



# MOMENTUM MONITORING, EVALUATION, AND LEARNING FRAMEWORK

MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services. Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches and strengthen the resiliency of health systems.

MOMENTUM Knowledge Accelerator is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Reference Bureau (PRB) with partners JSI Research and Training Institute, Inc. and Ariadne Labs under USAID cooperative agreement # 7200AA20CA00003. For more about MOMENTUM, visit [www.usaidmomentum.org](http://www.usaidmomentum.org). The contents of this report are the sole responsibility of PRB and do not necessarily reflect the views of USAID or the United States Government.

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# ABBREVIATIONS

<b>AMELP</b>	Activity Monitoring, Evaluation, and Learning Plan
<b>APS</b>	Annual Program Statement
<b>CLA</b>	Collaborating, Learning, and Adapting
<b>DDL</b>	Development Data Library
<b>DHS</b>	Demographic and Health Surveys
<b>FP</b>	Family Planning
<b>HFA</b>	Health Facility Assessment
<b>HMIS</b>	Health Management Information System
<b>IPC</b>	Infection Prevention and Control
<b>LMIS</b>	Logistics Management Information System
<b>LTRS</b>	Learning Topic Reference Sheet
<b>MCSP</b>	Maternal Child Survival Program
<b>ME/IL</b>	Monitoring and Evaluation, Innovation and Learning
<b>MEL</b>	Monitoring, Evaluation, and Learning
<b>MICS</b>	Multiple Indicator Cluster Surveys
<b>MNCH</b>	Maternal, Newborn, and Child Health
<b>MNCHN</b>	Maternal, Newborn, and Child Health and Nutrition
<b>MOMENTUM</b>	Moving Integrated, Quality Maternal, Newborn, and Child Health Services, Voluntary Family Planning, and Reproductive Health Care [MNCH/FP/RH] to Scale
<b>OPI</b>	Organizational Performance Index
<b>PIRS</b>	Performance Indicator Reference Sheets
<b>RH</b>	Reproductive Health
<b>SARA</b>	Service Availability and Readiness Assessment
<b>SDP</b>	Service Delivery Point
<b>SPA</b>	Service Provision Assessment
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	U.S. Agency for International Development
<b>USG</b>	United States Government
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WG</b>	Working Group
<b>WHO</b>	World Health Organization

# EXECUTIVE SUMMARY

## MOMENTUM

Moving Integrated, Quality Maternal, Newborn, and Child Health Services, Voluntary Family Planning, and Reproductive Health Care to Scale

Despite considerable global progress in reducing maternal and child mortality, gains have not been equal across or within countries, and significant challenges remain. The MOMENTUM suite of awards is a flagship program designed to accelerate reductions in maternal, newborn, and child mortality and morbidity in high-burden USAID partner countries. MOMENTUM aims to accomplish this goal by strengthening the capacity of country institutions and local organizations to introduce, deliver, scale up, and sustain the use of evidence-based, high-quality maternal, newborn, and child health and nutrition (MNCHN), voluntary family planning (FP), and reproductive health (RH) services in the public and private sectors.

MOMENTUM's vision is that all individuals, families, and communities have equitable access to and make use of comprehensive, high-quality maternal, newborn, and child health and nutrition programs, voluntary family planning services, and reproductive health care that best meets their needs.

### The MOMENTUM Suite of Awards



MOMENTUM recognizes that countries have different epidemiologic and demographic profiles and unique, context-specific challenges requiring tailored support. The six MOMENTUM awards, and five additional bilateral awards, work to address the varying challenges that have prevented women and children from having the equal opportunity to thrive. All MOMENTUM awards are designed to provide partner countries with the tailored support they need to progress along the continuum of development toward country ownership.

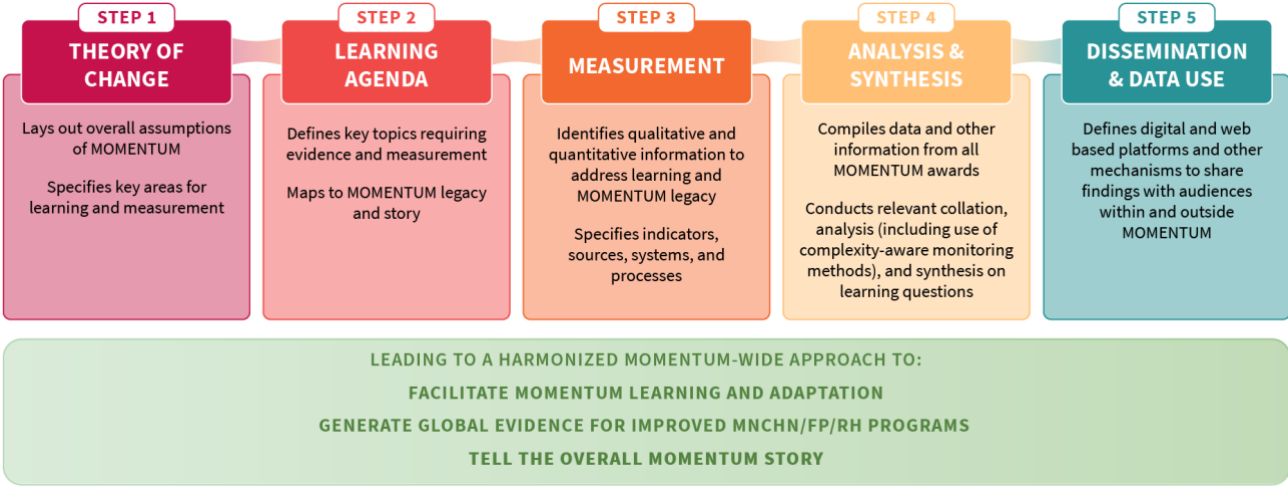
This document, the MOMENTUM Monitoring, Evaluation, and Learning Framework (MEL framework), lays out a conceptual roadmap to realize the MOMENTUM vision and an approach to measuring progress toward the achievement of that vision. It is based on key concepts, relationships, and pathways through which MOMENTUM will achieve the four results shared by all MOMENTUM awards:

1. Scaled-up and sustained access to and use of evidence-based, high-quality MNCHN/FP/RH information, services and care, and interventions.
2. Improved, institutionalized, measured, and documented local capacity to deliver evidence-based, high-quality MNCHN/FP/RH services.
3. Increased adaptive learning and use of evidence by technical leadership in partner countries.
4. Increased innovative collaboration between MNCHN/FP/RH and other sectors.

The MOMENTUM MEL framework is organized into five components: (1) theory of change, (2) learning agenda, (3) measurement, (4) analysis and synthesis, and (5) dissemination and data use. This document describes each component individually and how they work together across the MOMENTUM awards to enable MOMENTUM to:

- Collect and compile qualitative and quantitative data for harmonization and reporting across awards.
- Generate evidence and insights associated with the learning agenda and adaptive learning across awards.
- Synthesize learning and experiences for broader technical and non-technical audiences.

### Components of the MOMENTUM MEL Framework



## Theory of Change

The critical measure of success for MOMENTUM is sustained access to and equitable use of evidence-based, high-quality MNCHN/FP/RH information, services, and care interventions (increased effective coverage). The MOMENTUM theory of change gives an overview of how the MOMENTUM suite will achieve its results, capturing in broad strokes how award activities will lead to intermediate outcomes and ultimately to the results and goals set forth in the MOMENTUM Annual Program Statement (APS). The theory of change also recognizes that broad contextual factors might impact MOMENTUM’s success. To that end, each MOMENTUM award will define a specific theory of change aligned with its project implementation, under the umbrella of the MOMENTUM theory of change

## Learning Agenda

The MOMENTUM learning agenda is intended to help the MOMENTUM awards pause, reflect, and review assumptions and approaches to improve program implementation, complement award-specific learning agendas, and contribute to global evidence. It is also intended to support the awards to collaborate, learn, and adapt more broadly. The MOMENTUM learning agenda is organized into four areas that explore the assumptions underpinning the MOMENTUM theory of change (see box). The MOMENTUM learning agenda aligns with the USAID learning agenda, contributing to evidence and topics related to resilience, equity and inclusion, localization, and

### Key Areas for MOMENTUM Learning

- How are MOMENTUM-supported countries achieving health-related successes in coverage, quality, and equity?
- What is MOMENTUM’s legacy in supporting countries toward sustainable development?
- How is collaborating, learning, and adapting (CLA) being used to achieve successes through MOMENTUM?



partnerships. In collaboration with the other awards in the MOMENTUM suite, MOMENTUM Knowledge Accelerator will define mechanisms to operationalize the MOMENTUM learning agenda and explore its topics.

## Measurement

The MOMENTUM MEL framework provides a list of indicators across all results and technical areas that each MOMENTUM award can use to align with its activity monitoring, evaluation, and learning plan (AMELP) based on its areas of focus. Data will come from several sources and will be analyzed and synthesized to answer learning questions and highlight MOMENTUM findings. MOMENTUM awards will compile routine data on at least a quarterly basis at the sub-national (district) level in countries where MOMENTUM programs are being implemented. Each award will report on these data based on their AMELP; relevant data will also be shared with MOMENTUM Knowledge Accelerator for further analysis and synthesis.

The main source of data compiled by MOMENTUM awards at the sub-national level is the routine health management information system (HMIS). To capture the role of interventions along the pathways presented in the MOMENTUM theory of change, additional data sources and data compilation methods—such as other routine information systems for private facilities, surveys, health facility assessments (HFAs), program record reviews, and qualitative methods—are also needed. Disruptions during the early stages of the COVID-19 pandemic saw the use of alternative data collection methods for surveys, assessments, and qualitative data collection. In-depth or rapid HFAs, where not incorporated into routine data collection, will help evaluate changes in the quality of services provided.

## Analysis and Synthesis

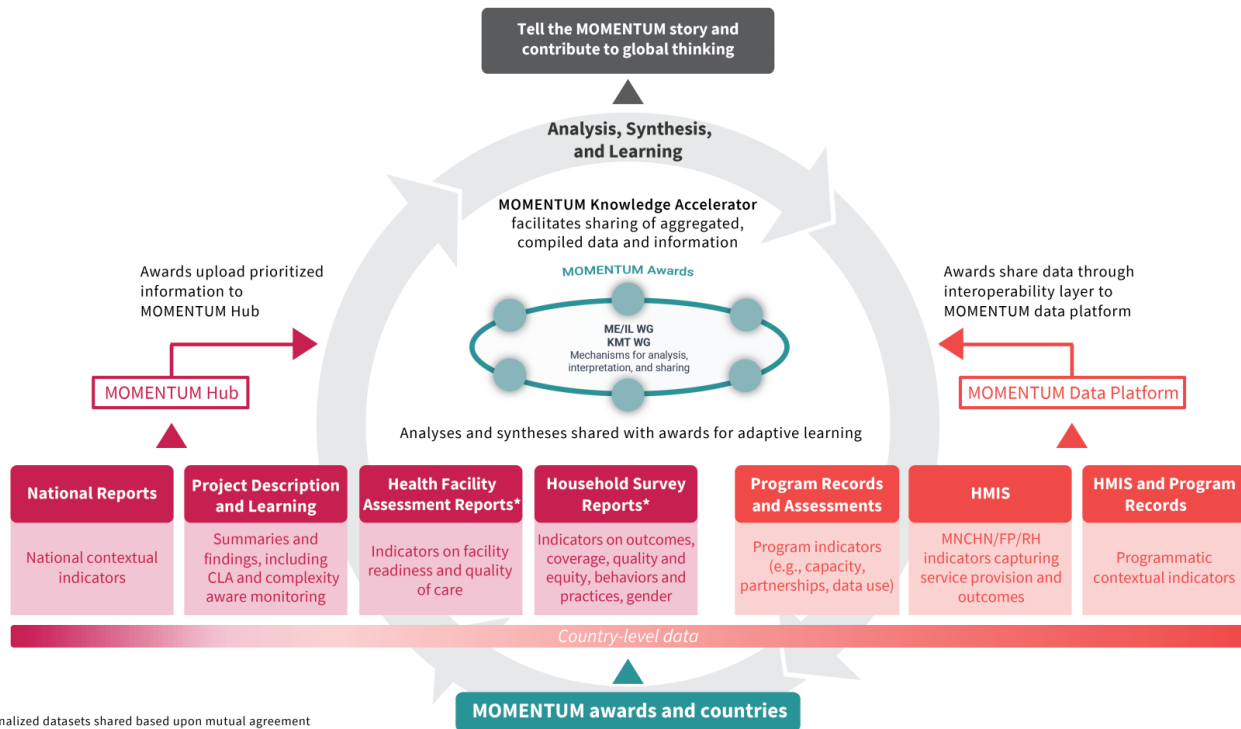
MOMENTUM Knowledge Accelerator will primarily use secondary data analysis methods to answer priority learning questions across the MOMENTUM suite. These methods include analyses and syntheses of data associated with indicators included in this framework, as well as reviews of information from other sources, including process documentation, studies, reports, meeting minutes, and complexity-aware monitoring efforts. This framework outlines specific methods for analysis of routine data from surveys and HFAs; action-oriented monitoring and learning methods including collaborating, learning, and adapting; adaptive management; and complexity-aware monitoring methods. Mechanisms of data sharing for such analyses are also outlined.

## Data Sharing and Dissemination

Each MOMENTUM award will maintain data on relevant indicators for reporting to USAID within its own data system based on its AMELP. Data will be reported according to the prescribed reporting timeline (semi-annually or annually) as agreed upon in the AMELP.

Data sharing is critical both for measuring MOMENTUM's progress and telling its story. The MOMENTUM MEL framework provides a summary of the different types of data generated within MOMENTUM and details when, to whom, and how that data will be shared, as defined in the [MOMENTUM Research Transparency and Data Sharing Guidance](#).

## MOMENTUM Access to and Use of Data and Information



Findings from analyses and syntheses generated by the MOMENTUM awards will be disseminated through various channels, including the MOMENTUM HUB, the MOMENTUM website, dashboards and other data visualization products, technical briefs and reports, digital platforms, global publications, peer-reviewed journal articles, and in-person consultations. Dissemination will follow guidelines presented in the [MOMENTUM knowledge management](#) and strategic communications plans.

### Next Steps

This framework is a living, co-created document drafted with input from key stakeholders from USAID’s Bureau for Global Health and the current MOMENTUM awards and covering activities, themes, indicators, and questions relevant to each award. This version of the framework was published in June 2024 as an update to previous versions, including the original (December 2020) and later versions reflecting learnings from global implementation (September 2021 and December 2022). The current version includes updated formatting and references, as well as an update to the precise definition of the numerator and denominator of indicator MNCH.2; the updated definitions can be found in the PIRS.

Changes to the framework will be socialized with all the MOMENTUM awards through the Monitoring and Evaluation, Innovation and Learning Working Group, and the current version of the framework will live on the MOMENTUM HUB. MOMENTUM awards will also align their internal, award-specific data platforms with the MOMENTUM data platform and share prioritized indicator data for cross-award analysis, synthesis, and learning. No further updates to this framework are expected unless they are found to be essential.

# BACKGROUND

Moving Integrated, Quality Maternal, Newborn, and Child Health Services, Voluntary Family Planning, and Reproductive Health Care [MNCH/FP/RH] to Scale (MOMENTUM) is the U.S. Agency for International Development’s (USAID) flagship, multi-award program to accelerate reductions in maternal, newborn, and child mortality and morbidity in high-burden USAID priority countries. It builds upon USAID’s commitment to the global 2012 Call to Action and its plans (USAID, 2012b). MOMENTUM’s vision is that all individuals, families, and communities have equitable access to and make use of comprehensive, high-quality maternal, newborn, and child health and nutrition, voluntary family planning, and reproductive health (MNCHN/FP/RH) care and services that best meet their needs. MOMENTUM represents a paradigm shift in how USAID executes its work, with a greater focus on strengthening the capacity, sustainability, and resilience of local institutions.

### Types of MOMENTUM Awards

- Global awards: awards issued under the MOMENTUM overall APS 7200AA19APS0000 by USAID through U.S. core funds (for example, MOMENTUM Country and Global Leadership).
- Mission-issued awards: awards issued under the MOMENTUM overall APS 7200AA19APS0000 by USAID (for example, Saksham in India under MOMENTUM Round 4).
- Country field awards: sub-awards of MOMENTUM global awards to implement MOMENTUM programs in countries (for example, the MOMENTUM Country and Global Leadership country field award in Indonesia).

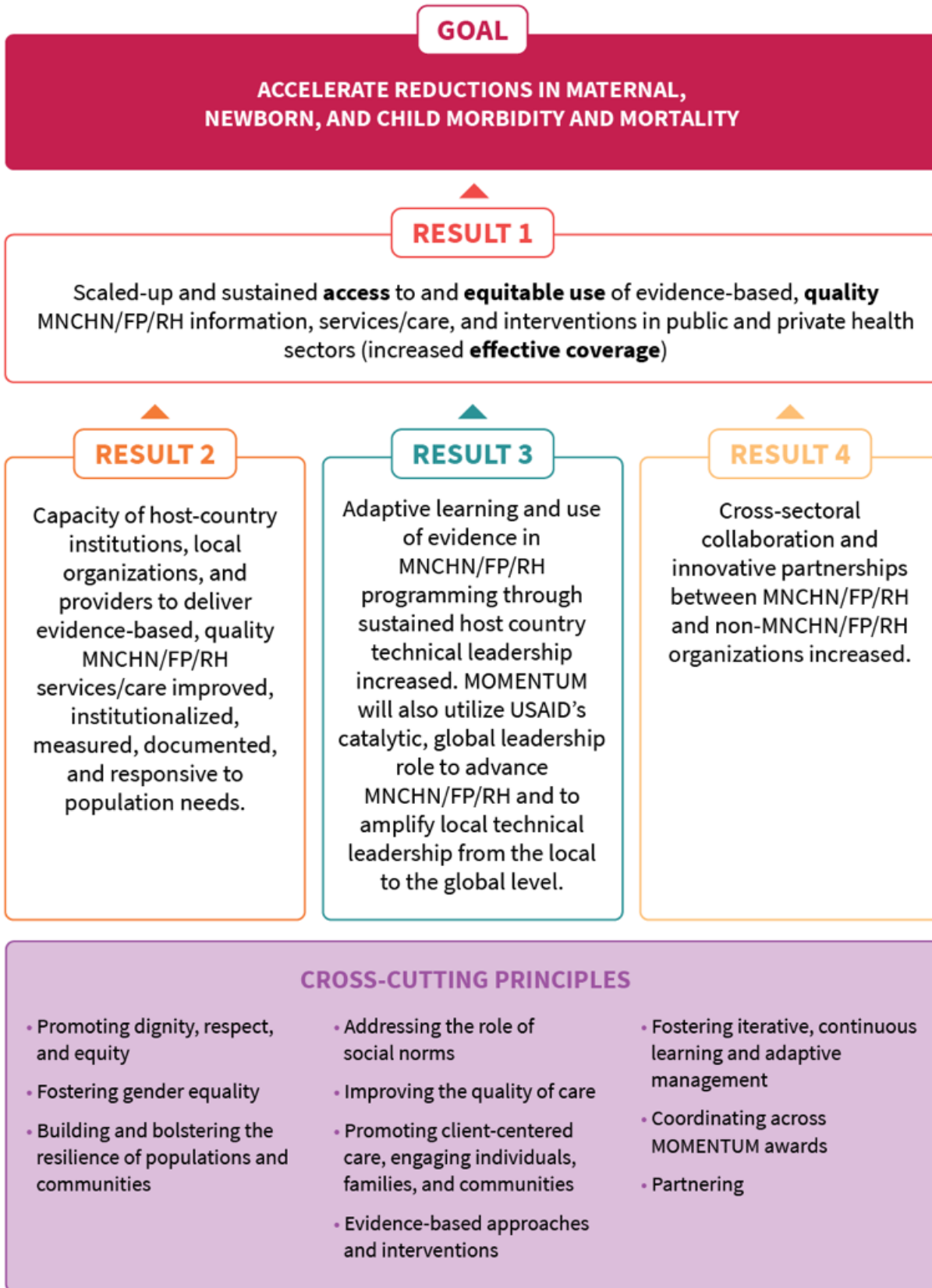
The mechanism works through a suite of global awards, with associated country field awards (focusing on integrated health resilience, country and global leadership, the private health sector and providers, safer surgical care for women, and strengthening routine immunizations) and other mission-supported awards working in concert to achieve MOMENTUM’s vision and objectives (see Figure 1). As of the initial submission of this framework in 2020, all core MOMENTUM awards had been awarded.

MOMENTUM is organized around goals and objectives (Figure 2) drawn from the MOMENTUM annual program statement (APS) 7200AA19APS0000 (GovTribe, 2019). The APS highlights four results that are expected to achieve the overarching goal of accelerating reductions in maternal, newborn, and child morbidity and mortality. Figure 2 also highlights cross-cutting principles for consideration when planning interventions and programs in MOMENTUM partner countries.

Figure 1. The MOMENTUM Suite of Awards



Figure 2. MOMENTUM Goals and Results



# MOMENTUM MONITORING, EVALUATION, AND LEARNING FRAMEWORK

The MOMENTUM Monitoring, Evaluation, and Learning Framework (MEL framework) was developed based on the key concepts, relationships, and pathways to achieve the four main results and ultimately improve the MNCHN/FP/RH outcomes described in the MOMENTUM theory of change. In doing so, the framework incorporates concepts and activities from each of the MOMENTUM awards.

The framework aligns with MOMENTUM's overall technical approach and other USAID guidance, including but not limited to:

- [ADS 201 on USAID's Program Cycle Operational Policy \(USAID, 2021a\)](#)
- [Evaluation Policy \(USAID, 2020\)](#)
- [ADS 579 on the Open Data Policy \(USAID, 2021b\)](#)
- [USAID Policy Framework \(USAID, 2019e\)](#)
- [Gender Equality and Female Empowerment Policy \(USAID, 2012c\)](#)
- [Collaborating, Learning, and Adapting Toolkit \(USAID Learning Lab, n.d.-a\)](#)
- [Acquisition and Assistance Strategy \(USAID, 2018\)](#)
- [New Partnerships Initiative \(USAID, 2021c\)](#)
- [Guidance on sustainable development \(USAID, 2012a, 2019a, 2019d\)](#)
- [USAID Agency Learning Agenda for FY2022-2026 \(USAID, n.d.-a\)](#)
- [Private-Sector Engagement Policy \(USAID, 2019c\)](#)
- [Localization resources \(USAID, n.d.-g\)](#)
- [Vision for Health System Strengthening 2030 \(USAID, 2021d\)](#)
- [Health Systems Strengthening Learning Agenda \(USAID, n.d.-d\)](#)
- [Primary Impact \(USAID, n.d.-h\)](#)
- [Local Capacity Strengthening Policy \(USAID, n.d.-f\)](#)
- [Capacity 2.0 guidance \(USAID Learning Lab, 2017\)](#)

## Objectives

The purpose of the MOMENTUM MEL framework is to serve as the foundation for MOMENTUM to accelerate knowledge generation and use by generating, compiling, sharing, and using evidence and insights. It provides a framework for the MOMENTUM awards to:

- Guide qualitative and quantitative data collection, compilation, and synthesis for harmonization and reporting across awards.
- Generate evidence and insights associated with the learning agenda and adaptive learning across awards.
- Synthesize learning and experiences for broader technical and non-technical audiences.

The framework also specifies the information that each award should collect to meet MOMENTUM's strategic communications objective of sharing the MOMENTUM story with technical and non-technical audiences. Information included in the framework for this purpose includes the direct outputs of U.S. Government investments in MOMENTUM, the countries and districts covered, the health facilities reached, the size and demography of the populations served, and the associated changes in health outcomes.

MOMENTUM Knowledge Accelerator will conduct all relevant cross-award data analyses and syntheses necessary to communicate the successes of MOMENTUM to three primary audiences:

- USAID's Bureau for Global Health (on findings from global MOMENTUM implementation).

- Global and country-level public health practitioners (on results of country-level implementation).
- U.S. decision-makers (on results of U.S. Government investments).

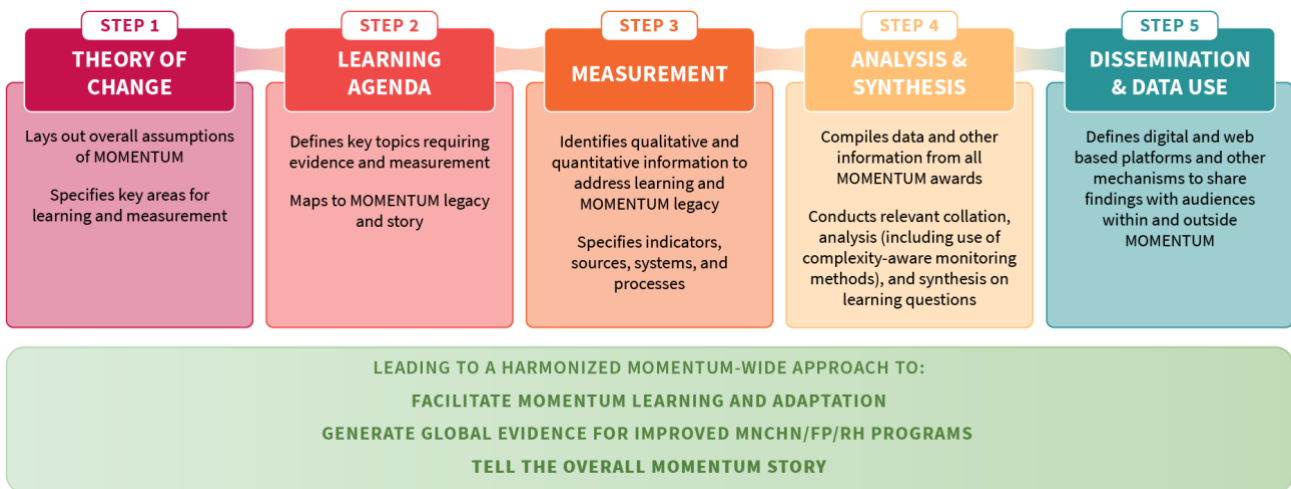
### How Does the MOMENTUM MEL Framework Address the Needs of Different Audiences?

- Country-level program implementers use the framework as a guide to monitor their programs and generate information for MNCHN/FP/RH program improvements within countries also using adaptive learning methods.
- Learning from MOMENTUM based on the domains and questions identified in the framework contribute to global learning relevant for global technical audiences.
- The framework presents indicators that serve as guides for performance monitoring reporting by MOMENTUM awards to USAID.
- From the strategic communications perspective, the main interest is in telling the MOMENTUM story to various audiences, including U.S. decision-makers. The choice of indicators and information generated by MOMENTUM will be made with such stakeholders in mind.

## Components

The MOMENTUM MEL framework is comprised of five main components that provide guidance to the MOMENTUM suite of awards (Figure 3). This section describes each component separately and how they work together across the awards to create harmonized approaches for measurement, learning, and adaptation.

**Figure 3. Components of the MOMENTUM MEL Framework**



## THEORY OF CHANGE

Theories of change provide road maps describing how and why a given set of interventions are proposed to lead to specific change, generally following “if/then” logic. Theories of change help to capture underlying assumptions about processes and to define information required to monitor progress during a project’s lifetime. The MOMENTUM theory of change gives an overview of how the MOMENTUM suite of awards will achieve its results, capturing in broad strokes how activities will lead to intermediate outcomes and, finally, to the results and goals as set forth by the APS. The MOMENTUM theory of change also captures some of the broad contextual factors that may influence

MOMENTUM success. Under the umbrella of the MOMENTUM theory of change, each MOMENTUM award will define its own theory of change aligned to its project implementation.

## LEARNING AGENDA

The MOMENTUM awards have a strong focus on learning. The umbrella APS calls for MOMENTUM awards to collaborate and share data and information with MOMENTUM Knowledge Accelerator to ensure the systematic analysis, synthesis, translation, and dissemination of learning from across the MOMENTUM suite. A learning agenda helps support program implementation with ongoing, iterative learning to achieve the best results. This framework presents the MOMENTUM learning agenda, intended to support the core awards and the country field awards in collaborating, learning, and adapting (CLA) as well to pause, reflect on, and review assumptions and approaches. USAID’s program cycle guidance (USAID, 2021a) highlights the interaction of the components of the program cycle and the important role CLA plays in linking them together. By integrating CLA principles into the framework, and through additional products such as the [Adaptive Learning Guide \(Ross et al., 2021\)](#) and [the Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects](#) (MOMENTUM Knowledge Accelerator, 2020b), MOMENTUM Knowledge Accelerator hopes to contribute to a strong evidence base and coordination within and across awards that allows for iteration and adaptation throughout the life of the MOMENTUM suite.

## MEASUREMENT

Data analysis to capture the progress and successes of MOMENTUM requires routine data compilation on programmatic activities from all awards in line with the theory of change. The framework outlines a list of MOMENTUM indicators required (as applicable) to assess country-level MNCHN/FP/RH service availability; service delivery/use; and quality, coverage, and equity. The framework provides guidance to the awards—including globally recommended standardized indicators, data sources, data collection practices, and data quality concerns—to enable cross-country comparison, data analysis, and synthesis by MOMENTUM Knowledge Accelerator.

Country field awards will use this information to develop locally adapted national- and sub-national-level MEL plans to facilitate the flow of consistent information from the sub-national level upward and support easy comparison across countries. Data compilation will include routine monitoring indicators and data from health facility assessments (HFAs) and household surveys to determine quality, coverage, and equity of MNCHN/FP/RH outcomes. Other data sources will include program records and relevant qualitative data and contextual information to interpret results.

## ANALYSIS AND SYNTHESIS

This framework provides guidance on different types of analysis that may be conducted with standardized data compiled from MOMENTUM country field awards. These include:

- Synthesizing and assessing cross-country trends in the results of program implementation across countries, including examination of coverage, equity, and quality outcomes related to MNCHN/FP/RH, where feasible.
- Mapping associations between outputs, intermediate outcomes, and MNCHN/FP/RH outcomes across countries, based on assumptions in the MOMENTUM theory of change.
- Interpreting findings, accounting for relevant qualitative data from complexity-aware monitoring methods.

The MOMENTUM awards have a strong focus on action-oriented monitoring and adaptive management to ensure that programs are implemented with ongoing iterative learning to achieve the best results. The MEL framework provides guidance to MOMENTUM global and country field awards on the range and scope of complexity-aware monitoring methods, when to use each method, data reporting processes and templates, and guidance for data analysis. The sharing of these data with MOMENTUM Knowledge Accelerator will both facilitate learning and inform the overall MOMENTUM story.

Data aligned with the MOMENTUM MEL framework will be analyzed, with results shared on the learning and success of MOMENTUM in achieving MNCHN/FP/RH outcomes. Most analyses are expected to include synthesis and assessment of cross-country trends. Analyses will also cover progress in building country-level commitment and capacity, adaptive learning and use of evidence, resilience, multi-sectoral initiatives, and partnerships, all key mechanisms in achieving the overall goal of the MOMENTUM suite.

## DISSEMINATION AND DATA USE

Learning from MOMENTUM implementation will be shared with technical and non-technical audiences in coordination with the MOMENTUM awards. Methods of information sharing will include presentations and webinars; updates and dashboards on the MOMENTUM website and MOMENTUM knowledge management platforms; reporting to USAID; participation in technical meetings and conferences; and technical documents, including infographics, reports, and peer-reviewed journal articles. Learning shared with various stakeholders can inform programming by the MOMENTUM awards; USAID and implementing partners; and MNCHN/FP/RH practitioners at the global, regional, and country levels.

## A Living, Co-Created Framework

The MOMENTUM MEL framework is a living, co-created document drafted with input from key stakeholders from USAID's Bureau for Global Health and current MOMENTUM awardees from Round 1 (Integrated Health Resilience), Round 2a (Country and Global Leadership), Round 2b (Private Healthcare Delivery), Round 3a (Safe Surgery in Family Planning and Obstetrics), and Round 3b (Routine Immunizations Transformation and Equity). The framework incorporates activities, themes, indicators, and questions relevant to all MOMENTUM awards. . In the June 2024 revision of this framework, updates to formatting and references were made, as well as an update to the precise definition of the numerator and denominator of indicator MNCH.2; the updated definitions can be found in the PIRS. Future amendments to this framework are not expected unless found to be essential.

## Adapting to COVID-19

The COVID-19 pandemic has had far-reaching secondary effects on the provision of MNCHN/FP/RH services by health systems in low- and middle-income countries, as resource allocations shifted in response (WHO, 2020). The pandemic has affected and will continue to affect the implementation and monitoring and evaluation of MOMENTUM programs. Countries have emphasized improved water, sanitation, and hygiene (WASH) access and practices and infection prevention and control (IPC) measures to prevent the spread of COVID-19. As a result, MOMENTUM programming and use of resources through country field awards have shifted to address expanded WASH and IPC efforts. At the same time, responses to the pandemic have introduced disruptions in care-seeking and service delivery for MNCHN/FP/RH as health systems redirect resources toward prevention, contact tracing, and treatment for COVID-19, and communities implement lockdowns and social distancing measures. There is, however, mixed evidence of declining service provision and service demand at both public and private health facilities (Chiappani et al., 2021; Wood et al., 2021).

MOMENTUM is accounting for the effect of COVID-19 in its learning topics, data collection methods, measurements, and interpretation of findings in several ways:

- Project implementation and learning will focus on understanding the response to COVID-19 and secondary effects on MNCHN/FP/RH services.
- [Evidence on successful adaptations to COVID-19 realities](#) is an important part of the MOMENTUM learning agenda, providing insight on systems and community resilience as well as strategies to provide and maintain equitable access to high-quality services (Ivankovich, 2020).



- From the monitoring and evaluation perspective, COVID-19 impacted the availability, timeliness, and quality of routine health management information systems (HMIS) data. These impacts will be considered when interpreting results.
- At the height of the pandemic, surveys and assessments using in-person data collection were not always possible, and data collection often relied on alternative methods, including digital, participatory, and self-reporting methods. Assessment tools, including HFAs, may have been modified in various ways, such as shortening length, reducing complexity, and removing direct observation modules. In some cases, standard data collection and assessment activities were bypassed or delayed during the first year of the pandemic. Qualitative data were also more difficult to collect.
- The interpretation of findings from MOMENTUM program implementation will need to factor in the effect of COVID-19 and accompanying mitigation policies and practices on MNCHN/FP/RH services. MOMENTUM-related analysis could draw upon the technical guidance led by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) on [monitoring essential services during COVID-19 and other outbreaks](#) (WHO, 2021).
- MOMENTUM Knowledge Accelerator remains abreast of USAID's efforts to implement the COVID-19 monitoring and evaluation framework and learning agenda, including its results areas and data collection systems focusing on COVID-19 mitigation efforts, as well as any effort to examine secondary effects of COVID-19 on provision of MNCHN/FP/RH services. MOMENTUM Knowledge Accelerator will explore opportunities to contribute MOMENTUM evidence to the COVID-19 learning agenda as they emerge.

## Challenges

Development of the MOMENTUM MEL framework comes with several challenges:

- The framework serves the needs of multiple audiences, each with different needs. Standardized indicators, data sources, and data collection methods must be harmonized with individual award MEL plans at the global and country levels and also meet the needs of the different groups.
- MOMENTUM offers a broad range of implementation strategies to improve MNCHN/FP/RH coverage, equity, and quality of service provision that are expected to bring about declines in morbidity and mortality. The framework must maintain a balance between measuring the role and effect of these interventions while minimizing the MEL burden for program implementers in countries. There is also a need to balance the breadth and depth of analyses used to tell the MOMENTUM story.
- Selection of indicators, data sources, frequency of data collection, and analysis should strive for a balance between what is perfect and what is sufficient to meet the needs of the various audiences.

## THEORY OF CHANGE

The results framework presented in Figure 2 is the foundation of the MOMENTUM theory of change, which provides an overview of how the suite of awards will achieve its results. It captures, in broad strokes, how award activities will lead to intermediate outcomes and, ultimately, to the goals set forth by the APS. Like all theories of change, the hypothesized connections between actions, short- and long-term outcomes, and results and impact must be reviewed periodically as part of adaptive management. The theory of change may be adjusted if previous assumptions are found to be inappropriate or in response to shifts in the context in which MOMENTUM operates.

The MOMENTUM theory of change is not meant to replace or supersede the individual theories of change for the MOMENTUM awards. Rather, it is complementary, providing a “meta” overview of how the MOMENTUM awards support countries in their journeys toward sustainable development, decreased maternal and child morbidity and

mortality, and increased use of family planning. Awards, particularly field awards, each have different focus areas; for example, MOMENTUM Integrated Health Resilience centers on building health resilience in fragile settings. Therefore, award-specific theories of change may hone in on certain elements of the MOMENTUM theory of change. Award-specific theories of change will also provide greater detail on the approaches used to achieve intermediate outcomes and, ultimately, results.

The MOMENTUM theory of change is critical to defining the MOMENTUM learning agenda, as it elucidates the pathways that require data and documentation to capture learning. The MOMENTUM theory of change is dynamic—initial assumptions will need to be reviewed and revised over time, in alignment with adaptive management principles, and with inputs from the MOMENTUM awards. For example, language and underlying assumptions around health resilience will be updated as MOMENTUM Integrated Health Resilience finesses this definition.

The MOMENTUM theory of change was developed by MOMENTUM Knowledge Accelerator, with iterative reviews, inputs, and feedback from USAID and the MOMENTUM awards. It builds on the MOMENTUM results framework by incorporating intermediate results and fundamental principles. Possible causal pathways between results and principles were mapped; then, following an internal review and discussion with USAID, MOMENTUM Knowledge Accelerator revised the draft, adding new elements, streamlining language, and incorporating the theory of change for the two existing awards at the time (MOMENTUM Knowledge Accelerator and MOMENTUM Country and Global Leadership).

The MOMENTUM theory of change aligns with the theories underpinning USAID's priorities as described in Acting on the Call (USAID, 2019a), the USAID Policy Framework (USAID, 2019e), the sustainable development documents (USAID, 2012a, 2019a, 2019d), and the Private-Sector Engagement Policy (USAID, 2019c). The initial draft was a complicated array of elements with multiple feedback loops, mediators, and moderators. Subsequent rounds of review revealed the need for the theory of change to be broad enough to capture the approaches of the different MOMENTUM awards without being prescriptive and yet simple enough to understand by a broad audience. The more complex version was nonetheless important for determining the information MOMENTUM Knowledge Accelerator needed to define and prioritize the MOMENTUM learning agenda; it is also used as operational guidance for MOMENTUM Knowledge Accelerator for prioritizing data and finessing learning topics.

The resulting theory of change (Figure 4) shows that MOMENTUM takes actions to strengthen service delivery, address social factors influencing health, and strengthen health resilience and sustainable development. These actions may occur at multiple levels of ecological frameworks; for example, actions to foster gender equality may take place at the policy, facility, and community levels. Types of actions rather than specific actions are described; awards implementing activities in MOMENTUM countries will identify and define specific actions. The actions incorporate the cross-cutting principles described in the umbrella APS, as well as key strategies highlighted in the APS and mentioned by the individual awards.

Actions work together to generate a set of intermediate outcomes. They may contribute to a wide range of outcomes related to improved access, use, and coverage of MNCHN/FP/RH services; increased national and local capacity; and strengthened multi-sectoral and innovative partnerships. An action may have ripple effects in other areas; for example, efforts to strengthen health service delivery could also strengthen capacity.

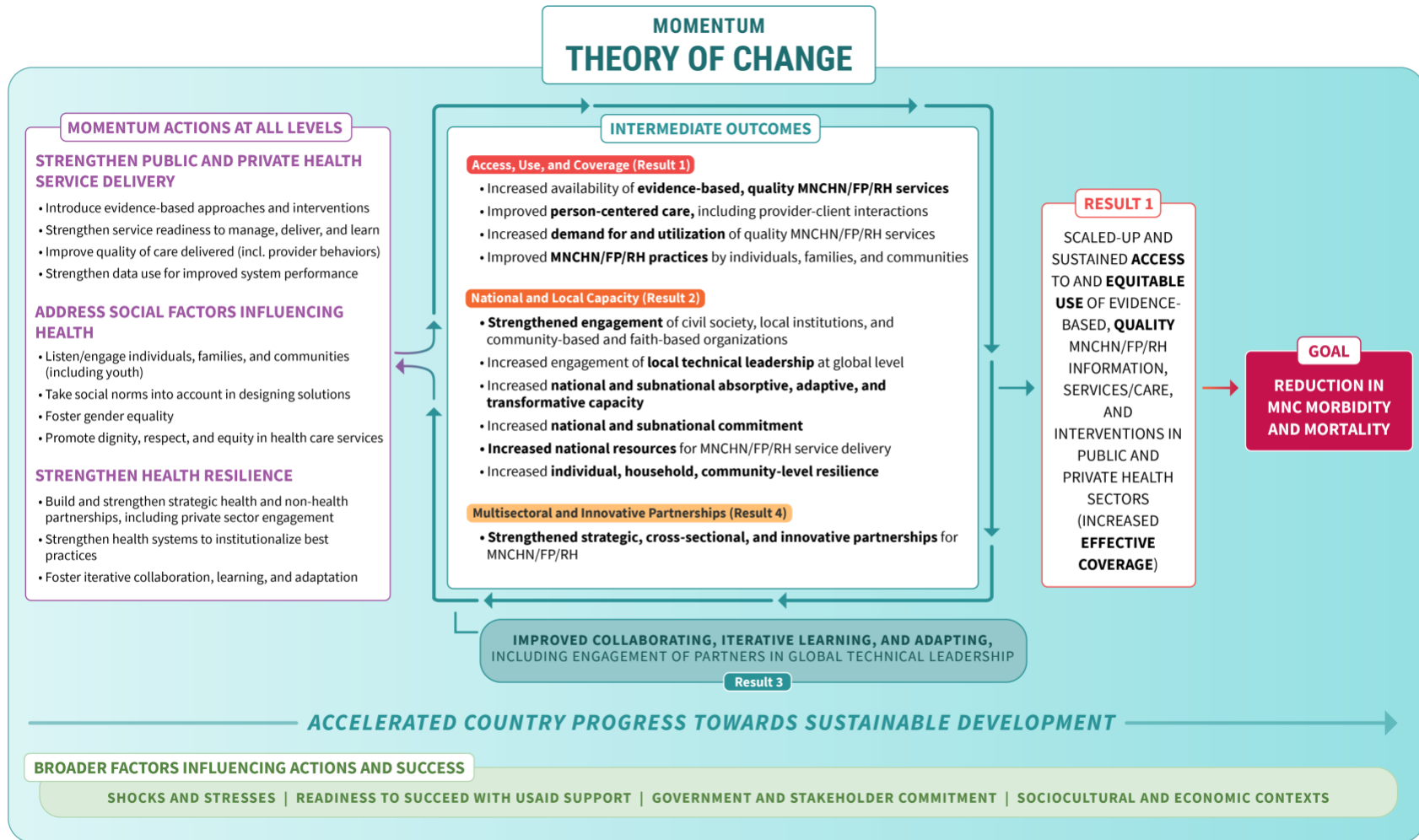
Actions and intermediate outcomes are influenced by iterative CLA along with inputs from implementation partners engaged at the global level. Changes in the strategies and approaches in the action areas may occur as new evidence emerges and as progress in intermediate outcomes is assessed.

Interactions among intermediate outcomes contribute to progress in scaled-up and sustained access to and equitable use of evidence-based, quality MNCHN/FP/RH information, services/care, and interventions in the public and private

health sectors, leading to reduced morbidity and mortality among women and children. Intermediate outcomes also contribute to countries' progress in their individual journeys toward sustainable development.

MOMENTUM's actions and expectations are occurring within contexts involving sociocultural and economic factors, commitments of governments and other stakeholders, varying levels of readiness to succeed with USAID support, and both predictable and unforeseen shocks and stresses. These evolving contextual factors may influence the strategies and approaches of the MOMENTUM suite and affect the underlying assumptions of the project.

Figure 4. MOMENTUM Theory of Change



# LEARNING AGENDA

## 2022–2026 USAID Agency Learning Agenda Questions

1. How can USAID better **streamline systems, processes, and resources** to meet **long-term needs** identified by Missions, while enabling the flexibility to **respond quickly to unexpected shifts in context**?
2. How can USAID strengthen household, community, and country **resilience to climate, conflict, economic, and health** shocks, such as COVID-19 and other global pandemic threats?
3. How can USAID best engage global actors, partner countries, and local leaders to mitigate the **climate crisis** and support equitable adaptation to its impacts?
4. How can USAID work with partner countries, interagency colleagues, and other development actors to address **systemic corruption** through multi-sectoral approaches?
5. How can USAID advance an affirmative, sustainable development approach to mitigate **authoritarian or malign influences and actions**?
6. How can USAID better address drivers of **migration and forced displacement** through evidence-informed decision-making?
7. How can USAID programs and operations **mitigate harm** to underrepresented and marginalized populations, while promoting **equity and inclusion**?
8. How can USAID more equitably engage **local knowledge, assets, and practices** and align programming with local priorities and metrics for success?
9. How can USAID’s **partnerships** with the private sector; local, faith, and nontraditional partners; and other donors contribute to **sustainable development objectives**?

A learning agenda helps programs incorporate ongoing, iterative learning to achieve results. The MOMENTUM learning agenda is meant to support the awards to pause, reflect, and review assumptions and approaches to improve program implementation. It is intended to be used by the awards in CLA broadly, complementing award-specific learning agendas. USAID’s program cycle guidance (USAID, 2021a) highlights the interaction of the program cycle’s components and the roles that CLA plays in linking them together. MOMENTUM Knowledge Accelerator hopes that integrating CLA principles and approaches described in its various products, such as the [Adaptive Learning Guide](#) (Ross et al., 2021), the [Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects](#) (MOMENTUM Knowledge Accelerator, 2020b), and the [MOMENTUM Knowledge Management Plan](#), along with coordination within and across awards, will contribute to a strong evidence base and allow iteration and adaptation to occur throughout the life of the MOMENTUM suite. Additionally, MOMENTUM hopes that its learning agenda will have broader interest and application beyond the awards; accordingly, lessons learned will be shared with stakeholders beyond the MOMENTUM suite.

The [USAID Agency Learning Agenda for FY2022-2026](#) (USAID, n.d.-a) is designed to engage key internal and external stakeholders in the generation, synthesis, sharing, and use of evidence to inform decision-making. The nine questions prioritized in the Agency’s learning agenda provide an overarching framework into which Bureaus, Missions, and partners can contribute evidence generated to achieve the Agency’s policy priorities. MOMENTUM’s learning agenda aligns with the Agency’s learning agenda, contributing to evidence and topics related to resilience, equity and inclusion, localization, and partnerships (see box).

MOMENTUM's APS says that the awards are required to collaborate and share data with MOMENTUM Knowledge Accelerator for systematic analysis, synthesis, translation, and dissemination of learning across MOMENTUM. More information on information and data sharing can be found in the [MOMENTUM Research Transparency and Data Sharing Guidance](#).

## Importance of Priority Learning

USAID defines a learning agenda as including the following elements (USAID Learning Lab, n.d.-b):

- Questions addressing critical knowledge gaps.
- Associated activities to answer the questions.
- Products to disseminate findings and promote usage and application.

While each MOMENTUM award has its own learning agenda, a shared learning agenda is of interest and value to many. The MOMENTUM learning agenda can contribute to the use of data and evidence for improved MNCHN/FP/RH policies and programs, help accelerate reductions in maternal and child health morbidity and mortality, and fulfill USAID's catalytic role in global technical leadership in MNCHN/FP/RH. The MOMENTUM learning agenda also contributes to a better understanding of how to support countries in their journeys toward sustainable development. In addition, the MOMENTUM learning agenda contributes to the four intermediate results associated with Result 3 of the MOMENTUM results framework (Figure 2).

The MOMENTUM learning agenda aims to:

- Capture relevant, prioritized learning that cuts across the suite of awards.
- Test and explore assumptions and hypotheses from the MOMENTUM theory of change.
- Fill knowledge gaps critical for the MOMENTUM suite to make informed decisions, including course corrections.
- Generate new evidence for MOMENTUM and its partners.
- Contribute to filling knowledge gaps important to the USAID portfolio and a larger body of country and global stakeholders.

## Developing the Learning Agenda

The MOMENTUM learning agenda intends to inform and capture adaptations across the suite based on emerging evidence. Therefore, the MOMENTUM learning agenda is a living document, continuously developed through document reviews, consultations with USAID and the MOMENTUM suite, and reflections on future adaptations to maximize the effectiveness of MOMENTUM over its lifespan.

Documents reviewed to develop the learning agenda include the umbrella APS; the [USAID learning agenda for FY2022-2026](#) (USAID, n.d.-a), USAID learning agendas on achieving sustainable development (USAID, 2019d), private-sector engagement (USAID, 2019c), and health systems strengthening (Bureau for Global Health, 2017); and global learning agendas tied to quality of care (Network for Improving Quality of Care for Maternal, Newborn and Child Health & WHO, 2018, 2019) and family-centered care for newborns (WHO & UNICEF, 2019). The proposed core learning areas for the existing awards were reviewed and updated based on consultation with USAID staff and the awards. The MOMENTUM learning agenda is aligned with the MOMENTUM strategic communications story, which needs evidence; the two will continue to be compared periodically.

The initial learning areas were prioritized; further prioritization will occur within each area as field awards are made and implemented. To date, prioritization criteria for learning areas include:

- Importance to and contribution by multiple awards.
- Potential to lead to actionable results by the awards, national governments and their partners, USAID, and the global community.
- Potential for lowering the cost or improving cost-effectiveness of achieving key outcomes.
- Feasibility of addressing with minimal additional resources in the course of ongoing work.
- Extent to which it addresses and/or captures cross-cutting principles.
- Extent to which it contributes to prioritized messages for strategic communications.
- Extent to which it is prioritized by USAID, including headquarters and Mission staff.

Prioritization of learning areas took place through the MOMENTUM Monitoring and Evaluation, Innovation and Learning Working Group (ME/IL working group), in collaboration with USAID and the MOMENTUM awards. The final learning agenda was socialized across MOMENTUM and among relevant external stakeholders.

## Priority Areas for Learning

The four priority areas of MOMENTUM learning, listed below, map to and address the underlying assumptions of the MOMENTUM theory of change:

- How are MOMENTUM-supported countries achieving health-related successes in coverage, quality, and equity?
- What is MOMENTUM's legacy in supporting countries toward sustainable development?
- How is CLA being used to achieve successes through MOMENTUM?
- What are MOMENTUM's contributions to global leadership?

The contribution of specific approaches and actions to improve quality of care, effective coverage, and equity, including increasing capacity, leveraging strategic partnerships, and increasing health system resilience, will be highlighted within these four areas, as appropriate and relevant.

Appendix A presents an initial mapping of the four learning areas to learning topics and subtopics that can be adapted by the awards. The information and the explorations proposed will be summarized in learning topic reference sheets (LTRSs); an LTRS template appears in Appendix B. LTRSs capture the following information:

- Background and importance of the learning topic.
- Relation and/or contribution of the topic to the MOMENTUM theory of change.
- Approach to exploring the learning topic.
- Associated questions in award-specific learning agendas.
- Associated legacy areas and communication themes in the MOMENTUM story.
- Information and possible sources for exploring the learning topic.

In collaboration with the other awards, MOMENTUM Knowledge Accelerator will define mechanisms to operationalize the MOMENTUM learning agenda. This will include, but not be limited to, joint development with USAID and the awards of standardized guidance on data sources, collection, analysis, and interpretation for the prioritized learning topics. Joint development will identify ways to collect information using similar methodologies and sources, increasing comparability and synthesis. The building out of the MOMENTUM learning agenda starts with a clear articulation of each learning topic, its importance, and underlying assumptions. Full descriptions of required

information and sources will be developed by MOMENTUM Knowledge Accelerator in collaboration with the other awards and USAID.

For more information, see the [MOMENTUM learning agenda brief](#). More information on the analytic methods related to exploring the learning topics follows in the [Analysis and Synthesis](#) section.

## MEASUREMENT

Data to support learning topics and highlight MOMENTUM findings will come from several sources. The main source of health services data compiled by MOMENTUM awards at the sub-national level is the routine HMIS. To capture the role of interventions along the pathways hypothesized in the MOMENTUM theory of change, other data sources and compilation methods are also needed, including surveys, HFAs, review of program records, and qualitative data collection methods. Details on these data, including data collection methods, are presented below.

### Spotlight on MOMENTUM Resources for Measurement

- [A Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects](#)
- [MOMENTUM Tools for Primary Impact](#)
- [MOMENTUM Modular Health Facility Assessment](#)
- [Improving Metrics and Methods for Assessing Experience of Care Among Children and Caregivers in Low- and Middle-Income Countries](#)
- Webinars: [Assessing and Improving the Quality of Health Care and Systems at the Healthcare Facility and Beyond: Experience from the WHO Western Pacific Region](#)

## Routine Data

### DATA COLLECTION AND COLLATION

With the objective of relying on existing data when possible and not creating parallel data collection systems, MOMENTUM awards, in coordination with country field awards, will compile routine data in two main areas:

- Country-level service delivery and program indicators that focus on the availability, provision, and quality of MNCHN/FP/RH services (Result 1).
- Indicators representing other results areas and cross-cutting themes, such as country-level commitment and capacity to provide MNCHN/FP/RH services, community engagement, digital health and innovations, resilience, adaptive learning, multi-sectoral initiatives, and partnerships, including but not limited to private-sector engagement (Results 2–4).

Each award will compile these data on a monthly, quarterly, or annual basis at the country, sub-national, and/or facility level—depending on the award, indicator, and data systems—in countries where MOMENTUM programs are being implemented. Each award will report these data based on their activity monitoring, evaluation, and learning plan (AMELP). They will also share relevant data with MOMENTUM Knowledge Accelerator for further collation, analysis, and synthesis, in alignment with the [MOMENTUM Research Transparency and Data Sharing Guidance](#). The [Analysis and Synthesis](#) section of this document provides more details on this process. Specific information on indicators is presented below.



## SELECTION OF INDICATORS

Recommended data sources and flows: Recommended data sources include country HMIS and private health sector providers' information systems; logistics management information systems (LMIS); award/program records and rapid HFAs, including exit interviews; and others. As previously mentioned, awards should draw heavily from national HMIS when possible and relevant, including the District Health Information Systems 2, widely used to aggregate sub-national-level data across low- and middle-income countries. Doing so will reinforce existing systems, avoid duplication of data collection efforts, and allow MOMENTUM Knowledge Accelerator to carry out cross-award analyses more efficiently.

## CRITERIA FOR INDICATOR SELECTION

The main factors influencing indicator choice and data sources are presented below.

**TIMELINESS AND AVAILABILITY:** Routine HMIS and LMIS data collected at the community and facility levels and routinely reported to sub-national and national levels will serve as the primary source for assessing service delivery and quality and overall program performance. These data are compiled and aggregated on a regular basis—monthly or quarterly—and used by Ministry of Health staff across levels for review, planning, and resource allocation. MOMENTUM will draw heavily on national HMIS and LMIS where feasible to build on and strengthen existing systems and avoid duplication of data collection.

**CRITICAL INFORMATION ON HEALTH SYSTEM PERFORMANCE:** HMIS data can be extracted for MOMENTUM-supported sites and reviewed over time to assess award contributions to outcomes. HMIS data provide timely insights on key health service performance indicators. These data are continuously available for program monitoring and provide a granular level of information, facilitating a better understanding of performance. LMIS data also provide information on the availability and distribution of health-related commodities, including drugs and vaccines. Private association or union program records can provide similar information on service delivery in the private sector.

**ALIGNMENT WITH GLOBAL INDICATOR GUIDANCE:** The indicators included in this framework are standard U.S. Government and WHO indicators that capture service availability, service delivery and use, and quality across technical areas. These indicators draw on global guidance for monitoring service delivery and quality at health facilities (WHO, 2019) and on the existing maternal and newborn quality of care monitoring framework (WHO, n.d.-a). The global community, led by WHO, is also working to align common indicators for the pediatric quality of care standards (child and adolescent) and small and sick newborns (WHO, 2018; WHO & UNICEF, 2019). Once these are finalized, they will be used to adjust and prioritize quality of care indicators across the MOMENTUM suite of awards.

**STANDARDIZED INDICATORS WITH CONSISTENT DEFINITIONS:** To permit comparison, indicators compiled across countries and technical areas need to be standardized and specific. The definitions of some HMIS indicators are somewhat consistent across countries, facilitating cross-country analysis. However, variations across countries are evident from recent reviews of HMIS data across technical areas (Maternal and Child Survival Program, 2018b, 2019). In such instances, proxy indicators will be used, noting specific differences. For example, some countries do not collect the data elements for treatment of childhood diarrhea with oral rehydration salts and zinc. In these cases, the denominator—number of cases under 5 years of age seen with diarrhea—should be collected and could be tallied with the number of cases of childhood diarrhea treatment with appropriate notation.

**OTHER RESULTS INDICATORS:** Data on the domains in the MOMENTUM theory of change beyond service delivery will be captured primarily from program records and qualitative narratives across the awards to help MOMENTUM Knowledge Accelerator use data for analysis and storytelling. Although they may be reported by MOMENTUM awards as part of their performance monitoring efforts, these indicators will also be used to track progress in domains in the theory of change and programmatic learning.

## DISAGGREGATION AND LEVEL OF INDICATOR MEASUREMENT

At a minimum, it is recommended that awards collect and report data at the district level on indicators pertaining to service delivery and health outcomes (Result 1) wherever feasible and appropriate. District-level data will provide a level of granularity and allow for comparisons across contexts, countries, and awards, meeting the award's reporting needs while also enabling MOMENTUM Knowledge Accelerator to provide meaningful insights with cross-award analysis. Further disaggregation by characteristics such as age group (including youth), technical or cross-cutting area, or type of service delivery point is suggested, where appropriate, to capture variations that may reflect equity considerations. Other disaggregation will depend on the technical area of focus. Some disaggregation parameters may not be feasible for all settings, based on the country context, strength of the national HMIS, the level where MOMENTUM interventions are occurring, and other factors. Data on Results 2–4 indicators are collected at the country or district level, depending on the indicator.

While individual awards may collect data at the facility level for program management, this information will not be required for the MOMENTUM framework. MOMENTUM Knowledge Accelerator will ask that awards provide information on the number of facilities supported by each MOMENTUM award, along with the size of the catchment populations—where available and feasible to collect—in order to have a comprehensive understanding of the data and perform meaningful analyses.

## MOMENTUM SERVICE DELIVERY INDICATORS

Routine programmatic data on service statistics, including standard U.S. Government and WHO indicators, will be the main source of data on public- and private-sector service delivery across the different technical areas in MNCHN/FP/RH. Analyses of these data primarily relate to Result 1. The specific indicators of interest are presented in Appendix C, and all indicator details are outlined in the performance indicator reference sheets (PIRSs). Definitions of disaggregation parameters are presented in Appendix D. It is important to note that data on all indicators will be collected at the district level, disaggregated by urban/rural status of the district, and include separate data elements for the numerator and denominator.

Country-level sources for these data include:

- HMIS: HMIS data provide information on service statistics across technical areas. Although indicators definitions may vary slightly across country routine information systems, data on the specified indicators will be compiled across countries to the extent possible. Any variations will be noted, and data from proxy indicators will be compiled as needed.
- Community-based HMIS: In countries/districts where MOMENTUM is supporting community-based approaches, data from community-based HMIS will be compiled.
- LMIS: Information on the availability of key commodities will be tracked in countries with a functioning LMIS.
- Rapid HFA and exit interviews (where possible): Service readiness and quality of care are key measures for MNCHN/FP/RH interventions. Rapid HFAs and client exit interviews in public and private health facilities can capture these data on a routine basis, where feasible and applicable; for example, countries implementing quality improvement approaches in facilities may carry out these assessments on a routine basis. Such measures are often captured at baseline and endline; they are discussed in greater detail below in the Evaluation of Outcomes: Quality, Coverage, and Equity section.
- Other data sources: Data on service delivery and program indicators for the private sector will be accessed from other sources, such as private association/union program records or project information systems, particularly in countries where they are not fully reported into national systems.

## MOMENTUM INDICATORS ON PROGRAM RESULT AREAS AND DOMAINS

Measurement in other MOMENTUM activity domains—including country commitment, capacity, community engagement, and resilience (Result 2); adaptive learning and use of evidence, global leadership, and knowledge management (Result 3); and innovation, digital health, and partnerships (Result 4)—will primarily come from program records and qualitative narratives. MOMENTUM awards may also conduct assessments to capture changes in these domains resulting from programmatic interventions. Appendix E presents specific measurements, with detailed definitions in the PIRS. These resources were developed in consultation with USAID and the MOMENTUM awards. The finalization process was guided by landscape reviews of [existing measures of capacity, adaptive learning and use of evidence](#), and [partnerships](#), followed by technical consultations with USAID staff and the MOMENTUM awards.

In the June 2022 update to this framework, selected higher-level measures of capacity strengthening, adaptive learning, and partnerships associated with Results 2–4 were removed from the list of recommended indicators. They are now included in Appendix F as areas for further exploration. It is important to note that these measures focus on the effects of capacity strengthening, adaptive learning processes, and partnerships, data for which may be compiled using low-touch complexity-aware monitoring methods. These results are more appropriate for inclusion in qualitative narratives. Although each project will need to define a specific approach and data collection methods, the PIRSs provide broad guidance.

In the June 2024 revision of this framework, updates were made to the precise definition of the numerator and denominator of indicator MNCH.2; the updated definitions can be found in the PIRS. In addition, the MOMENTUM MNCH/FP/RH service delivery indicators were mapped to the indicators suggested in the WHO document *Analysis and Use of Health Facility Data: Guidance for Maternal, Newborn, Child and Adolescent Health Programme Managers*. Deviations between the MOMENTUM and WHO indicators are noted in [this document and in the PIRS](#), but no edits were made to the MOMENTUM indicators as a result of this activity.

**PROGRAM RECORDS:** The primary data source on these domains is a review and narrative of program activities by partners implementing country field awards. The range of information covered could include the development of national or sub-national policies, details of private-sector engagement and multi-sectoral initiatives in service delivery, efforts to build human resource capacity and its effects, and the extent to which innovative practices and models were scaled up because of MOMENTUM. Data on most of these measures may be compiled on a semi-annual or annual basis from the country field awards, as changes in a shorter time frame are unlikely.

**OTHER ASSESSMENTS:** Country field projects may provide information on domains such as capacity, partnerships, and adaptive learning and data use through complexity-aware monitoring and other mixed methods approaches every one to two years or at the end of the project. In such cases, MOMENTUM awards will need to provide an accompanying narrative description of findings for selected indicators based on pre-specified guidelines to support cross-award analysis and synthesis. Awards may conduct additional assessments appropriate to the country context beyond those mentioned in this MEL framework, including capacity assessments such as the Organizational Performance Index (Pact, 2017) or the Integrated Technical Organizational Capacity Assessment (LINKAGES Project, 2016) or resilience assessments such as Resilience for Social Systems (McCaul et al., 2019). Findings from these assessments may be shared with MOMENTUM Knowledge Accelerator for synthesis, even though the assessment type may not be harmonized across awards.

## CONTEXTUAL INDICATORS

Progress by MOMENTUM country field awards is hard to assess without basic contextual information, including the country's health situation; socioeconomic, demographic, and health systems characteristics; and country processes. Countdown to 2030 (2017) outlines key contextual drivers for equitable and effective intervention coverage for MNCHN/FP/RH, based on social determinants, health systems and policies, financing, and the broader political

economy. Particularly in fragile settings, it is also important to consider any shocks and stresses to the system that may influence health service provision and the uptake of services; for instance, the global shock of the COVID-19 pandemic has manifested in different ways across countries. Other published literature also provides guidance on relevant health systems drivers for measurement (George et al., 2019).

The contextual indicators presented were finalized after discussions with USAID and the MOMENTUM awards to decide which information would be most relevant to compile and analyze alongside the quantitative data. MOMENTUM Knowledge Accelerator will compile these data from MOMENTUM awards for specific countries and districts where country field awards are implemented.

Data for these contextual indicators include:

- Background information on the program context, such as the number of public and private health facilities and the catchment population in MOMENTUM intervention areas obtained from the HMIS and other country sources. Other program records could include reports of training and capacity-building efforts and partnerships established.
- Data on other contextual factors, such as shocks and stresses and stock-outs of tracer medications and vaccinations.

Program contextual indicators covering these topics are presented in Appendix G, with more details in the PIRs.

MOMENTUM Knowledge Accelerator will compile and analyze additional data from secondary sources, such as:

- National and sub-national government records and other databases on policies and funding for MNCHN/FP/RH programs, including the PATH COVID-19 policy dashboard (Path, 2020), to determine government commitment.
- [Countdown to 2030's \(2023\) country profiles](#); USAID's (n.d.-e) [J2SR Secondary Metrics compendium](#); the [World Bank's \(2021\) DataBank](#); recent [Demographic and Health Surveys](#) (The DHS Program, n.d.-a, n.d.-b); [Multiple Indicator Cluster Surveys](#) (MICS) Program (n.d.) surveys; the [World Bank's \(n.d.\) Living Standards Measurement Study](#) data; HFAs, such as the [Service Provision Assessment](#) (SPA) and the [WHO's \(n.d.-b\) Service Availability and Readiness Assessment](#) (SARA); and WHO and UNICEF estimates.

## DATA QUALITY ISSUES AND MECHANISMS

Data are not meaningful unless their quality is assured. Quality control will need to be applied for all data compiled from country field awards based on this MOMENTUM MEL framework. MOMENTUM awards at every step of the process will need to check country/district data for completeness and timeliness, internal consistency, and external consistency before they are shared. These reviews should involve comparisons with other data sources as well as discussions with technical and program management teams. The reviews should also involve checks for outliers and missing data, with an effort to determine reasons for data completeness and quality issues. All effort should be made to correct data errors at the country level before data are reviewed again by the MOMENTUM global awards and then loaded into the MOMENTUM data platform or used for further analysis or reporting.

Once MOMENTUM awards share routine data, MOMENTUM Knowledge Accelerator will perform additional high-level data completeness and quality checks before any cross-award analyses. The intensity of these checks will depend on the type and complexity of the analysis. For example, analyses aggregating overall numbers to demonstrate the geographical coverage and reach of MOMENTUM awards will require “light touch” data quality checks. More complex, cross-MOMENTUM analyses to answer learning questions will require thorough data quality checks and consideration of data “correction” or “smoothing” methods—such as systematic or random imputation of missing data. Discussions are ongoing between MOMENTUM Knowledge Accelerator and other MOMENTUM awards about the appropriate levels of data quality assurance for different types of cross-MOMENTUM analyses. Discussion

topics include identifying the most efficient mechanisms for MOMENTUM Knowledge Accelerator to provide feedback to the awards about the completeness and quality issues.

## Evaluation of Outcomes: Quality, Coverage, and Equity

The critical outcome in MOMENTUM’s theory of change is *sustained access to and equitable use of evidence-based, quality MNCHN/FP/RH information, services/care, and interventions (increased effective coverage)*. Thus, quality, coverage, and equity will be important metrics to evaluate MOMENTUM’s achievements and to tell its collective story. Where the MOMENTUM suite has field awards with either significant funding and implementation planned for two or more years or that include special studies, there may be opportunities to evaluate improvements in these metrics resulting from project interventions. Such evaluations will depend on funding from missions within the field awards.

### DATA COLLECTION AND COLLATION

#### QUALITY

Routine data from the HMIS and other sources can only capture limited information about the quality of care received by clients. In-depth or rapid HFAs, where not incorporated into routine data collection, will be needed to evaluate changes in service quality. HFAs may include audits of service readiness, direct observation of service quality, client exit interviews, vignettes/roleplays, and register reviews, depending on the depth of the assessment and activities evaluated. Direct observation and client exit interviews will be required to obtain measures of provider-client interactions and experience of care, especially for quality standards related to communication and respect and dignity (Network for Improving Quality of Care for Maternal, Newborn and Child Health & WHO, 2019). Aspects related to the physical environment (for example, WASH) will require direct observation during the facility audit.

When available, indicators for quality assessment should be adopted and adapted from existing quality of care frameworks for maternal and newborn health, family planning, and pediatric services (when available). Existing tools (Brizuela et al., 2019; Maternal and Child Health Integrated Program., n.d.) can be modified to capture aspects of quality across technical areas and programmed onto digital data collection platforms. Additionally, MOMENTUM Knowledge Accelerator will work with the other MOMENTUM awards to identify existing or planned surveys of service readiness and quality in countries, such as the WHO SARA, the SPA, or other HFAs, to serve as potential baseline or endline measures in order to limit duplication and decrease resource needs.

Appendix H presents a summary of recommended indicators to measure the quality of MNCHN/FP/RH services for MOMENTUM awards. The SPA revision process and recommendations from the technical working groups served as the basis for the selection of these indicators; awards may determine other indicators that better meet their programming needs for specific technical areas.

#### COVERAGE

Measuring intervention coverage—the proportion of the population in need of care that receives care—often requires household surveys to determine the true denominator of who requires care (Hancioglu & Arnold, 2013). However, coverage of some maternal and newborn interventions, especially those related to obstetric and neonatal complications, can be difficult to capture accurately, as women are often surveyed months or years after giving birth (Blanc et al., 2016). More valid coverage estimates for these types of interventions can be derived from facility-based data, with the caveat that these data do not include women giving birth outside of facilities. Household surveys are also necessary to assess households’ and individuals’ practices, such as handwashing, use of modern contraceptives, or care-seeking for child illness. Where feasible, coverage and quality measures may be triangulated to obtain estimates of effective coverage. Appendix I contains a list of recommended coverage indicators to include in household surveys, by technical and cross-cutting area; details of these indicators are available in the PIRs. Sampling strategies and sample sizes will depend on the aim of the survey. Smaller sample sizes will be required for baseline

point estimates for program planning, while evaluations to determine statistically significant changes in coverage will require larger sample sizes.

Where feasible, MOMENTUM will leverage use of existing and planned USAID and partner investments in household surveys, such as DHS, MICS, and PMA2020, for baseline planning and at endline to evaluate the contributions of the program to changes in coverage (Performance Monitoring for Action, n.d.). MOMENTUM awards may conduct household surveys targeted to the technical, cross-cutting, and/or geographic area (based on DHS tools and Knowledge, Practice and Coverage Surveys developed by Johns Hopkins University and updated by USAID’s Child Survival and Health Grants Program and the Maternal and Child Survival Program) at baseline, during, and at the end of the program, if secondary data are not timely or available at the necessary level (Maternal and Child Survival Program, 2018a). The use of digital health applications to collect data for these surveys will ensure more rapid availability of the data. Household surveys may also be used to assess cross-cutting themes, such as gender norms and household resilience. As noted earlier, COVID-19 may limit the availability of some survey data.

## EQUITY

MOMENTUM aims to increase the equitable use of health services, interventions, and practices. The Maternal and Child Health Integrated Program developed a definition of equity, which was adopted by the Maternal and Child Survival Program (2016) and is being used by MOMENTUM:

*“Health equity is both the improvement of a health outcome of a disadvantaged group as well as a narrowing of the difference of this health outcome between advantaged and disadvantaged groups—without losing the gains already achieved for the group with the highest coverage.”*

### Progress

- Place of residence
- Race/ethnicity/culture/ language
- Occupation
- Gender/sex
- Religion
- Education
- Socioeconomic status
- Social capital

Inequities are generally defined by disadvantaged groups unjustly or unfairly lacking access or being less likely to receive essential health services. Inequities may have several dimensions that identify disadvantaged groups, often summarized with the acronym PROGRESS (see box) (O’Neill et al., 2014). Age, with a specific focus on adolescents, is also an important equity consideration in MNCHN/FP/RH.

MOMENTUM may identify other factors that lead certain groups to be vulnerable or fragile, such as internally displaced persons or refugees. Other groups, such as adolescents and youth, may face a greater risk of acquiring certain infections or engaging in high-risk sex or other behaviors while also lacking the ability to seek appropriate care.

Because equitable access, quality, and coverage of services is a relative metric, any planned data collection should include disaggregation by pertinent PROGRESS aspects, including, at minimum, place of residence, gender/sex, education, and socioeconomic status. It is anticipated that MOMENTUM will measure equity in HFAs through client exit interviews and household surveys conducted at baseline, midline, and endline.

**HFA client interviews** should include the client’s age group, education level, place of residence, and a truncated list of household assets based on the [EquityTool](#) (EquityTool, n.d.). Use of the EquityTool will allow MOMENTUM awards to compare the estimated socioeconomic status of the clients of supported facilities to the overall urban or rural population of the country (based on DHS estimates). This method will allow MOMENTUM awards to determine whether facilities are serving better off or disadvantaged clients relative to the wealth profile in the rest of the

country. Additionally, inclusion of place of residence, education level, and selected household assets will allow for comparison of the quality of services results by different groups (for example, women with higher and lower education levels).

**Household surveys**, when conducted, should include disaggregation related to the head of household, women’s education level, place of residence (geographic and urban/rural), occupation of head of household and woman, sex (for child and adolescent measures), age group, and household wealth quintile. Household wealth disaggregation should be based on a listing of household assets constructed into a wealth index to determine wealth quintiles, using the DHS methodology (Rutstein, 2015). Additional disaggregation related to race, language, ethnicity, and religion should be included in household surveys as feasible and appropriate.

A summary of the MOMENTUM indicators of coverage and equity is presented in Appendix I.

## MEASURES RELATING TO CROSS-CUTTING AREAS

MOMENTUM seeks to foster gender equality by increasing the use of evidence-based approaches to empower vulnerable populations—including women, couples, and adolescents—and by engaging men more fully in MNCHN/FP/RH. MOMENTUM will make a special effort to monitor efforts toward gender equality through its country field awards. As a first step, data from HMIS, surveys, and program records will be disaggregated by sex and age group (including youth) whenever possible and appropriate. MOMENTUM activities related to gender and illustrative measurement indicators are described in the MOMENTUM gender brief (MOMENTUM Knowledge Accelerator, 2020a).

Particularly in the context of COVID-19, capturing information on WASH and IPC readiness is very relevant. MOMENTUM awards were asked to directly respond to the COVID-19 pandemic, for example, supporting IPC and WASH measures in health facilities delivering MNCHN/FP/RH services (see [recent work in Sierra Leone](#)). In such cases, a rapid health facility audit may be necessary to assess baseline needs and monitor progress. These audits may be conducted by an outside organization or by health workers at the facility and reported to a central location using digital applications. The WHO/UNICEF Joint Monitoring Program indicators and questions for WASH in health care facilities in the Sustainable Development Goal era should be adapted and streamlined in these cases (WHO & UNICEF, 2018).

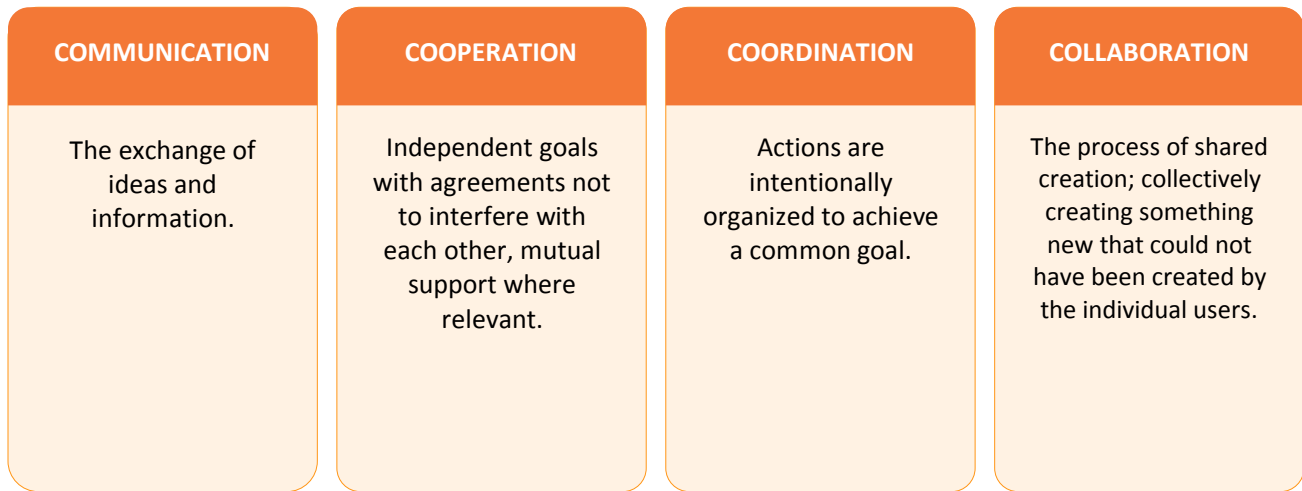
An overview of the cross-cutting indicators relating to gender and WASH that are relevant to MOMENTUM is presented in Appendix J, with more details in the PIRs. Indicators are primarily drawn from client exit interviews, rapid HFAs, and program records. This list was finalized in discussion with USAID and the MOMENTUM awards, particularly MOMENTUM Country and Global Leadership.

## MONITORING COLLABORATION WITHIN MOMENTUM

The objective of this MEL framework is to encourage MOMENTUM awards to work together using the same framework, allowing for the documentation of collective achievements. Synergistic activities across the awards provide the opportunity for greater impact and enable individual awards to leverage the expertise, experience, and knowledge of the full suite. Collaboration across awards supports shared learning, helps foster cross-fertilization of ideas, and amplifies the breadth of experience and best practices.

Partnership across the suite is based on the four Cs (communication, cooperation, coordination, and collaboration), as outlined in Figure 5 (Martin et al., 2016).

**Figure 5. The Four Cs of Disaster Partnering**



Coordination is measured using a small set of low-lift process indicators outlined in Appendix E that are already captured by MOMENTUM Knowledge Accelerator. These include:

- Number of documents/reports shared with MOMENTUM Knowledge Accelerator/uploaded to the MOMENTUM HUB by the MOMENTUM awards.
- Number of products posted to the MOMENTUM website developed by more than one award.
- Number of conference sessions/panels/presentations produced by more than one award.

For significant collective efforts between MOMENTUM awards, indicator data will be accompanied by a narrative. Guidelines for the narrative will center on providing evidence that working together with other awards provided added value at the global and/or country level related to improved MNCHN/FP/RH outcomes, as well as evidence of aspects such as coherent funder messaging, coordinated work plans, improved learning, and strengthened global technical leadership.

## ANALYSIS AND SYNTHESIS

### Methods for MOMENTUM Learning

As previously discussed, the LTRs will be developed to explain the rationale for each learning topic, along with the required tools and methods to capture information for analysis. MOMENTUM Knowledge Accelerator, in collaboration with MOMENTUM award staff, will primarily use secondary data analysis methods to explore prioritized learning topics across the MOMENTUM suite. This includes collation, analysis, and synthesis of data related to the indicators in this framework, as well as reviews of data from other sources, including process documentation, pertinent studies by the individual awards, reports, meeting minutes, and complexity-aware monitoring efforts.

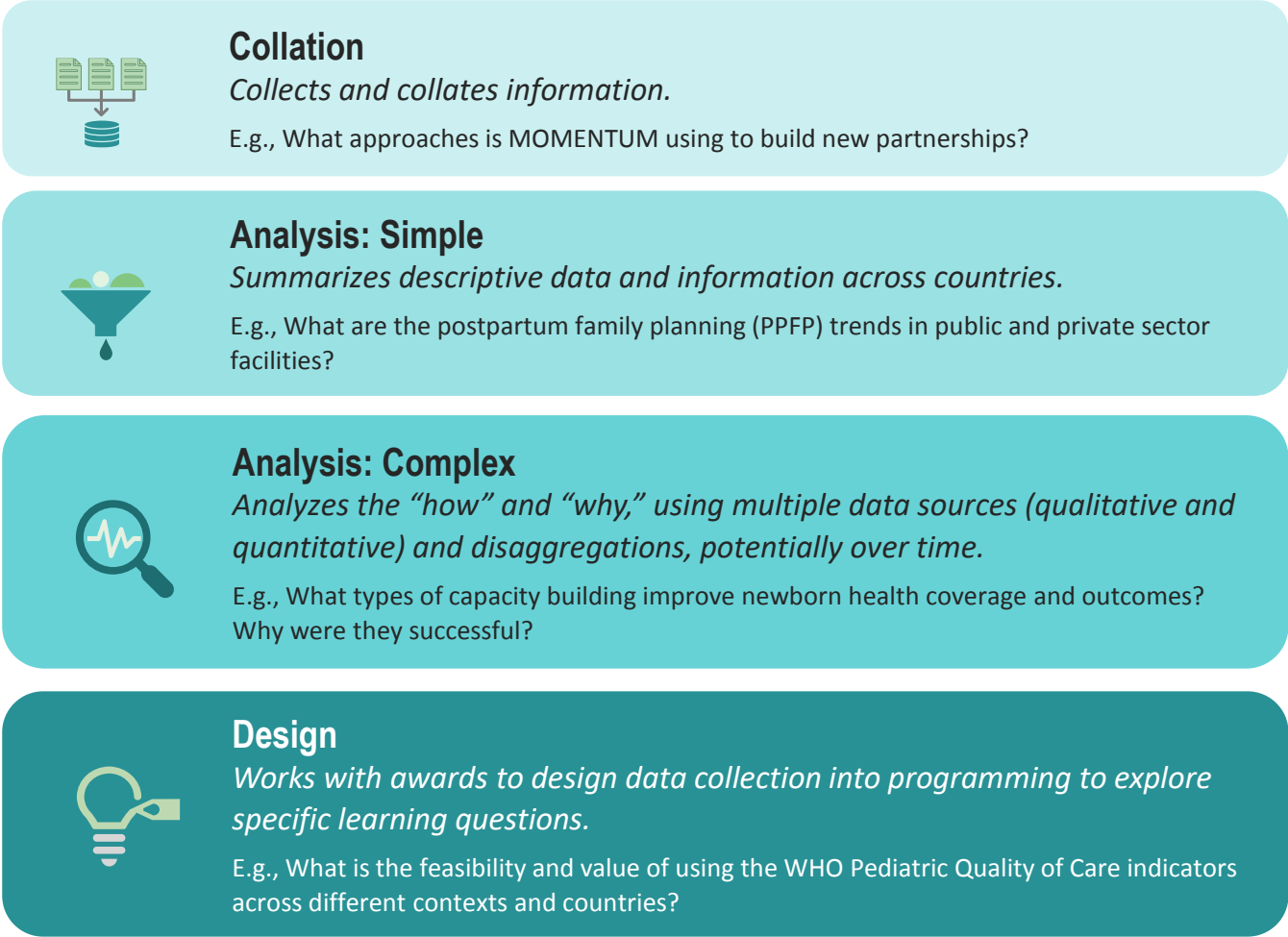
Where research data are being reviewed, all guidance for the conduct of ethically responsible research will be followed, including ensuring that appropriate consent is obtained for data use. Individual awards are responsible for ensuring that ethics reviews and approvals are acquired for relevant data collection for their own research studies. Where research activities contribute to global learning topics, their consent forms must include clear articulation of consent to use the data in secondary analysis to generate generalizable knowledge associated with the learning topics; language for consent forms will be developed in collaboration with the other MOMENTUM awards and included in the [MOMENTUM Research Transparency and Data Sharing Guidance](#). No raw data will be accessed from



research studies carried out by other awards; shared data will be cleaned and de-identified by the award producing or having primary access to the data, redacted to include only information necessary to answer the questions of interest. If gaps in information emerge that require some primary data collection in the form of stakeholder interviews, stakeholders will be identified in coordination and collaboration with the other MOMENTUM awards; these stakeholders may include field staff, global award technical leads, and USAID personnel.

Where learning may require additional data collection beyond what is originally planned, MOMENTUM awards will jointly develop concept notes and research protocols with USAID and the individual MOMENTUM awards for whom the findings may be relevant. The MOMENTUM ME/IL working group will coordinate these efforts. (See Figure 6 for potential approaches to learning.)

**Figure 6. Potential Approaches for Learning**



Where research involving primary data collection is prioritized by the suite, to be led by MOMENTUM Knowledge Accelerator and carried out through the country field awards, MOMENTUM Knowledge Accelerator will initiate the ethics reviews and approval processes within their organizational institutional review boards. Field awards associated with other MOMENTUM awards will receive technical support from MOMENTUM Knowledge Accelerator to adapt study protocols to local contexts. Field awards will be responsible for obtaining appropriate local ethics approvals. In these instances, MOMENTUM Knowledge Accelerator will develop and implement specific data sharing agreements with the other awards in question prior to the start of any research activities.

While MOMENTUM Knowledge Accelerator leads the development and implementation of the MOMENTUM learning agenda, it cannot carry out this mandate without the full engagement of the full suite of awards in sharing, reviewing, and interpreting data. To that end, the learning agenda requires strong buy-in at all levels and a sense of common ownership. The purpose of using iterative and participatory processes in the prioritization of the learning agenda and the subsequent development of the guidance is to develop and sustain that buy-in.

Specific details of analysis methods for the different types of data compiled and shared through MOMENTUM are presented below.

## ANALYSIS OF ROUTINE DATA

Based on their theories of change and planned interventions, country field awards will conduct trend analyses to highlight progress and successes from MOMENTUM investments. Associations between relevant outputs and outcomes outlined in the award MEL plans will also be examined. Since the indicators are expected to be aligned to the MEL plans, such analysis is also beneficial for strategic planning and action-oriented monitoring and learning.

At the global level, MOMENTUM Knowledge Accelerator will conduct cross-country analyses for different technical areas based on the pathways in the MOMENTUM theory of change. These analyses will examine any improvements in health service delivery, quality, estimated coverage, and equity associated with MOMENTUM investments. Some analyses may reveal differences across geographies within a technical or cross-cutting area with similar investments but different program design; others may highlight the success of different areas of MOMENTUM programming within one country. In the context of COVID-19, using routine data to estimate changes in the quality, coverage, and equity of health services will be crucial, as survey data are likely to be limited. Moreover, these analyses can strengthen routine monitoring systems. All analyses will take into account contextual factors to ensure that findings are meaningful and can be used to inform further programming. These data and analyses will also inform the implementation of the MOMENTUM learning agenda.

## EVALUATION OF OUTCOMES: QUALITY, COVERAGE, AND EQUITY FROM SURVEYS

The primary use for evaluation data from surveys is program planning and adaptation by the awards in the country where the data are collected. The MOMENTUM awards, local partners, and stakeholders should collaboratively analyze, interpret, and share information from these assessments. Observed differences in geographical areas, disadvantaged groups (i.e., equity considerations), or over time should inform program design, adjustments to ongoing implementation, and future strategies. Additionally, the MOMENTUM awards can use evaluation data to measure and report changes in the quality, coverage, and equity of services over time in relation to their activities and approaches.

It is anticipated that the MOMENTUM awards will share survey reports and de-identified data sets from HFAs and household surveys with MOMENTUM Knowledge Accelerator to allow for aggregated analysis and synthesis of results related to quality, coverage, and equity. MOMENTUM analyses may consider changes over time and differences in results related to programmatic approaches, geographical areas, and equity considerations. If sufficient data are available, MOMENTUM may use and/or draw from the Countdown to 2030 equity profiles (Countdown to 2030, n.d.) and the slope index of inequality or concentration indices for each indicator to compare differences or changes in equity (Barros et al., 2012).

## Action-Oriented Monitoring and Learning

Successful health projects require continuous learning to respond to the complex environments in which they operate. Increasingly, projects are calling on strategies like adaptive management, complexity-aware monitoring, and quality improvement methodologies to improve the use of data to drive adaptations. However, these strategies often encounter resistance or are not implemented due to knowledge and skill gaps and lack of an enabling environment.

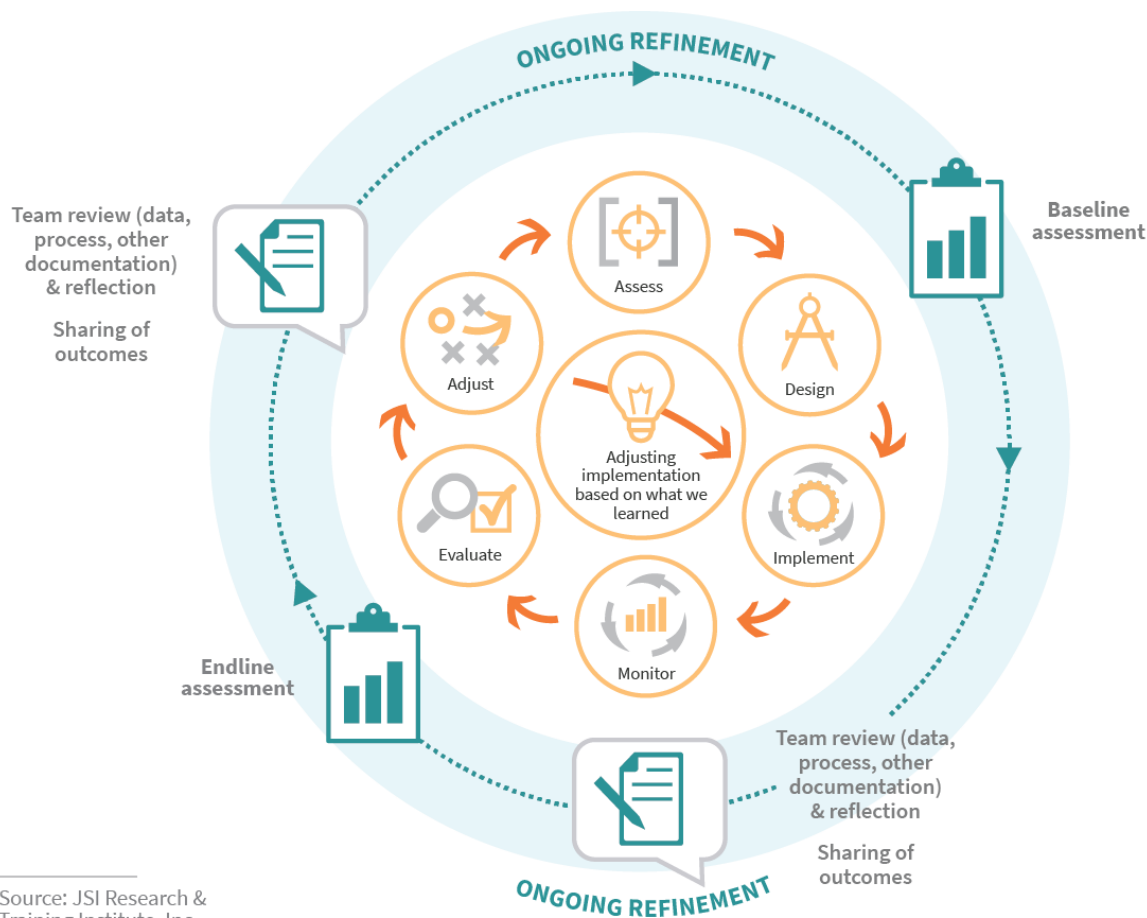
Strengthening systems and building capacity for adaptive learning can address such barriers by giving individuals and teams the tools to effectively incorporate these approaches.

In addition to standard performance monitoring, MOMENTUM will integrate action-oriented monitoring and learning into country-level program implementation. This approach allows programs to focus on short cycles with an ongoing opportunity to review data and question findings to make adjustments.

MOMENTUM defines adaptive learning as “the intentional adoption of strategies and actions to facilitate critical reflection and analysis of data, information, and knowledge...to inform decisions that optimize program implementation and effectiveness in expected, unexpected, and changing circumstances” (Ross et al., 2021). The MOMENTUM definition reflects the USAID definition presented in [ADS 201.6](#) (USAID Learning Lab, 2018b).

Instead of only relying on evaluations and studies, MOMENTUM will actively use CLA, complexity-aware monitoring, and adaptive management methods to understand the effectiveness of interventions at the country level. At the global level, opportunities such as share fairs, virtual exchanges, and reviews of learning topics will ensure that projects and the MOMENTUM suite regularly engage in learning and adapting so that these actions become institutionalized (see Figure 7). Using these methods allows MOMENTUM projects to make informed decisions on program adjustments, particularly in areas that are found to be less effective. More guidance on relevant approaches is presented in [MOMENTUM’s Adaptive Learning Guide](#) (Ross et al., 2021).

**Figure 7. Adaptive Management Cycle**



Source: JSI Research & Training Institute, Inc.

## COMPLEXITY-AWARE MONITORING METHODS

Complexity-aware monitoring approaches consider the inherently unpredictable, uncertain, and changing nature of complex situations. Complex situations, common within development programs such as MOMENTUM, lack both strong expertise and agreement on what needs to be done (USAID Learning Lab, 2021).

Many of the MOMENTUM projects, activities, and interventions fit within the concept of complexity. Complexity often occurs when innovative practices are being designed and implemented, causal pathways between intervention and outcome are not clear, interventions aim to change beliefs and/or behaviors, multiple changes need to happen together, steps to realize an outcome are not clear, and/or the context or environment is subject to rapid change.

Many complexity-aware monitoring approaches were developed to integrate with or build upon traditional performance monitoring and evaluation systems. They can build upon traditional systems through the use of a causal framework and quantitative and/or qualitative indicators. They can further enhance existing systems by balancing rigor and timeliness and adding a systems perspective.

Complexity-aware monitoring approaches help to answer several key questions that are often missing from traditional approaches or, due to complexity, cannot be answered with traditional approaches. Complexity-aware monitoring approaches can capture information related to unintended and unpredictable outcomes, as well as outcomes that might be slow to emerge. They also consider stakeholder perceptions and the broader context in which the project is operating. Finally, many of these approaches also look at the factors that contribute to an observed outcome.

The nature of complex situations calls not only for creative monitoring approaches, but also adaptive management. Both complexity-aware monitoring and adaptive management prioritize flexibility, perspective, dealing with change, and responding rapidly to new information.

[A Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects](#) (MOMENTUM Knowledge Accelerator, 2020b) provides guidance on the use of complexity-aware monitoring within MOMENTUM projects. This guidance includes an introduction to key concepts, an overview of recommended approaches, and links to supplemental resources.

Table 1 provides a snapshot comparison of the nine recommended approaches. Each approach is evaluated based on timing in the project cycle, questions addressed, type of data used, and ease of use. While the approaches involve primary qualitative and quantitative data collection, they can also incorporate analyses of secondary data.

### Recommended Complexity-Aware Monitoring Approaches

Based on skill level required for implementation:

- Pause and Reflect
- Most Significant Change
- Outcome Harvesting
- Sentinel Indicators
- Contribution Analysis
- Causal Link Monitoring
- Outcome Mapping
- Ripple Effects Mapping
- Social Network Analysis

**Table 1. Summary of Complexity-Aware Monitoring Methods**

Complexity-aware monitoring approach	Timing in project cycle			Questions addressed by approach					Data type		Ease of use		Type of engagement †
	Design & planning/ formative assessments	Implementation/ ongoing monitoring	Evaluation/ interim or final evaluations	What outcomes might be missing?	What outcomes might be yet to emerge?	How do stakeholders perceive the project or intervention?	What factors contributed to the observed outcomes?	What is happening in the wider context?	Qualitative	Quantitative	Skills & resources required*	Intensity/level of effort**	
Social network analysis (Davies, 2009)	X		X			X	X	X	X	X	1-3	1,2	1
Causal link monitoring (Britt et al., 2017)	X	X	X		X		X	X	X	X	2,3	1	1,2
Outcome mapping (Earl et al., 2001)	X	X	X		X	X	X		X	X	2,3	2	1,2
Sentinel indicators (Mayo, 2016)	X	X	X		X		X	X	X	X	2	1	3
Pause and reflect (USAID Learning Lab, 2018a)		X	X	X		X		X	X		1	1	2
Outcome harvesting (Wilson-Grau & Britt, 2012)		X	X	X			X		X		2	2,3	3
Most significant change (Davies & Dart, 2005)		X	X	X		X	X		X		1,2	2,3	1,2
Ripple effects mapping (Chazdon et al., 2017)		X	X	X	X	X	X		X		2,3	2	1
Contribution analysis (Mayne, 2008)			X				X		X	X	2	2,3	2,3

\*1= Can be implemented by community-level entity; 2= Can be implemented by MOMENTUM project staff; 3= Outside TA is needed.

\*\*1= Able to integrate within existing staff workload and/or short-term engagement of external TA; 2 = Moderate dedicated staff time needed and/or medium-term engagement and/or; 3 = Dedicated staff needed and/or longer-term external engagement

†1=Best as in-person engagement with group or in community setting; 2 = Easily adapted for virtual engagement with videoconferencing and related technologies; 3 = Able to complete remotely via desk reviews, email, phone calls, online surveys, etc.

## Data Sharing

MOMENTUM relies on a data-driven, action-oriented monitoring and learning approach. This approach focuses on data management and analysis, including reflecting on findings, to build a strong evidence base to inform policy and practice. Because of the twofold purpose of the data collection efforts prescribed by the MOMENTUM MEL framework, data will be managed and analyzed in two separate data systems.

### MOMENTUM AWARD DATA SYSTEM

Each MOMENTUM award will maintain data on relevant indicators for reporting to USAID within its own data system based on its AMELP. These data will be reported to USAID as per the prescribed reporting timeline, semi-annually or annually, as agreed upon in each award's MEL plan.

### MOMENTUM DATA PLATFORM

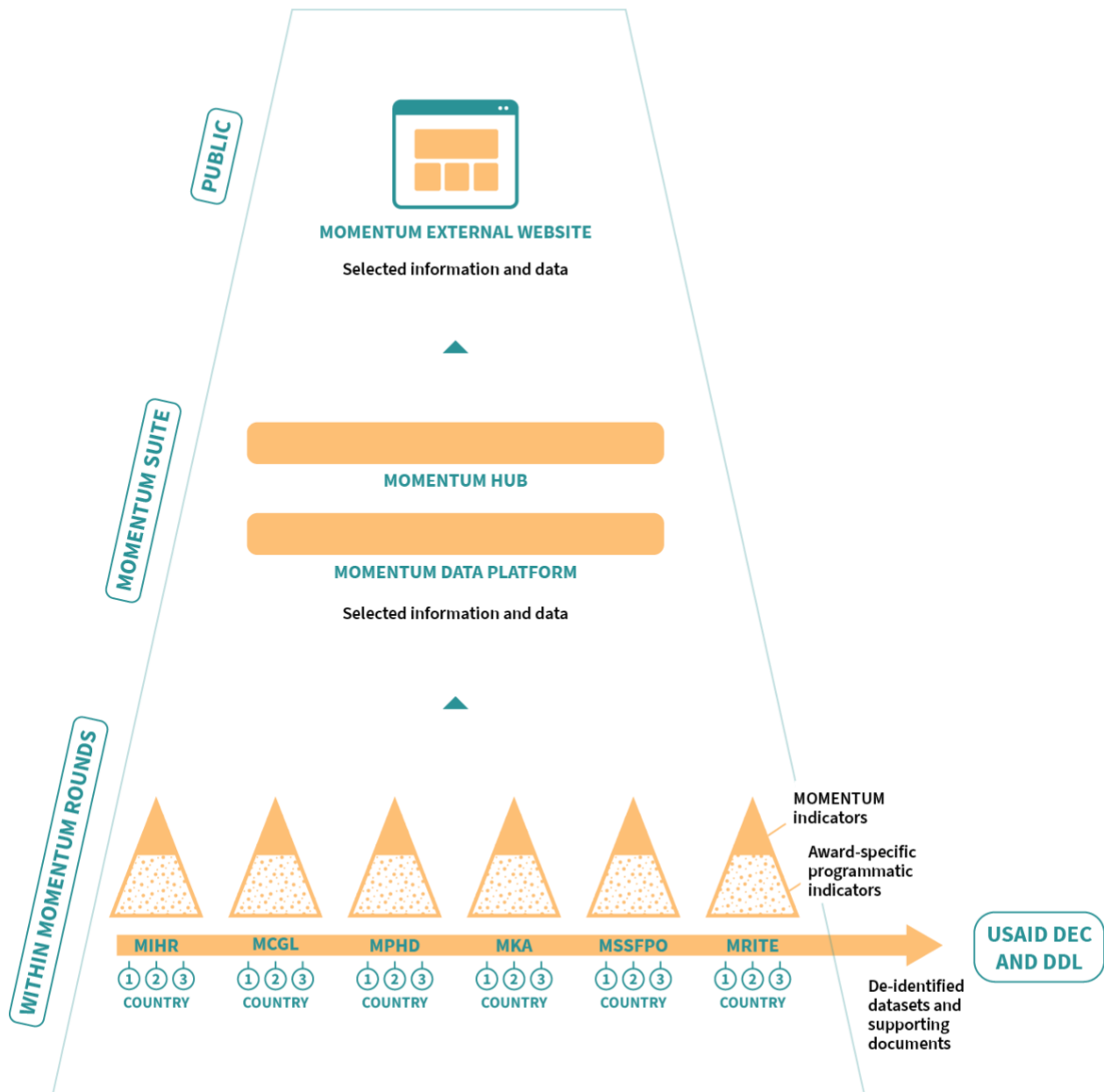
Quarterly data for all routine monitoring indicators collected by each award will be transferred automatically on a semi-annual basis to an interoperable MOMENTUM data platform based on District Health Information Systems 2 and developed and maintained by MOMENTUM Knowledge Accelerator. Data standards have been shared with all MOMENTUM awards so that the established data system is functional for easy data transfer. Each award should ensure that data quality checks occur before data transfer. Data sharing through the MOMENTUM data platform will take place on January 15 and June 15 of each year for the previous two fiscal quarters (Q3 and Q4 in January and Q1 and Q2 in June) to account for delays in HMIS data entry, reporting cycles, and the time and effort necessary to ensure data quality.

Several Result 2–4 indicators include a narrative description of findings from complexity-aware monitoring, CLA, and other qualitative methods during project implementation. These can be shared with MOMENTUM Knowledge Accelerator in the data platform as a textual narrative accompanying the programmatic indicators on a regular basis as specified in the PIRS. More details of the MOMENTUM data platform are presented in Figure 8.

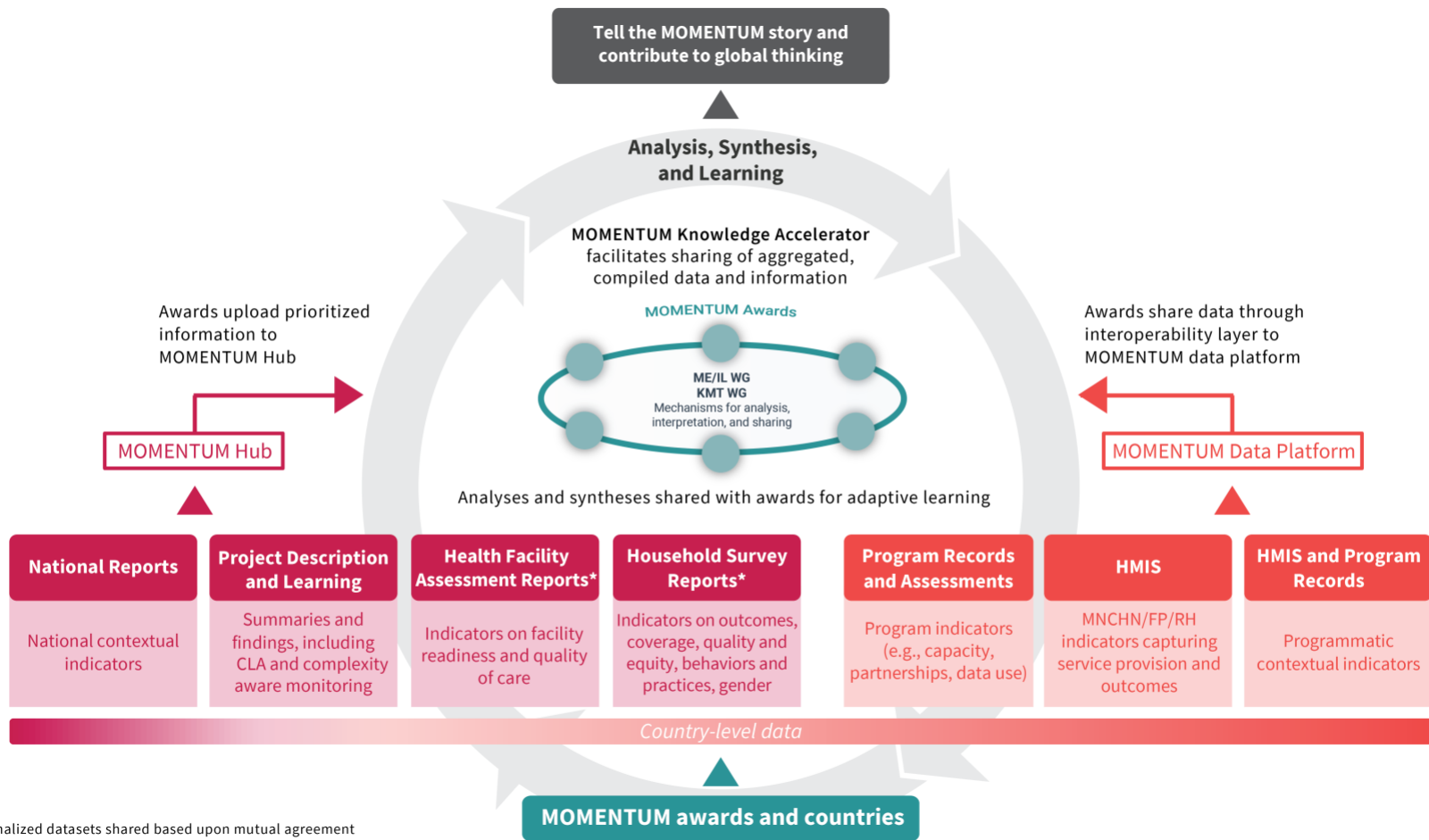
Other sources of data shared through the MOMENTUM HUB for analysis, synthesis, and learning include national reports for contextual indicators, details of country-level project descriptions and learning, reports of studies using complexity-aware monitoring or other primary data collection methods, HFAs, and household survey reports. The de-identified quantitative data sets contributing to these reports will be uploaded directly by each award to USAID's Development Data Library (USAID, n.d.-b) as per [USAID's Open Data Policy](#) (USAID, 2021b) for analysis by MOMENTUM Knowledge Accelerator and others. Other supporting documents will be available on the [Development Experience Clearinghouse](#) (USAID, n.d.-c).

A summary of the different types of data generated within MOMENTUM and details on when, to whom, and how they will be shared are presented in Figure 9 and Appendix K. The [MOMENTUM Research Transparency and Data Sharing Guidance](#) provides supporting information on data sharing, reasons for sharing, and the implications of data sharing.

Figure 8. MOMENTUM Data Platform



**Figure 9. Access to and Use of Information**



\* Finalized datasets shared based upon mutual agreement



## DISSEMINATION AND DATA USE

The methods and metrics laid out in this framework contribute to the telling of the MOMENTUM story and to the project's legacy by illuminating both successes and challenges. Relevant analyses and sharing of lessons learned will be planned and vetted collaboratively with the full suite of awards through the MOMENTUM ME/IL working group, the knowledge management and translation working group, and the strategic communications working group. Dissemination plans will follow guidelines presented in the knowledge management and strategic communications plans that are currently being developed.

To ensure their influence on global, regional, and national MNCHN/FP/RH stakeholders, all findings generated by the awards will be shared through a variety of channels. These channels will include, but are not limited to:

- Sharing of information within the MOMENTUM community using the MOMENTUM HUB.
- Visual presentations of selected indicators and findings via dashboards or other data visualization products, such as infographics.
- Performance monitoring reporting by MOMENTUM awards to USAID.
- Digital platforms, including webinar series and existing, wide-reaching platforms to be identified through a landscape review.
- USAID platforms for sharing learning, including the quarterly Agency learning digest, peer-to-peer sharing events, and the annual Agency learning week.
- Technical briefs, reports, and published research papers to reach the broader global health community.
- Global publications, including the USAID Acting on the Call report, technical briefs, reports, and peer-reviewed journal articles, where appropriate, to reach the broader global health community.
- In-person approaches, where feasible and in consultation with USAID, that may include key technical meetings and conferences, as well as continued engagement in global technical working groups, where appropriate.
- The MOMENTUM website, to highlight achievements of MOMENTUM implementation for broad audiences.

## IMPLEMENTING THE FRAMEWORK

With USAID approval, this MOMENTUM MEL framework has been shared with all MOMENTUM awards to implement within their projects. A [short summary document](#) accompanies this framework and will be updated, as necessary, based on revisions to the framework. The MOMENTUM learning agenda will be similarly socialized among the awards to ensure that MEL staff at the country level receive information on the framework and its implications for their work.

Each fiscal year, each award will report to USAID based on an agreed-upon schedule and monitor its progress internally using a subset of performance monitoring indicators specified in its individual MEL plan. To the extent possible, the indicators will be aligned with the service delivery indicators presented in Appendix C. Each award and its associated field awards will also use the framework as a guide to conduct studies and assessments related to the MOMENTUM learning agenda through the life of their projects based on the fit with their implementation activities. Where appropriate, MOMENTUM awards will also compile qualitative data and other information obtained as part of their use of complexity-aware monitoring and CLA methods during project implementation. All of these data will be shared with MOMENTUM Knowledge Accelerator on a regular basis and will be used for further analysis to answer broader questions related to MOMENTUM and to tell the MOMENTUM story.

## The ME/IL WORKING GROUP

The ME/IL working group, comprising members from USAID MOMENTUM teams and MOMENTUM awards with an interest in MOMENTUM MEL issues, will act as a mechanism to discuss measurement and learning issues related to MOMENTUM. The purpose of the group is to provide technical guidance, build consensus, and routinely review (1) what to measure and (2) approaches for measurement, analytics and visualization, learning, and innovation for use across the MOMENTUM suite of awards.

The ME/IL working group will act as a mechanism to co-create the MOMENTUM MEL framework and discuss relevant issues related to measurement indicators, learning topics, methods of analysis, and synthesis of findings. The group will also be the vehicle through which the framework will be socialized across all MOMENTUM awards to ensure that it is understood and implemented consistently. The terms of reference of the working group are available in Appendix L.

## Next Steps

This MEL framework is a living, co-created document drafted with input from key stakeholders from USAID's Bureau for Global Health and current MOMENTUM awardees. It incorporates activities, themes, indicators, and questions relevant to all MOMENTUM awards. The current version of the framework is based on input from USAID staff and the MOMENTUM awards. In the June 2024 revision of this framework, updates to formatting and references were made, as well as an update to the precise definition of the numerator and denominator of indicator MNCH.2; the updated definitions can be found in the PIRS. This change will be socialized with the awards through the ME/IL working group and by sharing the updated framework. The changes to the indicators may be incorporated into the internal, award-specific data platforms that are interoperable with the MOMENTUM data platform. This will enable the awards to compile and share data for cross-award analysis, synthesis, and learning. Qualitative information for Results 2–4 indicators and the MOMENTUM program context will be compiled through semi-annual and annual reports by the awards.

No further updates to the MOMENTUM MEL framework are expected unless they are found to be essential. These updates, if needed, may be a result of the ongoing global discussions listed below:

- Recommendations from global metrics work, led by the WHO, related to quality of care metrics for pediatrics and small and sick newborns, including access to, provision of, and experience of care and health systems (MOMENTUM Knowledge Accelerator engagement).
- MOMENTUM Country and Global Leadership is collaborating with the WHO on metrics for the quality of care for small and sick newborns.
- MOMENTUM Knowledge Accelerator is engaged through the WHO [Life Course Quality of Care Metrics Working Group](#) and the Every Newborn Action Plan/Ending Preventable Maternal Mortality Metrics Working Group (WHO & UNICEF, 2014) to participate in discussions around feasibility testing of new indicators.
- MOMENTUM Knowledge Accelerator, through the Child Health Task Force (Child Health Task Force, n.d.), is continuing to engage on learning around the pediatric quality of care metrics and may collaborate with MOMENTUM Integrated Health Resilience and other awards on testing the feasibility of recommended indicators.
- MOMENTUM Knowledge Accelerator, through the [Life Course Quality of Care Metrics Working Group](#), is engaged in discussions of experience of care.

# APPENDIX A. MAPPING OF MOMENTUM LEARNING TOPICS BY LEARNING AREAS

The MOMENTUM learning agenda has four key learning areas, with learning topics for each delineating exploration scopes. The main topics for exploration are listed below each learning area; questions and methods to answer them will be refined and prioritized through the learning subgroup of the ME/IL working group and summarized in learning topic reference sheets (LTRSs). Learning areas and potential learning topics have been mapped to ensure that they cover MOMENTUM’s strategic communications themes and messages.

## MOMENTUM Learning Topics by Learning Area

How are MOMENTUM-supported countries achieving health-related successes in coverage, quality, and equity?



- What strategies and adaptations are being taken to mitigate the impact of the **COVID-19** pandemic and responses on MNCHN/FP/RH services provision and demand? <sup>a,b,c</sup>
- What strategies are awards using to increase **coverage** in MNCHN/FP/RH (includes supply/availability, demand, access, and private-sector engagement)? <sup>a,b,c</sup>
- What strategies are awards using to improve MNCHN/FP/RH service **quality** (includes person-centered care)? <sup>a,b,c</sup>
- What strategies are awards using to improve MNCHN/FP/RH service **equity** (includes person-centered care)? How are they addressing inequities in demand and access? <sup>a,b,c</sup>
- How is MOMENTUM contributing to strengthening **health resilience** (includes people, households, communities, and health systems)?
- How are **strategic partnerships** designed and sustained (and under what conditions) to successfully (feasibly, and acceptably) improve coverage, quality, and/or equity?
- What (if any) associations are seen between **strengthened capacity and improvements** in health coverage, equity, and/or quality?

What is MOMENTUM’s legacy in supporting countries towards sustainable development?



- What strategies to strengthen **country commitment** are MOMENTUM awards adopting? <sup>a,b</sup>
- To what extent are activities designed to foster **sustainable development** at the local level contributing to it at the national level?
- What **capacity strengthening** strategies (whose and what dimensions of capacity [including digital health]) are effective in increasing capacity at the individual, organization, community, and system levels? <sup>b</sup>
- Which **strategic partnerships** are important (and under what conditions) to foster and strengthen country progress toward sustainable development?
- How are MOMENTUM efforts contributing to supporting positive **gender norms and women’s empowerment**?
- How do strategies related to sustainable development vary by country’s “placement” within the **development continuum**?

## What are MOMENTUM's contributions to global leadership?



- What are MOMENTUM's contributions to global- and regional-level **guidance and evidence** (includes MNCHN/FP/RH, resilience, capacity building, partnerships)?
- What are MOMENTUM's contributions to **elevating country- and regional-level expertise** to global levels and what expertise is being elevated?
- How are innovations and adaptations spearheaded by MOMENTUM shaping the field of **measurement** (e.g., feasibility of indicators, improved gender measurement, adaptation of resilience measurement for health systems, health facility context assessment tools, improved capacity assessment tools)?
- What kinds of MOMENTUM lessons are being incorporated into **global guidance and policies**, and how is that achieved (includes lessons on scale-up)?
- How is MOMENTUM translating knowledge to influence global and/or regional **resource allocations**?

## How is Collaborating, Learning, and Adapting (CLA) being used to achieve successes through MOMENTUM?



- How are we improving **data use and adaptive learning** in MNCHN/FP/RH (includes capacity building at community, facility, sub-national, and national levels as well as digital health)?
- What is being done to **increase the capacity** of different cadres to understand and use **data**? What evidence of success exists?
- What are successful strategies to encourage **adaptations** based on programmatic evidence at different levels (e.g., community, facility, sub-national, and national levels) (includes who were champions or early change adopters and how did they influence change among others)?
- How are **digital information systems** (collation of data, visualizations, interoperability) contributing to better data use by different user types?
- What tools and strategies are helpful in understanding **interrelationships and interactions** necessary to sustainably improve health system outcomes and health system resilience? What tools and approaches are helpful in estimating the impact of health systems strengthening interventions?
- What tools, systems, and opportunities are successfully contributing to **Collaborating, Learning, and Adapting (CLA)** (including digital health strategies)?
- What evidence is there of **institutionalization** or sustainable change in use of CLA strategies in MOMENTUM countries? What is contributing to these successes?

## SUB-TOPICS INCLUDE

- <sup>a</sup> What makes them successes (or failures)?
- <sup>b</sup> What contextual factors influence strategy selection and success (includes sustainable development)?
- <sup>c</sup> What different strategies, if any, are needed to address different technical areas?

# APPENDIX B. LEARNING TOPIC REFERENCE SHEET (LTRS) TEMPLATE

Learning Topic Reference Sheets serve as user guides, elaborating on the importance of an individual MOMENTUM learning topic, how the topic fits within the MOMENTUM Theory of Change and strategic communication lines, and the approach and tools that will be used to capture information across the MOMENTUM suite to explore the learning topic.

**LEARNING TOPIC**

**LEARNING AREA**

## Background and Importance of This Learning Topic

- Why this learning topic is important for MOMENTUM (and whom else).
- How learning topic is defined and conceptualized within MOMENTUM.
- How does this learning topic contribute to the learning area?
- Vision of use of learning for adaptive management.

## Framing Within Momentum's Theory of Change and Assumptions

- Where does this learning topic fit within the MOMENTUM theory of change?
- Include visual representation of theory/assumptions, if appropriate
- What is the relationship of this learning topic to other factors, including contextual factors, other learning questions/topics related to this learning area, and other learning areas?
- What assumptions exist about how capacity contributes to sustainable development and/or to health outcomes and/or global leadership?

## Approach To Explore This Learning Topic

- Proposed process to explore this learning topic, including proposed methods for analysis and interpretation, including frequency of analysis to feed into adaptive learning, as appropriate.

## Related Learning Topics From Momentum Awards

- Other MOMENTUM learning agenda questions that are related to this topic.

## ASSOCIATED Legacy Areas and Communication Themes in MOMENTUM Story

- Links to related legacy areas as well as communication themes outlined in the MOMENTUM Strategic Communication Plan.

### Table 1: Information Desired to Capture Learning

- Lists the data and information awards can contribute at the time of learning topic review and subsequent collation, synthesis, analysis, or study design.

INFORMATION/DATA TYPE/INDICATOR	DESCRIPTION/RELEVANCE	DATA SOURCE/ CAPTURE METHOD	DATA TYPE
<b>Contextual Factors</b>			
<b>Interventions/Actions (Inputs)</b>			
<b>Outputs</b>			
<b>Intermediate Outcomes</b>			
<b>Related Outcomes</b>			

# APPENDIX C. MOMENTUM MNCHN/FP/RH SERVICE DELIVERY INDICATORS ASSOCIATED WITH RESULT 1

- More details and reference sheets for the indicators are available in the [MOMENTUM Result 1 Performance Indicator Reference Sheets Annex 1](#).
- In April 2024, the MOMENTUM MNCH/FP/RH Service Delivery Indicators were mapped to the indicators suggested in the WHO document [Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers](#). Deviations between the MOMENTUM and WHO indicators are noted in [this document and in the PIRS](#), but no edits were made to the MOMENTUM indicators as a result of this activity.

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<p><b>KEY: These symbols shown in the number column and font/shading denote:</b></p> <p>* <i>Indicator also measures nutrition programming</i></p> <p>☒ Indicator requires a health facility assessment/audit (HFA)/exit interview/household survey and may be difficult to obtain during the COVID-19 pandemic. The selected indicators included in this list are high priority, already included in at least one award MEL plan and address concepts/outcomes that cannot be measured through other data collection methods.</p>						
MNH.1 ☒	Availability	Availability of functional EmONC facilities (Number per population and percent of facilities) in MOMENTUM-supported areas	Rapid HFA/ audit	BEmONC/CEmONC; Type of Service Delivery Provider (SDP)	As assessment completed	Recommended by GSWCAH, EPMM, ENAP, CD
MNH.2	Service delivery/ coverage	Number/Percent of antenatal clients with first visit before 12 weeks (Or ANC1 disaggregated by timing) in MOMENTUM-supported areas	HMIS	Age (<20, 20–24, 25+); Type of SDP	Quarterly	ANC1+ <12 weeks disaggregation measures demand side; Recommended by WHO HMIS guide
MNH.3	Quality	Number/Percent of antenatal clients with blood pressure measured in MOMENTUM supported areas	HMIS	Age (<20, 20–24, 25+); Type of SDP	Quarterly	Recommended by EPMM, CD, WHO HMIS guide: Chosen as a proxy for quality ANC
MNH.4 *	Reach/access	<i>Number of pregnant women reached with nutrition-specific interventions through MOMENTUM-supported programs</i>	<i>HMIS; program records</i>	<i>Age (&lt;20; 20–24, 25+); Nutrition-specific intervention</i>	<i>Annual</i>	<i>USAID recommended indicator (HL-9.3)</i>

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
MNH.5	Service delivery	Number/Percent of births with institutional delivery in MOMENTUM supported facilities	HMIS	Age (<20, 20–24, 25+); Type of SDP	Quarterly	Proxy for skilled birth attendance (SBA); SBA recommended by GSWCAH, EPMM, ENAP, CD
MNH.6	Quality	Number/Percent of women who received a prophylactic uterotonic immediately after birth for prevention of Post-Partum Hemorrhage (PPH) in MOMENTUM-supported facilities	HMIS	Age (<20, 20–24, 25+); Type of SDP	Quarterly	Recommended by USAID (HL6.2-1), EPMM and CD; Note—this indicator should be considered analogous to HL6.2-1: <i>Number of women giving birth who received uterotonics in the third stage of labor (or immediately after birth) through USG-supported programs</i>
MNH.7	Service delivery	Number/Percent of all deliveries which are caesarean in MOMENTUM-supported health facilities	HMIS	Age (<20, 20–24, 25+); Type of SDP	Quarterly	Recommended by EPMM, ENAP, CD and WHO HMIS guide
MNH.8 <input checked="" type="checkbox"/>	Quality	Mean person-centered maternity care score in MOMENTUM-supported areas (facilities)	Client exit interview	Age (<20, 20–24, 25+); Type of SDP	As assessment completed	Recommended by WHO QOC/QED network  Note: Cross-referenced with GEN.2
MNH.9	Impact	Institutional maternal mortality ratio in MOMENTUM-supported facilities	HMIS	Cause of death, Age (<20, 20–24, 25+); Type of SDP	Quarterly	Recommended by GSWCAH, EPMM, ENAP, CD; WHO HMIS guide; Important outcome of QoC interventions
MNH.10	Impact	Institutional newborn mortality rate in MOMENTUM-supported facilities	HMIS	Cause of death (if available); Type of SDP	Quarterly	Recommended by GSWCAH; ENAP, CD; WHO HMIS guide Important outcome for QoC interventions



INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
MNH.11	Impact	Number of stillbirths per 1000 births (stillbirths and live births) in MOMENTUM-supported health facilities	HMIS	Type of SDP; antepartum/ intrapartum	Quarterly	Recommended by GSWCAH; ENAP, CD; WHO HMIS guide Important outcome of QoC interventions
MNH.12	Quality	Number/Percent of newborns initiated in KMC in MOMENTUM-supported facilities	HMIS	By birthweight <2000gm: 2000gm+ depending on HMIS); Type of SDP	Quarterly	Recommended by ENAP + CD and WHO HMIS guide
<i>MNH.13 *</i>	<i>Coverage</i>	<i>Early initiation of breastfeeding: Percent of newborns put to the breast within 1 hour of birth in MOMENTUM-supported facilities</i>	<i>HMIS</i>	<i>Type of SDP</i>	<i>Quarterly</i>	<i>Recommended by GSWCAH, ENAP, CD, and nutrition initiatives; also relevant for FP/PPFP</i>
MNH.14	Service delivery /	Number/Percent of newborns who received postnatal care within two days of birth in MOMENTUM-supported programs.	HMIS/ CHIS	Type of SDP	Quarterly	Recommended by USAID (HL6.3-3) GSWCAH, ENAP, CD and WHO HMIS guide
MNCH.1	Service delivery/ Coverage	Number of infants 0–59 days of age provided with first dose of antibiotics for treatment of PSBI in MOMENTUM-supported outpatient settings	HMIS/ program records	Type of SDP	Quarterly	Recommended by GSWCAH and ENAP
MNCH.2	Quality	Number/Percent of MOMENTUM-supported facilities conducting maternal, perinatal and pediatric death audits and response within last 6 months	HMIS/ program records	Type of SDP; type of audit (maternal, perinatal and pediatric)	Annual	Recommended % of deaths audited in WHO HMIS guide
Imm.1	Quality	Dropout between first dose (DTP1) and third dose (DTP3) of DTP-containing vaccines in MOMENTUM-supported areas	HMIS	Type of SDP	Quarterly	Recommended by IA2030

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
Imm.2	Service delivery/	Number/Percent of children aged <12 months who received DPT3/Penta3 vaccine in MOMENTUM-supported areas	HMIS	Type of SDP	Quarterly	Recommended by IA2030
Imm.3	Service delivery/	Number/Percent of surviving infants who received 1st dose of measles-containing vaccine (MCV1) in MOMENTUM-supported areas	HMIS	Type of SDP	Quarterly	Recommended by IA2030; May be new USAID standard indicator
Imm.4	Service delivery/	Number/Percent of surviving infants who received 2nd dose of measles-containing vaccine (MCV2) in MOMENTUM-supported areas	HMIS	Type of SDP	Quarterly	Captures more on life course: recommended by USAID team
Imm.5	Service delivery/ coverage	<b>Zero dose:</b> Number/Percent of surviving infants (<12 months) who did not receive DPT1/Penta1 vaccine in MOMENTUM-supported areas	HMIS	Type of SDP	Quarterly	Recommended by USAID, Gavi, IA2030
CH.1	Service delivery/ quality	Number/Percent of children 0–59 months with diarrhea treated in MOMENTUM-supported areas	HMIS	Type of SDP; zinc+ ORS/ORS where available; age (0–59 days, 2–59 months [0–28 days and 29–59 days IF available])	Quarterly	Recommended by USAID (HL6.6-1), WHO HMIS guide; others
CH.2	Service delivery/ quality	Number/Percent of children 0–59 months with diagnosed pneumonia treated with antibiotics in MOMENTUM-supported areas	HMIS	Type of SDP; AmoxDT/other AB where available; age (0–59 days, 2–59 months [0–28 days and 29–59 days IF available])	Quarterly	Recommended by USAID and WHO HMIS guide

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
CH.3	Service delivery/	Percent confirmed malaria cases in children 0–59 months that received ACTs in MOMENTUM-supported areas	HMIS	Type of SDP; age (0–59 days, 2–59 months [0–28 days and 29–59 days IF available])	Quarterly	Recommended by WHO HMIS guide and malaria guidance
CH+ Nut.1 *	Reach/ access	Number of children under five (0–59 months) reached with nutrition programs in MOMENTUM-supported areas	Program records; HMIS	Type of service	Annual	Recommended by USAID (HL9-1)
CH+ Nut.2 *	Service delivery/	Number/Percent of children 6–59m screened for severe acute malnutrition in MOMENTUM-supported areas	HMIS; program records	Type of SDP	Quarterly	Malnutrition screening is important measure of quality
CH+ Nut.3 *	Health outcome	Number/Percent of children 6–59m identified with acute malnutrition in MOMENTUM-supported areas	HMIS; program records	Type of SDP; Moderate/severe	Quarterly	
FP/RH.1	Coverage	Percent of MOMENTUM-supported service delivery sites providing FP counseling and/or services	HMIS	Type of SDP	Annual	Recommended by USAID HL.7
FP/RH.2	Service delivery	Number of family planning client visits	HMIS	Age (<20, 20–24, 25+); Type of SDP	Quarterly	Recommended by USAID high Impact Practices
FP/RH.3	Quality	Number/Percent of women who deliver in a MOMENTUM supported facility and initiate or leave with a modern contraceptive method prior to discharge	HMIS	Age (<20, 20–24, 25+); Type of SDP; Method	Quarterly	Only for relevant programming
FP/RH.4	Quality	Number/Percent of postabortion clients who initiate or leave a MOMENTUM-supported facility with a modern contraceptive	HMIS	Age (<20, 20–24, 25+); Type of SDP; Method	Quarterly	Only for relevant programming

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
FP/RH.5	Outcome	Estimated modern Contraceptive Prevalence Rate in MOMENTUM-supported areas	HMIS / Secondary survey data	Age (<20, 20–24, 25+)	Quarterly	Recommended <a href="#">Track20 indicator</a>
FP/RH.6	Coverage	Percent of MOMENTUM-supported facilities providing contraceptive services that report contraceptive provision to adolescents (<20) in the last 3 months	HMIS	Type of SDP	Quarterly	New indicator proposed and under discussion by USAID
FP/RH.7	Availability	Number/Percent of USG-assisted service delivery sites that expanded the types of contraceptive methods available with MOMENTUM support	HMIS/ LMIS	Type of SDP: Method	Quarterly	Only for relevant programming
FP/RH.8	Service delivery / quality	Number/Percent of MOMENTUM-supported service delivery sites that provided a contraceptive method in the last 3 months	HMIS/ LMIS	Type of SDP; Method	Quarterly	USAID would like additional information on this indicator. Only for activities that aim to expand access to additional FP methods (Avenir)  Note: Nuances of the implementation of this indicator to be discussed with all MOMENTUM awards to ensure accurate reporting
FP/RH.9 <input checked="" type="checkbox"/>	Quality	Mean respectful/person-centered family planning score (received respectful care) in MOMENTUM-supported areas (facilities)	HFA/ client exit interview	Age (<20, 20–24, 25+); Type of SDP	As assessment completed	Measure of quality of care (specifically, experience of care)  Note: Cross-referenced with GEN.2

Note: Data on all indicators will be collected at the district level, disaggregated by urban/rural status of the district and will include data elements for the numerator and denominator. MOMENTUM awards will work with their AORs to determine which of the MOMENTUM indicators are appropriate for their programming.

## Abbreviations and Citations in Rationale:

1. Global Strategy for Women’s Children’s and Adolescent Health (GSWCAH): Every Woman Every Child. Indicator and Monitoring Framework for the Global Strategy for Women’s, Children’s and Adolescent’s Health (2016–2030). Geneva: WHO; 2016.  
[http://www.everywomaneverychild.org/images/content/files/EWEC\\_INDICATOR\\_MONITORING\\_FRAMEWORK\\_2016.pdf](http://www.everywomaneverychild.org/images/content/files/EWEC_INDICATOR_MONITORING_FRAMEWORK_2016.pdf)
2. Ending Preventable Maternal Mortality (EPMM): AC Moran, RR Jolivet, D Chou, SL Dalglish, K Hill, K Ramsey, et al. “A common monitoring framework for ending preventable maternal mortality, 2015–2030: Phase I of a multi-step process,” *BMC Pregnancy Childbirth*. 2016; 16:250. PMID: [27565428](https://pubmed.ncbi.nlm.nih.gov/27565428/)
3. Every Newborn Action Plan (ENAP): WHO and UNICEF, *Every Newborn: An Action Plan to End Preventable Deaths* (Geneva, Switzerland: WHO: 2014). [https://apps.who.int/iris/bitstream/handle/10665/127938/9789241507448\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/127938/9789241507448_eng.pdf)
4. Countdown to 2030 (CD): UNICEF, *Countdown to 2030: The 2017 Report* (New York: UNICEF: 2017). <https://www.countdown2030.org/>
5. WHO. *Analysis and Use of Health Facility Data. Guidance for RMNCAH Program Managers, Working Document* (Geneva: Switzerland: WHO: 2019).  
<https://www.who.int/publications/m/item/analysis-and-use-of-health-facility-data-guidance-for-rmncah-programme-managers>
7. IA2030: Immunization Agenda 2030: WHO, *A Global Strategy to Leave No One Behind* (Geneva: Switzerland: WHO: 2020).  
[https://www.who.int/immunization/immunization\\_agenda\\_2030/en/](https://www.who.int/immunization/immunization_agenda_2030/en/)

# APPENDIX D. DEFINITIONS OF DISAGGREGATION

DISAGGREGATION	CATEGORIES
<b>Type of service delivery provider</b>	<ul style="list-style-type: none"> <li>• Hospital—public</li> <li>• Hospital—private/NGO/FBO</li> <li>• Health center/facility—public</li> <li>• Health center/facility—private/NGO/FBO</li> <li>• Community (health worker)</li> <li>• Mobile clinic/outreach services—public</li> <li>• Mobile clinic/outreach services—private</li> <li>• Pharmacy—private</li> </ul>
<b>Urban/rural</b>	<ul style="list-style-type: none"> <li>• Urban</li> <li>• Rural</li> </ul>
<b>BEmONC/CEmONC</b>	<ul style="list-style-type: none"> <li>• <a href="#">BEmONC</a></li> <li>• <a href="#">CEmONC</a></li> </ul>
<b>Women’s Age</b>	<ul style="list-style-type: none"> <li>• &lt;20</li> <li>• 20–24</li> <li>• 25+</li> </ul>
<b>Type of nutrition intervention</b>	<ul style="list-style-type: none"> <li>• Number of women receiving iron and folic acid (IFA) supplementation</li> <li>• Number of women receiving individual or group counseling on maternal and/or child nutrition</li> <li>• Number of women receiving calcium supplementation</li> <li>• Number of women receiving multiple micronutrient supplementation</li> <li>• Number of women receiving direct food assistance of fortified/specialized food products</li> </ul>
<b>Maternal cause of death</b>	<ul style="list-style-type: none"> <li>• Direct               <ul style="list-style-type: none"> <li>– Pregnancies with abortive outcome</li> <li>– Hypertensive disorders in pregnancy, childbirth, and the puerperium</li> <li>– Obstetric hemorrhage</li> <li>– Pregnancy-related infection</li> <li>– Other obstetric complications</li> <li>– Unanticipated complications of management</li> </ul> </li> <li>• Indirect               <ul style="list-style-type: none"> <li>– Non-obstetric complications</li> </ul> </li> <li>• Unspecified/unknown</li> </ul>

<b>Newborn cause of death</b>	<ul style="list-style-type: none"> <li>• Congenital malformation and chromosomal abnormalities</li> <li>• Birth trauma</li> <li>• Acute intrapartum event</li> <li>• Infection</li> <li>• Respiratory or cardiovascular disorders</li> <li>• Other neonatal conditions</li> <li>• Low birthweight and prematurity</li> <li>• Miscellaneous</li> <li>• Unspecified cause</li> </ul>
<b>Birthweight</b>	<ul style="list-style-type: none"> <li>• &lt;2000gm</li> <li>• 2000+gm</li> </ul>
<b>Antepartum / intrapartum Stillbirth</b>	<ul style="list-style-type: none"> <li>• Antepartum stillbirth (macerated)</li> <li>• Intrapartum stillbirth (fresh)</li> </ul>
<b>Technical area (% service delivery points providing quality services (including measure on gender-sensitive services))</b>	<ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Maternal</li> <li>• Newborn</li> <li>• Child</li> <li>• Family Planning</li> </ul>
<b>Sex</b>	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Unspecified</li> </ul>
<b>Child Age</b>	<ul style="list-style-type: none"> <li>• 0–59 days</li> <li>• 2–59 months</li> <li>• [0–28 days and 29–59 days IF available])</li> </ul>
<b>Diarrhea treatment</b>	<ul style="list-style-type: none"> <li>• Zinc + ORS</li> <li>• ORS only</li> <li>• Unspecified</li> </ul>
<b>Pneumonia treatment</b>	<ul style="list-style-type: none"> <li>• Amox DT</li> <li>• Other antibiotic only</li> </ul>

<p><b>Under-five nutrition intervention type</b></p>	<ul style="list-style-type: none"> <li>• Children under five whose parents/caretakers received social and behavior change (SBC) interventions that promote essential infant and young child feeding (IYCF) practices</li> <li>• Children 6–59 months who received vitamin A supplementation in the past 6 months</li> <li>• Children under five who received zinc supplementation during episodes of diarrhea</li> <li>• Children under five who received Multiple Micronutrient Powder (MNP) supplementation</li> <li>• Children under five who were admitted for treatment of SAM</li> <li>• Children under five who were admitted for treatment of MAM</li> <li>• Children under five who received direct food assistance</li> </ul> <p>Disaggregation outlined: <a href="https://www.state.gov/foreign-assistance-resource-library/#managing">https://www.state.gov/foreign-assistance-resource-library/#managing</a></p>
<p><b>Contraceptive method (for PPFP and post-abortion FP indicators—FP/RH.3 and FP/RH.4)</b></p>	<ul style="list-style-type: none"> <li>• IUD <ul style="list-style-type: none"> <li>– LNG-IUD</li> <li>– Copper IUD</li> </ul> </li> <li>• Implant</li> <li>• Tubal ligation</li> <li>• LAM (PPFP only)</li> <li>• Pills (Progesterone only pills for PPFP)</li> <li>• Condoms</li> <li>• Injectables (for FP/RH.4)</li> <li>• Unspecified</li> </ul>
<p><b>Contraceptive method (for expanded methods and method provided in last three months indicators—FP/RH.7 and FP/RH.8)</b></p>	<ul style="list-style-type: none"> <li>• Copper IUD</li> <li>• LNG IUD</li> <li>• Vasectomy</li> <li>• Tubal ligation</li> <li>• Sayana Press</li> <li>• Depo-IM</li> <li>• Standard days method [SDM]</li> <li>• Implants</li> <li>• Emergency Contraception</li> <li>• LAM</li> <li>• Condoms</li> <li>• Pills</li> </ul>



<b>Organization type</b>	<ul style="list-style-type: none"> <li>• Government</li> <li>• Parastatal</li> <li>• Private (CSO, NGO, for-profit)</li> </ul>
<b>Type of gender programming</b>	<ul style="list-style-type: none"> <li>• Empowerment (or reproductive empowerment)</li> <li>• Gender-based violence</li> <li>• Male engagement</li> <li>• Respectful care</li> <li>• Combination of 2 or more of the above</li> </ul>
<b>Shocks and stresses</b>	<p>Shocks and stresses may include:</p> <ul style="list-style-type: none"> <li>• Natural disasters (like floods, fires, earthquakes, volcanic eruptions, tsunamis, droughts)</li> <li>• Pandemics/outbreaks of infectious diseases (such as COVID, measles, cholera or VD-polio)</li> <li>• Conflict (intercommunal and internal anti-government, ethnic violence), conflict induced displacement, influx of refugees</li> <li>• Strikes of health workers, general strikes or protests,</li> <li>• Insecurity (such as post-election violence, terrorism, violent extremism, civil conflict)</li> <li>• Economic shocks (such as price shocks/spikes, currency devaluation or economic recession)</li> <li>• Shocks to food supply (such as locusts or livestock disease outbreaks)</li> </ul> <p>Note: Includes narrative description of the shocks and stresses</p>
<b>Type of work plan</b>	<ul style="list-style-type: none"> <li>• Core</li> <li>• Field</li> </ul>

## APPENDIX E. MOMENTUM INDICATORS ON PROGRAM RESULT AREAS AND DOMAINS

More details and reference sheets for the indicators are available in the [MOMENTUM Results 2–4 Performance Indicator Reference Sheets Annex 2](#).

Note: Selected higher-level measures of capacity strengthening, adaptive learning and partnerships are now included in Appendix F. No changes have been made to indicators names in this appendix in order to ensure consistency in reporting by MOMENTUM awards.

Note: The Results 2–4 indicators contain both a quantitative component and a narrative component. Descriptions of the quantitative components for each indicator are described in the table below. A narrative of up to two pages for each domain (e.g. commitment capacity strengthening etc.) should be included highlighting the most relevant examples of work in each period relevant to that domain. Instructions on each domain narrative can be found in the table below. A narrative is not required for each indicator. If any of the activities being reported were collaborative ones conducted with another MOMENTUM award please note this in the narrative.

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Result 2: Capacity of host-country institutions, local organizations, and providers to deliver evidence-based, quality MNCHN/FP/RH services/care improved, institutionalized, measured, documented, and responsive to population needs</b>					
<b>Commitment</b>					
<b>Commitment Narrative</b>					
A narrative covering indicator COM.1 should be included. The narrative should include names and details of the most relevant national/sub-national policies and strategies by the technical (i.e., MNCHN/FP/RH) and cross-cutting areas (i.e., gender, digital, community engagement, social and behavior change, resilience) and the policy's stage in the process (e.g., developed, validated/approved, implemented) in each country. The narrative may include any other information or examples relevant to a country's commitment to improvements in health.					
COM.1	Number of country policies developed, updated, or revised as a result of MOMENTUM support	Program records with developed, updated, or revised policy document as a reference source	Disaggregated by country, technical area (i.e. MNCHN/FP/RH) and other cross-cutting areas e.g. (gender, digital, community engagement, social and behavior change, resilience).  Names of policies and technical area (as narrative text).	Annual	Proxy for government commitment to improvements in health.
COM.2	Number/Percent of districts (or equivalent) in a country holding a data review meeting that included MNCHN/FP/RH data with a high-level official present held in the last 6 months	Program records or supervision checklists	Limited to district-level meetings. Verification is based on meeting notes. Disaggregated by country project.	Semi-annual	Measures government commitment to using evidence to guide improvements in health. The presence of a high-level official signifies greater interest and commitment.

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Capacity Strengthening</b>					
<b>Capacity Narrative</b>					
A single narrative covering the organizational capacity strengthening indicators CAP.5–CAP.6 should be included. The narrative should highlight details of improvement in technical and organizational capacity as well as performance among organizations (NGO, for-profit entity, government entity, youth-led, other) that receive MOMENTUM support. This narrative will be complemented by the narrative on improvements in outcomes as a result of capacity strengthening, more details of which are provided in Appendix F.					
CAP.5	Percent of organizations with improved performance	The Organizational Performance Index (OPI) or Government Performance Index (GPI), as appropriate.	Organizations with improved organizational performance must have allocated resources (human, financial, and/or other) for organizational capacity development and must have undergone and documented a process of performance improvement (obtaining stakeholder input to define performance improvement priorities, analyzing and assessing performance gaps, implementing performance improvement solutions, and monitoring and measuring changes in performance). Disaggregated by country, type of organization (educational institutions, research institutions, faith based organizations, governmental agencies, health service delivery, private sector firms, non-government and not-for profit organizations, CSO), district.	Annual	Provides MOMENTUM with a better understanding about the scope and scale of organizational capacity development efforts. This indicator data also provides information about which types of organizational and technical capacity development support partners need.  USAID PPR indicator CBLD-9 ( <a href="https://www.usaid.gov/npi/capacity-building-indicator-resources">https://www.usaid.gov/npi/capacity-building-indicator-resources</a> )

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
CAP.6	Percent of organizations with increased organizational and/or technical capacity	Integrated Technical and Organizational Capacity Assessment or other capacity assessment tools.	<p>Organizations with increased organizational and/or technical capacity must have allocated resources (human, financial, and/or other) for organizational capacity development and must have undergone and documented a process of capacity development (analyzing and assessing capacity gaps, implementing capacity improvement solutions, and monitoring and measuring changes in capacity). An organization must demonstrate at least 25% increase in score in at least half of assessed capacity areas from baseline.</p> <p>Disaggregated by country, type of organization (educational institutions, research institutions, faith based organizations, governmental agencies, health service delivery, private sector firms, non-government and not-for profit organizations, CSO); district.</p>	Annual	Provides MOMENTUM with a better understanding of the efforts of organizational and technical capacity development within the project, and how they relate to different categories of strategic objectives. This indicator data also provides information about the types of organizational and technical capacity development support that in-county partners need.

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Community Engagement</b>					
<b>Community Engagement Narrative</b>					
A single narrative covering indicators CE.1 and CE.2 should be included. The narrative should include information on successful community engagement mechanisms to ensure social accountability of facilities across countries. The narrative should also build on information in CE.2 describing the type of community engagement taking place in MOMENTUM-supported areas, the aim of the engagement (e.g., assessment; access to information; decision making; local capacity to advocate; accountability of institutions to the public; referral mechanisms; other) and the type/intensity of engagement (consult, cooperate, collaborate).					
CE.1	Percent of service delivery points (SDP) with a functioning mechanism in place for community members to hold the SDP accountable for the quality of health services	Rapid health facility assessments, supervision visit reports	Examples of mechanisms could include community-facility governance committees, partnership defined quality processes, community scorecards. A mechanism is treated as functional if it was used at least twice in the last 12 months. Disaggregated by type of SDP, country and district.	Annual	There is emerging evidence that suggests that social accountability mechanisms improve the responsiveness and quality of care that clients receive. This indicator captures the existence of these mechanisms.
CE.2	Number of approaches implemented by MOMENTUM that engage the community	Program records	Community engagement is a technical approach to directly involve local populations in all aspects of planning, decision-making, implementation, and policy.  Disaggregated by type of community engagement (assessment, access to information; decision making, local capacity to advocate, accountability of institutions to the public, referral mechanisms, other), country.  Name/description of approach (as narrative text).	Annual	This indicator measures the extent of MOMENTUM's community engagement activities, which are important for strengthening local capacities, community structures, and local ownership to improve transparency, accountability, and optimal resource allocations across diverse settings.

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Health Resilience</b>					
<b>Resilience Narrative</b>					
A narrative covering RES.1 should be included. The narrative should include a description of any shocks or stresses faced in MOMENTUM supported project areas, and its association with changes in trends in relevant MNCHN/FP/RH service use in the last year. Any other relevant contextual information and reasons for the trend observed should be highlighted.					
RES.1	<p>Changes in health service use observed in the context of shocks or stresses</p> <p><b>NOTE:</b> This indicator was removed from MIHR’s tier 1 AMELP PMP, but is currently being collected and reported in 10 countries across 3 awards. Discussions are on-going between MIHR and USAID about the most appropriate indicators to measure health resilience and health resilience capacities. If resilience indicators are identified that are pertinent across awards, they may be included in this MEL framework.</p>	<p>HMIS, data on selected indicators will be compiled as part of Result 1 indicators. Data on shocks/stresses covered under Contextual indicators.</p>	<p>Data on health service use (selected Result 1 indicators e.g., FP client visits, ANC1 visit in 12 weeks, DPT3 provided, U5 pneumonia treated etc.) compared before, during, and following a crisis/shock to monitor changes in service use related to the shock.</p> <p>Disaggregated by country and region/district; rural/urban; acute/recurring/chronic shocks/stresses; season/year</p>	Annual	<p>Identifies trends in service use in conjunction with shocks and stresses</p> <p>Aligned with selected Result 1 indicators in Appendix C:</p> <p>(MNH.2 #/% of antenatal clients with first visit before 12 weeks (Or ANC 1 disaggregated by timing) in MOMENTUM-supported areas</p> <p>Imm.3 #/% of children aged &lt;12 months who received DPT3/Penta3 vaccine in MOMENTUM-supported areas</p> <p>CH.2 #/% of children 0–59 months with diagnosed pneumonia treated with antibiotics in MOMENTUM-supported areas</p> <p>FP/RH.2 # of family planning client visits</p>

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Result 3: Adaptive learning and use of evidence in MNCHN/FP/RH programming through sustained USAID and host country technical leadership increased</b>					
<b>Adaptive Learning (AL) and Use of Evidence</b>					
<b>Adaptive Learning Narrative</b>					
<p>A single narrative covering indicator AL.1 highlighting the extent to which MOMENTUM awards introduced, strengthened, or contributed to institutionalizing adaptive learning in their projects. The narrative should describe the type of adaptive learning support or interventions (e.g. capacity building, technical assistance, tools); changes in AL skills and behaviors (e.g., successful utilization of pause and reflect decisions, strategy testing or outcome mapping through project activities and work plan); descriptive examples of tools/job aids, improved data generation and visualization approaches, policy, leadership supporting an enabling context for AL. that support AL. This narrative will be complemented by the narrative on improvements in outcomes as a result of AL activities, more details of which are provided in Appendix F.</p>					
AL.1	Percent of entities receiving MOMENTUM support that introduce, strengthen, or contribute to institutionalizing adaptive learning	Program records	<p>MOMENTUM AL engagement/support includes capacity building, technical assistance, tools.</p> <p>Entities could include local organizations, institutions, groups, centers, associations, teams.</p> <p>Disaggregated by country, type of entity (local organization, institution, group, center, association, team, other); description of adaptive learning (as narrative text)</p>	Annual	<p>Output-focused indicator capturing investment in Adaptive learning approaches and capacity. It tracks the extent to which MOMENTUM awards are advancing practice in Adaptive learning through engagement/support.</p> <p>Since adaptive learning is a result-level focus of MOMENTUM and a new area of programming, it is beneficial to understand overall MOMENTUM activity in this area.</p>



INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Collaboration and Coordination</b>					
<b>Collaboration and Coordination Narrative</b>					
<p>The narrative will center on providing evidence of working together with other MOMENTUM awards, including any expected or achieved added value at the global and/or country level related to improved intermediate or MNCHN/FP/RH outcomes. It should include any evidence of aspects such as coherent funder messaging, coordinated work plans, improved learning, and strengthened global technical leadership. The narrative will provide selected examples of project activities and documents published on the MOMENTUM website by technical and cross-cutting area conducted by more than one MOMENTUM award. Any associations of these activities with improvements in outcomes in MNCHN/FP/RH should be included. Please refer to the definitions of collaboration and coordination on page 26 of this document.</p>					
COLL.1	Number of documents/reports shared with MOMENTUM Knowledge Accelerator/uploaded to the MOMENTUM HUB by the MOMENTUM suite of awards	MOMENTUM HUB platform analytics	Number of documents/reports shared with MOMENTUM Knowledge Accelerator/uploaded to the MOMENTUM HUB. Disaggregated by technical (MNCHN/FP/RH) or cross-cutting area (e.g. gender, youth, WASH, digital health), MOMENTUM award/organization, and country.	Annual	Collaboration across awards supports shared learning, helps foster cross-fertilization of ideas, and amplifies the breadth of experience and best practices.
COLL.2	Number of products posted to MOMENTUM website that were developed by more than 1 MOMENTUM award	MOMENTUM website platform analytics	Number of products posted to the MOMENTUM website that were developed by more than 1 MOMENTUM award. Disaggregated by technical (MNCHN/FP/RH) or cross-cutting area (e.g. gender, youth, WASH, digital health); country.	Annual	Collaboration across awards supports shared learning, helps foster cross-fertilization of ideas, and amplifies the breadth of experience and best practices.

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
COLL.3	Number of conference sessions/panels/presentations produced by more than 1 MOMENTUM award	MOMENTUM Knowledge Accelerator Knowledge Management and Strategic Communications conference tracker	Number of conference sessions/panels/presentations that were produced by more than 1 MOMENTUM award.  Disaggregated by technical (MNCHN/FP/RH) or cross-cutting area (e.g. gender, youth, WASH, digital health), MOMENTUM award/organization, country.	Annual	Collaboration across awards supports shared learning, helps foster cross-fertilization of ideas, and amplifies the breadth of experience and best practices.
<b>Global Leadership</b>					
<b>Global Leadership Narrative</b>					
A single narrative covering the most relevant examples of each award’s work on global leadership especially relating to indicator GL.2 should be included. The narrative should describe the type of guidance/standards developed and exact nature of MOMENTUM’s engagement reported under GL.2 and their technical (MNCHN/FP/RH) and cross-cutting areas (i.e., gender, digital health, community engagement, SBC, resilience) and the guidance/strategy’s stage in the process (e.g., whether developed, validated/approved, implemented).					
GL.1	Number of country representatives serving as active members of global technical consultations and leadership fora as a result of MOMENTUM’s efforts	Program records	Disaggregated by sex, type of consultation/ fora, country, description of global consultation or technical leadership role, including technical and cross-cutting area(s) (as narrative text)  Examples of technical consultations and fora include global or regional conferences, technical meetings, technical groups and panels organized by multilateral organizations like WHO, UNICEF, country governments or other donors.	Annual	One of the focus cross-cutting aims of MOMENTUM is “raising country voices.” A tangible manifestation of contribution of those from the global South is active membership of persons from those countries in key global groups.

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
GL.2	Number of regional or global technical guidance/guidelines/strategies/standards developed and/or revised with MOMENTUM engagement	Program records	Type of guidance/guidelines/strategies/standards (e.g., clinical, measurement, technical area, learning agendas, etc.) included as narrative text for disaggregation.  Examples of technical guidance or guidelines may be revised clinical guidelines, new metrics or indicators, data collection guidance, strategies for programming, learning agendas, technical or methodological standards.	Annual	This indicator measures MOMENTUM’s contributions to global leadership and how it is contributing to the global dialogue for MNCHN/FP/RH programming and learning  Aligned with Knowledge Management Indicator KM.3
<b>Innovation</b>					
<b>Innovation Narrative</b>					
A narrative covering indicator IN.1 should be included. The narrative should include information on the type of innovation, whether it was ongoing or newly supported, the theory of change about the potential benefits of the innovation versus existing alternatives, and whether there was demonstrated uptake by the private or public sector—with information, if available, on whether objective of innovation achieved.					
IN.1	Number of innovations supported through MOMENTUM	Program records	Innovations are products, processes, tools, approaches, service delivery models, and/or other interventions that have the potential to achieve significant improvements in development outcomes versus existing alternatives.  Disaggregated by country, ongoing vs. newly supported, and whether there is demonstrated uptake; narrative description of innovation	Annual	Innovations supported through MOMENTUM can lead to substantial improvements in achieving foreign policy objectives, including addressing development or humanitarian challenges.  Modified version of U.S. Department of State F indicator STIR-10.

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Digital Health</b>					
<b>Digital Health Narrative</b>					
<p>A narrative covering indicator DIG.1 should be included. The narrative should include the following information for the most relevant digital health activities:</p> <ul style="list-style-type: none"> <li>• What specific digital health interventions the activities were targeting (use the <a href="#">WHO Classification of Digital Health Interventions</a> list of interventions)</li> <li>• What type(s) of digital health systems were developed/strengthened by MOMENTUM (use the <a href="#">WHO Classification of Digital Health Interventions</a> list of system categories)</li> <li>• An estimate of how many organizations, facilities, or individuals are using the solution(s) in the activities being counted</li> <li>• A description of how the solution(s) in the activities were intended to improve or have improved equity, quality, and/or resource optimization for better health outcomes</li> </ul>					
DIG.1	Number of activities that include a component in which digital health solutions are developed or strengthened by MOMENTUM with the aim to improve equity, quality, and/or resource optimization for better health outcomes	Program records	<p>‘Digital health solutions’ are instances of using information communications technology in health or public health. Digital health solutions can be for clients, for health care providers, for health system or resource managers, and for data services (<a href="#">WHO, 2018</a>).</p> <p>Description of activities and the name of global good used (as narrative text).</p>	Annual	<p>This indicator captures implementation insights and can contribute to cross-award learning on using digital health solutions to improve health outcomes.</p> <p><a href="#">USAID’s Digital Strategy</a> has an objective to “Improve measurable development and humanitarian assistance outcomes through the responsible use of digital technology in USAID’s programming” and, therefore, it is important to document how MOMENTUM is using digital solutions towards its goal of achieving MNCHN/FP/RH outcomes.</p>

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Knowledge Management</b>					
<b>Knowledge Management Narrative</b>					
<p>A narrative including:</p> <ul style="list-style-type: none"> <li>• For KM.1: A short list (3–5 maximum) of key knowledge-sharing events including event/session titles, and a 1-sentence description of the content and purpose.</li> <li>• For KM.2: A list of the MOMENTUM-hosted events contributing to the attendee numbers captured by this indicator, and a 1-sentence description of the content and purpose (some may be the same as listed for KM.1)</li> <li>• For KM.3: Short narratives including 3 examples <u>each</u> of: How knowledge or a resource generated by the award was used by another MOMENTUM award to inform or improve their work. See examples below. How knowledge or a resource generated by the award was used by stakeholders external to MOMENTUM to inform or improve their work. See examples below.</li> </ul>					
KM.1	Number of knowledge-sharing events relevant to MOMENTUM either hosted by MOMENTUM or in which MOMENTUM staff substantially participated	Program records	<p>Knowledge-sharing events are defined as providing content or information about or applicable to MOMENTUM via channels like webinars, panel sessions at conferences, dissemination meetings, workshops, project launch events, community of practice (CoP) meetings, presentations to USAID HQ/Missions, virtual learning exchanges, or other events where MOMENTUM information is shared or where MOMENTUM convenes an event for information-sharing relevant to MOMENTUM.</p> <p>Disaggregated by region, virtual/in person, event type.</p>	Annual	MOMENTUM places considerable emphasis and resources on knowledge management. Indicator measures reach of MOMENTUM’s knowledge management activities.

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
KM.2	Number of participants attending MOMENTUM-hosted knowledge-sharing events	Program records	Participants include all attendees, including speakers, facilitators, and moderators. Event organizers, notetakers, and other support staff should not be included.  Disaggregated by region, virtual/in-person, event type.	Annual	MOMENTUM places considerable emphasis and resources on knowledge management. Indicator measures reach of MOMENTUM's knowledge management activities.
KM.3	Instances of knowledge or resources generated by the MOMENTUM award being applied or used  i) By another MOMENTUM award to inform or improve their work within MOMENTUM  ii) By stakeholders external to MOMENTUM to inform or improve their work.	Program records	MOMENTUM award refers to all MOMENTUM implementing partner staff across consortium partners of the suite, as well as USAID staff working on MOMENTUM.  External stakeholders include policymakers, program implementers at health and development organizations, technical communities, and others not affiliated with the MOMENTUM suite of awards.  Description of knowledge resources generated and used internally or externally (as narrative text)	Annual	MOMENTUM places considerable emphasis on knowledge sharing, with the goal of ensuring that the project's investments result in wide-scale awareness and use by those who need it to improve their own programmatic and other work. While reach (i.e. # training attendees, # downloads) is a commonly measured KM indicator, it is typically more difficult to capture more substantive examples of knowledge application and use. This qualitative indicator takes KM measurement a step further than most projects and can help demonstrate value and return on investment.  Aligned with Global leadership indicator GL.2.

INDICATOR NUMBER	INDICATOR	SOURCE	DEFINITION AND DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Result 4: Cross-sectoral collaboration and innovative partnerships between MNCHN/FP/RH and non-MNCHN/FP/RH organizations increased</b>					
<b>Private-Sector Engagement/Multi-sectoral Partnerships</b>					
<b>Private-Sector Engagement/Multi-Sectoral Partnerships Narrative</b>					
A single narrative based on indicator PSE/MSP.1 should be included. The narrative should describe the purpose of the partnerships and partnership objectives (increasing coverage, equity, quality, efficiency as applicable) reported under PSE/MSP.1. This narrative will be complemented by the narrative on solutions and other documented outcomes as a result of partnerships, more details of which are provided in Appendix F.					
PSE/MSP.1	Number of partnerships supported, facilitated, or catalyzed by MOMENTUM	Program records and reports	Disaggregated by purpose (knowledge sharing, service providing, standard setting, fund mobilizing, combination), by type of partnership (international and national PPP, educational institutions, corporate, health and non-health), and country/countries where the partnership is active.	Annual	Identify, track, and provide contextual details on existing partnerships across MOMENTUM.

## APPENDIX F. HIGHER LEVEL MEASURES OF CAPACITY, ADAPTIVE LEARNING AND PARTNERSHIPS

This appendix includes information on higher-level measures of capacity, adaptive learning, and partnerships that focuses on the effects of interventions and program activities addressing these areas on outcomes, performance, and new solutions obtained. These measures were previously included in the shortlist of recommended indicators presented in Appendix E for performance monitoring plans of MOMENTUM awards. However, MOMENTUM awards are highly encouraged to consider using low-touch complexity-aware monitoring methods to collect information on these topics as described below. Any findings of effects of capacity strengthening and adaptive learning activities and partnerships established should be included in the narrative for these topics in award annual/semi-annual reports, as the information contributes to carrying out MOMENTUM learning explorations on these topics. These qualitative descriptions will complement the narrative specified in Appendix E on these topics. In order to ensure consistency and avoid confusion, the same indicator numbers are used in this updated MEL framework. More specific information is provided in the table below. Broad guidelines on the measurement of these topics are included in the [MOMENTUM Results 2-4 Performance Indicator Reference Sheets Annex 2](#).

NUMBER	DESCRIPTION	DEFINITION	DATA SOURCE
<b>Capacity Strengthening</b>			
The narrative should build on the qualitative description based on CAP.5 and CAP.6 as specified in Appendix E. It should include relevant examples of adjustments and improvements made to products and services, or improvements in program reach, coverage and effectiveness by targeted actors in countries that receive financial or technical support through MOMENTUM. These changes could be a result of capacity strengthening activities at the individual, community, organizational or health system levels.			
CAP.1	Examples of organization-level entities that modify programs to better reflect locally prevailing social norms, values, beliefs, and practices that influence health outcomes	Measures capacity to make changes to programs. Defined as making at least one adjustment (e.g. change in product, service delivery mechanism). Unit of measurement: local partner organizations	Program records with descriptions of changes made in response to the feedback received
CAP.2	Examples of system-level entities that modify programs to better reflect locally prevailing social norms, values, beliefs, and practices that influence health outcomes	Measures capacity to make changes to programs. Defined as making at least one adjustment (e.g. change in product, service delivery mechanism). Unit of measurement: private health care providers, public health care facilities (at different levels)	Program records with descriptions of changes made in response to the feedback received



NUMBER	DESCRIPTION	DEFINITION	DATA SOURCE
CAP.3	Examples of health care workers that use client or other feedback to improve program reach, coverage, or effectiveness	<p>Directly linked to improvements in program quality, coverage (demand), and effectiveness.</p> <p>Defined as improvement in performance resulting in greater program reach, coverage, and effectiveness.</p> <p>Unit of measurement: Paid health workers</p>	Reports of feedback from supervisors, reports of client feedback, and, where needed, changes reflective of the feedback received
CAP.4	Examples of community-based facilities that use client or other feedback to improve program reach, coverage, or effectiveness	<p>Directly linked to improvements in program quality, coverage (demand), and effectiveness.</p> <p>Defined as improvement in performance resulting in greater program reach, coverage, and effectiveness.</p> <p>Unit of measurement: Community-based facilities (e.g., health posts, local clinics, or satellite service providers)</p>	Reports of feedback from supervisors, reports of client feedback, and, where needed, changes reflective of the feedback received

NUMBER	DESCRIPTION	DEFINITION	DATA SOURCE
<b>Adaptive Learning</b>			
The narrative should build on the qualitative description based on AL.1 as outlined in Appendix E. It should include any evidence of modifications made to interventions or programs as a result of adaptive learning activities. In addition, any positive changes in intermediate outcomes and outcomes occurring in the reporting period should be noted.			
AL.2	Examples of MOMENTUM supported entities using data generated through their monitoring systems to modify activities or strategies	<p>Unit of measurement: Teams within organizations, private, public, NGO, community groups, CSOs, facility, district.</p> <p>Modification to activities include making at least one adjustment to activities being conducted or strategies being utilized based on data from monitoring system.</p>	Program records. Data collection through an AL capacity checklist to demonstrate a minimum set of AL capacity, program activity reports, case studies of changes in use of AL methods
AL.3	Examples of MOMENTUM supported entities that routinely assess contexts (social norms, values, beliefs, and practices) and program performance, and make programmatic adjustments to improve its relevance to intended outcomes	<p>Unit of measurement: Teams within organizations, private, public, NGO, community groups, CSOs, facility, district.</p> <p>Programmatic adjustments: Make at least one adjustment to the products or services being offered.</p> <p>locally prevailing social norms, values, beliefs, and practices; preferences that influence demand for and use of products or services being offered.</p> <p>Program performance assessment includes tracking of outputs, intermediate outcomes, and outcomes.</p>	Program records with descriptions of changes made. Case studies of changes in use of AL methods.
AL.4	Examples of MOMENTUM-supported entities that demonstrate positive changes in expected outcomes at least in part from use of adaptive learning approaches	<p>AL approaches include adaptive management, complexity-aware monitoring, quality improvement, implementation research, applied research, and development research.</p> <p>Examples of positive change could include improvements in MNCHN/FP/RH outcomes or other intermediate outcomes</p>	Program records, use of Complexity aware monitoring methods: (outcome mapping, etc.), program or impact evaluations. Case studies of AL.

NUMBER	DESCRIPTION	DEFINITION	DATA SOURCE
<b>Private-Sector Engagement/Multi-sectoral Partnerships</b>			
The narrative should build on the qualitative description based on PSE/MSP.1 as outlined in Appendix E. It should include descriptions of newly implemented solutions to address prioritized problems reported (e.g. process improvement, new coordination mechanism, new service delivery modality, new policy/guidelines, other process-oriented changes), and documented outcomes that occurred with contribution of the partnership.			
PSE/MSP.2	Examples of new solutions developed through partnerships to address problems prioritized by partnership members	<p>Monitor how partnerships are contributing to intermediate outputs and outcomes.</p> <p>Takes into account purpose of the partnership (knowledge sharing, service providing, standard-setting, fund mobilizing, combination), type of partnership (international and national PPP, educational institutions, corporate, health, and non-health), and country/countries where the partnership is active.</p>	Program records, interviews, survey data, news media or other secondary data sources.
PSE/MSP.3	Examples of changes as a direct or indirect result of partnership intervention	<p>Monitor how partnerships are contributing to improvements in MNCHN/FP/RH outcomes.</p> <p>Takes into account purpose of the partnership (knowledge sharing, service providing, standard-setting, fund mobilizing, combination), type of partnership (international and national PPP, educational institutions, corporate, health, and non-health), and country/countries where the partnership is active.</p>	Program records, interviews, survey data, news media or other secondary data sources.

## APPENDIX G. CONTEXTUAL INDICATORS

More details and reference sheets for the indicators are available in the [MOMENTUM Result 1 Performance Indicator Reference Sheets Annex 1](#).

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<b>Project Specific Contextual Indicators</b>						
X-Cut.1	Data quality	% completeness of HMIS reporting for health facilities and community health workers (CHWs) (%) in MOMENTUM-supported areas	HMIS	Type of SDP	Semi-annual	Needed to interpret data completeness; WHO HMIS guides / all HMIS guidance
X-Cut.2	Reach	Estimated potential beneficiary population for maternal, newborn and child survival program: number of live births in MOMENTUM-supported areas	Estimate	n/a	Annual	Recommended by USAID (HL 6-1)
X-Cut.3	Reach	Quality improvement—Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI) (# of outpatient visits)	HMIS	n/a	Annual	Recommended by USAID (HL 6)
X-Cut.4	Reach	Number of districts with MOMENTUM support for MNCHN/FP/RH services	Program records	Technical area/intervention	Annual	Needed to "tell the MOMENTUM story"
X-Cut.5	Reach	Total population in areas with MOMENTUM support for MNCHN/FP/RH services	Estimate/ program records	n/a	Annual	Needed to "tell the MOMENTUM story"
X-Cut.6	Reach	Number of health facilities with MOMENTUM support	Program records	Type of SDP	Annual	Needed to "tell the MOMENTUM story"

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
X-Cut.7	Reach	Number of organizations receiving MOMENTUM support	Program records	Type of organization (government, parastatal, private (CSO, NGO, for-profit)), type of USAID partner (new, existing)	Annual	Needed to "tell the MOMENTUM story"
X-Cut.8	Context	Number of instances of stresses and shocks in MOMENTUM-supported areas	Program records	Type of stress or shock (with descriptive narrative)	Quarterly	Needed to learn about resilience
X-Cut.9	Context	% of MOMENTUM-supported health facilities with no stockouts of any tracer stock (tracer medications, PPE, IPC supplies, vaccine, injection supply, etc.) in the last three months (Awards to choose most pertinent tracer stocks)	HMIS/LMIS/ survey/ program records	Type of SDP	Quarterly	Needed to understand trends in service delivery (even though MOMENTUM will not work on stocks); specific to programming
X-Cut. 10	Context	Number of COVID-19 cases in previous three months	HMIS/ COVID tracking (secondary data)	n/a	Quarterly	Needed to understand COVID-19 context
X-Cut. 11	Context	Number of COVID-19-related deaths in previous three months	HMIS/ COVID tracking (secondary data)	n/a	Quarterly	Needed to understand COVID-19 context

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
X-Cut.12	Context	Number of COVID-19 cases in health workers in previous three months	HMIS/ COVID tracking (secondary data)	Cadre (if available)	Quarterly	Needed to understand COVID-19 context
X-Cut.13	Context	Number of COVID-19-related deaths among health workers in previous three months	HMIS/ COVID tracking (secondary data)	Cadre (if available)	Quarterly	Needed to understand the COVID-19 context

Note: Data on all indicators will be collected at the district level, disaggregated by urban/rural status of the district and will include data elements for the numerator and denominator. All awards will be required to report on these program context measures.

# APPENDIX H. MOMENTUM INDICATORS OF QUALITY OF MNCHN/FP/RH SERVICES

Notes:

- A number of routine indicators specified under Result 1, Appendix C measure quality and content of care. The complementary indicators and data in this appendix should be collected when a health facility assessment is completed.
- More details and reference sheets for the indicators are available in the [MOMENTUM Indicators of Quality of MNCHN/FP/RH Services Performance Indicator Reference Sheets Annex 3](#).

## Maternal and Newborn Health + Nutrition

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
MNH.HFA.1	Availability/Readiness	Percent of facilities with staff and guidelines, equipment, medicines and commodities (no stock-outs in the past 3 months) to provide ANC services, including Intermittent Preventive Treatment of Malaria for Pregnant Women (IPTp)	HFA Inventory	Type of SDP	Needed to measure service availability/readiness. Recommended by HHFA
MNH.HFA.2	Quality of services	Percent of ANC clients receiving minimal elements of physical examination and screening appropriate for ANC visit	Direct observation; review of ANC client card	Type of SDP; Age (<20; 20–25; 25+), ANC visit (first visit vs. others)	Needed to measure quality of services provided. Recommended for SPA
MNH.HFA.3	Quality of services	Percent of ANC clients receiving all preventive treatments appropriate for the ANC visit and in accordance with national guidelines	Direct observation; review of ANC client card	Type of SDP; Age (<20; 20–25; 25+), ANC visit (first visit vs. others)	Needed to measure quality of services provided.
MNH.HFA.4 (overlap/ included in existing GEN.2)	Experience of care	Mean person-centered ANC care score in MOMENTUM-supported areas (facilities)	Client exit interview	Type of SDP; Age (<20; 20–25; 25+)	Needed to measure quality of care. Recommended for SPA

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
MNH.HFA.5	Communication	Percent of ANC clients who report discussing specific pregnancy/anticipatory postnatal care elements with their provider	Client exit interview	Type of SDP; Age (<20; 20–25; 25+); Counseling element	Needed to measure quality of services provided. Recommended for SPA
MNH.HFA.6 (ROUTINE)	Availability/ Readiness	EmONC Availability: Availability of functional EmONC facilities (# per population and % of facilities) in MOMENTUM-supported areas	HFA Inventory	BEmONC/ CEmONC; Type of SDP	Needed to measure service availability/readiness. Recommended by GSWCAH, EPMM, ENAP, CD
MNH.HFA.7	Availability/ Readiness	Percent of facilities with readiness components for essential labor and childbirth care and management of obstetric and newborn complications	HFA Inventory	Type of SDP; Readiness component	Needed to measure service availability/readiness. Recommended for SPA
MNH.HFA.8	Availability/ Readiness	The percentage of facilities with standard operating procedures (SOP) for registration and review of maternal deaths, neonatal deaths and stillbirths.	HFA Inventory	Type of SDP; death type (maternal, newborn, stillbirth)	Needed to measure service availability/readiness. Recommended for SPA
MNH.HFA.9	Quality of services	Percent of women with maternal vital signs (BP, temperature, pulse) and fetal vital signs (fetal heart tones) documented at admission to L&D	Direct Observation	Type of SDP; vital sign	Needed to measure quality of services provided. Recommended for SPA
MNH.HFA.10	Quality of services	Percent of women monitored for bleeding, pulse, temperature and blood pressure after delivery	Record Review	Type of SDP	Needed to measure quality of services provided. Recommended for SPA



INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
MNH.HFA.11	Proxy-Quality of services	Percent of providers with minimum knowledge score of management of hypertensive disorders of pregnancy	Clinical vignette (written case study)	Type of SDP; cadre of provider	Needed to measure quality of services provided. Recommended for SPA
MNH.HFA.12	Proxy-Quality of services	Percent of providers with minimum knowledge score of prolonged labor management	Clinical vignette (written case study; NOT simulation)	Type of SDP; cadre of provider	Needed to measure quality of services provided. Recommended for SPA
MNH.HFA.13	Provider competency	Percent of simulated neonatal resuscitation cases meeting a minimum standard	Simulation with providers	Type of SDP; cadre of provider	Needed to measure quality of services provided. Recommended for SPA
MNH.HFA.14	Provider competency	Percent of cases of simulated immediate care after birth for mother and newborn meeting a minimum standard	Simulation with providers	Type of SDP; cadre of provider	Needed to measure quality of services provided. Recommended for SPA
MNH.HFA.15	Experience of care	Percent of women who wanted and had a companion of their choice supporting them in the health facility	Client Exit Interview	Type of SDP; Age (<20; 20–25; 25+); Timing of support	Needed to measure quality of care.
MNH.HFA.16 – ROUTINE (overlap/ also included in existing GEN.2)	Experience of care	Mean person-centered maternity care score in MOMENTUM-supported areas (facilities)	Client Exit Interview	Age (<20, 20–24, 25+); Type of SDP	Needed to measure quality of care. QOC/QED recommendation

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
MNH.HFA.17	Quality of care	Percent of all newborns (live born and stillborn) born in the health facility who are weighed	Client exit interview	Type of SDP; Age (<20; 20–25; 25+); birth outcome (live, stillborn)	Needed to measure quality of care. Recommended for SPA
MNH.HFA.18	Outcome	Percent of mothers who delivered at facility who report infant received only breast milk (either from their own mother or from a human milk bank) throughout their stay at the facility	Client exit interview	Type of SDP; Age (<20; 20–25; 25+)	Recommended for SPA
MNH.HFA.19	Clinical quality/counseling	Percent of maternity patients who report having received pre-discharge counseling and education	Client Exit Interview	Type of SDP; Age (<20; 20–25; 25+)	Needed to measure quality of services provided. Recommended for SPA
MNH.HFA.20	Availability/Readiness	Percent of facilities with readiness components for care of small and sick newborns	Inventory	Type of SDP	Needed to measure service availability/readiness. Recommended for SPA
MNH.HFA.21	Quality of care	Percent of newborns weighing $\leq$ 2000 g born or admitted to the health facility who are initiated on kangaroo mother care (or admitted to the kangaroo mother care unit, if a separate unit exists).	Client exit interview	Type of SDP	Needed to measure quality of care. Recommended for SPA
MNH.HFA.22*	Availability/Readiness	Nutrition assessment readiness: % of facilities adequately equipped for measuring height, weight, MUAC	Inventory	Type of SDP; client type/unit	Needed to measure service availability/readiness.  Note: Optional—used by programs that are addressing maternal, newborn, or child nutrition.

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
MNH.HFA.23*	Quality of care	Percent of clients in supported facilities that are nutritionally assessed and counseled	Direct Observation	Type of SDP; Age (<20; 20–25; 25+); client type (pregnant women, recently delivered women, non-pregnant adults)	Needed to measure quality of care.  Note: Optional—used by programs that are addressing maternal, newborn, or child nutrition.

## Immunization + Child Health + Nutrition

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE AND NOTES
<i>* Indicator is designated as “optional.”</i>					
IMM.HFA.1*	Service Availability/Readiness	Number/Percent of health facilities with a functioning refrigerator with a temperature monitoring device and operating in the appropriate temperature range	Inventory	Type of SDP	Needed to measure service availability/readiness.  Recommended for SPA and by WHO
IMM.HFA.2	Service Availability/Readiness	Number/Percent of facilities with availability of child vaccines, required by the national immunization calendar	Inventory	Type of SDP	Needed to measure vaccine stocks and service availability/readiness in general.  Recommended for SPA and by WHO
IMM.HFA.3	Service Availability/Readiness	Number/Percent of facilities with an up-to-date immunization micro-plan	Inventory	Type of SDP	Needed to measure service availability/readiness

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE AND NOTES
IMM.HFA.4*	Service Availability/Readiness	Mean frequency of child immunization services offered at facility	Inventory	Type of SDP; outreach and fixed; antigen	Needed to measure service availability
IMM.HFA.5*	Quality of services	Number/Percent of children visiting the health facility for routine/acute care during the reporting period who had their vaccine record assessed.	Direct observation	Age; Sex; Type of SDP	Needed to measure quality of health services provided. Recommended for SPA and by WHO
IMM.HFA.6*	Quality of services	Number/Percent of children visiting the health facility for routine/acute care who did not receive a vaccine for which they were eligible (i.e. missed opportunity)	Direct observation	Age; Sex; Type of SDP	Needed to measure quality of health services provided. Recommended for SPA and by WHO
CH.HFA.1	Service readiness	Number/Percent of health facilities with equipment and supplies for the essential IMNCI assessment in the child curative area (pediatric OPD)	Inventory	Type of SDP	Needed to measure service readiness. Recommended for SPA and by WHO
CH.HFA.2	Service readiness	Number/Percent of health facilities with medicines and supplies to treat pediatric acute diarrhea, pneumonia and malaria	Inventory	Type of SDP	Needed to measure service readiness. Recommended for SPA and by WHO
CH.HFA.3	Quality of services	Percent of sick children under 5 years of age who visited the health facility for medical care and were checked for general danger signs (ability to drink or breastfeed; vomits everything; convulsions, lethargy/unconscious)	Direct observation	Age; Sex; Type of SDP	Needed to measure quality of services provided. Recommended for SPA and by WHO

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE AND NOTES
CH.HFA.4	Quality of services	Percent of sick children under 5 years of age who visited the health facility for medical care and received essential physical and clinical assessment in accordance with IMCI algorithm	Direct observation	Age; Sex; Type of SDP	Needed to measure quality of services provided. Recommended for SPA and by WHO
CH.HFA.5	Quality of services	Percent of children aged between 2 months and 5 years who were classified with pneumonia in the health facility and received or were prescribed oral amoxicillin.	Direct Observation	Age; Sex; Type of SDP	Needed to measure quality of services provided. Recommended for SPA and by WHO
CH.HFA.6	Quality of services	Percent of children aged between 2 months and 5 years classified with diarrhea and no or some dehydration who are given ORS + zinc	Direct Observation	Age; Sex; Type of SDP	Needed to measure quality of services provided. Recommended for SPA and by WHO
CH.HFA.7	Quality of services	Percent of children under 5 with diagnosis of malaria and no severe classification who received or were prescribed antimalarial medication (Artemether-Lumefantrine [AL] 2X daily for 3 days or Artesunate Amodiaquine [AS+AQ] 1X a day for 3 days)	Direct Observation	Age; Sex; Type of SDP	Needed to measure quality of services provided. Recommended for SPA and by WHO
CH.HFA.8 (also included in GEN.2)	Experience of care	Percent of caregivers who report they or their child did not experience physical or verbal abuse in the health facility (felt that they were being yelled at, or screamed at [verbal], or being hit, or pinched [physical abuse])	Exit interview	Age of child; Sex of caretaker; Type of SDP; subject (caregiver or child)	Needed to measure quality of care. Recommended for SPA and by WHO
CH.HFA.9	Experience of care	Percent of sick children and/or their caregivers seen in the health facility who report they were told what the diagnosis was, given instructions about treatment and/or care, can say the reason that a particular treatment was given (or child's condition) and how to take the treatment	Exit interview	Age of child; Sex of caretaker; Type of SDP; communication topic	Needed to measure quality of care. Recommended for SPA and by WHO

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE AND NOTES
CH.HFA.10	Experience of care	Percent of caregivers of children who visited the health facility and reported being aware of the danger signs of their children, where to seek care and how to feed their children during the illness (giving extra fluids and continue feeding)	Exit interview	Age of child; Sex of caretaker; Type of SDP	Needed to measure quality of care. Recommended for SPA and by WHO
CH.HFA.11	Quality of services	Percent of children 6–59 months who were nutritionally assessed via anthropometric measurement	Direct Observation	Age; Sex; Type of SDP	Needed to measure quality of services provided.
CH.HFA.12	Quality of services	Percent of children 6–59 months who were correctly classified by providers during anthropometric measurement	Direct Observation	Age; Sex; Type of SDP	Needed to measure quality of services provided.

## Family Planning

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
FP.HFA.1	Readiness/Availability	Number/Percent of facilities stocked out, by contraceptive method, on the day of the assessment	Inventory	Type of SDP; Method (Condoms, OCP, EC, Copper IUD, LNG IUD, vasectomy, tubal ligation, Sayana Press, Depo-IM, implants)	Needed to measure service availability/readiness. FP 2030's Core Indicators
FP.HFA.2	Readiness/Availability	Number/Percent of primary SDPs that have at least 3 modern methods of contraception available on the day of assessment	Inventory	Type of SDP	Needed to measure service availability/readiness. FP 2020's Core Indicators

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
FP.HFA.3	Readiness/ Availability	Number/Percent of secondary/tertiary SDPs with at least five modern methods of contraception available on day of assessment	Inventory	Type of SDP	Needed to measure service availability/readiness. FP 2030's Core Indicators
FP.HFA.4	Quality of services	Number/Percent of women who delivered in a facility and received counseling on FP prior to discharge	Client exit interview	Age (<20, 20–24, 25+); Type of SDP; Method (Condom, LAM, Progestogen-only pill, Copper IUD, LNG IUD, vasectomy, tubal ligation, implants)	Needed to measure quality of services provided. FP 2020's Recommended PFPF Indicator
FP.HFA.5	Quality of services	Number/Percent of women who delivered in a facility and initiate or leave with a modern contraceptive method prior to discharge	Client exit interview	Age (<20, 20–24, 25+); Type of SDP; Method (Condom, LAM, Progestogen-only pill, Copper IUD, LNG IUD, vasectomy, tubal ligation, implants)	FP 2020's Recommended PFPF Indicator
FP.HFA.6	Quality of services	Percent of current users of selected contraceptive methods who were informed: <ol style="list-style-type: none"> <li>About side effects or problem of method used; and</li> <li>Of what to do if they experienced side effects of problems with the method used; and</li> <li>Of other methods of contraceptive that could be used; and</li> <li>Told they could switch to another method if they wanted or needed to (Method Information Index Plus)</li> </ol>	Client exit interview	Age (<20, 20–24, 25+); Type of SDP; Method (Condoms, OCP, EC, Copper IUD, LNG IUD, tubal ligation, Sayana Press, Depo-IM, implants)	Needed to measure quality of services provided. FP 2030's Core Indicator

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
FP.HFA.7	Proxy—Quality of services	Percent of providers that demonstrate good counseling skills (composite)	Observation	Type of SDP; Method; Method (Condoms, OCP, EC, LAM, Copper IUD, LNG IUD, vasectomy, tubal ligation, Sayana Press, Depo-IM, implants)	Needed to measure quality of services provided. FP 2020's Core Indicators
FP.HFA.8 (Also included in GEN.2)	Experience of care	Mean respectful/person-centered family planning score (received respectful care) in MOMENTUM-supported areas (facilities)	Client Exit Interview	Type of SDP; Age (<20, 20–24, 25+)	Needed to measure quality of care.

## Cross-Cutting

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
X-CUT.HFA.1	Process	Number/Percent of health facilities with external supervision to improve clinical competence and/or performance in the past 6 months	Inventory	Type of SDP; technical area	Needed to measure health facilities' ability to conduct performance monitoring and quality improvement.
X-CUT.HFA.2	Process	Number/Percent of health facilities holding at least one meeting/activity specifically for quality improvement in the last 3 months (1) review data, 2) monitor performance, 3) make recommendations to address any problems, 4) honor good performance and 5) encourage staff or teams who are struggling to improve quality)	Inventory	Type of SDP; technical area	Needed to measure health facilities' ability to conduct performance monitoring and quality improvement.



INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE
X-CUT.HFA.3	Process	Number/Percent of health facilities that analyze and produce monthly visual charts and reports for monitoring performance.	Inventory	Type of SDP; technical area	Needed to measure health facilities' ability to conduct performance monitoring and quality improvement.
X-CUT.HFA.4	Process	Number/Percent of facilities with a mechanism for patient complaints and feedback (e.g., suggestion box) in the health facility	Inventory	Type of SDP	Needed to measure facilities' ability to provide person centered care and improve performance based on client feedback and preferences.
WASH.1	Readiness/ quality	Number/Percent of MOMENTUM-supported facilities with available soap and running water or alcohol-based rub in the facility	Inventory	Type of SDP; facility department/area	Important indicator of quality for all MNCHN/FP/RH programming; especially with COVID-19  Note: Included in Appendix I: Cross-cutting Indicators
WASH.2	Quality	Number/Percent of MOMENTUM-supported health facilities with improved IPC readiness scores.	Inventory	Type of SDP	Important indicator of quality for all MNCHN/FP/RH programming; especially with COVID-19  Note: Included in Appendix I: Cross-cutting Indicators
WASH.3	Availability	Percent of MOMENTUM-supported health care facilities that experience a stock out during the previous three months of essential IPC supplies	Inventory	Type of SDP	Important indicator of quality for all MNCHN/FP/RH programming; especially with COVID-19

# APPENDIX I. MOMENTUM INDICATORS OF COVERAGE AND EQUITY IN MNCHN/FP/RH SERVICES

Note: All data will be collected when a household survey is completed.

More details and reference sheets for the indicators are available in the [MOMENTUM Indicators of Coverage and Equity of MNCHN/FP/RH Services Performance Indicator Reference Sheets Annex 4](#).

## Maternal and Newborn Health + Nutrition

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE AND NOTES
MNH.SVY.1	Service coverage	Percent of women with a live birth in a given time period that attended four or more ANC visits at a health facility	Household Survey	Urban/Rural; Wealth quintile	WHO health equity monitor indicator; indicator for the Global strategy of Women's children's and adolescents' health (2016–2030) monitoring framework and the SDGs.
MNH.SVY.2	Service coverage	Percent of women who received three or more doses of intermittent preventive treatment during antenatal care visits during their last pregnancy.	Household Survey	Age; Urban/Rural; Wealth quintile	WHO health equity monitor indicator; indicator for the Global strategy of Women's children's and adolescents' health (2016–2030) monitoring framework
MNH.SVY.3	Service coverage	Percent of pregnant women in malaria endemic areas who slept under an insecticide-treated mosquito net the previous night.	Household Survey	Urban/Rural; Wealth quintile; Maternal education	WHO health equity monitor indicator; MCSP indicator
MNH.SVY.4	Service coverage	Percent of women who consumed any iron-containing supplements during the current or last pregnancy	Household Survey	Urban/Rural; Wealth quintile	Global Nutrition Monitoring Framework indicator, reported in DHS, Countdown to 2030 indicator.
MNH.SVY.5	Service coverage	Percent of births attended by skilled health personnel in a given time period	Household Survey	Age; Urban/Rural; Wealth quintile	WHO health equity indicator; indicator for the Global strategy of Women's children's and adolescents' health (2016–2030) monitoring framework and the SDGs.

MNH.SVY.6	Service coverage	Percent of birth occurring in health facilities in the area	Household Survey	Age; Urban/rural; Wealth quintile	WHO health equity indicator
MNH.SVY.7	Service coverage	Percent of births delivered by caesarean section among all births in the given period	Household Survey	Urban/Rural; Wealth quintile; Maternal education	WHO health equity monitor indicator
MNH.SVY.8	Service coverage	Percent of women who have postpartum contact with a health provider within 2 days of delivery	Household Survey	Urban/Rural; Wealth quintile	WHO indicator; indicator for the Global strategy of Women's children's and adolescents' health (2016–2030) monitoring framework
MNH.SVY.9	Service coverage	Percent of newborns who have a postnatal contact with a health provider within 2 days after delivery	Household Survey	Urban/Rural; Wealth quintile	WHO indicator; indicator for the Global strategy of Women's children's and adolescents' health (2016–2030) monitoring framework
MNH.SVY.10	Outcome (Nutrition Adequacy)	Percent of women of reproductive age achieving minimum dietary diversity	Household Survey	Age; Urban/Rural; Wealth quintile	MSNA monitoring and evaluation indicator.
MNH.SVY.11 (Also included in GEN.2)		Mean respectful/person-centered ANC score (received respectful care) in MOMENTUM-supported areas	Household Survey	Age (<20, 20–24, 25+); Urban/rural	Needed to measure quality of care
MNH.SVY.12 (Also included in GEN.2)		Mean respectful/person-centered maternity care score (received respectful care) in MOMENTUM-supported areas	Household survey	Age (<20, 20–24, 25+); Urban/rural	Needed to measure quality of care

## Immunization + Child Health + Nutrition

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE AND NOTES
Imm.SVY.1	Service coverage	Percent of children ages 12–23 months that have not received the first dose of diphtheria, tetanus, and pertussis (DTP) vaccine	Household Survey	Sex of infant; Urban/Rural Wealth quintile	
Imm.SVY.2	Service coverage	Percent of children ages 12–23 months who have received three doses of a diphtheria, tetanus and pertussis vaccine	Household Survey	Sex of infant; Wealth quintile	WHO health equity monitoring indicator.  In certain countries, the time period of 12–23 months can be adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).
Imm.SVY.3	Service coverage	Percent of 12–23 month old children who have received three doses of pneumococcal conjugate vaccine (PCV3) in a given year	Household Survey	Urban/Rural; Wealth quintile	SDG indicator, WHO indicator, EPI and MICS indicator.  In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PCV prior to the 1st birthday.
Imm.SVY.4	Service coverage	Percent of children who have received two doses of measles containing vaccine (MCV2) in a given year, according to the nationally recommended schedule	Household Survey	Urban/Rural; Wealth quintile	SDG indicator, WHO indicator, EPI and MICS indicator

Imm.SVY.5	Service coverage	Percent of one-year-olds who have received one dose of Bacille Calmette-Guérin (BCG) vaccine in a given year	Household Survey	Sex of infant; Wealth quintile; Age; Urban/Rural	WHO health equity monitor indicator  In certain countries, the time period of 12–23 months can be adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).
CH.SVY.1	Service coverage	Percent of children under 5 years of age with suspected pneumonia (cough and difficulty breathing NOT due to a problem from a blocked nose) in the 2 weeks preceding the survey taken to an appropriate health care provider	Household Survey	Urban/Rural; Wealth quintile; Sex of child; Maternal education; Type of provider	WHO indicator, indicator for Global Action Plan for Pneumonia and Diarrhea
CH.SVY.2	Service coverage	Percent of children under 5 years of age who slept under an insecticide treated mosquito net (ITN) the previous night.	Household Survey	Wealth quintile; Sex of child; Urban/Rural	WHO health equity monitor indicator and indicator for the Global strategy of Women's children's and adolescents' health (2016–2030) monitoring framework
CH.SVY.3	Service coverage	Percent of infants 0–5 months of age who are fed exclusively with breastmilk	Household Survey	Sex of child; Urban/Rural	WHO health equity monitor indicator and indicator for the Global strategy of Women's children's and adolescents' health (2016–2030) monitoring framework
CH.SVY.4	Service coverage	Proportion of newborns put to the breast within one hour of birth	Household Survey	Wealth quintile; Sex of child; Urban/Rural	WHO health equity monitor indicator and indicator for the Global strategy of Women's children's and adolescents' health (2016–2030) monitoring framework
CH.SVY.5	Service coverage	Percent of children under 5 years of age with diarrhea in the two weeks preceding the survey given fluids made from ORS packets or pre-packaged ORS fluids and zinc supplement	Household Survey	Urban/Rural; Wealth quintile; Sex of child	WHO health equity monitor indicator, indicator for Global Action Plan for Pneumonia and Diarrhea + global strategy for women's, children's and Adolescents' Health (2016–2030)

CH.SVY.6	Service coverage	Percent of children aged 6–59 months who received one age-appropriate dose of vitamin A in the past 6 months.	Household Survey	Urban/Rural; Wealth quintile; Sex of child; Age	WHO health equity monitor indicator, indicator for Global Action Plan for Pneumonia and Diarrhea
CH.SVY.7	Outcome (Nutrition Adequacy)	Proportion of children 6–23 months of age who receive foods from 5 or more food groups	Household Survey	Sex of child; Age of child; Wealth quintile; Urban/Rural; Breastfeeding status	Global Nutrition Monitoring Framework indicator, reported in DHS, Global strategy for Women's, Children's and Adolescent's Health indicator
CH.SVY.8	Service coverage	Percent of children aged 0–59 months with malaria that received any anti-malarial medication	Household Survey	Urban/Rural; Wealth quintile; Sex of child; Age	DHS, MICS and MIS indicator, MCSP indicator

## Family Planning

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE AND NOTES
FP.SVY.1	Coverage	Percentage of women of reproductive age, married or in union, who are currently using or whose sexual partner is using, at least one method of contraception, regardless of the method used	Household survey	Age; Method (short, long, permanent); Marital status; Education; Urban/Rural; Wealth quintiles	FP2030
FP.SVY.2	Coverage	Percent of women of reproductive age who have their need for family planning satisfied with modern methods	Household survey	Age; Method (short, long, permanent); Marital status; Urban/Rural; Wealth quintiles	FP2030 and WHO
FP.SVY.3	Coverage	Percent of women of reproductive age (women 15–49 years of age) who, in the past 12 months, reported having accepted for the first time ever any modern contraceptive method	Household survey	Age; Method (Condoms, OCP, EC, LAM, Copper IUD, LNG IUD, vasectomy, tubal ligation, Sayana Press, Depo-IM, implants); Marital status; Urban/Rural	FP2020 indicator

FP.SVY.4	Coverage	Percent of total family planning users using each modern method of contraception	Household Survey	Age; Method (Condoms, OCP, EC, LAM, Copper IUD, LNG IUD, vasectomy, tubal ligation, Sayana Press, Depo-IM, implants); Wealth quintile	FP 2030 core indicator
FP.SVY.5 (Also included in GEN.2)	Equity	Mean respectful/person-centered family planning score (received respectful care) in MOMENTUM-supported areas	Household Survey	Age; Urban/rural; Wealth quintile	Measures quality of care

## Cross-Cutting

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	RATIONALE AND NOTES
X-CUT.SVY.1 (Also included in GEN.3)	Process	Percent of women who report they communicate and share their opinion with their spouses or male partners about MNCH/FP/RH topic(s)	Household Survey	Age (<20, 20–24, 25+); Marital status; Technical area (MH, FP, cervical cancer, CH, etc.); Urban/Rural; Wealth quintile; Education	Agreed-upon indicators with USAID. The purpose of this indicator is to understand changes in behavior related to gender-equitable couples' communication in communities where couples' communication interventions have been implemented. This will allow decision makers to measure the efficacy of various couples' communication and other gender-focused interventions to lead to behavior change, and adapt programs to be more effective.
X-Cut.SVY.2 (Also included in GEN.4)	Process	Percent of women who report their spouses or male partners provide support for their MNCH/FP/RH practices	Household Survey	Age (<20, 20–24, 25+); Marital status; Specific MNCH/FP/RH practices (contraception, maternal health, (ANC/delivery); breastfeeding, child vaccination); Type of support (instrumental, informational, appraisal); Urban/Rural; Wealth quintile; Education	Agreed-upon indicators with USAID. Men can provide different types of support to their spouses/female partners in their practice of desirable MNCH/FP/RH health behaviors, which influences health outcomes.

WASH.SVY.1	Outcome (risk factor)	Percent of population using at least basic sanitation services, that is, improved sanitation facilities that are not shared with other households	Household Survey (alternative: census)	Urban/Rural; Wealth quintile	SDG 6.2.1 indicator, indicator for Global strategy for women's, children's and Adolescent's Health
WASH.SVY.2	Outcome (risk factor)	Proportion of a population using a basic drinking water source	Household Survey	Urban/Rural; Wealth quintile	SDG 6.1.1, Nutrition Monitoring framework indicator, reported in DHS
WASH.SVY.3	Outcome (risk factor)	Percentage of the population with access to basic hygiene services	Household Survey	Urban/Rural; Wealth quintile	SDG 6.2 target



## APPENDIX J. MOMENTUM CROSS-CUTTING INDICATORS

More details and reference sheets for the indicators are available in the [MOMENTUM Result 1 Performance Indicator Reference Sheets Annex 1](#).

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
<p><b>KEY: These symbols shown in the number column and font/shading denote:</b></p> <p><input checked="" type="checkbox"/> Indicator requires a health facility assessment/audit (HFA)/exit interview/household survey and may be difficult to obtain during the COVID-19 pandemic</p>						
GEN.1	Process	Number/Percent of MOMENTUM-supported activities that integrate gender/include a component to support gender programming	Project work plans and reports	Core vs. field award work plans; Type of gender programming (Empowerment (or reproductive empowerment); • Gender-based violence; • Male engagement; • Respectful care (or respectful maternity care); • Combination of 2 or more of the above)	Annual	Measure of gender integration into core and field support work plans and programming
GEN.2 <input checked="" type="checkbox"/>	Outcome	Mean person-centered or family centered care in MOMENTUM-supported areas (facilities)	HFA/client exit interviews or household based surveys	Age (<20, 20–24; 25+); technical area (MNH, FP, CH, etc.)	As assessment completed	Measure of quality of care
GEN.3 <input checked="" type="checkbox"/>	Outcome	Percent of women who report they communicate and share their opinion with their partners about MNCHN/FP/RH topic(s) (couple communication) in MOMENTUM-supported areas	Client exit interviews or household based surveys	Age (<20, 20–24; 25+); marital status; technical area (MH, FP, cervical cancer, CH, etc.); urban/rural; wealth quintile; education	As assessment completed	Measures changes in behavior related to gender-equitable couples' communication in communities where couples' communication interventions have been implemented

INDICATOR NUMBER	LEVEL	INDICATOR	SOURCE	DISAGGREGATION	COLLECTION FREQUENCY	RATIONALE
GEN.4 <input checked="" type="checkbox"/>	Outcome	Percent of women who report their partners provide support for their MNCH/FP/RH practices in MOMENTUM-supported areas (facilities)	Client exit interviews or household based surveys or	Age (<20, 20–24; 25+); marital status; specific MNCH/FP/RH practice (contraception, maternal health (ANC/delivery), breastfeeding, child vaccination); type of support (instrumental, informational, appraisal, emotional); urban/rural; wealth quintile; education	As assessment completed	Measure of men’s engagement with and support for their wives’/ female partners’ practice of desirable MNCH/FP/RH behaviors.
WASH.1 <input checked="" type="checkbox"/>	Readiness/quality	Number/Percent of MOMENTUM supported health facilities with available soap and running water or alcohol-based rub in the facility	Rapid HFA; supervision records	Type of SDP; facility department/area	Annual	Important indicator of quality for all MNCHN/FP/RH programming; especially with COVID-19
WASH.2 <input checked="" type="checkbox"/>	Quality	Number/Percent of MOMENTUM-supported health facilities with improved IPC readiness scores.	Rapid HFA	Type of SDP	Annual	Important indicator of quality for all MNCHN/FP/RH programming; especially with COVID-19

Note: Data on all indicators will be collected at the district level, disaggregated by urban/rural status of the district and will include data elements for the numerator and denominator. MOMENTUM awards will work with their AORs to determine which of the MOMENTUM indicators are appropriate for their programming.

## APPENDIX K. MOMENTUM DATA GENERATION AND SHARING

DATA				SHARING WITH MOMENTUM KNOWLEDGE ACCELERATOR				SHARING/ REPORTING WITH USAID
Type	Description	Examples	Source	Purpose	How shared	Frequency	Disaggregation	
Basic project information	Basic facts about each country's field award activities and reach	<ul style="list-style-type: none"> <li>• Technical areas/ interventions supported.</li> <li>• No. of facilities supported.</li> <li>• No. of organizations supported.</li> </ul>	Program records/ documents	Context and reach of program to be able to tell a collective MOMENTUM story	MOMENTUM data platform (quantitative) MOMENTUM HUB using defined templates (qualitative)	Semi-annual after awards have reviewed data	District	Award reporting
Project MEL plans	Basic information about MEL activities for field awards	<ul style="list-style-type: none"> <li>• Surveys and studies planned.</li> <li>• Learning questions.</li> <li>• Data to be collected for routine monitoring, with disaggregation.</li> </ul>	Program document	Mapping to MOMENTUM Learning Agenda and to tell a collective MOMENTUM story	MOMENTUM HUB	Once final and approved, both original and revisions	Country	Award deliverable
Context data: program area-specific	Basic data about the context in districts where the program is working	<ul style="list-style-type: none"> <li>• Urban/rural status of district.</li> <li>• No. of COVID-19 cases in the district.</li> <li>• Shocks or stresses occurring in the district.</li> </ul>	Secondary sources of data available in the country/ province/ district where award is working	Context to be able to tell a collective MOMENTUM story	MOMENTUM data platform	Semi-annual after awards have reviewed data	District	Award reporting

<p style="text-align: center;"><b>Service delivery data</b></p>	<p>Indicators of services delivered through the public or private health system with MOMENTUM support</p>	<ul style="list-style-type: none"> <li>• No. of women delivering in facilities with MOMENTUM support.</li> <li>• No./% of antenatal clients with blood pressure measured in MOMENTUM supported areas.</li> <li>• No./% of children treated for diarrhea.</li> </ul>	<p>Extraction from national health management information systems or private sector systems</p>	<p>Combine achievements and trends from different countries and contexts to advance learning and tell the MOMENTUM story</p>	<p>MOMENTUM data platform</p>	<p>Semi-annual after awards have reviewed data</p>	<p>District</p>	<p>Award reporting</p>
<p style="text-align: center;"><b>Program data</b></p>	<p>Indicators of project performance gleaned from program records or project-specific assessments</p>	<ul style="list-style-type: none"> <li>• No./% of activities that integrate gender/include a component to support gender programming in MOMENTUM-supported areas.</li> <li>• No. of policies drafted with USG support.</li> <li>• %/No. of local organizations that demonstrate increased organizational or technical capacity.</li> </ul>	<p>Program records (alone or derived from assessments such as an OCA or OPI, etc.)</p>	<p>To combine achievements and trends from different countries and contexts to advance learning and to tell the MOMENTUM story</p>	<p>MOMENTUM data platform</p>	<p>Semi-annual after awards have reviewed data</p>	<p>District</p>	<p>Award reporting</p>

Qualitative summaries	Templates with qualitative information about partnerships, capacity, resilience, commitment, etc.	<ul style="list-style-type: none"> <li>• What are signs that commitment of government to MNCHN/FP/RH is increasing?</li> </ul>	Program records / after action reviews / pause & reflect / other complexity-aware methods	To combine achievements and trends from different countries and contexts to advance learning and to tell the MOMENTUM story	MOMENTUM HUB	Semi-annual	District	Not shared
Program coverage and equity	Indicators of intervention coverage at population level, with certain equity disaggregation	<ul style="list-style-type: none"> <li>• % of women who had a skilled birth attendant at most recent birth.</li> <li>• % of children 12–23 months who received DPT3 dose.</li> <li>• % of children with diarrhea who received ORS and zinc.</li> </ul>	Household survey in program areas	To combine achievements and trends from different countries and contexts to advance learning and tell the MOMENTUM story	MOMENTUM HUB	As needed/ after data are already collected, analyzed and reported	District (or sub-district, depending on sample size), wealth quintile, mother’s education, location, where available)	Award reporting and required to be submitted to the DDL

<p><b>Program Facility readiness</b></p>	<p>Indicators of facility readiness to provide services</p>	<ul style="list-style-type: none"> <li>• Availability of functional EmONC facilities (No. per population and % of facilities) in MOMENTUM-supported areas.</li> <li>• No./% of MOMENTUM supported facilities with available soap and running water or alcohol-based rub in the facility.</li> </ul>	<p>Rapid (or full) health facility audit</p>	<p>To combine achievements and trends from different countries and contexts to advance learning and to tell the MOMENTUM story</p>	<p>MOMENTUM HUB</p>	<p>As needed/ after data are already collected, analyzed and reported</p>	<p>District (or sub-district, depending on sample size)</p>	<p>Award reporting and required to be submitted to the DDL</p>
<p><b>Program Quality / person-centered care</b></p>	<p>Indicators of service quality, including respectful care</p>	<ul style="list-style-type: none"> <li>• % recently delivered women who report a high person-centered maternity care score in MOMENTUM-supported areas (facilities).</li> <li>• % of family planning clients who received appropriate counseling on side effects.</li> <li>• % of sick children 2–59 months correctly assessed for danger sign.</li> </ul>	<p>HFA with observation / exit interview</p>	<p>To combine achievements and trends from different countries and contexts to advance learning and to tell the MOMENTUM story</p>	<p>MOMENTUM HUB</p>	<p>As needed/ after data are already collected, analyzed and reported</p>	<p>District (or sub-district, depending on sample size)</p>	<p>Award reporting and required to be submitted to the DDL</p>

Findings from complexity-aware-methods	May be different types of data from application of complexity-aware methods, most often qualitative or mapping	<ul style="list-style-type: none"> <li>Report of findings from Most Significant Change or Ripple Effects Monitoring methods applied to study a certain aspect of programming.</li> </ul>	Complexity-aware monitoring methods	To combine achievements and trends from different countries and contexts to advance learning and to tell the MOMENTUM story	Report shared with MOMENTUM Knowledge Accelerator on MOMENTUM HUB using templates	As needed/ after data are already collected, analyzed and reported		Award reporting
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# APPENDIX L. TERMS OF REFERENCE OF THE ME/IL WORKING GROUP

## Monitoring and Evaluation, Innovation and Learning Working Group

### Terms of Reference

2 August 2024

#### RATIONALE/ BACKGROUND

The U.S. Agency for International Development's (USAID's) flagship multi award MOMENTUM program is a suite of awards that builds the capacity of national and local partners in low- and middle-income countries to accelerate the reduction of preventable child and maternal deaths globally. Using a more targeted, context-specific approach, MOMENTUM will increase the ability of partner country institutions and local organizations to create demand for, deliver, scale up, and sustain quality evidence-based interventions. Within the suite of awards, MOMENTUM Knowledge Accelerator ensures the systematic collection, analysis, synthesis, use, translation, and dissemination of data and learning from across the entire suite of awards to inform both internal programmatic decision-making and the global evidence base for maternal, newborn and child health and nutrition, voluntary family planning, and reproductive health (MNCHN/FP/RH).

#### PURPOSE

The MOMENTUM Monitoring and Evaluation, Innovation and Learning Working Group (ME/IL WG) plays a critical role in the success of MOMENTUM. The ME/IL WG is a platform for collaboration and discussion that brings together leaders in measurement, innovation, and learning from across MOMENTUM, tapping into other expertise from external partners and other working groups as needed.

The purpose of the ME/IL WG is to provide technical guidance, build consensus, and routinely review (1) what to measure and (2) approaches for measurement, analytics and visualization, learning, and innovation for use across the MOMENTUM suite of awards, strengthening MOMENTUM measurement and learning. This includes definition, compilation, and use of systematically collected information to consistently inform decision-making and adaptation across the award's mechanisms, as well as steering the learning and innovation critical to MOMENTUM's overall success and legacy. Importantly, the coordinated collection and use of information within MOMENTUM ought to lead to evidence generation of its contributions in accelerating health improvements in the areas of MNCHN/FP/RH.

#### OBJECTIVES

- Develop, build consensus on, and disseminate tools and guidance around measurement, innovation, and adaptive management for the MOMENTUM suite of awards.
- Prioritize and review cross-MOMENTUM data and analyses to inform adaptation and learning, while identifying emerging lessons and gaps.
- Remain on the cutting edge of measurement by ensuring that MOMENTUM is informed by and informs other global measurement and assessment initiatives.



## STRUCTURE

The core members of the working group meet once per month for 90 minutes on a predetermined schedule agreed upon by core members of the group. Meetings will either be carried out virtually or in person; if in person, the location of the meetings may rotate through the host organizations of participating core members. At relevant timepoints, the ME/IL and knowledge management working groups may hold joint meetings to discuss agenda points relevant to both groups.

**Membership:** Members of the ME/IL WG are expected to share knowledge and provide technical and strategic advice in their areas of expertise. Initially, the WG membership will include the MOMENTUM suite M&E and Learning or Research advisors and USAID MEL advisors; as additional awards are made, new partners will be systematically onboarded as WG members. USAID MOMENTUM's AORs and both USAID and MOMENTUM implementation partner technical advisors will also be engaged at regular intervals. Representation of other implementation partners within the MOMENTUM suite of awards will be discussed during finalization of the TORs and the operationalization of WG activities.

**Core Membership:** Core membership will include a MEL senior representative from each of the MOMENTUM awards, and USAID learning and measurement point persons for each of the MOMENTUM awards. Core WG members are required to attend all meetings and participate in at least one subgroup. Core Membership will be capped at 24 in order to remain flexible. Core WG members are asked to liaise with their broader award teams in order gather inputs, test approaches, and provide feedback to the WG.

**Extended Membership:** Extended membership will include staff engaged in MEL and technical content across the MOMENTUM suite; other USAID staff working on measurement, learning and adaptation; representatives from other USAID-funded projects focusing on measurement, innovation and learning; and representatives from other relevant measurement groups as relevant. Extended membership will also include representation from the MOMENTUM Strategic Communications WG, the Knowledge Management WG, as well as those engaged in digital health/systems design activities, to ensure complementarity of efforts. Extended WG members are expected to participate in subgroup activities as relevant, as well as any webinars or meetings where they might be expected to play a leading role.

**Subgroups:** Subgroups will be established as needed to address measurement and learning issues related to data management/analysis, complementary monitoring, learning, as well as specific thematic areas, such as gender, resilience, and quality of care. Subgroups will be defined as plans of work are finalized and may be short-term or life-of-project in duration, depending on their purpose.

- Subgroups will be chaired by a Core member, with participation from core and extended members, as relevant. Technical experts in relevant areas from MOMENTUM or other groups who are not part of the WG may also be included in these subgroups if needed.
- Subgroups will meet separately and report back on progress on tasks during the core working group meetings.

**Secretariat/Leadership:** The ME/IL WG will be coordinated by M2C, with ME and IL Senior Directors co-chairing and with substantial contributions from measurement and adaptive learning experts from Ariadne Labs.

## **FUNDING**

All awards are expected to include sufficient LOE in their budgets for active participation of relevant staff in the working group. This does not only include meeting participation, but also active engagement in implementing the group's core areas of work.

Beyond WG member engagement, other costs for activities will be funded through M2C, dependent on funding availability. For example, production of guidance on the MOMENTUM learning agenda would be led and funded by M2C, with input and review from other relevant members.

## **CORE AREAS OF WORK**

1. Cross-MOMENTUM Monitoring and Evaluation Framework and Learning Agenda, with guidance for their implementation.
2. Tools and guidance on reporting, analysis, and use of data to inform program performance and quality.
3. Systems for data sharing by the MOMENTUM suite of awards to the MOMENTUM data and knowledge platforms, connecting to KM WG as appropriate.
4. Review and approval of monitoring, syntheses, and other special analytics relevant to the MOMENTUM suite of awards.
5. Sharing and review of data and learning, including the use of new methods, across the MOMENTUM suite of awards, with guidance on issues relevant for adaptive management.
6. Sharing of ME/IL needs and challenges in data reporting faced by the MOMENTUM suite of awards.
7. Identification of emerging knowledge needs and lessons that can be areas for learning and adaptation support through M2C.
8. Connections to other resources outside of MOMENTUM as appropriate (D4I, LHSS, etc.).

The weight of different core areas of work will change over the life of MOMENTUM, reflecting priorities and the evolution of learning and adaptation.

## **PROPOSED ACTIVITIES/WORK STREAMS 2020-2022 (Project Year 1–2):**

- Finalize the terms of reference for the ME/IL WG, including composition, core areas of work, and work plan.
- Review and provide inputs into ME/IL products, tools, and guidance being produced for the benefit of the MOMENTUM suite of awards.
- Common monitoring framework for the MOMENTUM suite of awards—includes measurement of cross-cutting areas, such as gender, youth, partnerships, quality, capacity, coverage.
- Data Sharing and Open Data Policy.
- Common Learning Agenda Framework.
- Adaptive Learning guide and use for MEL.
- Tools and guidance for data collection, reporting (qualitative and quantitative), analytics, visualization, learning, and innovation capture.
- Share and discuss and disseminate:
- Challenges faced by MOMENTUM implementers and identify areas for additional MEL and innovation supported by 2C.

- Policies/guidance to country programs and country learning to influence global policy/guidance, including lessons from other partners and groups external but relevant to MOMENTUM.
- Learning priorities, adaptations required, and new priorities and innovations emerging relevant to the suite of awards.
- Forms of sharing could include webinars and other opportunities tied to learning and measurement (intranet, discussion groups, listserv, conference sessions).

**Annex: Membership** (individuals/organizational affiliation)—TO BE COMPLETED FOLLOWING SIGN UP

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