MOMENTUM
Integrated Health Resilience

▮ Program Brief

RECOMMENDATIONS FOR EFFECTIVELY STARTING PROGRAMS REMOTELY

Lessons Learned from MOMENTUM Integrated Health Resilience

During the COVID-19 pandemic starting in early 2020, MOMENTUM Integrated Health Resilience launched project activities, including several country programs. The project country support team needed to gather information to develop country program work plans and budgets. However, the pandemic did not allow for the typical country visit process. Instead, staff worked virtually, limiting their ability to meet and plan with one another, or provide on-site technical and start-up support to country offices. The solution? Remote scoping.

SCOPING IN "NORMAL" TIMES

Pre-COVID-19, a team of three to four staff, comprising a program manager and technical leads from the headquarters office, typically would travel to a country to conduct a two- to three-week scoping assessment (i.e., gathering all relevant information and data from sources to inform the program design) before developing a work plan and opening project office(s). During this time, the team would liaise with existing country partner office(s) to arrange field visits and meetings with key stakeholders (ministry of health officials, implementing partners, health facility staff, etc.) to identify areas of collaboration, gaps, challenges, and relevant recommendations for the program. After scoping, the team would normally present its findings, recommendations, and a proposed strategy for implementation to the respective USAID mission for feedback, prior to returning to headquarters.

MOMENTUM Integrated Health Resilience works to improve access to and availability of high-quality, respectful, and person-centered maternal, newborn, child health, voluntary family planning, and reproductive health care in fragile and conflict-affected settings. The project enhances coordination between development and humanitarian organizations and strengthens the resilience of individuals, families, and communities.

Due to the pandemic, MOMENTUM Integrated Health Resilience did not have the opportunity to conduct routine scoping exercises and had to adapt accordingly. This new process began with assembling a team of programmatic and technical leads to conduct a remote scoping assessment in coordination with an in-country consultant, who assisted in organizing virtual meetings with stakeholders and gathering key documents and data. Following a kick-off, orientation to the process,

and defining roles, this remote scoping team would meet daily to discuss the information gathered and any questions that remained, eventually leading to the development of the country program's overall technical strategy. The team also incorporated virtual "co-creation" with USAID missions as needed. These were held weekly and enabled the team to collaborate with USAID staff in-country.

LESSONS LEARNED AND RECOMMENDATIONS

Aside from pandemics, remote scoping may be useful in fragile settings, where in-person scoping may not be possible due to security and other logistical challenges. Additionally, limitations in funding and staff availability to travel may necessitate remote scoping and start up. While initiating field support programs in six countries (Burkina Faso, the Democratic Republic of the Congo, Mali, South Sudan, Sudan, and Tanzania), MOMENTUM Integrated Health Resilience learned key lessons on how—and how not—to implement a remote scoping exercise. While the process was challenging across all countries, it was possible to conduct effective scoping remotely to inform a quality work plan.

As described below, having a small team with dedicated time (including a senior-level, in-country counterpart), a realistic timeline and clearly defined responsibilities, and a working technology platform to communicate and share documents, make remote scoping feasible.

IDENTIFY A SENIOR-LEVEL, IN-COUNTRY COUNTERPART

At the core of a scoping exercise is the need for context-specific information to inform program design and quick decision-making due to time constraints. Without the ability to gather that information directly, the team needed a way to ensure they could access local information quickly and receive guidance on the development of country-responsive strategic approaches.

A senior-level, in-country counterpart with full-time—or almost full-time—level of effort (LOE), should be identified early in the remote scoping process. This person should be a chief of party-level decisionmaker with strong technical and management skills and well-established relationships with the ministry of health, implementing partners, and other key stakeholders on the ground. Prior to initiating scoping, the identified individual should be oriented to the project and their specific role and responsibilities during the scoping exercise, and they should be empowered to lead the team in the development of the project's strategic vision and approach. While this individual can be a current in-country staff member or a consultant, the most important thing is to make sure that the identified counterpart is well positioned as a decisionmaker and is prepared and empowered to fulfill this role. This provides a primary point of contact with contextual knowledge who can guide the scoping team and can contribute to ensuring that field programs are country-led from the very beginning.

DEDICATE STAFF TO SCOPING BUT LIMIT THE NUMBER INVOLVED

A key challenge of MOMENTUM Integrated Health Resilience's early scoping experience was balancing the need to dedicate staff with the appropriate range of technical expertise, while limiting the number of individuals involved to ensure a manageable, efficient, and flexible process. In a traditional scoping exercise, a small team would gather in-country, devote full attention to the exercise, and complete the process from start to finish. However, when scoping remotely, attention can be diluted, with individuals' time being stretched across a number of other activities. Furthermore, while it is easier to

bring a wider range of people in to participate remotely, it can make the process more difficult to manage and can lead to confusion about roles, responsibilities, and decision-making authority.

When conducting remote scoping, consider forming a small team with a significant portion of dedicated LOE. Workloads should be adjusted as needed in order to dedicate time to the activity as if staff were traveling for in-person scoping, rather than adding it to existing office workloads. It is best to keep the team small. Identify a technical lead or point person who is responsible for ensuring additional team members or perspectives are consulted and brought in as needed.

BE REALISTIC ABOUT THE TIME NEEDED

Remote scoping can take longer than expected, and even be longer than traditional, in-person scoping. Why? With the virtual scoping team's time and attention potentially spread across multiple, simultaneous activities, it can take longer to complete interviews, background reading, data review, and strategic discussions needed for a complete scoping process. Additionally, due to being remote (and with pandemic social distancing protocols), meetings and discussions that may have taken place in a larger group have now become one-on-one. Conducting remote scoping can also lead to scheduling difficulties due to navigating the remote work environment, involving many competing meetings and time zones.

TEAM CALENDARS

Program Managers prepared scoping team calendars that were presented during the kick-off meeting for their respective country programs. This gave the scoping team a clear timeline from the very beginning. The calendar was also used to track progress and ensure the team remained on schedule.

To address this, be realistic from the onset about the time required to complete the work, and clearly communicate this timeframe to all involved. It is also helpful to map out a clear timeline, that is closely tracked, to remain on schedule. By selecting a small scoping team and dedicating significant LOE to each member—as mentioned above—the time needed may be condensed.

DAILY CHECK-INS

Establishing daily check-ins for the scoping team was an important part of the remote scoping coordination and management strategy. The check-ins ensured there was always time set aside, even if it wasn't utilized.

PAY EXTRA ATTENTION TO COORDINATION AND MANAGEMENT

With a diverse team working remotely—across continents and time zones—careful coordination and management is vital to ensure the seamless flow of information and effective collaboration needed for a successful scoping exercise.

From the outset, clearly define roles, responsibilities, expectations, and decision-making authority (if any) for each team member. This must go beyond their technical area and deadlines to include a full understanding of the tasks each individual team member is responsible for. MOMENTUM Integrated Health Resilience's remote scoping experiences also highlighted the need for a well-defined, overarching, integrated technical vision early in the process, including how country programs link to the overarching core vision, strategy, and activities. This vision should be clearly communicated and well-understood by all scoping team members and anyone else who is substantially involved.

USE TECHNOLOGY PLATFORMS STRATEGICALLY

Connectivity, compatibility, version control, and managing access to documents is a challenge to collaborative work in the best of circumstances. With staff working remotely and across continents, new staff and consultants coming onboard, and the usual bandwidth and connectivity issues, effective collaboration became more difficult.

To coordinate and manage the scoping process effectively, **teams should use various technology platforms strategically to enhance communication and collaboration and move through the scoping process in a well-organized and efficient manner.** Online meeting platforms, such as Microsoft Teams and Zoom, proved useful for conducting internal coordination and discussion meetings, as well as some key stakeholder meetings. However, these should be used judicially. Due to potential connectivity issues, language barriers, and other factors, some meetings are best handled in person by in-country counterparts. Online document-sharing platforms, such as SharePoint or Google Drive, also proved critical throughout the remote scoping process as the team shared key documents and collaborated in real-time. These platforms were also helpful in sharing notes from key informant interviews and well as summaries of background documents reviewed. Some platforms may be more difficult than others to deploy, depending on software/hardware availability as well as internet bandwidth. Determine ahead of time which systems work best for all involved, agree as a group how they will all be used, and ensure everyone receives training and orientation to the platforms.

INTERVIEW GUIDES

In Burkina Faso, the team learned early on that, due to internet bandwidth and standard practices, it would be difficult to reach Ministry of Health stakeholders with online meetings. In-person, one-on-one, or small-group meetings were greatly preferred. In these instances, the in-country scoping team was able to conduct meetings using interview guides developed by the full country support team, and report back on the key findings from the exchanges.

CONCLUSION

Remote scoping can be effective in starting programs when travel is not realistic due to COVID-19 or similar situations, or when security or financial restrictions exist. MOMENTUM Integrated Health Resilience found that remote scoping is most feasible when using 1) a small team with dedicated time (including a senior-level, in-country counterpart), 2) a realistic timeline and clearly defined responsibilities, and 3) a workable technology platform to communicate and share documents.

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