocks and stressors are driving programmatic adaptations? A. How has the Suite collectively, and as individual awards adapted to the realities of working in dynamic country contexts, particularly the ongoing effects of the COVID-19 pandemic? B. What adaptations (e.g., changes in systems/processes) would lead to more efficient and/or more effective shared learning? C. Do any of these adaptations require adjustments to the development hypothesis and/or key assumptions of the MOMENTUM award Suite and/or implementation at the country or global level? D. Are additional adjustments needed to achieve the vision for this Suite of awards? If so, what? E. How has the staggered timing of the awards startup affected coordination and collaboration across the awards, with MKA and with Missions?	Award reporting documents Key informants (Interviewed individually or in small groups)	Desk review KIIs GIs	Synthesis of background documents Analysis of relevant secondary data Content/thematic analysis of KII/GI notes and transcripts Triangulation of data/information from all sources

	Assignment Question	Data Sources	Data Collection Methods	Data Analysis Methods
3	Stakeholder Satisfaction: Does the MOMENTUM Suite address the needs and expectations of IP individual awards, USAID Missions, MOMENTUM AOR management teams, Technical Offices, and other Agency leadership? A. Are there technical or functional skills not available or accessible in the current configuration? B. Does the Suite design inhibit or facilitate meeting USAID's and individual award needs? C. Does the MOMENTUM Suite address key needs of global partners (e.g., BMGF, UNICEF, WHO) through its role in global forums and partnerships? How has the design of the Suite helped or hindered this?	Award reporting documents Key informants (Interviewed individually or in small groups) Survey respondents (stakeholders)	Online survey Desk review KIIs GI	Synthesis of background documents Analysis of relevant secondary data Content/thematic analysis of KII/GI notes and transcripts Quantitative analysis of the online survey responses and qualitative analysis of narratives, as applicable. Triangulation of data from all sources
4	Future Trends: What are the emerging trends and needs in FP/RH/MNCH that might be addressed in the current or future awards?	Literature review Key informants (Interviewed individually or in small groups)	Desk review KIIs GIs	Synthesis of literature review Content/thematic analysis of KII/GI notes and transcripts Triangulation of data/information from all sources

ANNEX 3: INDONESIA COUNTRY CASE STUDY

ABSTRACT

Two of the MOMENTUM Suite of Awards in Indonesia, MOMENTUM Country Global and Leadership (MCGL) and MOMENTUM Private Healthcare Delivery (MPHD), coordinate to support the Government of Indonesia (GOI) in achieving as a priority a reduction in maternal mortality by strengthening the maternal and neonatal care systems that involve public and private health facilities. This case study, part of the mid-term process evaluation for the MOMENTUM Suite of Awards, assesses how both programs are collaborating, learning, and adapting in Indonesia to generate insights on lessons learned.

The study used a mixed methods approach to answer the Evaluation Questions. Key informant interviews (KIIs) were conducted with 24 respondents from MCGL, MPHD, USAID, and national and subnational stakeholders. A desk review gathered data and triangulated findings. This study's limitations included some respondents' limited knowledge of the MOMENTUM Suite of Awards and/or previous USAID maternal, newborn, and child health (MNCH) projects in Indonesia. Therefore, the evaluator focused on key MOMENTUM Indonesia staff with in-depth understanding of the previous and current implementation of USAID maternal and child health (MCH) programs, including USAID's partnership with the Ministry of Health (MOH).

The national and subnational stakeholders acknowledged that the MCGL and MPHD programs provide benefits for Indonesia in achieving its national priorities. There has been close internal coordination between MCGL and MPHD, as well as with other stakeholders. As MOMENTUM focuses on the continuum of the development of local partner institutions to achieve this goal, it is recommended that MCGL and MPHD 1) establish a secretariat embedded in the MOH to create intensive relationships with related directorates and centers in the MOH as core activities grow; 2) hire experts to clarify business processes in private health facilities and explore potential low-rate credit instruments, subsidies, and tax exemptions for public health facilities; and 3) plan joint monitoring visit(s) for key stakeholders at the central level to improve their understanding of implementing programs in the field.

BACKGROUND

MCGL Indonesia focuses on improving the quality of primary and referral services for maternal and newborn health (MNH). This four-year USAID/Indonesia buy-in builds on the work of previous USAID-supported MNCH programs, including Jalin and Expanding Maternal and Newborn Survival (EMAS), that supported the GOI priority of strengthening maternal and neonatal care at the national and subnational levels. Additionally, MPHD, a four and one-half-year USAID/Indonesia buy-in, works to enhance the engagement and effectiveness of the private health care sector as a sustainable partner to provide quality maternal and newborn services and contribute to reductions in the maternal mortality rate (MMR) and neonatal mortality rate (NMR) in Indonesia. The MCGL rapid assessment in the province of Nusa Tenggara Timur (NTT) found large gaps in the capacity of human resources for health, including in the event distribution of health workers and limited health facilities supported for MNH services in public and private health facilities. MCGL supports 300 primary health care centers (*puskesmas*) and district hospitals across all 22 districts of the province, as well as the provincial hospital.

MPHD Indonesia builds on previous and current efforts under the USAID-supported Jalin project, EMAS Program, Health Financing Activity, Tuberculosis Private Sector, and Health Policy Plus projects. It also collaborates with MCGL to support the GOI priority of strengthening MNH care at the national and subnational levels. The MPHD Program aims to reduce disparities in maternal and newborn mortality in 25 districts and cities in North Sumatra, DKI Jakarta, Banten, South Sulawesi, and East Java by modeling and leveraging private sector stakeholder resources and then extending the successful approaches to other areas.

In Year 2, in addition to covering all 22 districts in NTT province, MCGL added targeted technical assistance in two districts co-located with MPHD to support the modeling of cohesive coordination between the projects to support to the GOI in achieving the ultimate goals of reducing MMR and NMR.

OBJECTIVES AND EVALUATION QUESTIONS

As part of the Mid-Term Process Evaluation for the MOMENTUM Suite of Awards, this case study presents an in-depth example of how the MOMENTUM MCGL and MPHD programs are collaborating, learning, and adapting to generate insightful lessons to contribute to the global MOMENTUM learning agenda and to synthesize the learning experience for technical and non-technical audiences. This case study also provides recommendations to accelerate the implementation of MOMENTUM programs in Indonesia. The main Evaluation Questions are:

1. Have the awards been able to leverage their relationships with other MOMENTUM awards to benefit their work, e.g., to improve the efficiency, effectiveness, and/or scale of programming? If so, how?
2. What operational shocks and stressors are driving programmatic adaptations?
3. Does the MOMENTUM Suite address the needs and expectations of IP individual awards, USAID Missions, MOMENTUM AOR management teams, Technical Offices, and other Agency leadership?
4. What are the emerging trends and needs in FP/RH/MNCH that might be addressed in the current or future awards?

METHODS

This case study used a mixed methods approach to answer the four main questions. It conducted in-person key informant interviews (KII) and a desk review to gather data and triangulate findings. Informed consent was obtained for all KIIs, which were conducted in Bahasa Indonesia.

Desk Review

A desk review was completed with available documents such as the MCGL and MPHD workplans and annual reports, and other relevant documents including MOH regulations related to implementation of the MCGL and MPHD programs. A full list of documents reviewed is provided in Annex 3A.

Key Informant Interviews

The evaluator conducted 24 KIIs. The KIIs consisted of open-ended questions and focused on experiences from implementation of the MCGL and MPHD programs, perceptions of challenges, and areas for improvement. Respondents were selected from key personnel of the MCGL and MPHD

programs, the USAID/Indonesia Health Office, program management cluster of MCGL NTT, program management of MPHD Regional Banten, and national and subnational stakeholders associated with the implementation of MCGL and MPHD in Indonesia. Annex 3B provides a profile of the respondents.

Qualitative Data Analysis

This study developed key themes and findings. The qualitative data were analyzed using tally sheets. To ensure reliability, the qualitative data were triangulated among respondents and refer to related documents. When needed, the interviewer contacted respondents for clarification.

Limitations

A major limitation of this case study was that some respondents were newly involved in MCGL or MPHD and may have had limited information about the MOMENTUM Suite and/or the previous USAID EMAS and Jalin projects. To mitigate the limitation, the evaluator conferred with key persons in MOMENTUM Indonesia who have in-depth understanding of current and previous USAID MNCH projects and the current situation in the MOH. The evaluator coordinated with USAID/Indonesia in listing key stakeholder respondents to obtain more comprehensive and balanced responses.

FINDINGS

1. **Profile of respondents.** This study recruited 24 respondents from USAID/Indonesia, MCGL, MPHD, and national and subnational stakeholders (see Annex 3B, which also describes their involvement in the MCGL/MPHD programs and experiences with MCH).
2. **The costs and benefits of coordinating awards.** The design of the MOMENTUM program in Indonesia was based on pragmatic considerations. Combining activities involving the public and private health sectors is complex. Therefore, the MOMENTUM program in Indonesia is divided among the interconnected activities of MCGL and MPHD. Although the programs focus on the public and private health sectors, respectively, USAID Indonesia believed having JHPIEGO lead both would enable easier coordination of their activities.

“...with one implementing partner (JHPIEGO), it is easier to coordinate, further, it is also possible to have some opportunities such as having offices in the same place allow them for daily interaction and facilitating regular meetings between team of MCGL and MPHD.” — Key informant

The MCGL program focused on improving MNH services, closely relating them to the roles and functions of the Directorate of Nutrition and Maternal and Child Health (GKIA). The MPHD program for improving MNH services in private health facilities needs to coordinate with the Directorate of Quality of Health Services (MPK). Annex 3C describes the organization of the MOH. MCGL and MPHD need to establish substantial coordination with both directorates, as both projects focus on improving the quality of MNH health services in public and private health facilities.

MCGL and MPHD have developed joint guidelines for hospital mentoring and confer with representatives from the GKIA. They have conducted joint trainings that consider the needs of each program — including intersecting ones, such as the Audit Maternal Perinatal Surveillance and Response (AMPSR) and the Point of Care Quality Improvement sections. MCGL and MPHD meet regularly with Monitoring, Evaluation and Learning (MEL) regional clusters to discuss their achievements and provide feedback so they can bridge gaps between regions.

On coordination in the field between MPHD and MCGL, MPHD Regional Banten has shared the data. This included data on infants receiving resuscitation from both public and private health facilities to MCGL. However, the MPHD Regional Banten note:

“What a different from the previous Jalin or EMAS program is that the MOMENTUM MCGL and MPHD programs must involve the public and private health sectors, so it takes time to involve and coordinate to these parties.” — Key informant

The MCGL and MPHD programs, in supporting the MOH’s establishment of the Integrated Referral System (SISRUTE), should coordinate with broad MOH institutions: the Directorates of GKIA; MPK; Referral Health Services; Governance of Health Services (TKPK); Centre of Data and Information (PUSDATIN); and Digital Transformation Office (DTO).

MOMENTUM initiated the development of a referral system for the accommodated competency of public and private health facilities that provide MNH services, including for maternal and neonatal emergencies. A trial of the SISRUTE in Jakarta and NTT involved public hospitals, *puskesmas*, district health offices (DHOs), private hospitals, and private midwife practices. Participants from public and private health facilities (see Annex 3D) reported 100 percent usability. The challenges are to synchronize competency-based referral systems and class-based referrals. The Social Security Administrator for Health (BPJS-Kesehatan) applies class-based referrals; however, for maternal and newborn care, elective maternal comorbidity requires competency-based referral services. It will be easier to adapt competency-based referral services in NTT, which has a limited number of public and private hospitals, than in Jakarta, which has many public and private hospitals.

3. **The costs and benefits of in-country coordination with USAID, IPs, and country partners.** At the start, both MOMENTUM awards experienced challenges in building relationships with the MPK. This was the first time USAID/Indonesia had engaged with the MPK in the MOH as the main host for MPHD. Previously, many USAID programs involved the GKIA and the Directorate of Prevention and Control of Infectious Disease for MCH and infectious diseases projects, respectively. Rapid changes in MPK leadership, including the recent MOH restructuring, affected project cooperation and internal coordination with the MOH. Most MCGL and MPHD key personnel (83 percent, n=12) stated that time and effort were needed to build understanding with MPK in order to gain support for MOMENTUM program implementation.

Intensive coordination by MOMENTUM has resulted in programmatic support from the MPK.

“...coordination with MOMENTUM and GKIA is considered to have gone well and in the meeting at the Grand Melia Hotel, it was also discussed adjusting the workplan with current MOH strategic plan, which will assess patient satisfaction at the referral facility.” — Key informant

In the field (for example, NTT province), although MCGL’s main mandate is strengthening capacity for MNH services in public health facilities, the program needs to identify the strengths and contributions of private hospitals. The district has a public hospital with limited facilities for MNH services and a private hospital with the capacity for mentoring. This private hospital has been identified as a learning location where staff and health workers from the public hospital can build their skills.

Some key stakeholders at the national and subnational levels stated that there is a benefit to having MCGL and MPHD operate in Indonesia. MOMENTUM support for MNH services involving the public and private sectors aligns with the MOH and DHO legal requirements and

policies.^{20,21,22} MCGL and MPHD complement each other, as seen in NTT. Respondents from stakeholders at the subnational level, such as the Provincial Health Office, DHOs, directors of public and private hospitals in areas covered by this study, and the provinces of NTT and Banten all acknowledged MOMENTUM's important technical assistance. This includes assistance in hospital mentoring and utilization of the SISROUTE, using reporting system digital applications such as E-Kohort, maternal perinatal death notification (MPDN), assisting DHO in implementing facilitative supervision, and establishing a working group (POKJA).

Concrete local government commitment to supporting the hospital mentoring program was demonstrated in the district of Kupang, NTT, through the allocation of IDR 1 billion (\$68,966) to purchase equipment for comprehensive emergency obstetric and newborn care in Naibonat Hospital. The size of the expenditure is considered significant, as the district has limited financial resources and numerous priorities for the poor. However, as the life of MOMENTUM is limited, building resilience in the host country must be initiated earlier. Further, the MCGL and MPHD teams need to ensure that the central and local government can accommodate their support/cost and including it in their budgets.

“It needs the right timing and knowing which local government budgets can support MOMENTUM activities. In addition to building ownership, we also need to take into account the efforts that they may be able to make, not too big beyond their capabilities.”

— Key informant

Engagement with private health facilities (hospitals, clinics, or private midwife practices) to improve MNH service care delivery requires greater understanding of business processes. A fundamental issue raised by the MPHD Regional Banten is that some private hospitals still do not provide services for BPJS patients. Therefore, hospitals that provide mentoring have not been able to fully follow the referral system link involving BPJS.

“It needs to mapping out what aspects of finance and management are needed and which institutions have potency to assist their needs.” — Key informant

In addition to exploring potential incentives for mentor hospitals on mentoring mentee hospitals, the programs also should explore the potential incentives for private health facilities for their supporting the national program in reducing MMR and NMR. The involvement of the Ministry of Finance for low credit rate instruments or subsidies to finance private health facilities, and tax exemptions for the purchase of medical equipment as incentives, should be explored because reducing MMR and NMR is a national priority.²³

4. **Create partnerships within the consortium.** USAID has a strategy of involving national organizations under the assumption that doing so will create a multi-player effect by making sub-awards to small local organizations. In other words, to enhance local capacity, USAID has

²⁰ Circular Letter of Secretary General of MOH No. HK/02.02/DIII/548 Year 2020 Re: Strengthening Roles of Hospital on Acceleration Reducing MMR and NMR.

²¹ MOH Decree No 21 Year 2021 Re: Maintenance of Health Services Pre-Pregnancy, During Pregnancy, Labour, and Post Labour, Contraception Services and Reproductive Health Services.

²² Regulation of Head of District of Tangerang No: 128 Year 2015 Re: Guidance for Referral System of MNH Emergencies.

²³ Guideline Book: Tax Exemption on Imported Goods for Health Services, Directorate General Customs. Ministry of Finance, 2018.

channeled funds to local IPs that are expected to have capacity and networks at the national scale and to work in intervention areas such as tuberculosis and related areas.

Private hospitals have made significant contributions to MNH services in Tangerang. However, the Tangerang DHO has limited manpower to capitalize on those contributions. The MPHD Regional Banten engages with private hospitals that have national networks, such as Siloam Hospital, Ciputra Hospital, and Eka Hospital. A KI from a public hospital acknowledged the benefit of hospital mentoring for maternal and newborn care and committed the institution's support as a mentoring hospital. However, the KI also addressed potential financial limitations in strengthening maternal and newborn care, especially for small public hospitals.

Because MNH issues are related to other issues such as nutrition and stunting, a KI noted that the GKIA initiated a forum with development and U.N. agencies to learn who is doing what and what can be done together. In Banten, USAID-funded projects such as MADANI/FHI 360 and the Health Financing Activity/Think-Well also cover the health sector. These have potential as platforms for collaboration, adaptation, and sharing lessons learned.

5. **Adaptations such as changes in systems or processes are required for more efficient and effective coordination.** One advantage of MOMENTUM implementation in Indonesia is that a majority of the respondents from MCGL, MPHD, and USAID (62 percent) have been involved with the program for at least a year. Eighty-seven percent are experienced in MCH (see Annex 3B). The MCGL and MPHD chiefs of party are both from the area and are known to key stakeholders for their work in MCH. The MCGL and MPHD teams' experience in MCH benefit program implementation.

“... for NTT it was relatively easy because MCGL have recruited a team in NTT who have experiences and have many relationships with local governments, so the local team plays a very important role to communicate directly effectively.” — Key informant

MCGL and MPHD established a working group (POKJA) embedded in stunting programs, and they appointed champions to build local government and private sector commitment. The group's agenda, initiated by the NTT cluster province, includes gradually transitioning from full support by MOMENTUM to local government support.

MPHD has developed a concept of Lead Quality Assurance, Quality Improvement with the aim of improving quality of care by encouraging hospital management and leadership to adhere to clinical standards. This initiative will be steered by leading private hospitals (such as Hermina or Siloam), involving other private hospitals that seek quality standard improvements.

Most directorates or centers in the MOH interact with many development agencies. MCGL and MPHD have engaged many directorates and centers; this may create some complexity in coordination. Exclusively formal communication with the directorates may delay responses or rely on out-of-date information. However, unlike Jalin, MOMENTUM has not embedded a secretariat in the MOH office to interact with a point of contact.

In some situations, under decentralized government systems in Indonesia, local governments can implement central government policies and strategies. One KI at the central level expressed interest in a field visit to better understand how central policies are implemented in the field. Insight, understanding, and new ideas can be gained through joint monitoring visits with representatives from related MOH directorates and institutions, the National Development and Planning Agency (which has a role in national priorities that reduce stunting, MMR, and NMR) and the Ministry of Finance (which has roles in budget allocation, credit instruments, and tax exemption).

6. The MOMENTUM Suite, both collectively and as individual awards, adapted to the realities of working in dynamic country contexts — particularly responding to the ongoing effects of the COVID-19 pandemic. The pandemic has affected program implementation, limited baseline data collection from health facilities, and reduced productive interaction by using online meetings to engage partners such as private health providers. The pandemic also eliminated travel for several international short-term technical advisors, limiting opportunities for MOMENTUM Indonesia to develop ideas or strategic approaches within the local context. Limitations in the implementation of new ideas and concepts have led to some MOMENTUM activities conducting programs in line with MOH activities. In NTT, which has a scattered population and few positive COVID-19 cases, the MCGL team conducted activities in-person with recommended health protocol.

7. **Additional adjustments are needed to achieve the vision for this Suite of awards.** Most members of the MCGL and MPHD teams (77 percent) stated that the structure under MOMENTUM Knowledge Acceleration (MKA) focused on KM; strategic communications; and monitoring, evaluation, innovation, and learning — and that they benefitted from that structure. However, online technical support from the MOMENTUM Suite across Indonesia's multiple time zones limited their participation. Both regional teams preferred in-person training, especially for topics requiring intensive interaction and discussion.

Innovations from a developed country, such as a referral system or cross-subsidy for the poor from premium health facilities, may provide inspiration for both MOMENTUM and stakeholders. Indonesia also may share current activities, such as the application of MPDN or a digital platform for hospital self-assessment instrument to other developing countries.

8. **Technical or functional skills are not available or accessible in the current configuration.** KIs noted some gaps in technical and/or functional skills that MOMENTUM awards provide. For example, respondents stated that technical expertise is needed to ensure comprehensive understanding of concepts and practical business processes for private health providers. Additionally, MOMENTUM needs to explore potential incentives such as tax exemptions for purchasing medical equipment needed by private health facilities for providing MNH services.

The regional team has limited time to develop policy briefs or other advocacy materials. Regular updates are important to inform stakeholders at the national and subnational levels, whose assignments may change frequently. With unique programmatic partner portfolios that involve public and private entities in MOMENTUM, MCGL and MPHD need more substantial internal coordination, along with current technical coordination and regular meetings. Finally, KIs commented that MCGL and MPHD need a more comprehensive understanding of the vision for the continuum of development toward the self-reliance of local partner institutions and responding to challenges they face in the field.

9. **Emerging trends and needs in FP/RH/MNCH might be addressed in the current or future awards.** KIs commented that, in developing public-private partnership activities in co-districts, MOMENTUM must provide clear guidance for its teams, including field teams. For example, MOMENTUM should consider a tailored program based on regional situations (for example, the provincial hospital in NTT can be a mentor hospital for the Banten provincial hospital, which has some limitations). Pending issues include the finalization of hospital mentoring guidelines and AMPSR guidelines, and identification of where capacity needs to be built. Capacity building takes time, whether the focus is on the health services, health facilities, or professional staff, and it should be clearly defined from the start to make best use of MOMENTUM's limited resources.

As part of a discussion involving GKIA, MPK, USAID, MCGL and MPHD, the MOH expects MOMENTUM's support in drafting government regulations that discuss factors contributing to maternal and infant mortality, such as access to referral health services, transportation, and others, to be supported by local governments. The MOH also needs support to obtain patient satisfaction data on health services provided by private hospitals through studies from independent parties. In relation to FP, decreasing MMR and NMR requires increasing the implementation of family planning programs in terms of preparing mothers to have good health for pregnancy.

With the start of the Country Health Information Systems and Data Use project and potential USAID support for stunting in Indonesia, it will be important to define a platform for coordinating these projects with MOMENTUM and MOH in addition to current, close coordination with current USAID partners, such as FHI 360, and projects, such as the Health Financing Activity, in co-located areas.

CONCLUSIONS AND RECOMMENDATIONS

Staff and leadership from Indonesia's public and private sectors acknowledged that the MCGL and MPHD programs have benefited the host country. MCGL and MPHD have established internal and external coordination with stakeholders. There is promising evidence that the MCGL and MPHD have begun and already established good coordination for public-private engagement in their fields. Strengthening coordination with existing USAID projects and designing a platform for new USAID projects, such as the Country Health Information Systems and Data Use and Stunting projects are also on their agendas. This will expand the impact of the comprehensive USAID and GOI partnership.

The recommendations for further improvements for MOMENTUM in the near future at the global, national and project level are:

Global

1. The MOMENTUM Suite of Awards needs to activate international short-term technical assistance corresponding to technical assistance required by both MCGL and MPHD, which has been postponed during the COVID-19 pandemic.
2. For global learning, MOMENTUM needs to accommodate the situations and conditions in Indonesia regarding time differences, updating materials for advocacy in the country context, and providing some models from more developed countries in using technology and management on public private partnership for MNH services.

National

3. As the number of directorates and centers involved in MOMENTUM increase, there is a need to establish a secretariat embedded in the MOH to build more substantial and intensive relationships with these institutions ensuring both MOMENTUM and MOH have updates and effective information exchanges
4. MOMENTUM needs to plan joint monitoring visit(s) involving key stakeholders at the central level to better understand the situation in the field and provide adjustments and adaptations for their priorities when needed.

MCGL and MPHD

5. MCGL and MPHD, in coordination with respective directorates in the MOH for MNH Services, need to provide clear guidance for their field teams to develop activities in the co-location areas involving public and private health providers.
6. There is a need for a more comprehensive understanding of business processes and to explore potential incentives for the private health providers on MNH services that ensure effective and resilient engagement with private health providers. MPHD needs to hire expert(s) to examine these issues further.

3A: Indonesia Case Study — List of Documents Reviewed

1. Circular Letter of Secretary General of MOH No. HK/02.02/DIII/548 Year 2020 Re: Strengthening Roles of Hospital on Acceleration Reducing MMR and NMR
2. Document of Budget Implementation District of Health Office Kupang, 2021
3. Final Draft, Hospital Mentoring Program, Directorate General Public Health, MOH, 2020
4. Final Report Assessment of Hospital Mentoring, Development Evaluation USAID Project, 2021
5. Guidance Book: Tax Exemption on Imported Goods for Health Services, Directorate General Customs, Ministry of Finance, 2018.
6. MCGL Indonesia Annual Report, October 1, 2020–September 30, 2021
7. MCGL Indonesia Fact-Sheet: Saving Moms and Babies, 2021
8. MCGL Indonesia SAR Country Summary, 2021
9. MCGL Indonesia Year 1 Workplan, February–December 2021
10. MCGL Indonesia, Semi Annual Report, October 30, 2021–March 31, 2022
11. MCGL Monitoring, Evaluation, and Learning Plan, March 2022
12. Ministry of Health (MOH) Decree No. 5 Year 2022 Re: Organization and Working Procedure in MOH
13. MOH Decree No 13 Year 2022 Re: Strategic Plan of MOH 2020-2024
14. MOH Decree No 21 Year 2021 Re: Maintenance of Health Services Pre-Pregnancy, During Pregnancy, Labour, and Post Labour, Contraception Services and Reproductive Health Services.
15. MOMENTUM Policy Brief: Promising Practices for Engaging Local Faith Actors to Promote Uptake of COVID-19 Vaccination, 2021
16. MPHD Indonesia Annual Report, October 1, 2020–September 30, 2021
17. MPHD Indonesia Country Work Plan Year 1 April–December, 2021
18. MPHD Indonesia Country Work Plan Year 2, March 1–December 31, 2022
19. Regulation of Head of District of Tangerang No: 128 Year 2015 Re: Guidance for Referral System of MNH Emergencies
20. System of Hospital Clinical Performance Tools (Alat Pantau Sistem Kinerja Klinik di Rumah Sakit), USAID Expanding Maternal & Neonatal Survival Project, 2014

3B: Indonesia Case Study — Profile of Respondents

No	Institution & Position Respondent	Involvement in MOMENTUM Program			Previous Experience	
		1 Year ≥	6- 11 Months	6 months ≤	MCH Area	Other Area
A	USAID Indonesia					
1	MCH Team Leader	1			1	
2	Program Manager MCGL	1			1	
3	Project Management Sp MCH/Program Manager MPHD		1			1
B	MPHD Indonesia					
4	Chief of Party (COP)	1			1	
5	Technical Team Leader MNH		1		1	
6	MEL Advisor	1			1	
7	Private Sector Engagement Advisor			1		1
8	Public Private Partnership Consultant			1	1	
9	Regional Program Manager	1			1	
C	MCGL Indonesia					
10	COP	1			1	
11	Technical Team Leader MNH			1	1	
12	MEL Advisor	1			1	
13	Cluster Program Manager	1			1	
D	MCGL and MPDH Indonesia					
14	IT specialist		1		1	
15	Research and Evaluation Director	1			1	
16	MNH Quality of Care Advisor	1			1	
	Sub Total	10	3	3	14	2
E	National Stakeholders					
17	Directorate of Quality of Health Services, MOH		1			1
18	Directorate of Nutrition, Maternal and Neonatal Health, MOH	1			1	
F	Regional/Province Stakeholders					
19	Division of Public Health, Provincial Health Office NTT	1			1	
20	District Health Office Kupang		1		1	
21	Director Medical Services RSUD Prof. Dr. WZ Johannes Kupang	1			1	
22	Director of Medical Services, Public Hospital Naibonat Kupang		1		1	
23	DHO Tangerang		1		1	
24	Director for Medical Services Siloam Hospital		1		1	
	Sub Total	3	5	0	7	1
	Total	13	8	3	21	3

3C: Indonesia Case Study — Translation of Roles and Functions

Translation of Roles and Function Each related Directorate and Centre from Ministry of Health Regulation No. 5 Year 2022

Directorate of Nutrition, Maternal and Child Health, (GKIA)*}, Article 54: The Directorate of GKIA has the tasks of carrying out the formulation and implementation of policies, drafting norms, standards, procedures, and criteria; and providing technical guidance and supervision, evaluation, and reporting in the field of improvement for nutrition and maternal and child health.

Directorate of Referral Health Services, Article 106: The Directorate of Referral Health Services has the tasks of carrying out the formulation and implementation of policies; preparation of norms, standards, procedures, and criteria; and providing technical guidance and supervision, evaluation, and reporting in the field of referral health services.

Directorate of Quality of Health Services (MPK)#}, Article 122: The Directorate of Quality of Health Services has the tasks of carrying out the formulation and implementation of policies; drafting norms, standards, procedures, and criteria; and providing technical guidance and supervision, evaluation, and reporting in the field of quality and accreditation of health services.

Directorate of Governance of Health Service (TKPK), Article 114: The Directorate of Governance of Health Service has the task of carrying out the formulation and implementation policies; formulation of norms, standards, procedures, and criteria; and providing technical guidance and supervision, evaluation, and reporting in the field of governance of health service.

The Data and Information Technology Centre (PUSDATIN)\$}, Article 238: The PUSDATIN has a duty to carry out data management and information technology including the DTO.

Under MOH Regulation No. HK.01.07/MENK ES/3605/2021, the DTO is established to transform health care delivery in Indonesia to transform healthcare in Indonesia through data and technology with three priority missions:

1. To enable electronic medical records to be accessible for every individual and across health care facilities in Indonesia (by user's consent);
2. To simplify systems for health workers to make them more focus on saving lives rather than administrative matters; and
3. To propel policy innovation to strengthen the health-tech ecosystem.

*} Key partner of MCGL

#} Key partner of MPHD

\$} Has central roles in data management and information of technology in which MOMENTUM coordinate in supporting SISROUTE

3D: Indonesia Case Study — Health Facility Participation

Participation of Health Facilities (Public Hospital, Puskesmas, Private Hospital, Private Clinic and Private Midwife Practice/PMB) on Trial of SISROUTE on Maternal and Neonatal Health in NTT and Jakarta

NTT (MCGL) June 9–15, 2022

Number of Health Facilities Participating: 53

Notes on Trial of SISROUTE in NTT:

- 100 percent of the health facilities involved in the trial were successful in using SISROUTE to send maternal and neonatal referrals.
- 100 percent of hospitals that receive referral requests via SISROUTE can also respond to referrals via SISROUTE.
- Five DHO involved in the pilot have not been fluent in demonstrating SISROUTE to send referrals, and demonstrating monitoring of maternal referrals and monitoring of neonatal referrals at SISROUTE. Assistance is needed for retraining for the role of the health office in demonstrating the use and monitoring of SISROUTE.

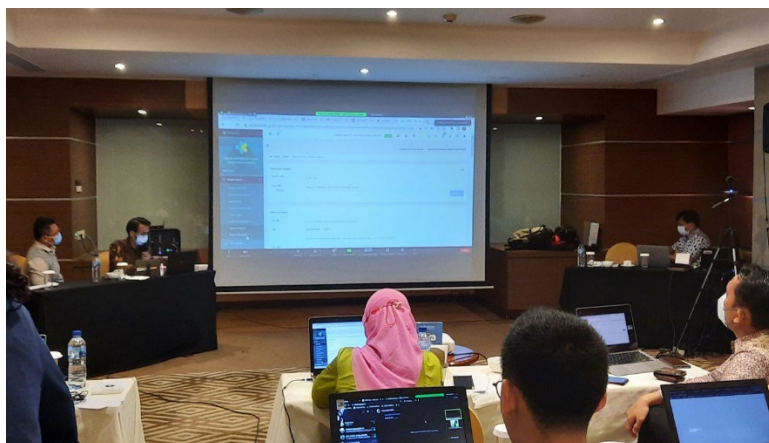
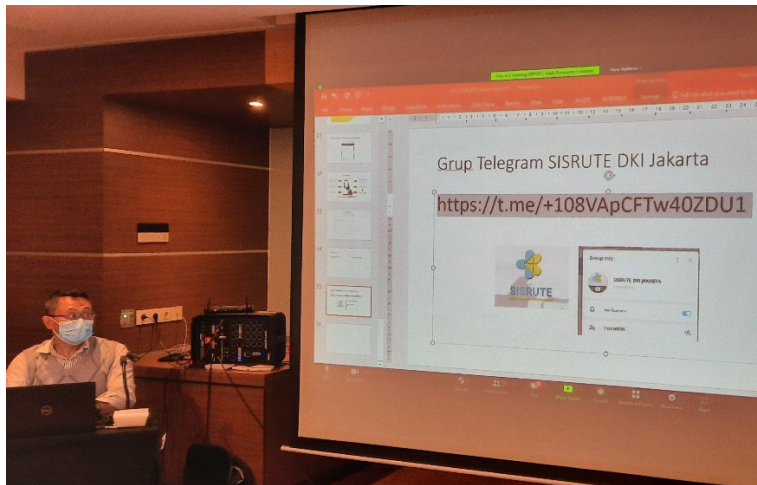
JAKARTA (MPHD: June 30 - July 1, 2022

Number of Health Facilities Participating: 17

Note on Trial of SISROUTE in Jakarta:

- 100 percent of the health facilities involved in the trial were successful in using SISROUTE to send maternal and neonatal referrals.
- 100 percent of hospitals that receive referral requests via SISROUTE can also respond to referrals via SISROUTE.
- Three sub-DHO from North, West and East Jakarta can also demonstrate SISROUTE to send referrals, and demonstrate monitoring of maternal referrals and monitoring of neonatal referrals at SISROUTE.

Photos from SISRUTE Trial in Jakarta Collected During This Study



ANNEX 4: DATA COLLECTION TOOLS

4A: Informed Consent

GH EvaLS 024 MOMENTUM Mid-term Evaluation

Informed Consent Statement

Introduction

My name is _____, and I am an independent consultant working for GH EvaLS. Thank you for making the time to talk with me today.

You were suggested as a key person to inform the evaluation of the MOMENTUM Suite of awards, and we greatly appreciate your perspective, experiences and views on the successes, challenges, barriers and lessons learned from your experience. Our interview will take between 45 minutes to 1 hour.

Before we begin, I want to inform you that any information or examples we gather during this interview process will not be attributed to any specific person, or otherwise attributed to you. If we include quotations from our interview in the final report, they will be attributed only to a stakeholder group. You are also free to not respond to any of our questions or to stop the interview at any time.

Please know that anything you say during the interview will be kept confidential within the GH EvaLS team, and that our interview notes and any recordings will be erased when the report is completed.

Do I have your permission to begin? [] Consent provided ? _____ [Interviewer/Recorder initials]

Before we begin, do you have any questions about this interview?

4B: Key Informant Interview Guides

GH EvalS 024 MOMENTUM Mid-term Evaluation

Key Informant Interview Guide / Basic Form

Interviewer:	Interview Date:	Start time:
--------------	-----------------	-------------

Interviewee's Name:	
First:	Last:
Current Position:	Org:
Contact email:	

Has the KI affirmed Informed Consent? Y____ N____

(Interviewer's initials)

Has the KI consented to recording the interview? Y____ N____ NA____

Respondent's Unique ID: _____

	Time at End of Interview:
	Interviewer's observations or interpretations:

Questions for KII Guide (AORs, IPs, other USAID/W staff)

Core Questions

1. What is your role/affiliation with MOMENTUM?
2. Please describe how you have interacted with the MOMENTUM project.

(Area 1): Design

3. Have the awards been able to leverage their relationships with other MOMENTUM awards to benefit their work? (Efficiency, effectiveness and/or scale of programming)? If so, how?
4. **(OPTIONAL)** What has been the benefit of coordinating with MKA to USAID and Implementing Partners and across the Suite?
5. **(OPTIONAL)** What has been the benefits and costs of in-country coordination to USAID and Implementing Partners?
6. What adaptations or changes in systems or processes, would lead to more efficient and/or more effective coordination?

(Area 2): Adaptation

7. What operational shocks and stressors are driving programmatic adaptations?
8. How has the Suite collectively, and as individual awards adapted to the realities of working in dynamic country contexts, particularly the ongoing effects of the COVID-19 pandemic?
9. **(OPTIONAL)** Do any of these adaptations require adjustments to the development hypothesis (project design) and/or key assumptions of the MOMENTUM award Suite and/or implementation at the country or global level?
10. Are additional adjustments needed to achieve the vision for this Suite of awards? If so, what?

(Area 3): Stakeholder Satisfaction

11. **(USAID only)** How does the MOMENTUM Suite address the needs and expectations of the USAID?
12. Are their technical or functional skills not available or accessible in the current configuration?
13. **(OPTIONAL)** Does the Suite design inhibit or facilitate meeting USAID's needs?

(Area 4): Future Trends

14. What are the emerging trends and needs in FP/RH/MNCH that might be addressed in the current or future awards?

Questions for KII Guide (USAID Mission staff)

Core Questions

1. What is your role/affiliation with MOMENTUM?
2. Please describe how you have interacted with the MOMENTUM project.

(Area 1): Design

3. Have the awards been able to leverage their relationships with other MOMENTUM awards to benefit their work? (Efficiency, effectiveness and/or scale of programming)? If so, how?
4. What has been the benefits and costs of in-country coordination to USAID and Implementing Partners?
5. **(Optional for USAID Mission staff)** Has the design of MOMENTUM enhanced or strengthened local technical leadership? If yes, how?

(Area 2): Adaptation

6. What operational shocks and stressors are driving programmatic adaptations?
7. Has MOMENTUM adapted to the realities of working in your dynamic country context, particularly the ongoing effects of the COVID-19 pandemic?

(Area 3): Stakeholder Satisfaction

8. Does the MOMENTUM Suite address the needs and expectations of your Mission?
9. Are their technical or functional skills not available or accessible in the current configuration?
10. Have you read or utilized MKA's regional briefs pertaining to your region? If so, are they useful?

(Area 4): Future Trends

11. What are the emerging trends and needs in FP/RH/MNCH that might be addressed in the current or future awards?

Questions for KII Guide (Global Partners)

1. What is your role/affiliation with MOMENTUM?
2. Please describe how you have interacted with the MOMENTUM project.
3. Has the MOMENTUM project design enhanced USAID's catalytic, global leadership role to advance MNCH/FP/RH? If yes, how?
4. Based on your interactions with MOMENTUM, are their technical or functional skills not available or accessible in the current configuration?
5. What are the emerging trends and needs in FP/RH/MNCH that might be addressed in the current MOMENTUM project or in the future?

Questions for KII Guide (MoH and other in-country partners)

Core Questions

1. What is your role/affiliation with MOMENTUM?
2. Please describe how you have interacted with the MOMENTUM project.

(Area 1): Project Design

3. Has the design of MOMENTUM enhanced or strengthened local technical leadership? If yes, how?
4. Has the MOMENTUM design been responsive to MOH and/or MOH partner's needs and goals? If yes, how?
5. What type of perception does MOH staff (or MOH partner staff) have of the MOMENTUM project at the country level?

(Area 2): Adaptation

6. Has MOMENTUM adapted to the realities of working in your dynamic country context, particularly the ongoing effects of the COVID-19 pandemic?

(Area 3): Stakeholder Satisfaction

7. Are there technical or functional skills not available or accessible in the current project?
8. Have you read or utilized MKA's regional briefs pertaining to your region? If so, are they useful?

(Area 4): Future Trends

9. What are the emerging trends and needs in FP/RH/MNCH that might be addressed in the current project or in the future?

4C: Electronic Survey

MOMENTUM Mid-term Process Evaluation Survey

USAID's Bureau for Global Health has asked GH EvaLS to conduct a process evaluation of the MOMENTUM suite of awards which consists of six different activities in support of USAID's goals for population and reproductive health (PRH), as well as maternal, child health and nutrition (MCHN). As such, we are surveying MOMENTUM stakeholders about how the MOMENTUM suite of awards has met the needs of global PRH and MCHN programs worldwide. You were suggested as a key person to inform this activity and we greatly appreciate your perspective.

As a reminder, MOMENTUM is a set of six, five-year awards working in 34 countries, across seven regions. The six awards are:

1. Integrated Health Resilience (MIHR)
2. Country and Global Leadership (MCGL)
3. Knowledge Accelerator (MKA)
4. Private Health Care Delivery (MPHD)
5. Safe Surgery in Family Planning and Obstetrics (MSSFPO)
6. Routine Immunization Transformation and Equity (M-RITE)

This survey consists of between 5-15 quantitative and a few qualitative questions and should take no more than 20 minutes to complete.

Please be assured that any information or examples gathered as part of this survey will not be attributed to any specific person. If you have any questions or concerns about the survey, please feel free to contact Andrea Camoens (acamoens@engl.com), GH EvaLS Chief of Party for general inquiries and Temple Jagha (tjagha@engl.com) GH EvaLS technical Director for technical inquiries. The assessment team would appreciate receiving your response no later than 21 days following the day you receive it in the mail. Thank you for your participation!

* Required

MOMENTUM Mid-term Process Evaluation Survey

1. Where are you located?

Mark only one oval.

- ☐ Headquarters (USAID/W, IP headquarters, global partner headquarters)
Skip to question 3
- ☐ In-country

2. If you are located in-country, please choose the country from the following list.

Mark only one oval.

- ☐ The Democratic Republic of Congo
- ☐ Ghana
- ☐ India
- ☐ Kenya
- ☐ Mali
- ☐ Mozambique
- ☐ Nepal
- ☐ Nigeria
- ☐ Rwanda
- ☐ Tanzania
- ☐ Uganda
- ☐ Other: _____

3. Which technical area do you primarily focus on?

Mark only one oval.

- ☐ FP/RH
- ☐ Maternal and/or newborn health
- ☐ Child health and/or immunization
- ☐ Maternal and/or child nutrition
- ☐ WASH
- ☐ Health systems strengthening
- ☐ Quality of care
- ☐ Community health
- ☐ Monitoring, Evaluation, Research, and Learning (MERL)
- ☐ Other: _____

MOMENTUM Mid-term Process Evaluation Survey

4. Please indicate your affiliation with the MOMENTUM suite. *

Mark only one oval.

- ☐ USAID mission staff *Skip to question 6*
- ☐ Global partner (e.g., WHO, UNICEF, GAVI, FP2020, etc.) *Skip to question 26*
- ☐ USAID/W staff *Skip to question 31*
- ☐ Ministry of Health / in-country government counterpart *Skip to question 47*
- ☐ Implementing partner *Skip to question 59*
- ☐ Other: _____

5. Please choose all of the MOMENTUM awards currently active in your country.

Check all that apply.

- ☐ Integrated Health Resilience (MIHR)
- ☐ Country and Global Leadership (MCGL)
- ☐ Knowledge Accelerator (MKA)
- ☐ Private Health Care Delivery (MPHD)
- ☐ Safe Surgery in Family Planning and Obstetrics (MSSFPO)
- ☐ Routine Immunization Transformation and Equity (M-RITE)
- ☐ Don't know

MOMENTUM Mid-term Process Evaluation Survey

6. Please choose all of the MOMENTUM awards that you have interacted with.

Check all that apply.

- ☐ Integrated Health Resilience (MIHR)
- ☐ Country and Global Leadership (MCGL)
- ☐ Knowledge Accelerator (MKA)
- ☐ Private Health Care Delivery (MPHD)
- ☐ Safe Surgery in Family Planning and Obstetrics (MSSFPO)
- ☐ Routine Immunization Transformation and Equity (M-RITE)
- ☐ Don't know

MOMENTUM Mid-term Process Evaluation Survey

7. Please describe your role/how you have interacted directly with the MOMENTUM Suite.

8. Please rate your overall level of satisfaction with the MOMENTUM suite, specifically in terms of ease or coordination and collaboration. Consider issues such as quality of interaction, management burden, and responsiveness, partner feedback, and other relevant factors.

Mark only one oval.

- ☐ Highly dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neutral
- ☐ Somewhat satisfied
- ☐ Highly satisfied
- ☐ No Opinion

9. Please provide a specific example to illustrate or support your previous response.

10. How useful has it been to have the suite of awards grouped under one mechanism?

Mark only one oval.

- ☐ Useless
- ☐ Somewhat useless
- ☐ Neutral
- ☐ Somewhat useful
- ☐ Useful
- ☐ No Opinion

11. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

12. Do staff have a perception of "one" MOMENTUM suite at the country level?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't know

13. Has the design of MOMENTUM enhanced/amplified local technical leadership?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't Know

14. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

15. How well has the MOMENTUM suite met Missions' needs and expectations for bringing the country closer to sustainability?

Mark only one oval.

- ☐ Not at all
- ☐ Somewhat
- ☐ Satisfactorily
- ☐ Completely
- ☐ No Opinion

16. To what extent are you using other mechanisms (e.g., bilateral mechanisms) for your FP/RH and/or MCHN needs?

Mark only one oval.

- ☐ Not at all
- ☐ Minimally
- ☐ Somewhat
- ☐ Extensively
- ☐ Not applicable

MOMENTUM Mid-term Process Evaluation Survey

17. Are there any technical needs that are currently not met by the MOMENTUM suite?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ No Opinion

18. Please provide a specific example to illustrate or support your previous response.

19. How would you rate the level of effort required to manage and access the various awards under the MOMENTUM suite?

Mark only one oval.

- ☐ Low
☐ Medium
☐ High
☐ Not applicable

MOMENTUM Mid-term Process Evaluation Survey

20. How has the Suite collectively, and as individual awards adapted to the realities of working in dynamic country contexts, particularly the ongoing effects of the COVID-19 pandemic?

MOMENTUM Mid-term Process Evaluation Survey

21. Have you read and/or utilized MKA's regional briefs pertaining to your region (Asia, West Africa, East and Southern Africa)?

Mark only one oval.

- ☐ Yes
☐ No

22. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

23. What recommendations do you have for the design of future PRH/MCHN mechanisms, in order to better streamline the management workload?

MOMENTUM Mid-term Process Evaluation Survey

24. Please rate your overall level of satisfaction with the MOMENTUM suite, specifically in terms of ease or coordination and collaboration. Consider issues such as quality of interaction, management burden, and responsiveness, partner feedback, and other relevant factors.

Mark only one oval.

- ☐ Highly dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neutral
- ☐ Somewhat satisfied
- ☐ Highly satisfied
- ☐ No Opinion

25. Please provide a specific example to illustrate or support your previous response.

Skip to section 51 (MOMENTUM Mid-term Process Evaluation Survey)

MOMENTUM Mid-term Process Evaluation Survey

26. Has MOMENTUM enhanced USAID's catalytic, global leadership role to advance MNCH and FP/RH?

Mark only one oval.

- ☐ Yes
☐ No
☐ No Opinion

27. Please feel free to add any comment regarding how MOMENTUM has enhanced USAID's catalytic, global leadership in advancing FP/RH and/or MNCH (if applicable).

28. To the best of your knowledge, are there any technical needs that are currently not met by the MOMENTUM suite?

Mark only one oval.

- ☐ Yes
☐ No
☐ No Opinion

29. Please feel free to add any additional areas which the MOMENTUM suite needs to address (if applicable).

MOMENTUM Mid-term Process Evaluation Survey

30. What are the emerging trends and needs in FP/RH and MNCH that might be addressed in the current MOMENTUM suite or in the future?

Skip to section 51 (MOMENTUM Mid-term Process Evaluation Survey)

31. Please rate your overall level of satisfaction with the MOMENTUM suite, specifically in terms of ease or coordination and collaboration. Consider issues such as quality of interaction, management burden, and responsiveness, partner feedback, and other relevant factors.

Mark only one oval.

- ☐ Highly dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neutral
- ☐ Somewhat satisfied
- ☐ Highly satisfied
- ☐ No Opinion

32. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

33. How useful has it been to have six individual awards grouped as one collective suite in terms of management?

Mark only one oval.

- ☐ Useless
- ☐ Somewhat useless
- ☐ Neutral
- ☐ Somewhat useful
- ☐ Useful
- ☐ No Opinion

34. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

35. How would you rate the efficacy of the MOMENTUM award holders in leveraging relationships amongst themselves to benefit their work?

Mark only one oval.

- ☐ Very effective
- ☐ Somewhat effective
- ☐ Not at all effective
- ☐ No Opinion

36. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

37. How would you rate the benefit of coordinating with MKA to USAID and Implementing Partners?

Mark only one oval.

- ☐ Low
☐ Medium
☐ High

MOMENTUM Mid-term Process Evaluation Survey

38. How would you rate the benefit of coordinating across the MOMENTUM Suite to USAID and Implementing Partners?

Mark only one oval.

- ☐ Low
☐ Medium
☐ High

MOMENTUM Mid-term Process Evaluation Survey

39. To the best of your knowledge, are there any technical needs that are currently not met by the MOMENTUM suite?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ No Opinion

40. Please feel free to add any additional areas which the MOMENTUM suite needs to address (if applicable).

MOMENTUM Mid-term Process Evaluation Survey

41. Has MOMENTUM enhanced USAID's catalytic, global leadership role to advance MNCH and FP/RH?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ No Opinion

42. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

43. How would you rate the level of effort required to manage and access the various awards under the MOMENTUM suite?

Mark only one oval.

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Not applicable

MOMENTUM Mid-term Process Evaluation Survey

44. How has the Suite collectively, and as individual awards adapted to the realities of working in dynamic country contexts, particularly the ongoing effects of the COVID-19 pandemic?

45. What adaptations (changes in systems/processes) would lead to more efficient and/or more effective coordination, help foster cross-fertilization of ideas and best practices, and reduce duplication of efforts?

MOMENTUM Mid-term Process Evaluation Survey

46. What recommendations do you have for the design of future PRH/MCHN mechanisms, in order to better streamline the management workload?

Skip to section 51 (MOMENTUM Mid-term Process Evaluation Survey)

MOMENTUM Mid-term Process Evaluation Survey

47. How familiar are you with the MOMENTUM suite in your country?

Mark only one oval.

- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ Not so familiar
- ☐ Not at all familiar

48. Has the design of MOMENTUM enhanced/amplified local technical leadership?

Mark only one oval.

- ☐ Yes
☐ No
☐ Don't know

49. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

50. How responsive is the MOMENTUM suite to your needs and goals?

Mark only one oval.

- ☐ Very responsive
☐ Somewhat responsive
☐ Not so responsive
☐ Not at all responsive
☐ Don't know

51. Do you perceive the various MOMENTUM activities as working under “one” Project in your country?

Mark only one oval.

- ☐ Yes
☐ No
☐ Don't know / No Opinion

MOMENTUM Mid-term Process Evaluation Survey

52. Has MOMENTUM adapted to the realities of working in your dynamic country context, particularly the ongoing effects of the COVID-19 pandemic?

Mark only one oval.

- ☐ Yes
☐ No
☐ Don't know

53. Please provide a specific example to illustrate or support your previous response.

54. Are there technical or functional skills not available or accessible in the current project?

Mark only one oval.

- ☐ Yes
☐ No
☐ No Opinion

55. Please feel free to comment on which technical or functional skills could be added to MOMENTUM's offerings to make it more useful.

MOMENTUM Mid-term Process Evaluation Survey

56. Have you read and/or utilized MKA's regional briefs pertaining to your region (Asia, West Africa, East and Southern Africa)?

Mark only one oval.

- ☐ Yes
☐ No

57. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

58. What are the emerging trends and needs in FP/RH and MNCH that might be addressed in the current MOMENTUM suite or in the future?

Skip to section 51 (MOMENTUM Mid-term Process Evaluation Survey)

MOMENTUM Mid-term Process Evaluation Survey

59. How useful has it been to have the suite of awards grouped under one mechanism?

Mark only one oval.

- ☐ Useless
- ☐ Somewhat useless
- ☐ Neutral
- ☐ Somewhat useful
- ☐ Useful
- ☐ No Opinion

63. How would you rate the efficacy of the MOMENTUM award holders in leveraging their relationships to benefit their work?

Mark only one oval.

- ☐ Very effective
- ☐ Somewhat effective
- ☐ Not at all effective
- ☐ No Opinion

64. Please provide a specific example to illustrate or support your previous response.

MOMENTUM Mid-term Process Evaluation Survey

65. How has the Suite collectively, and as individual awards adapted to the realities of working in dynamic country contexts, particularly the ongoing effects of the COVID-19 pandemic?

66. To the best of your knowledge, are there any technical needs that are currently not met by the MOMENTUM suite?

Mark only one oval.

- ☐ Yes
☐ No
☐ No Opinion

67. Please feel free to comment on any additional functions that could be added to MOMENTUM to ensure that country needs are met.

MOMENTUM Mid-term Process Evaluation Survey

68. What adaptations (changes in systems/processes) would lead to more efficient and/or more effective coordination, help foster cross-fertilization of ideas and best practices, and reduce duplication of efforts?

69. What are the emerging trends and needs in FP/RH and MNCH that might be addressed in the current MOMENTUM suite or in the future?

MOMENTUM Mid-term Process Evaluation Survey

70. What recommendations do you have for the design of future PRH/MCHN mechanisms, in order to better streamline the management workload?

Skip to section 51 (MOMENTUM Mid-term Process Evaluation Survey)

MOMENTUM Mid-term Process Evaluation Survey

Thank you for your participation! Your responses have been recorded.

ANNEX 5: SOURCES OF INFORMATION

5A: List of Persons Interviewed

	Name	Organization	Title
MOMENTUM Suite of Awards			
1	John Borrazzo	MCGL	Director of Child Health
2	Adhish Dhungana	MCGL	Senior Program Manager, Nepal
3	Elizabeth Eastman	MCGL	Knowledge Management and Learning Advisor
4	Paul Odila	MCGL	COP Uganda
5	Angela Pereira	MCGL	Communications Team Lead
6	Jim Ricca	MCGL	Director Adaptive Management, M&E and Learning
7	Laura Skolnik	MCGL	Senior Director of Programs
8	Suzanne Stalls	MCGL	Director MNH
9	Lillian Tumuhairwe	MCGL	Uganda Technical Advisor
10	Kirk Dearden	MIHR	Team Leader Nutrition and WASH
11	Lorelei Goodyear	MIHR	Deputy Technical Director FP/RH Lead
12	George Hanna	MIHR	Director
13	Kamden Hoffman	MIHR	Social and Behavior Change Lead
14	Sarah Kellogg	MIHR	Country Support Lead
15	Christine Lasway	MIHR	Senior Technical Advisor for FP
16	Christopher Lindahl	MIHR	Knowledge Management Lead
17	Eric Ramirez-Ferrero	MIHR	Technical Director
18	Pat Taylor	MIHR	Acting Deputy Director
19	Soumya Alva	MKA	Senior M&E Director
20	Goli Fassihan	MKA	Former Senior Director of Strategic Communication
21	Reshma Naik	MKA	Senior Direct KM
22	Barbara Seligman	MKA	Director
23	Lara Vaz	MKA	Technical Director
24	Erin Dumas	MPHD	Senior Program Manager
25	Mariela Rodriguez	MPHD	Senior Learning and Communications Advisor

	Name	Organization	Title
26	Gaurav Sharma	MPHD	Senior MNH Lead
27	Nicole Castle	M-RITE	Program Officer, KM and Communications
28	Grace Chee	M-RITE	Director
29	Katie Cook	M-RITE	Communications and KM Lead
30	Rebecca Fields	M-RITE	Immunization Technical Lead
31	Isaac Mugoya	M-RITE	Country Director, Kenya
32	Vanessa Richart	M-RITE	Deputy Director
33	Jessica Shearer	M-RITE	M&E Lead
34	Gloriose Abayisenya	MSSFPO	MCH Advisor Rwanda
35	Karen Levin	MSSFPO	MEL Director
36	Jen Snell	MSSFPO	Senior Technical Manager
37	Renae Stafford	MSSFPO	Deputy Technical Director
38	Vandana Tripathi	MSSFPO	Director
Partner Organizations			
39	Lynn Freedman	AMDD, Columbia University SPH	Director
40	Jeff Smith	BMGF	Deputy Director, MNCH
41	Willabald Zeck	United Nations Population Fund	Interim Sexual Reproductive Health Branch Chief
42	Bernadette Daelmans	WHO	Unit Head Child Health and Development
43	Allisyn Moran	WHO	Head of Maternal, Newborn, Child, and Adolescent Health and Aging
USAID			
44	Sachin Gupta	USAID/India	Advisor (Maternal and Child Health)
45	Vijay Paulraj	USAID/India	Senior Health Systems Strengthening Advisor
46	Moni Sinha Sagar	USAID/India	Division Chief for Family Health
47	Patrice Coulibaly	USAID/Mali	Program Management Specialist HR/FP
48	Emily Hillman	USAID/Mozambique	Division Chief, Preventing Child and Maternal Deaths

	Name	Organization	Title
49	Gertrude Odezugo	USAID/Nigeria	Program Development Specialist - Senior Reproductive Health Manager
50	Homsuk Swomen	USAID/Nigeria	Maternal and Child Health Specialist — Program Manager
51	Maria Kabanyana	USAID/Rwanda	Team Lead for Health Systems and Service Delivery, Senior Specialist for Reproductive and MNCH
52	Richard Munyaneza	USAID/Rwanda	Maternal and Child Health Specialist
53	Malia Boggs	USAID/W	Senior Technical Advisor for Child Health
54	Clancy Broxton	USAID/W	Private Sector Health Team Leader AOR — MPHD
55	Kate Crawford	USAID/W	Global Director of MCH and Nutrition
56	Benjamin Isquith	USAID/W	Division Chief, Service Delivery Improvement MOMENTUM Coordinator
57	Rebecca Levine	USAID/W	Senior Maternal Health Advisor AOR, MSSFPO
58	Shawn Malarcher	USAID/W	Senior Best Practices Utilization Advisor AOR, MKA
59	Lory Meoli	USAID/W	Health Development Officer AOR, MCGL
60	Erin Mielke	USAID/W	Reproductive Health Senior Technical Advisor
61	Elizabeth Pleuss	USAID/W	Acting Division Chief, Maternal and Newborn Health
62	Barbara Rawlins	USAID/W	Senior Implementation Research Advisor (MCHN)
63	Intissar Sarker	USAID/W	Private Sector Service Delivery Technical Advisor
64	Ellen Starbird	USAID/W	Director, Office of PRH
65	Alanna White	USAID/W	Health Development Officer AOR, MIHR

5B: Bibliography of Documents Reviewed

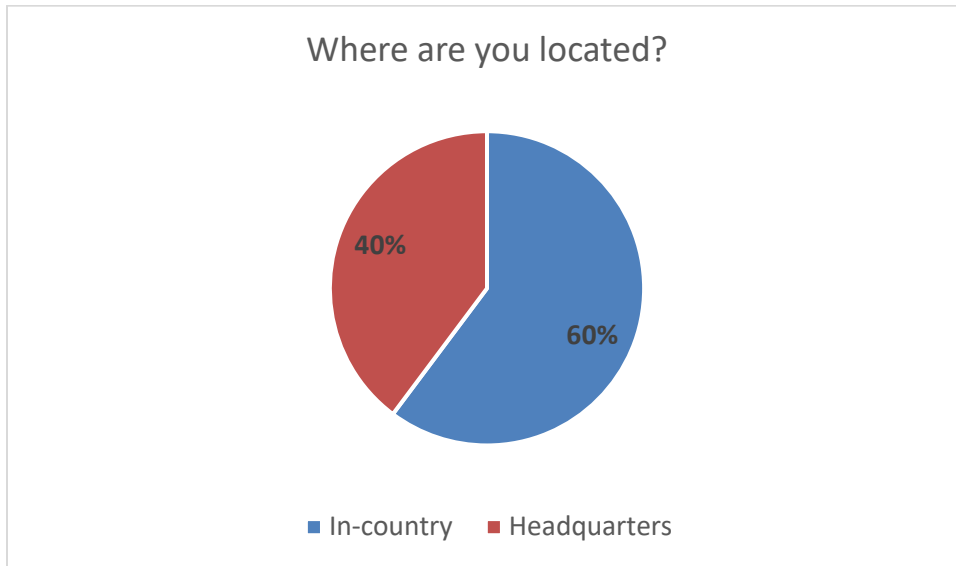
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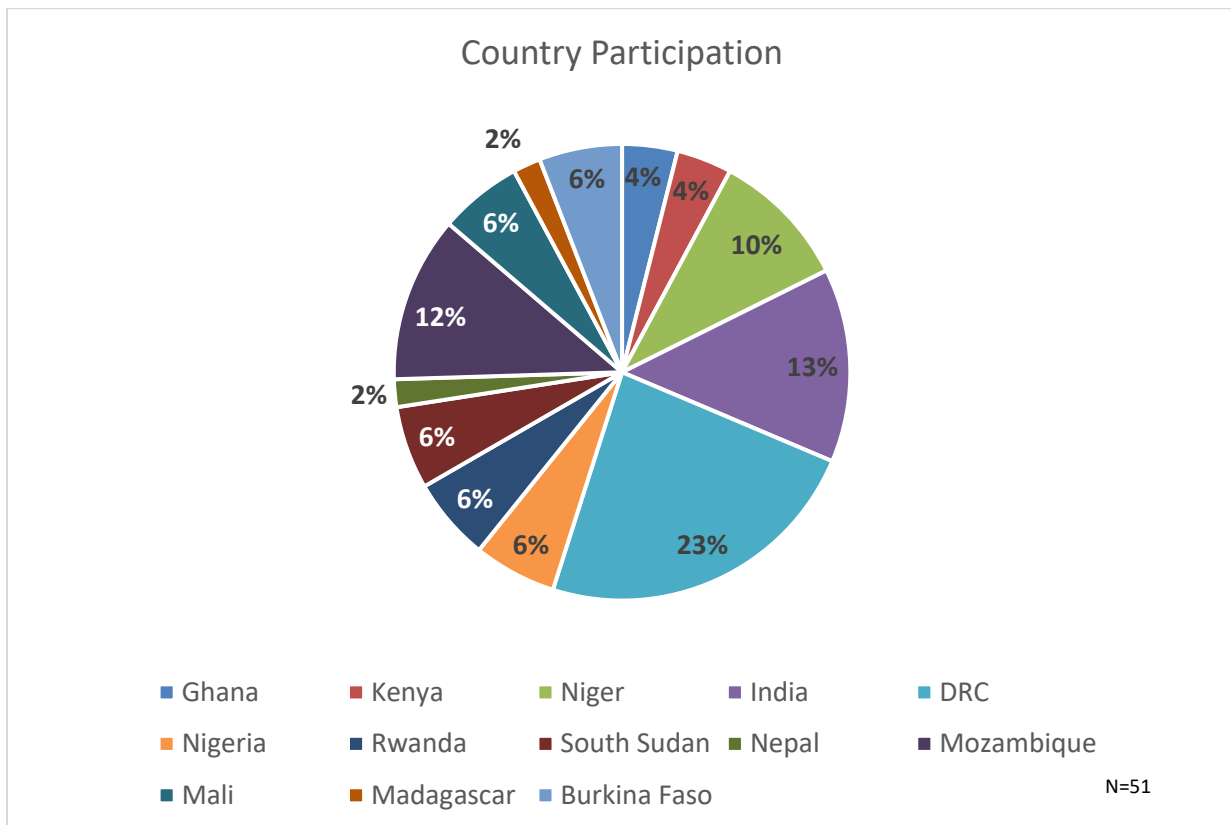
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ANNEX 6: SURVEY GRAPHICS

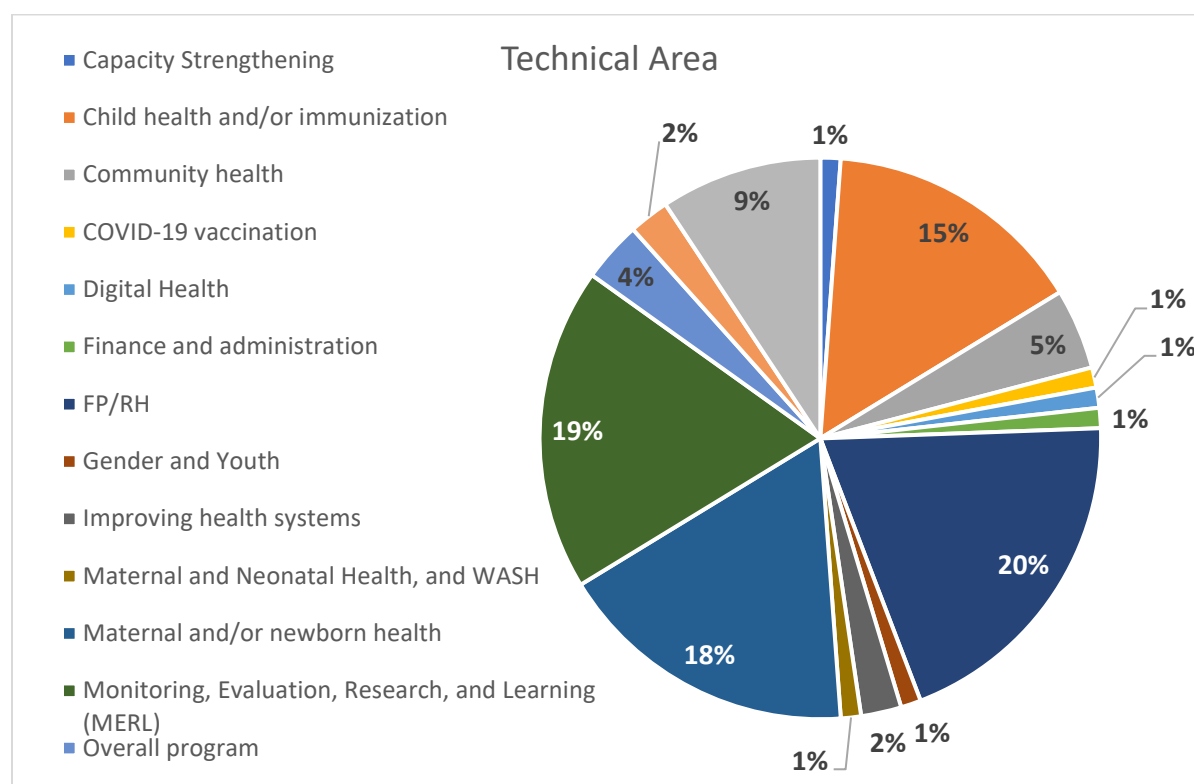
Where are you located?



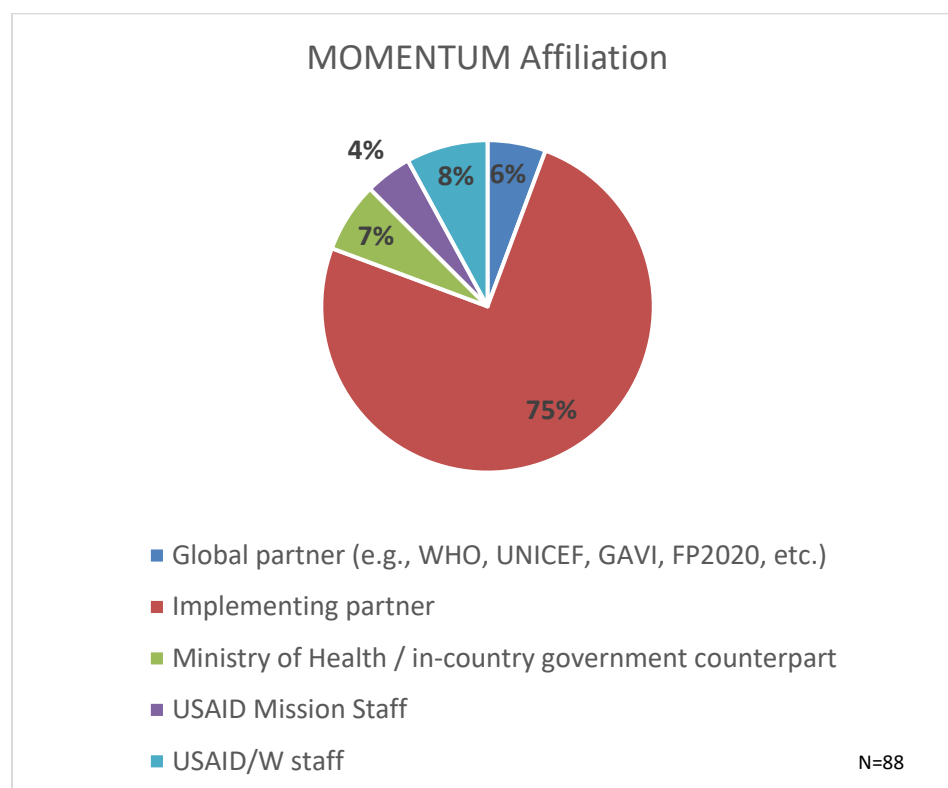
If you are located in-country, please choose the country from the following list.



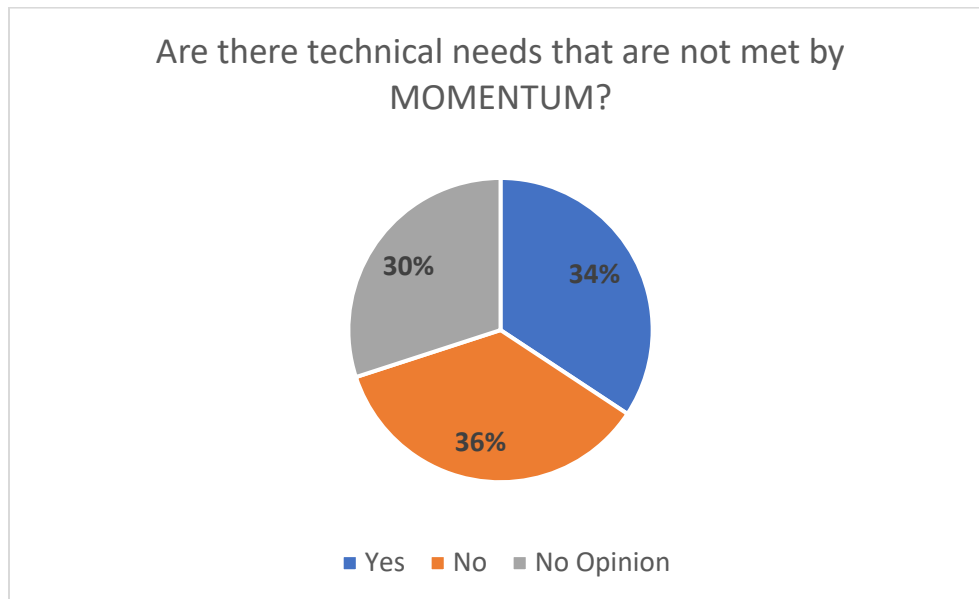
Which technical area do you primarily focus on?



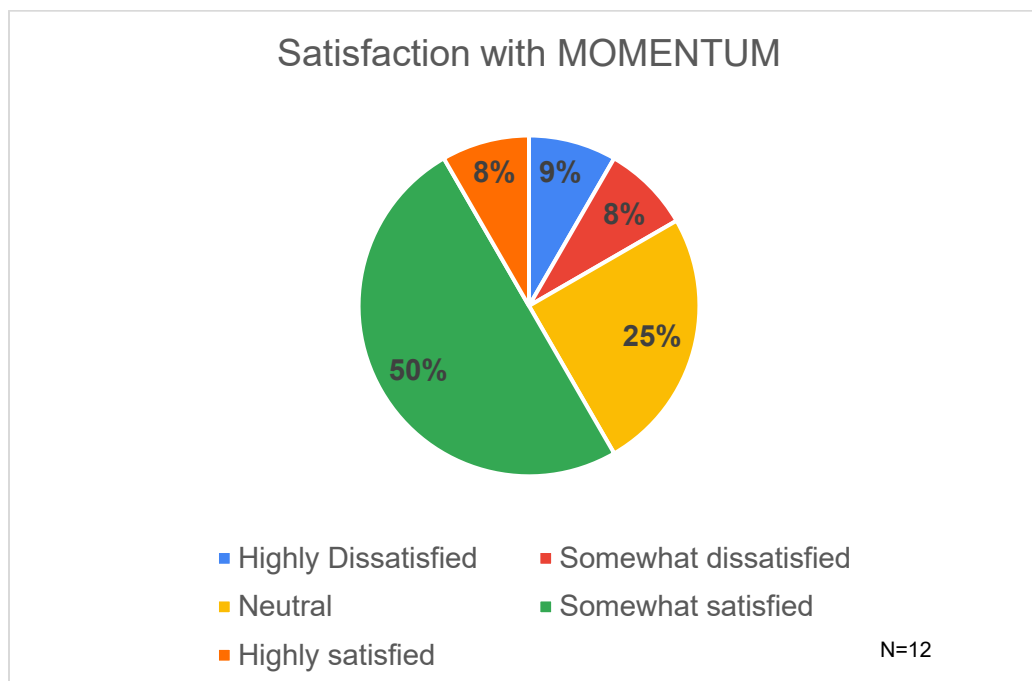
Please indicate your affiliation with the MOMENTUM Suite.



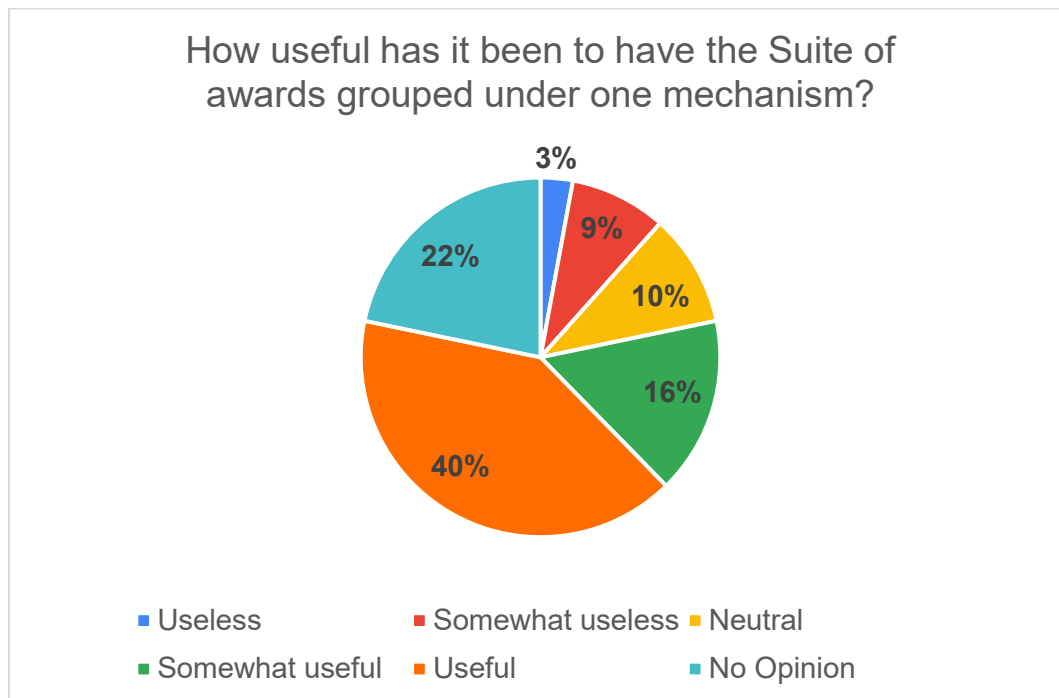
To the best of your knowledge, are there any technical needs that are currently not met by the MOMENTUM Suite?



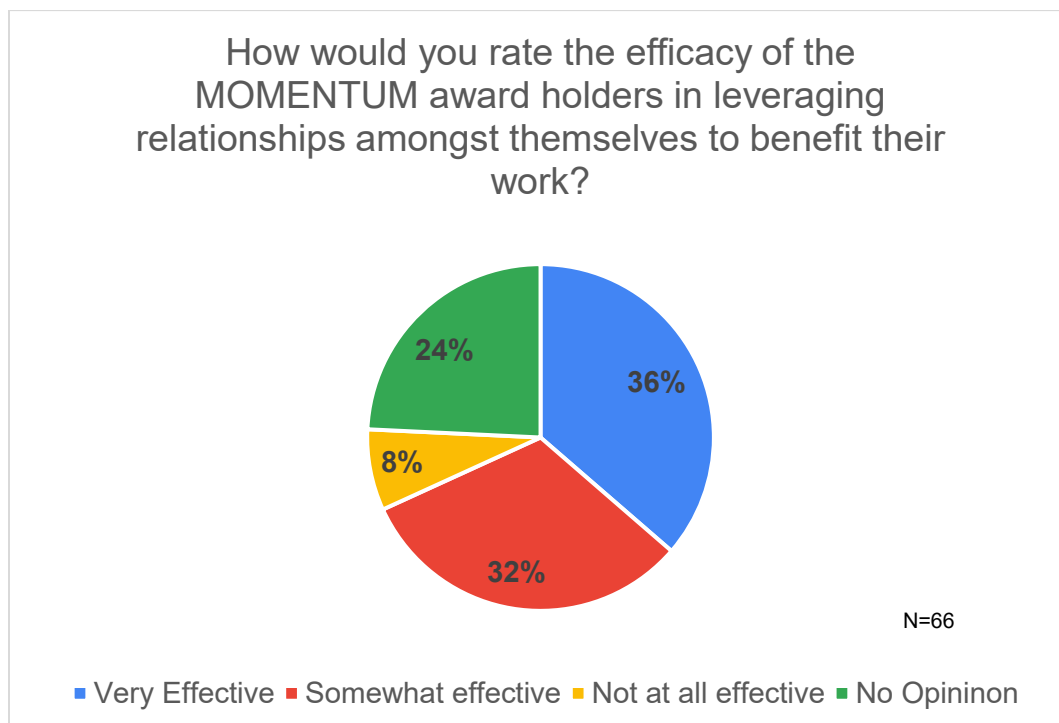
Please rate your overall level of satisfaction with the MOMENTUM Suite, specifically in terms of ease or coordination and collaboration. Consider issues such as quality of interaction, management burden and responsiveness, partner feedback, and other relevant factors.



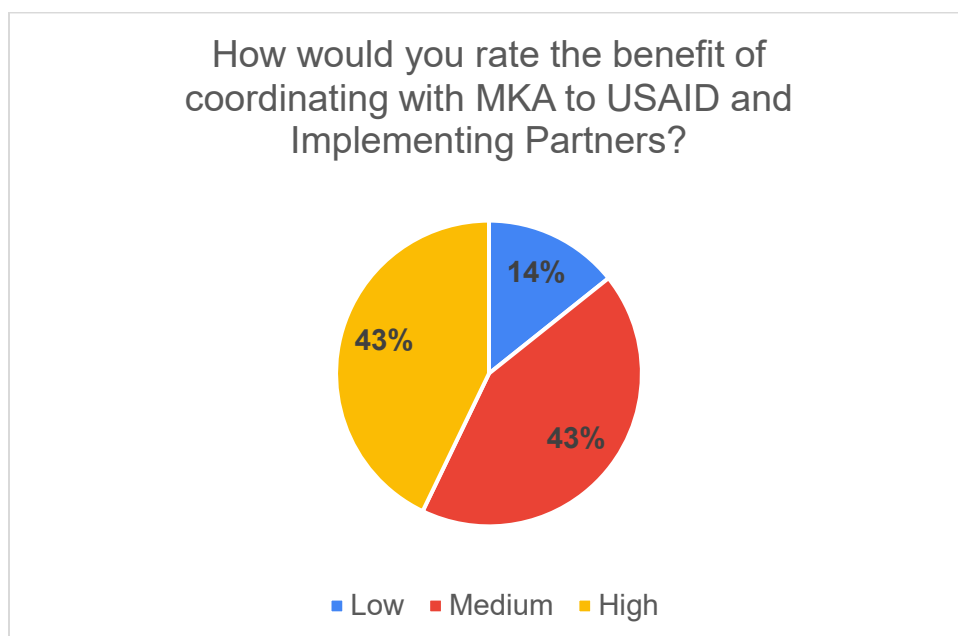
How useful has it been to have the Suite of Awards grouped under one mechanism?



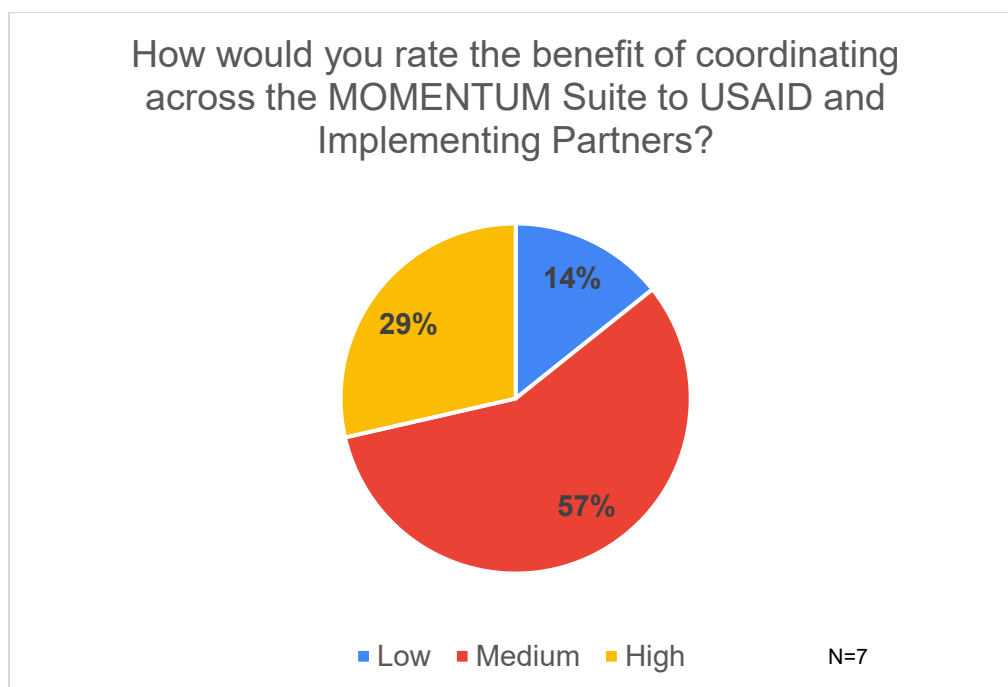
How would you rate the efficacy of the MOMENTUM award holders in leveraging relationships amongst themselves to benefit their work?



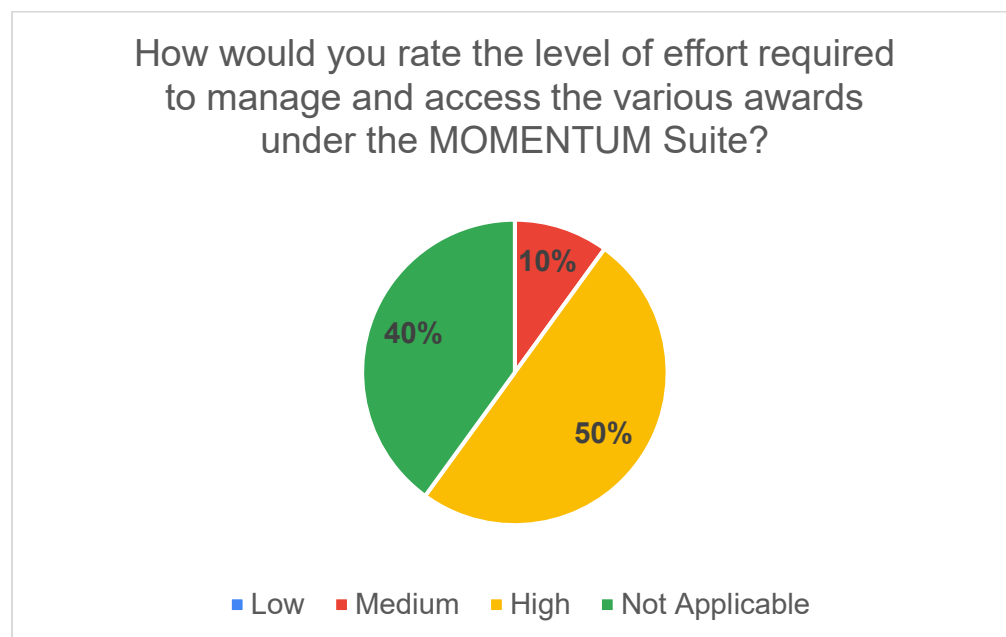
How would you rate the benefit of coordinating with MKA to USAID and Implementing Partners?



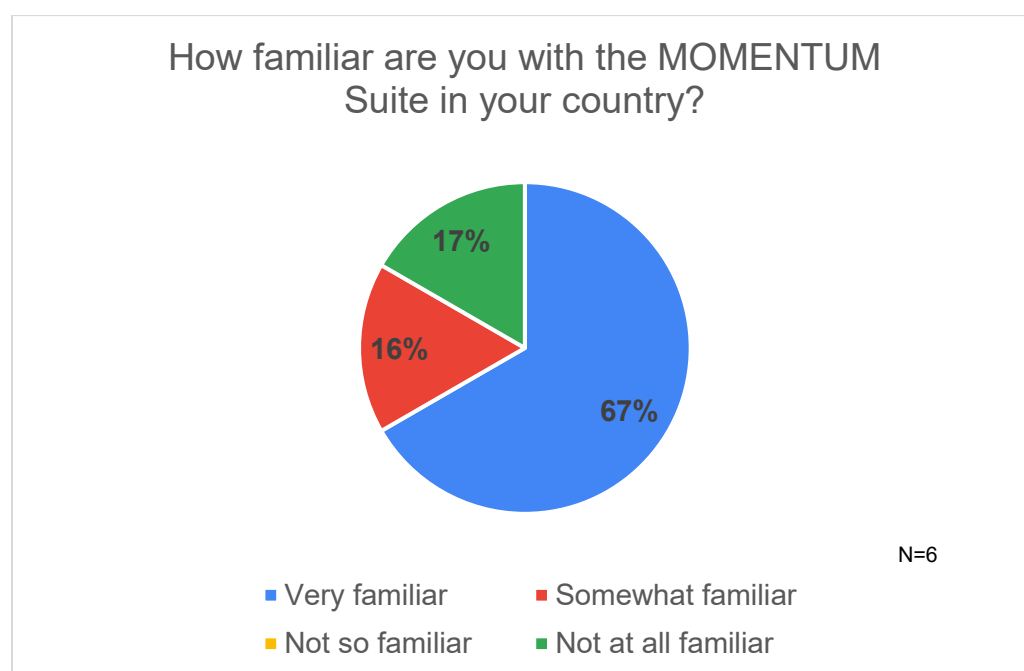
How would you rate the benefit of coordinating across the MOMENTUM Suite to USAID and Implementing Partners?



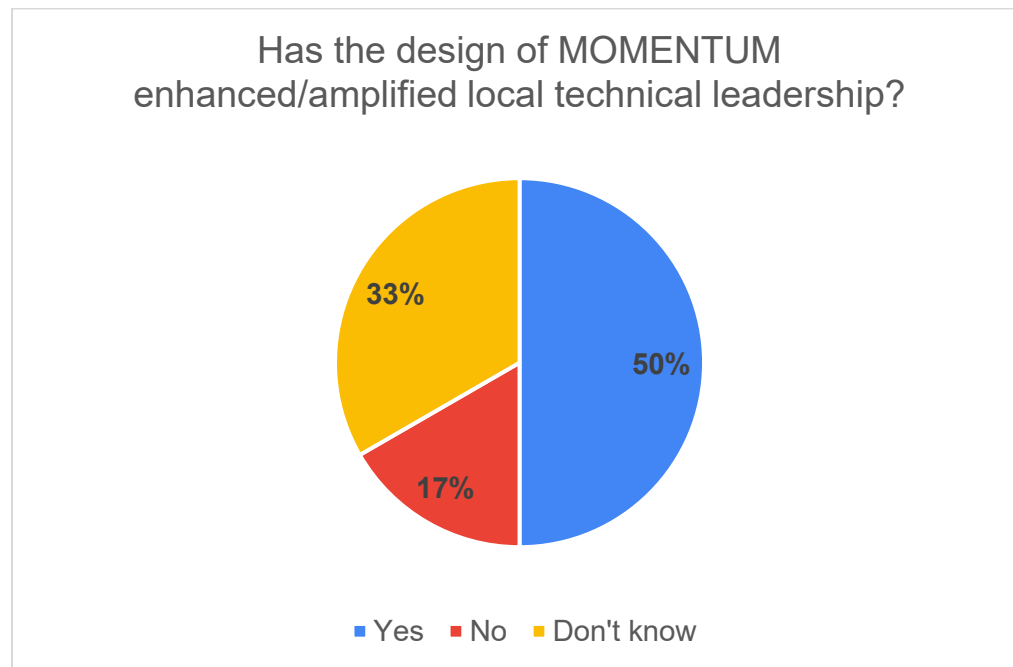
How would you rate the level of effort required to manage and access the various awards under the MOMENTUM Suite?



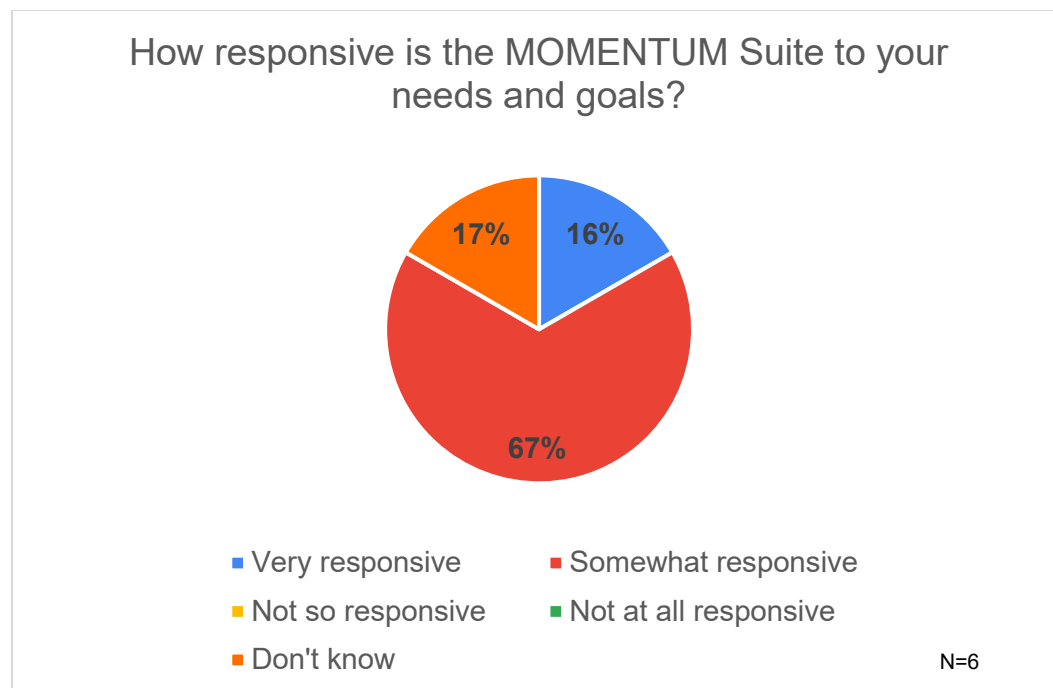
How familiar are you with the MOMENTUM Suite in your country?



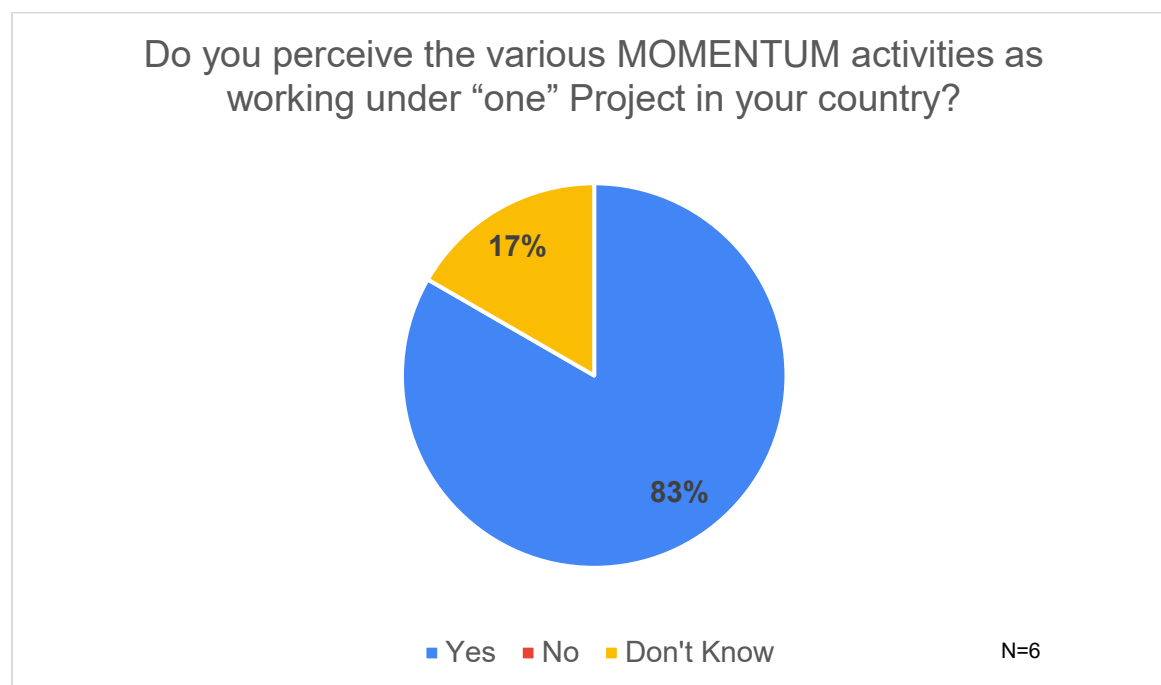
Has the design of MOMENTUM enhanced/amplified local technical leadership?



How responsive is the MOMENTUM Suite to your needs and goals?



Do you perceive the various MOMENTUM activities as working under “one” Project in your country?



ANNEX 7: DISCLOSURE OF ANY CONFLICTS OF INTEREST

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

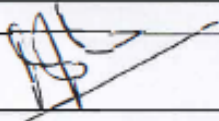
Name:	
Title:	Team Lead
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvaLS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature:	Tim A. Clary, Arin A. Clary
Date:	February 6, 2022

CONFLICT OF INTEREST (COI) VERIFICATION*(please fill/sign/date the form below)*

Name: <u>Pamela J. Putney</u>	
Title: <u>Consultant</u>	Team Lead
Organization: <u>None</u>	ME&A, Inc.
Evaluation Position: <u>Team Member</u>	
Evaluation Award Number: <i>(or RFTOP or other appropriate instrument number)</i>	GH EvaLS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature: <u>Pamela J. Putney</u>	
Date: <u>3-18-2022</u>	

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	Bambang Heryanto
Title:	Team Lead
Organization:	ME&A, Inc.
Evaluation Position:	
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvalS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflict of interest to disclose:	☐ YES ☒ NO ☐ NOT APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	
Name and Signature:	
Date:	April 26, 2022

ANNEX 8: EVALUATION TEAM MEMBERS

Tim A. Clary, M.A., EMBA, M.S./Ph.D., Team Leader

Dr. Tim A. Clary is an independent consultant who focuses on international health and development. An infectious diseases epidemiologist by training, he has provided consulting services for organizations such as USAID, PEPFAR, the Global Fund, several United Nations agencies, the World Bank, the International Finance Corporation, GIZ, the U.K. Department for International Development, and several nongovernmental organizations. His consulting assignments have taken him to more than 65 countries in all geographic regions of the world.

From 2011–2013, Dr. Clary was the Director of Health for the Millennium Challenge Corporation. During that time, he oversaw a portfolio of approximately \$300 million in USG investments in health, including a \$131.5 million nutrition, maternal, and child health and results-based financing initiative in Indonesia; a \$120.5 million health systems strengthening and HIV/AIDS project in Lesotho; and a \$38.5 million noncommunicable disease and injury program in Mongolia.

From 2000–2006, he was with USAID, first as the HIV/Infectious Diseases Epidemiologist for Europe and Eurasia overseeing several grants, cooperative agreements, and contracts, and then as a Senior Public Health Advisor for USAID/Ukraine. During his time in Ukraine, Dr. Clary designed, developed, and oversaw several projects covering infectious diseases, reproductive health, maternal and child health, and birth defects for Ukraine, Belarus, and Moldova. Prior to his work with USAID, Dr. Clary was with the U.S. Centers for Disease Control and Prevention's Office of Research Methodology. He also had an earlier career as a journalist working for *Sierra Magazine* and *National Geographic*.

Pamela Putney, RN, MSN, Partnership Specialist

Ms. Putney is a nurse/midwife with more than 40 years of domestic and international experience in 40 countries in the design, implementation, management, and evaluation of programs focusing on maternal, neonatal, child, and reproductive health; gender issues; health policy; health sector reform; health system strengthening; sustainable health systems; human resource development; training; strategic planning; organizational development; quality of care; HIV/AIDS; behavior change/communication; proposal and grant writing; fundraising; and leadership development. She is also the co-founder of two non-profit organizations.

Bambang Heryanto, Ph.D., In-Country Specialist

Dr. Heryanto is an evaluator with experience in the evaluation of policies to inform programmatic impact. He has led data collection exercises to inform the direction of USAID maternal and child health projects and led and conducted a mid-term review of the USAID Jalin project. He has nearly 30 years of experience working with international donors such as USAID, the United Nations Population Fund, IFRC, and the Asian Development Bank, as well as GOI ministries, ensuring effective project implementation. Dr. Heryanto has advised on and presented recommendations to inform strategy, policy, and future project designs and scaling across Indonesia.

During his work with USAID/Indonesia (2009–2017), Dr. Heryanto managed the Highly Pandemic Avian Influenza and the Emerging Pandemic Threat Programs and managed the Global Health Security Agenda meeting in Jakarta (2014). He has developed policy briefs on health issues for USAID and the Indonesian

Ministry of Health and has advised USAID and other donors on deforestation and emerging pandemic disease and sustainability options. Dr. Heryanto received several awards from the U.S. Embassy in Jakarta for his work with the USAID Mission. He has published his academic works in several peer-reviewed journals.