MOMENTUM MONITORING, EVALUATION, AND LEARNING FRAMEWORK

USAID FROM THE AMERICAN PEOPLE

MOMENTUM A Global Partnership for Health and Resilience

DECEMBER 2022

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.

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TABLE OF CONTENTS

Acknowledgements iv
Abbreviations v
Executive Summary 1
Background 5
MOMENTUM Monitoring, Evaluation, and Learning Framework 8
Theory of Change 13
Learning Agenda 17
Analysis and Synthesis 30
Dissemination and Data Use 40
Implementing the Framework 40
Appendix A. Mapping of MOMENTUM Learning Topics By Learning Areas 43
Appendix B. Learning topic Reference Sheet (LTRS) template 45
Appendix C. MOMENTUM MNCHN/FP/RH Service Delivery Indicators Associated With Result 1 47
Appendix D. Definitions of Disaggregation 53
Appendix E. MOMENTUM Indicators on Program Result Areas and Domains 56
Appendix F. Higher Level Measures of Capacity, Adaptive Learning and Partnerships 73
Appendix G. Contextual Indicators 76
Appendix H. MOMENTUM Indicators of Quality of MNCHN/FP/RH Services 79
Appendix I. MOMENTUM Indicators of Coverage and Equity in MNCHN/FP/RH Services 90
Appendix J. MOMENTUM Cross-cutting Indicators 100
Appendix K. MOMENTUM Data Generation and Sharing 102
Appendix L. Terms of Reference of the ME/IL Working Group 106
References 110

LIST OF FIGURES

Figure 1. Suite of MOMENTUM Awards 6
Figure 2. MOMENTUM Goals and Results 7
Figure 3. Components of the MOMENTUM MEL Framework 9
Figure 4. MOMENTUM Theory of Change 16
Figure 5. The Four Cs of Disaster Partnering 30
Figure 6. Potential Approaches for Learning 31
Figure 7. Adaptive Management Cycle 34
Figure 8. MOMENTUM Data Platform 38
Figure 9. Access to and Use of Information 39

LIST OF TABLES

Table 1. Summary of Complexity-Aware Monitoring Methods 36

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ABBREVIATIONS

AMELP	Activity Monitoring, Evaluation, and Learning Plan
APS	Annual Program Statement
CLA	Collaborating, Learning, and Adapting
DDL	Development Data Library
DEC	Development Experience Clearinghouse
DHIS2	District Health Information Systems 2
DHS	Demographic and Health Survey
FP	Family Planning
GBV	Gender-Based Violence
HFA	Health Facility Assessment
HMIS	Health Management Information System
IPC	Infection Prevention and Control
ITOCA	Integrated Technical Organizational Capacity Assessment
LMIS	Logistics Management Information System
LTRS	Learning Topic Reference Sheet
M&E	Monitoring and Evaluation
MCGL	MOMENTUM Country and Global Leadership
MCSP	Maternal Child Survival Program
ME/IL	Monitoring and Evaluation/Innovation and Learning
MEL	Monitoring, Evaluation, and Learning
MICS	Multi Indicator Cluster Survey
MNCH	Maternal, Newborn, and Child Health
MNCHN	Maternal, Newborn, and Child Health and Nutrition
MOMENTUM	Moving Integrated, Quality Maternal, Newborn, and Child Health Services, Voluntary Family Planning, and Reproductive Health Care [MNCH/FP/RH] to Scale
OPI	Organizational Performance Index
PIRS	Performance Indicator Reference Sheets
PY	Project Year
R4S	Resilience for Social Systems
RH	Reproductive Health
SARA	Service Availability and Readiness Assessment
SDP	Service Delivery Point
SPA	Service Provision Assessment
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WASH	Water, Sanitation, and Hygiene
WG	Working Group
WHO	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 progress in reducing maternal and child mortality globally, these gains have not been equal across or within countries, and 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-supported 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) public and private sector services.

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.

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 at least one additional bilateral award, tackle the different challenges that have prevented women and children from having the same opportunities to survive and thrive, no matter where they live. All awards under MOMENTUM are designed to provide countries with the tailored support they need to progress along the continuum of development toward self-reliance.

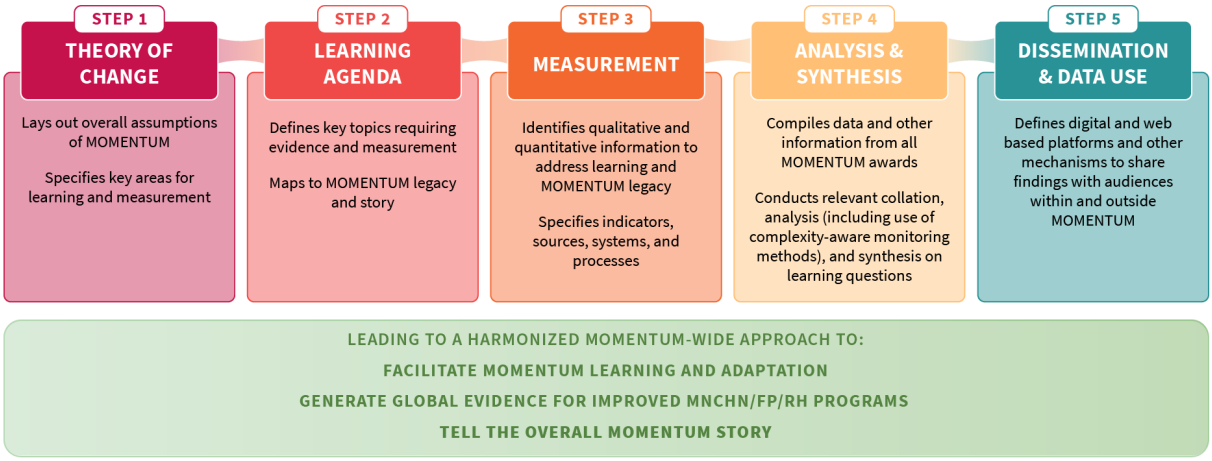
The MOMENTUM monitoring, evaluation, and learning (MOMENTUM MEL) framework lays out the conceptual roadmap to realize the MOMENTUM vision and the approach to measuring progress toward the achievement of that vision. It is based on key concepts, relationships, and pathways through which MOMENTUM will 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 among host country technical leadership.
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 separately and how they work together across all the MOMENTUM awards to create a harmonized approach to enable the MOMENTUM suite of awards to:

- Collect and compile qualitative and quantitative data for harmonization and reporting across MOMENTUM awards.
- Generate evidence and insights associated with the learning agenda and adaptive learning for MOMENTUM.
- Synthesize MOMENTUM 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 of awards will achieve its results, capturing in broad strokes how activities carried out by the projects comprising the suite of awards will lead to intermediate outcomes and, finally, to the results and goals set forth by the MOMENTUM Annual Program Statement (APS). The theory of change also recognizes that broad contextual factors might impact MOMENTUM success. All MOMENTUM awards will define specific theories of change aligned to their project implementation under the umbrella of this overarching MOMENTUM theory of change.

LEARNING AGENDA

The MOMENTUM learning agenda is meant 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 be used by MOMENTUM core awards and

country field awards to collaborate, learn, and adapt broadly. The MOMENTUM learning agenda is organized into four areas that explore the assumptions underpinning the MOMENTUM theory of change (see box). MOMENTUM's learning agenda aligns with the Agency learning agenda, contributing to evidence and topics related to resilience, equity and inclusion, localization, and 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.

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?*
- *What are MOMENTUM's contributions to global leadership?*

MEASUREMENT

The MOMENTUM MEL framework provides a list of indicators across all results and technical areas that MOMENTUM awards can use to align with their activity monitoring, evaluation, and learning plans (AMELPs) based on their areas of focus. Data will come from several sources and will be analyzed and synthesized to answer learning topics and to 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). In order to capture the role of interventions along the pathways hypothesized in the MOMENTUM theory of change, other data sources and data compilation methods, such as other routine information systems for private facilities, surveys, Health Facility Assessments (HFA), program record reviews, and qualitative methods, are also needed. Disruptions during the early stages of the COVID-19 pandemic saw the use of alternate 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

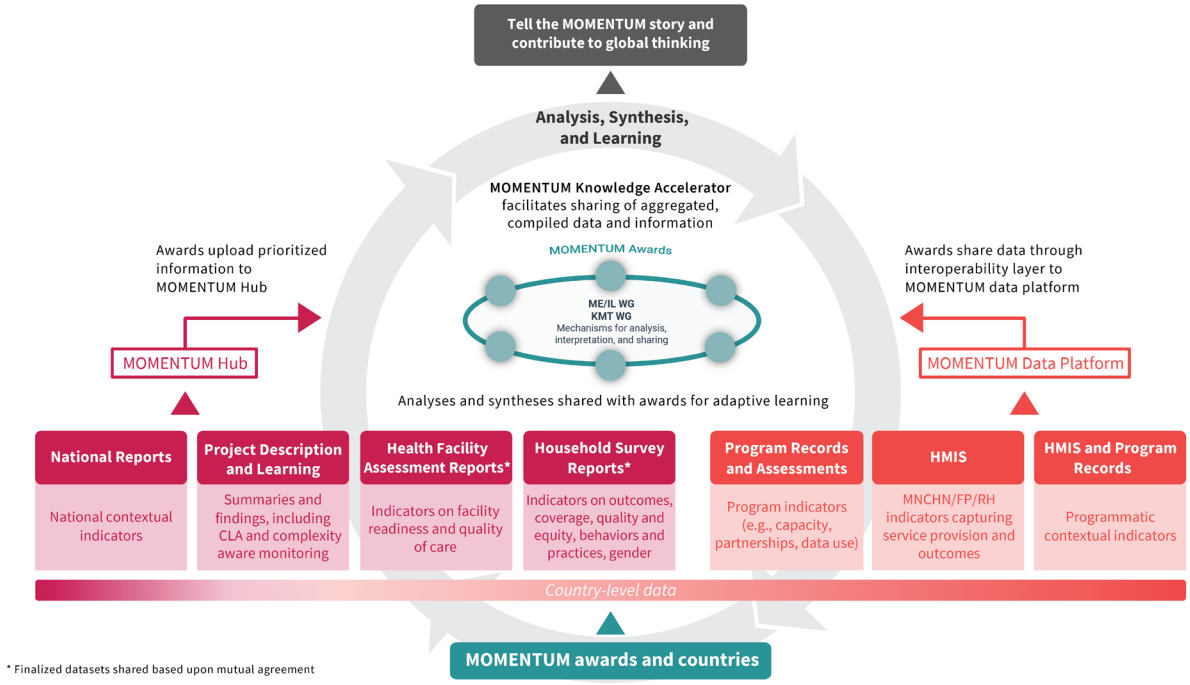
MOMENTUM Knowledge Accelerator will primarily use secondary data analysis methods to answer priority learning across the MOMENTUM suite. These methods include analyses and syntheses of the data associated with indicators included in this plan, as well as reviews of information from other sources, such as process documentation, studies being carried out by individual awards pertinent to the learning topic, award reports, meeting minutes from the field, and complexity-aware monitoring. The 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 analysis 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. These data will be reported to USAID as per the prescribed reporting timeline, semi-annually or annually, as agreed upon in their AMELP.

Data sharing is critical for both 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 the analyses and syntheses generated by all MOMENTUM awards will be disseminated through various channels, including the Knowledge Management HUB, the MOMENTUM website, dashboards or other data visualization products, technical briefs and reports, digital platforms, global publications, peer-reviewed journal articles, and in-person consultations. These disseminations will follow guidelines presented in the MOMENTUM Knowledge Management and Strategic Communications plans.

NEXT STEPS

The 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 covers activities, themes, indicators, and questions relevant to all the MOMENTUM awards. This document is an updated version of the framework drafted in September 2021. The main changes in this document are updates to the indicators representing all four MOMENTUM results based on implementation of MOMENTUM globally since 2020. These changes will be socialized with all the MOMENTUM awards through the Monitoring, Evaluation, Innovation, and Learning (ME/IL) Working Group and an updated version of the framework housed on the MOMENTUM Hub.

They will also finalize the development of their internal award-specific data platforms that are interoperable with the MOMENTUM data platform. This will enable them to compile and share data for cross-award analysis and synthesis and learnings from MOMENTUM in achieving MNCHN/FP/RH outcomes. No further updates to the MOMENTUM MEL 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 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.[1] 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 that best meets 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

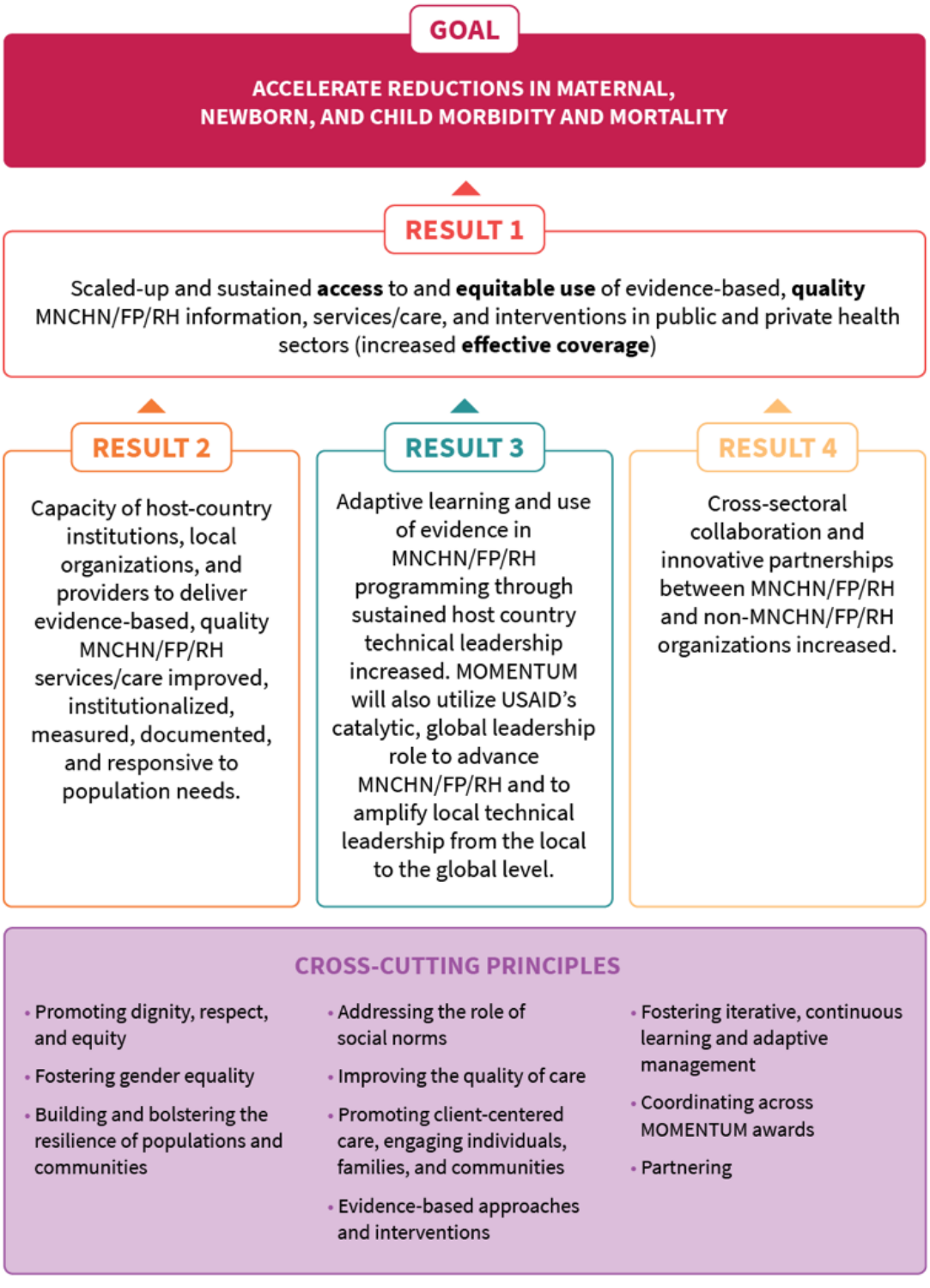
- Global awards: Awards issued under the MOMENTUM overall Annual Program Statement (APS) 7200AA19APS0000 by USAID through US core funds. For example, MOMENTUM Country and Global Leadership (MCGL).
- Mission-issued awards: Awards issued under the MOMENTUM overall Annual Program Statement (APS) 7200AA19APS0000 by USAID. For example, MOMENTUM Newborn Child Health Accelerator (MNCH Accelerator) in India under MOMENTUM Round 4.
- Country field awards: Sub-awards of MOMENTUM global awards to implement MOMENTUM programs in countries. For example, MCGL 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, private health sector and providers, safer surgical care for women, strengthening routine immunizations, and other mission-supported awards to achieve MOMENTUM's vision and objectives (see Figure 1). The awards will work in unison to ensure that women and children have the same opportunities to survive and thrive, regardless of where they give birth or are born themselves. As of the time of initial submission in 2020, all of the core MOMENTUM awards had been awarded.

MOMENTUM is organized around the goals and objectives drawn from the MOMENTUM APS 7200AA19APS0000 (see Figure 2).[2] 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 the cross-cutting principles for consideration when planning interventions and programs in MOMENTUM countries.

FIGURE 1. SUITE OF MOMENTUM AWARDS

FIGURE 2. MOMENTUM GOALS AND RESULTS



MOMENTUM MONITORING, EVALUATION, AND LEARNING FRAMEWORK

The MOMENTUM monitoring, evaluation, and learning (MOMENTUM 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 specified in the MOMENTUM theory of change. In doing so, the framework incorporates the concepts and activities of 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,[3] the Evaluation Policy,[4] ADS 579 on the Open Data Policy,[5] the USAID Policy Framework,[6] the Gender Equality and Female Empowerment Policy,[7] the Collaborating, Learning, and Adapting Toolkit,[8] the Acquisition and Assistance Strategy,[9] the New Partnerships Initiative,[10] USAID guidance on sustainable development,[11] the USAID Agency Learning Agenda for FY2022-2026,[12] the Private Sector Engagement Policy,[13] and the Capacity 2.0 Guidance[14] on approaches to measurement of capacity and organizational performance.

OBJECTIVES

The main 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 suite of awards to:

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

The framework also specifies the information that each award should be collecting in order to meet MOMENTUM's Strategic Communications objective of telling the MOMENTUM story to technical and non-technical audiences. Information included in the framework for this purpose includes the direct outputs of the United States government (USG) investments in MOMENTUM, the countries and districts covered, health facilities reached, the size and demography of the population served, and associated changes in health outputs.

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

- USAID's Bureau for Global Health, which is the main recipient of information, on all findings from the implementation of MOMENTUM as a whole.
- Global and country level public health practitioners, on the results of country level implementation.
- U.S. decision makers, on the results of USG investments.

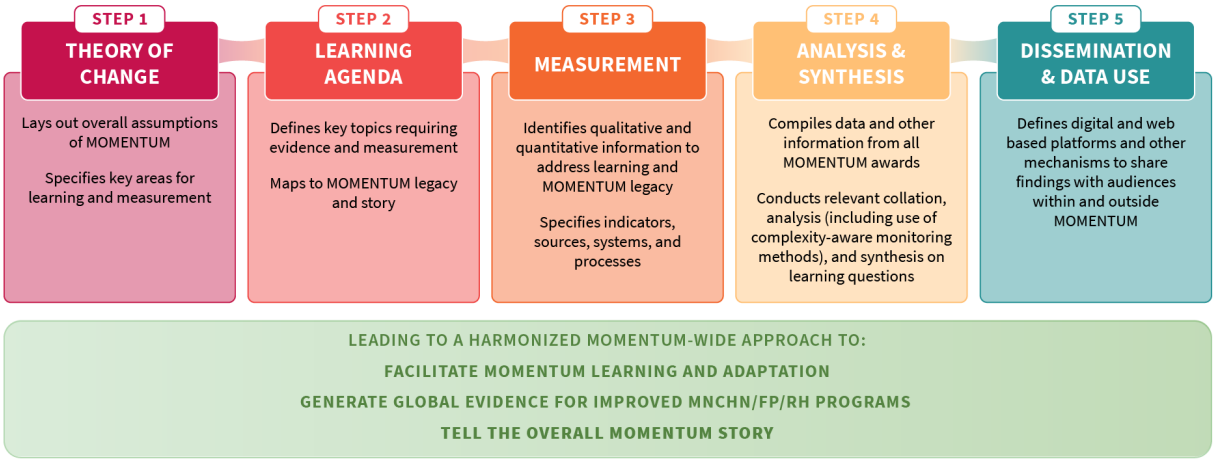
How does the MOMENTUM MEL Framework Address the Needs of Different Audiences?

- 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 this 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 keeping these groups of 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 all the MOMENTUM 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 carried out by the full suite of awards 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. All MOMENTUM awards will define their specific theories of change aligned to their project implementation under the umbrella of the overarching MOMENTUM theory of change.

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. It is intended to be used by MOMENTUM core awards and country field awards to collaborate, learn, and adapt, as well as for the suite of awards to pause, reflect on, and review assumptions and approaches to improve program implementation. USAID's program cycle guidance (ADS 201.3.5.19)[15] highlights the interaction of the components of the program cycle and the important role that collaboration, learning, and adapting (CLA) plays in linking them together. By integrating CLA principles into the framework, and through additional products such as the Adaptive Learning Guide[16] and the Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects[17], 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 show progress and successes of MOMENTUM requires routine data compilation on programmatic activities from all MOMENTUM global awards and country field awards in line with the theory of change. The framework outlines a list of MOMENTUM indicators that are 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 MOMENTUM awards—including globally recommended standardized indicators, data sources, data collection practices, and data quality concerns— that enables cross-country comparisons, data analyses, and syntheses by MOMENTUM Knowledge Accelerator for use by the suite of MOMENTUM awards.

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 upwards, and to facilitate easy comparison across countries. Data compilation will include routine monitoring indicators and data from health facility assessments (HFA) and household surveys to determine quality, coverage, and equity of MNCHN/FP/RH outcomes. Other data will come from program records as well as relevant qualitative data collection and compilation of contextual information to interpret results.

ANALYSIS AND SYNTHESIS

This framework provides guidance on different types of analyses 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, taking into account 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 framework provides guidance to MOMENTUM global and country field awards on the range and scope of complexity-aware monitoring methods available to improve program implementation, which methods may be used under what circumstances, methods and templates for reporting of such data, and how they may be analyzed in conjunction with other quantitative data compiled. The sharing of these data and related information with MOMENTUM Knowledge Accelerator will both facilitate learning and inform the overall MOMENTUM story.

Overall, data aligned with the MOMENTUM MEL Framework will be analyzed and results shared on the learning and successes of MOMENTUM in achieving MNCHN/FP/RH outcomes. The majority of the analyses to be conducted are expected to include synthesis and assessment of cross-country trends. The analyses will also focus on achievements in building country level commitment and capacity, adaptive learning and use of evidence, resilience, multi-sectoral initiatives, and partnerships—including private sector engagement—that are key mechanisms in the pathway to achieving the overall goal as explained in the MOMENTUM theory of change.

DISSEMINATION AND DATA USE

Learning from MOMENTUM implementation will be shared with the different 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. Analyses and results shared with various stakeholders can inform programming among the MOMENTUM awards, USAID and its other implementing partners, as well as 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 (Strengthening Routine Immunizations). The framework incorporates activities, themes, indicators, and questions relevant to all the MOMENTUM awards. This update in June 2022 incorporates small changes in the indicators based on input from the MOMENTUM

awards after more than two years of implementation. Future amendments to this framework are not expected unless found to be absolutely necessary.

ADAPTING TO COVID-19

The emergence of COVID-19 has led to far-reaching secondary effects on the provision of MNCHN/FP/RH services globally by health systems in low- and middle-income countries as countries shift resource allocations to respond to the pandemic.[18] The COVID-19 pandemic has affected and will continue to affect the implementation, monitoring, and evaluation of MOMENTUM programs. Countries find themselves with an increased emphasis on improved water, sanitation, and hygiene (WASH) access and practices, as well as infection prevention and control (IPC) measures at all levels, including the community level, to prevent the spread of COVID-19. As a result, MOMENTUM programming and use of resources through country field awards has shifted to address this issue. 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 to address the prevention, contact tracing, and treatment for COVID-19, and communities implement lockdowns and social distancing measures that may affect community access. There is, however, mixed evidence of declining service provision and service demand at both public and private health facilities.[19]

MOMENTUM is taking into account 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 the secondary effects of COVID-19 on MNCHN/FP/RH services.
- Learning about 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 quality services and maintain equitable access for all (Effects of COVID-19 on Essential MNCHN/FP/RH Care and the Strategies and Adaptations Emerging in Response: Rapid Evidence Summary).[20]
- From the monitoring and evaluation (M&E) perspective, COVID-19 has impacted the availability, timeliness, and quality of routine data from health management information systems (HMIS) in the early phases of the pandemic, with continued disruptions possible. These will be considered when interpreting results.
- Surveys and assessments using in-person data collection were not always possible during the height of the pandemic. Data collection systems for studies or assessments may have needed to rely on alternate data collection methods, including digital data collection, participatory data collection methods, and self-reports. . Assessment tools, such as HFAs, may have been modified in various ways, such as by decreasing 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 was also harder to collect.
- The interpretation of the 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. In doing so, MOMENTUM-related analysis could draw upon the World Health Organization- (WHO) and the United Nations Children's Fund- (UNICEF) led technical guidance on monitoring essential services during COVID-19 and other outbreaks (Analysing and Using Routine Data to Monitor the Effects of COVID-19 on Essential Health).[21]
- MKA 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. We will explore opportunities to contribute MOMENTUM evidence to the COVID-19 learning agenda as they emerge.

CHALLENGES

The development of the MOMENTUM MEL framework comes with several challenges.

- As mentioned earlier, the framework serves the needs of multiple audiences, each of which has different needs. It offers a list of standardized indicators that are required as applicable, data sources and data collection methods that need to be harmonized with MOMENTUM award MEL plans at the global and country levels and meet the needs of the different groups.
- MOMENTUM offers a broad range of MNCHN/FP/RH-related implementation strategies to bring about improvements in coverage, equity, and quality of service provision that, in turn, are expected to bring about declines in morbidity and mortality levels in countries. The framework is faced with the challenge of maintaining a balance between the need to measure the role and effect of all these interventions while also keeping the MEL burden relatively low for program implementers. There is a need to maintain a balance between the breadth and depth of the analyses to be conducted to tell the MOMENTUM story.
- The selection of indicators, data sources, frequency of data collection, and analysis for MOMENTUM needs to keep in mind the balance between what is "perfect" and what is "good enough" to meet the needs of the various audiences.

THEORY OF CHANGE

The results framework presented in Figure 2 is the foundation for the MOMENTUM theory of change. The MOMENTUM theory of change provides an overview of how the suite of awards will achieve its results. It captures, in broad strokes, how activities carried out by the full suite of awards will lead to intermediate outcomes and, ultimately, to the results and goals set forth by the APS. Like all theories of change, the hypothesized connections between actions, shorter- and longer-term outcomes, and ultimate results and impact are assumptions that must be reviewed periodically as part of adaptive management. The theory of change may be adjusted if initial 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 theories of change for each of the individual MOMENTUM awards. Rather, it is complementary, providing a "meta" overview of how the MOMENTUM awards assist 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 has a stronger focus on building health resilience in countries considered "fragile settings." Therefore, award-specific theories of change may hone in on particular elements of the MOMENTUM theory of change within their frameworks. 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 learning agenda for MOMENTUM, as it elucidates the pathways that require data and documentation to capture learning. MOMENTUM's theory of change is dynamic—initial assumptions will need to be reviewed and revised over time, in alignment with the 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 Healthcare Delivery finesses this definition.

The MOMENTUM theory of change was developed by MOMENTUM Knowledge Accelerator, with iterative reviews, inputs, and feedback from USAID and the current set of MOMENTUM awards. It builds on the MOMENTUM results framework described in the APS document 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 theory, adding important 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,[22] the USAID Policy Framework,[23] the sustainable development documents,[24] and the Private Sector Engagement Policy.[25] 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. 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 the specific actions they carry out. The actions incorporate the cross-cutting principles described in the umbrella APS, as well as key strategies highlighted in the APS and mentioned by 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 multisectoral and innovative partnerships. An action may have ripple effects in other areas; for example, efforts to strengthen health service delivery could also strengthen capacity.

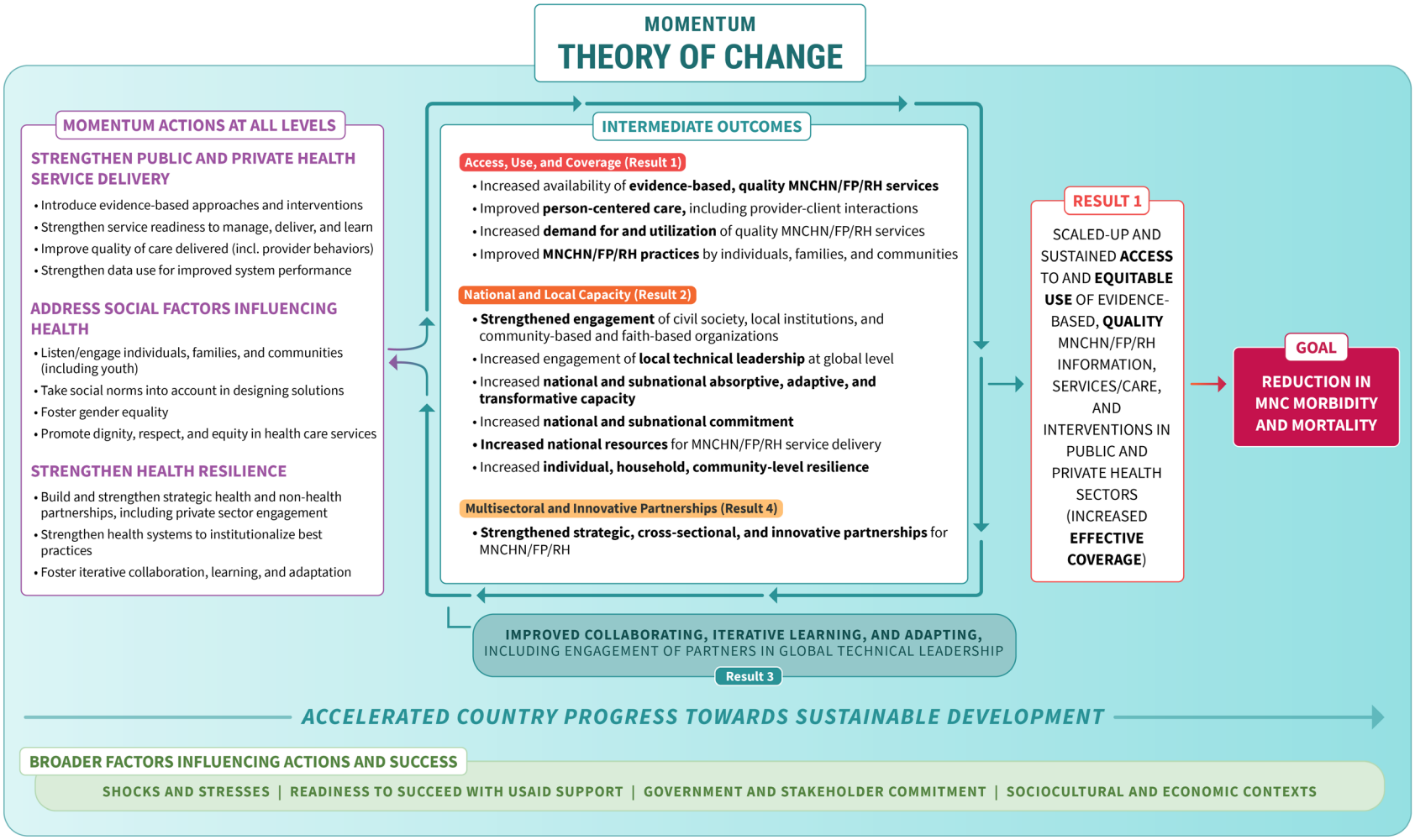
Actions and intermediate outcomes are influenced by iterative CLA, along with catalytic inputs from implementation partners engaged at the global level. Changes in the strategies and approaches in the action areas may occur as new evidence emerges and as progress in intermediate outcomes is assessed.

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 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 of sociocultural and economic factors, commitments of government and other stakeholders, varying levels of readiness to succeed with USAID support, and predictable as well as unforeseen shocks and stresses, such as the COVID-19 pandemic. These

contextual factors may influence strategies and approaches of the MOMENTUM suite and affect the underlying assumptions of the project should they change over the life of the suite.

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 host countries, interagency colleagues, and other development actors to address **systemic corruption** through multisectoral 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 best achieve results. The MOMENTUM learning agenda is meant to help the overall suite of awards to pause, reflect, and review assumptions and approaches to improve program implementation. It is intended to be used by MOMENTUM core awards and country field awards to collaborate, learn, and adapt broadly, complementing award-specific learning agendas. USAID's program cycle guidance (ADS 201.3.5.19)[26] highlights the interaction of the program cycle's components and the roles that collaboration, learning, and adaptive management play 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,[27] the Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects,[28] and the MOMENTUM Knowledge Management Plan, along with strong 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 MOMENTUM suite. Accordingly, lessons learned will be shared with stakeholders beyond the MOMENTUM suite.

The USAID Agency Learning Agenda for FY2022-2026[29] is designed to engage key stakeholders, both internal and external, 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 learning agenda, contributing to evidence and topics related to resilience, equity and inclusion, localization, and partnerships (see box).

MOMENTUM's APS notes that its awards are required to collaborate and share data with MOMENTUM Knowledge Accelerator (which supports M&E and knowledge management across the suite) for systematic analysis, synthesis, translation, and dissemination of learning across MOMENTUM. More information on information and data sharing of information and data can be can be found in the MOMENTUM Research Transparency and Data Sharing Guidance.

IMPORTANCE OF PRIORITY LEARNING

USAID has defined a learning agenda[30] to include the following:

- A set of questions addressing critical knowledge gaps.
- A set of associated activities to answer them.
- Products aimed at disseminating findings and designed with usage and application in mind.

While each award within the MOMENTUM suite has developed and is implementing its own learning agenda, a learning agenda shared across the suite is of interest and value to many. This MOMENTUM learning agenda can contribute to use of data and evidence for improved MNCHN/FP/RH policies and programs at national and subnational levels, 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 toward sustainable development. The learning agenda contributes to all four of the 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 laid forth in 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 in gaps in knowledge important to the USAID portfolio and a larger body of country- and global-level stakeholders.

DEVELOPING THE LEARNING AGENDA

The MOMENTUM learning agenda intends to inform and capture the adaptations made across the suite based on emerging evidence from the awards across the suite. Therefore, the MOMENTUM learning agenda is a living document, developed and updated through an iterative process encompassing document reviews, consultations with USAID and the MOMENTUM suite of awards, and reflection on what adaptations may be needed over time to maximize the effectiveness of MOMENTUM over its lifespan.

Documents reviewed as part of the learning agenda's development include the umbrella APS; USAID learning agenda for FY2022-2026,[31] USAID learning agendas on achieving sustainable development,[32] private sector engagement,[33] and health systems strengthening;[34] and global learning agendas tied to quality of care[35] and family-centered care for newborns.[36] The proposed core learning areas for the existing awards were reviewed and updated based on consultation with USAID staff and MOMENTUM 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. Prioritization criteria for learning areas used to date include:

- Importance to and contribution by multiple MOMENTUM awards.
- Potential to lead to actionable results by the awards, national governments and their partners, USAID, and the larger global community.
- Potential for lowering the cost or improving cost-effectiveness to achieve key MOMENTUM 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 (ME/IL) Working Group (WG), in strong coordination and collaboration with USAID and the MOMENTUM suite of awards. The final agenda was then socialized across MOMENTUM and among relevant external stakeholders.

PRIORITY AREAS FOR LEARNING

There are four priority areas of learning for the MOMENTUM suite of awards, listed below. The priority areas of MOMENTUM learning 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 collaborating, learning, and adapting (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 of 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 suite of awards. The information and the explorations proposed will be summarized in Learning Topic Reference Sheets (LTRS); a LTRS template appears in Appendix B. LTRS 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 explore 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.

MOMENTUM Knowledge Accelerator will define mechanisms, in collaboration with the other awards in the MOMENTUM suite, 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, analyses, and interpretation for the prioritized learning topics. Joint development will identify ways to collect information using similar methodologies and similar sources, increasing comparability and synthesis. The fleshing out of the MOMENTUM learning agenda starts with a clear articulation of the learning topic, its importance, and the underlying assumptions. Following that, full descriptions of the information required for that learning and their sources will be elaborated in a process led by MOMENTUM Knowledge Accelerator, again in a consultative, collaborative process 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 be analyzed and synthesized to explore learning topics and conduct other analyses to 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 data compilation

methods, such as surveys, HFAs, review of program records, and use of qualitative data collection methods, are also needed. More specific details on these data, including data collection methods, are presented below.

ROUTINE DATA

DATA COLLECTION AND COLLATION

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

- 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 plans (AMELPs). 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 later in 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; among others. As previously mentioned, awards should draw heavily from national HMIS when possible and relevant, including the District Health Information Systems 2 (DHIS2), widely used to aggregate sub-national level data across low- and middle-income countries, to measure their performance. Doing so will reinforce existing systems, avoid duplication of data collection efforts, and allow MOMENTUM Knowledge Accelerator to carry out cross-award analyses on behalf of the MOMENTUM suite of awards more efficiently.

CRITERIA FOR INDICATOR SELECTION

The main factors influencing the choice of indicators and data source are presented below.

Timeliness and ease of availability: Data from routine HMIS and LMIS collected at the community (depending on the country) and facility levels and reported routinely to sub-national and national levels will serve as the primary source for assessing service delivery and quality and overall program performance. They are compiled and aggregated on a regular basis—monthly or quarterly—and used by Ministry of Health staff at different levels for review, planning, and resource allocation. MOMENTUM will draw heavily on national HMIS/LMIS where feasible to build on and strengthen existing systems and avoid duplication of data collection.

Critical information on health system performance: Data from HMIS can be extracted for MOMENTUM-supported sites and reviewed over time to assess contributions of the awards to outcomes. HMIS data provide timely insights related to key health service performance indicators. The main advantage of using these data is that they are continuously available for program monitoring and provide a more granular level of information to better understand the performance of health programs. Similarly, LMIS data provide additional detail on the availability and distribution of health-related commodities including drugs and vaccines. Data sources such as private association/union program records also provide similar information on service delivery in the private sector.

Alignment with global indicator guidance: The indicators included in this framework are standard USG and WHO indicators that capture service availability, service delivery and use, and quality across the different technical areas. These indicators draw on global guidance for monitoring service delivery and quality at health facilities[37] and on the existing maternal and newborn quality of care monitoring framework.[38] 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.[39] Once these are finalized, they will be used to adjust (as necessary) and prioritize quality of care indicators across the MOMENTUM suite of awards.

Standardized indicators with consistent definitions: Indicators compiled across multiple countries and technical areas need to be standardized and specific to allow comparisons. The definitions of some HMIS indicators are somewhat consistent across countries, thus facilitating cross-country analysis of trends. However, variations across countries are evident from recent reviews of HMIS data across the different technical areas.[40] 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 five 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 more meaningful analyses and to "tell the story." Although they may be reported by MOMENTUM awards as part of their performance monitoring efforts, these indicators will also be used to trace progress in domains along the hypothesized pathways in the theory of change and areas where there is learning from programmatic efforts.

DISAGGREGATION AND LEVEL OF INDICATOR MEASUREMENT

It is recommended that awards collect and report data at a minimum 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. This will meet each award's USAID reporting needs while also enabling MOMENTUM Knowledge Accelerator to provide meaningful insights when carrying out and interpreting cross-award analyses. 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 specific disaggregation will depend on the technical area of focus. It is possible that some of these may not be feasible for all settings, based on the country context, strength of national HMIS, the level where MOMENTUM interventions are occurring, and/or other factors. Data on Results 2-4 indicators are collected at the country or district level, depending on the specific 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 easy 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 USG and WHO indicators, will be the main source of data on public and private sector service delivery across the different technical areas—maternal and newborn health, child health and immunization, FP, and nutrition. 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 Indicators Reference Sheets (PIRS). Definitions of the disaggregation 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 will include data elements for the numerator and denominator.

Country-level data sources that will provide this information include:

- HMIS: HMIS data provide information on service statistics across the different technical areas. Although definitions of indicators may not be totally consistent across the routine information systems in all countries, data on the specified indicators will be compiled across countries to the extent possible. Any variations will be noted, and data from proxy indicators 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 availability of key commodities will be tracked in countries where there is a functioning LMIS.
- Rapid HFA and exit interviews (where possible): Service readiness and quality of care received by clients are key measures related to the MNCHN/FP/RH interventions planned in countries. Rapid HFAs and exit interviews with clients in public and private health sector facilities can capture these aspects on a routine basis, where feasible and applicable. For example, countries implementing quality improvement approaches in facilities may carry out these assessments on a more routine basis as part of their implementation. It is anticipated that these types of measures will most often be captured at baseline and endline and are discussed in greater detail below in the evaluation of 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 yet reporting fully into national systems.

MOMENTUM INDICATORS ON PROGRAM RESULT AREAS AND DOMAINS

Measurement of activities and improvements in other domains of MOMENTUM activities, including country commitment and capacity and community engagement and resilience (Result 2); adaptive learning and use of evidence and 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 resulting from programmatic interventions across

these domains. Appendix E presents specific measurements of these domains with detailed definitions in the PIRS. These were developed in consultation with USAID and all 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 MOMENTUM awards.

In the June 2022 update to the MEL framework, selected higher level measures of capacity strengthening, adaptive learning and partnerships associated with Results 2-4 developed based on the landscape reviews have been removed from the list of recommended indicators. They are now included in Appendix F as questions/topics that need further exploration. It is important to note that these questions/topics focus on obtaining information on the effects of capacity strengthening, adaptive learning processes and partnerships established, 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 the specific approach and data collection methods based on the focus of their project, the PIRS provide broad guidance on data collection. We expect the data for these topics to be primarily qualitative.

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 MNCHN/FP/RH policies, details of private sector engagement and multi-sectoral initiatives in service delivery of MNCHN/FP/RH services, 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 only 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-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 so that more information is available for cross-award analysis and synthesis. Awards may conduct additional assessments appropriate to the country context beyond those mentioned in this MEL framework for their use. These could include capacity assessments such as the Organizational Performance Index (OPI)[41] for the local organization as a whole, or the Integrated Technical Organizational Capacity Assessment (ITOCA),[42] which applies to specific technical areas. Assessments of resilience include the Resilience for Social Systems (R4S) assessment.[43] 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 achieved through MOMENTUM country field awards is hard to assess without basic information on the context, including the country health situation, socio-economic, demographic, health systems characteristics, and country processes. Countdown to 2030[44] outlines key contextual drivers for equitable and effective intervention coverage for MNCHN/FP/RH, based on social determinants, health systems and policies, financing, or the broader political economy. Particularly in fragile settings, it is important to also consider any shocks and stresses to the system that may influence health service provision and the uptake of services; the evolution of the COVID-19 pandemic has been a global shock that manifests itself in different ways across countries. Other published literature also provides guidance on relevant health systems drivers that are relevant to measure.[45]

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

Data for these 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 cover 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, for example.

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

MOMENTUM Knowledge Accelerator will compile other data from secondary sources for analysis, 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, to determine government commitment.[46]
- Countdown to 2030 country profiles; J2SR Secondary Metrics compendium; the World Bank DataBank; recent Demographic and Health Surveys (DHS); Multiple Indicator Cluster Surveys (MICS); World Bank Living Standards Measurement Study data; HFAs, such as the Service Provision Assessments (SPA), WHO Service Availability and Readiness Assessment (SARA); and WHO and UNICEF estimates.[47]

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 based on this MOMENTUM MEL framework from country field awards. 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 consistency checks should involve comparisons with other data sources as well as discussions with the technical and program management teams. These data reviews should also involve review 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 these data are reviewed again by the MOMENTUM global awards and then loaded into the MOMENTUM data platform or used for further analysis or performance 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 level of completeness and quality checks conducted on award-specific data by MOMENTIUM Knowledge Accelerator will be dependent on the type and complexity of 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 on-going between MOMENTUM Knowledge Accelerator and the other MOMENTUM awards about the appropriate levels of data quality assurance for different types of cross-MOMENTUM analyses. Discussions include identifying the most

efficient mechanisms for MOMEMENTUM Knowledge Accelerator to provide feedback to awards about the completeness and quality of their data.

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 (including use and receipt of needed interventions) 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 quality, coverage, and equity as a result of project interventions. These types of 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 quality of care received by clients. In-depth or rapid HFA, where not incorporated into routine data collection, will be needed to evaluate changes in the quality of services. HFAs may include audits of service readiness, direct observation of the quality of services provided, client exit interviews, vignettes/role plays, 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.[48] Aspects related to the physical environment, for example water, sanitation, and hygiene, will require direct observation during the facility audit.

Indicators for the assessment of quality should be adopted and adapted from existing quality of care frameworks for maternal and newborn health, FP and pediatric services (when available). Existing tools[49] can be adopted and adapted to capture the different aspects of quality across different 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.

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Appendix H presents a summary of recommended indicators to measure the Quality of MNCHN/FP/RH Services in 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 the intervention or health care—often requires household surveys to determine the true denominator of who requires care for things such as child illness.[50] Coverage of some maternal and newborn interventions,

however, especially those related to obstetric and neonatal complications, are difficult for women to remember accurately when responding to household surveys months or years after giving birth.[51] More valid estimates of intervention coverage for these types of interventions can be derived from facility-based data with the caveat they 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 areas. Details of these indicators are available in the PIRS. Sampling strategies and sample sizes will depend on the aim of the household 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 based on the design of the evaluation.

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. [52] MOMENTUM awards may conduct targeted (to the technical, cross-cutting, and/or geographic area) household surveys (based on DHS tools and Knowledge, Practice and Coverage surveys developed by Johns Hopkins University and updated by USAID's Child Survival Grants Program and the Maternal Child Survival Program (MCSP) at baseline, during, and at the end of the program, if secondary data is not timely or available at the geographic level necessary. [53] 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 survey data in the near future.

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 MCSP and is being used by MOMENTUM:[54]

> "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 as disadvantaged groups lacking access or less likely to receive essential health services, considered unjust or unfair. Inequities may have several dimensions that identify disadvantaged groups, often summarized as PROGRESS.[55] 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 those with refugee status. Other groups, such as adolescents and youth, may face a greater risk of certain infections, engagement in sexual practices or other high-risk behavior while also lacking the ability to seek the right health care.

Because measuring equitable access, quality, and coverage of services is a relative metric, any planned data collection should include disaggregation related to pertinent aspects of equity listed above, at a very minimum, place of residence, gender/sex, education, and socio-economic status. It is anticipated that MOMENTUM will measure equity in HFAs through client exit interviews and in household surveys, when 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 (approximately 10-12 questions, depending on the country) of household assets based on the EquityTool.[56] The truncated list and use of the EquityTool will allow MOMENTUM awards to compare the clients seen in supported facilities to the overall urban or rural population of the country (based on DHS estimates) in terms of estimated socio-economic status. This method allows MOMENTUM awards to determine if 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, and selected household assets will allow for comparison of the quality of services results by different groups (for example, quality of services received among more education versus less education women).

Household surveys, when conducted, should include disaggregation related to the head of household and women's educational level, place of residence (geographic and urban/rural), occupation of head of household and woman, sex (for children and adolescent measures), age group, and household wealth quintile. The 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.[57] Additional disaggregation related to race, language, ethnicity, and religion should be included in household surveys as feasible and appropriate.

A summary of these MOMENTUM Indicators of Coverage and Equity are presented in Appendix I.

MEASURES RELATING TO CROSS-CUTTING AREAS

MOMENTUM seeks to foster gender equality by increasing 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, when possible, data from the HMIS, surveys, and program records on training for instance 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.[58]

Particularly in the context of COVID-19, capturing information on WASH and infection prevention 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 for example). 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 may be conducted by health workers at the facility and reported to a central location using digital applications. The WHO Joint Monitoring Program indicators and questions for WASH in healthcare facilities in the Sustainable Development Goal era should be adapted and streamlined in these cases.[59]

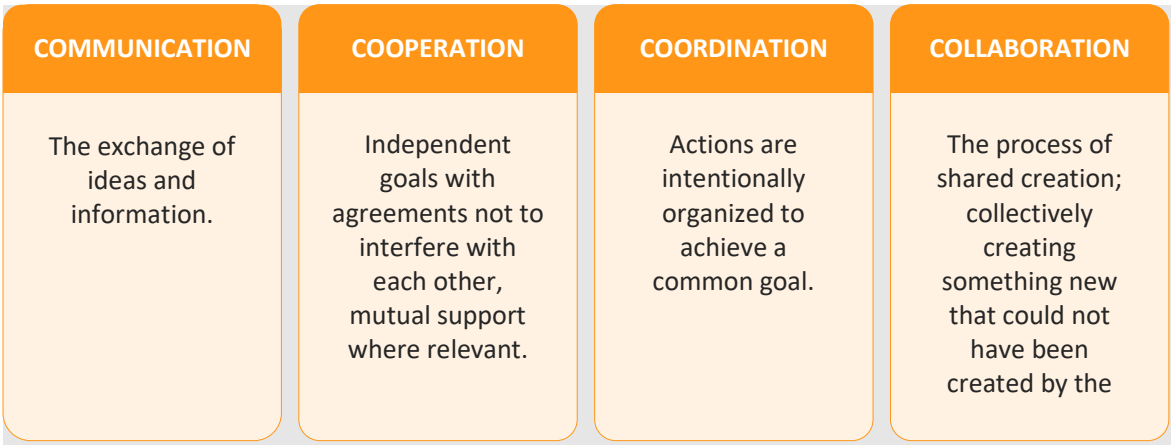
An overview of the cross-cutting indicators relating to gender and WASH that are relevant to MOMENTUM is presented in Appendix J with more details in the PIRS. These are primarily drawn from client exit interviews, rapid HFAs, and program records. This list was finalized in discussion with USAID and 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 the ability for 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.

Coordination and collaboration across the suite is based on the four Cs (communication, cooperation, coordination, and collaboration) as outlined in Figure 5.[60]

FIGURE 5. THE FOUR CS OF DISASTER PARTNERING



Source: Martin E, Nolte I, Vitolo E. The Four Cs of disaster partnering: communication, cooperation, coordination and collaboration. *Disasters*. 2016;40(4):621-643. doi:10.1111/disa.12173

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 suite of awards.
- Number of products posted to the MOMENTUM website developed by more than 1 MOMENTUM award.
- Number of conference sessions/panels/presentations produced by more than 1 MOMENTUM 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 MOMENTUM 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 workplans, improved learning, and strengthened global technical leadership.

ANALYSIS AND SYNTHESIS

METHODS FOR MOMENTUM LEARNING

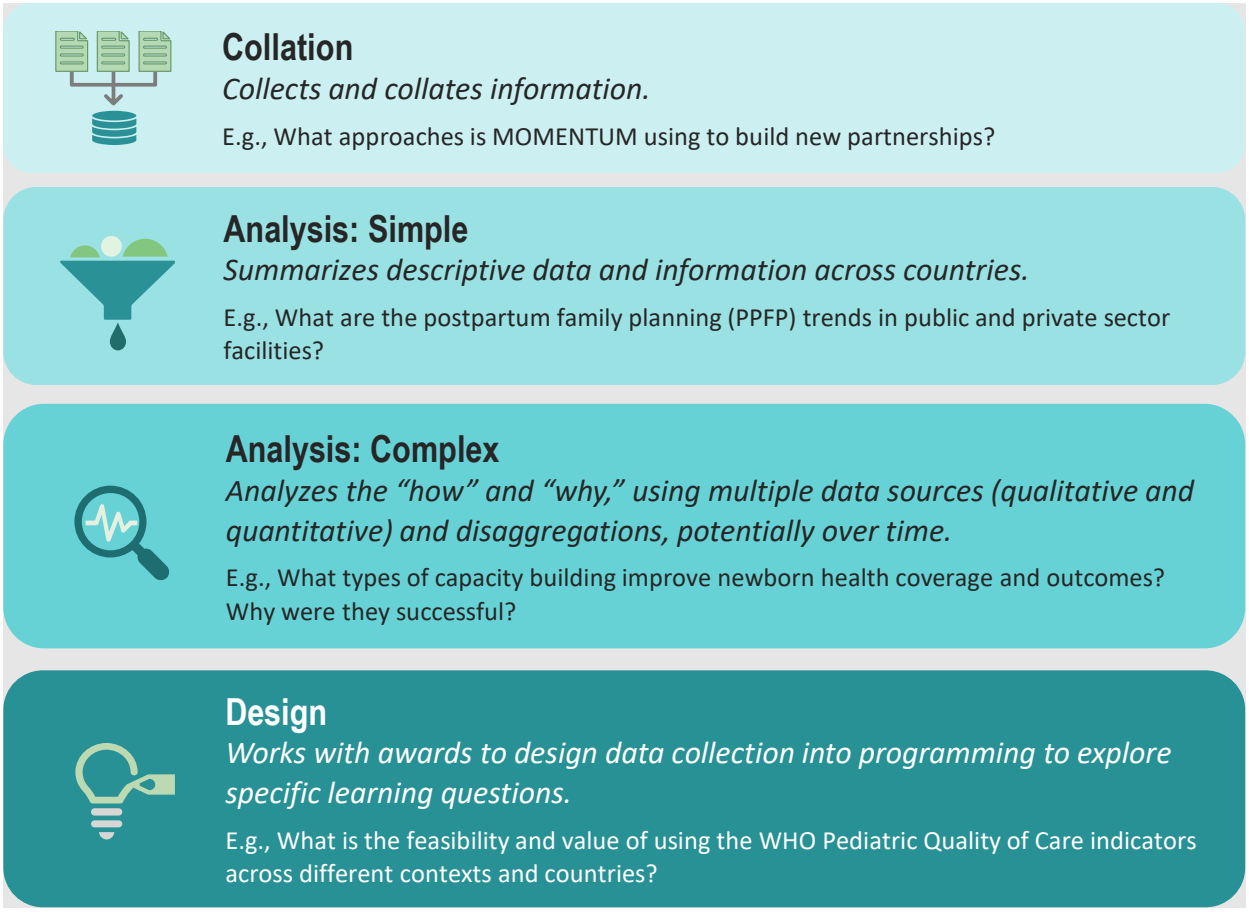
As mentioned earlier, the LTRS will be developed to capture the rationale and assumptions behind each learning topic, along with the tools and methods to be used to capture the information required for analysis and interpretation. MOMENTUM Knowledge Accelerator, in collaboration with MOMENTUM award staff, will primarily use secondary data analysis methods to explore prioritized learning topics across the MOMENTUM suite. This includes collation, analysis, and synthesis of the data associated with indicators included in this plan, as well as reviews of information from other sources, such as process documentation, studies being carried out by individual awards pertinent to the learning topic, award reports, meeting minutes from the field, complexity-aware monitoring, and others.

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 the use of the data to answer suite-

wide learning priorities. Individual awards are responsible for ensuring that ethics reviews and approvals are acquired for relevant data collection. 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 deidentified 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, these stakeholders will be identified in coordination and with the collaboration of 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 to fill critical gaps in our understanding of "how" or "why," MOMENTUM awards will jointly develop concept notes and research protocols with USAID as well as with the individual MOMENTUM awards for whom the learning may be relevant. The MOMENTUM ME/IL WG will coordinate these efforts. (See Figure 6 for potential approaches for 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 field presence of individual 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 and participation of the full suite of awards in sharing, reviewing, and interpreting of 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 theory of change and interventions planned, country field awards will conduct trend analyses of data compiled to highlight progress and successes as a result of MOMENTUM investments in the intervention areas. 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. The analysis may show differences across geographies within a technical or cross-cutting area if similar investments were made, but program design differed between countries. Other analyses may highlight the success of different areas of MOMENTUM programming within the same 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 any contextual factors to ensure that the findings are meaningful and can be used to inform further programming. The data compiled and analyses conducted will also inform the implementation of the MOMENTUM learning agenda.

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

The first and most important analysis and use of evaluation data based on surveys conducted is for program planning and adaptation by the awards in the county where the data is 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 improvements (or stagnations) in the quality, coverage, and equity of services over time in relation to their activities and approaches.

MOMENTUM Knowledge Accelerator anticipates that the MOMENTUM awards will share survey reports and de-identified datasets of the HFAs and household surveys with MOMENTUM Knowledge Accelerator to allow aggregated analysis and synthesis of results related to quality, coverage, and equity across the MOMENTUM suite of awards. 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 Countdown2030 equity profiles[61] and the slope index of inequality or concentration indices for each health indicator to compare differences or changes in equity.[62]

ACTION-ORIENTED MONITORING AND LEARNING

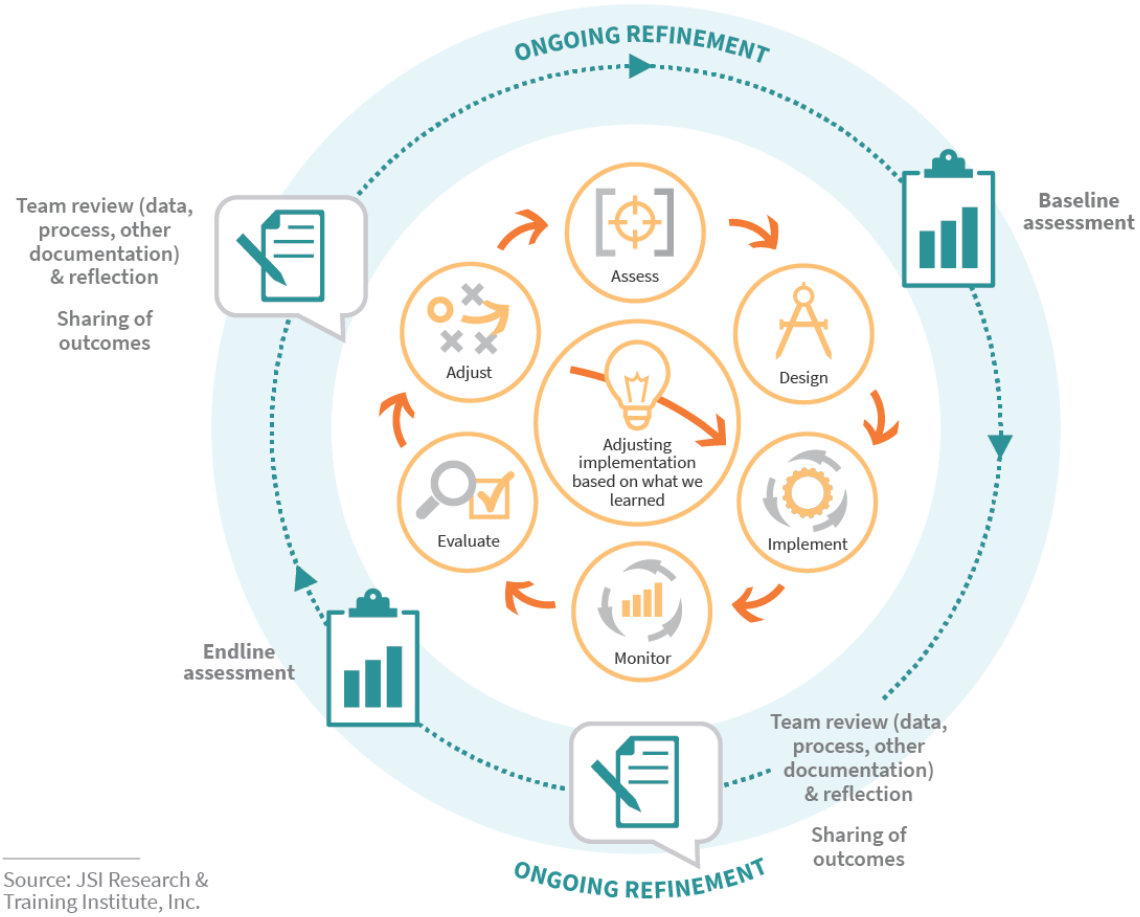
Successful health projects require continuous learning to respond to the complex environments in which they operate. Increasingly, projects are calling on strategies like adaptive management, complexity-aware monitoring, and quality improvement methodologies to better use knowledge and data to drive needed adaptations. However, these strategies often encounter resistance or are not implemented due to knowledge and skill gaps and the lack of an enabling environment to support change. Strengthening systems and building capacity for adaptive learning addresses these needs, resulting in enhanced individual and team knowledge and skills to effectively incorporate these approaches for learning and improvement.

In addition to standard performance monitoring, MOMENTUM will integrate action-oriented monitoring and learning into country-level program implementation. This allows programs to focus on short cycles with an ongoing opportunity to regularly collate and review quantitative and qualitative data and question findings to make program 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."[63] This definition reflects the definition of adaptive management presented in ADS 201.6.[64]

Instead of relying only on evaluations and studies to understand the effectiveness of interventions at the country level, MOMENTUM will actively use CLA, complexity-aware monitoring and adaptive management methods. 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 they are 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[65].

FIGURE 7. ADAPTIVE MANAGEMENT CYCLE



Source: JSI Research & Training Institute, Inc.

COMPLEXITY-AWARE MONITORING METHODS

Complexity-aware monitoring approaches take into account the inherently unpredictable, uncertain, and changing nature of complex situations. Complex situations, which are common within development programs such as MOMENTUM, are those that lack both strong expertise and agreement on what needs to be done.[66]

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, the causal pathways between intervention and outcome are not clear, interventions aim to change beliefs and/or behaviors, multiple changes need to happen together, the exact steps needed to realize an outcome are not clear, and/or the context or environment is subject to rapid change.

Many of the complexity-aware monitoring approaches were developed to integrate with or build upon traditional performance M&E systems. They can build on traditional performance M&E systems through their utilization of causal framework and quantitative and/or qualitative indicators. They can further enhance existing M&E 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 monitoring approaches or, because of the complexity of the situation, 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 fully emerge. They also take into account stakeholder perceptions and the broader context in which the project is operating. Finally, many of the approaches look at the factors that contributed 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 place a heavy emphasis on flexibility, perspective, dealing with change, and responding rapidly to new information.

The Guide to Complexity-aware Monitoring Methods for MOMENTUM Projects[67] brief provides guidance on the use of complexity-aware monitoring within MOMENTUM projects. This guidance includes an introduction to the key concepts associated with complexity-aware monitoring, an overview of recommended approaches, and resources for additional information to support the use of complexity-aware monitoring.

Table 1 provides a snapshot comparison between the nine recommended approaches. Each one is evaluated based on its timing in the project cycle, the questions that the approach can help address, the type of data used, and its 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

	Timing in project cycle			Questions addressed by approach					Data type		Ease of use		
Complexity-aware monitoring approach	**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****	**Type of engagement †**
Social Network Analysis[68]	X		X			X	X	X	X	X	1-3	1,2	1
Causal Link Monitoring[69]	X	X	X		X		X	X	X	X	2,3	1	1,2
Outcome Mapping[70]	X	X	X		X	X	X		X	X	2,3	2	1,2
Sentinel Indicators[71]	X	X	X		X		X	X	X	X	2	1	3
Pause & Reflect[72]		X	X	X		X		X	X		1	1	2
Outcome Harvesting[73]		X	X	X			X		X		2	2,3	3
Most Significant Change[74]		X	X	X		X	X		X		1,2	2,3	1,2
Ripple Effects Mapping[75]		X	X	X	X	X	X		X		2,3	2	1
Contribution Analysis[76]			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 implies a focus on data management and analysis that includes reflecting on findings in order to build a strong evidence base to inform policy and practice. Because of the twofold purpose of 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 their MEL plan.

MOMENTUM DATA PLATFORM

Quarterly data for all routine monitoring indicators from the HMIS and program records collected by each award in their program intervention areas will be transferred automatically on a semi-annual basis to a DHIS2-based, interoperable MOMENTUM data platform developed and maintained by MOMENTUM Knowledge Accelerator. The required 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 take place before the transfer occurs. Data sharing for the prior six months through the interoperable data systems will take place on January 15 and June 15 of each year for the previous two fiscal quarters (Q3 and 4 in January and Q1 and Q2 in June) to take into account delays in entering data in countries' HMIS, reporting cycles and the time and efforts necessary to assure data completeness and 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 specific 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, health facility assessments, and household survey reports. The de-identified quantitative datasets contributing to these reports will be uploaded directly by each award to USAID's Data Development Library (DDL)[77] as per USAID's Open Data Policy[78] for analysis by MOMENTUM Knowledge Accelerator and others. Other supporting documents will be available on the Development Experience Clearinghouse (DEC)[79].

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 for data sharing.

FIGURE 8. MOMENTUM DATA PLATFORM

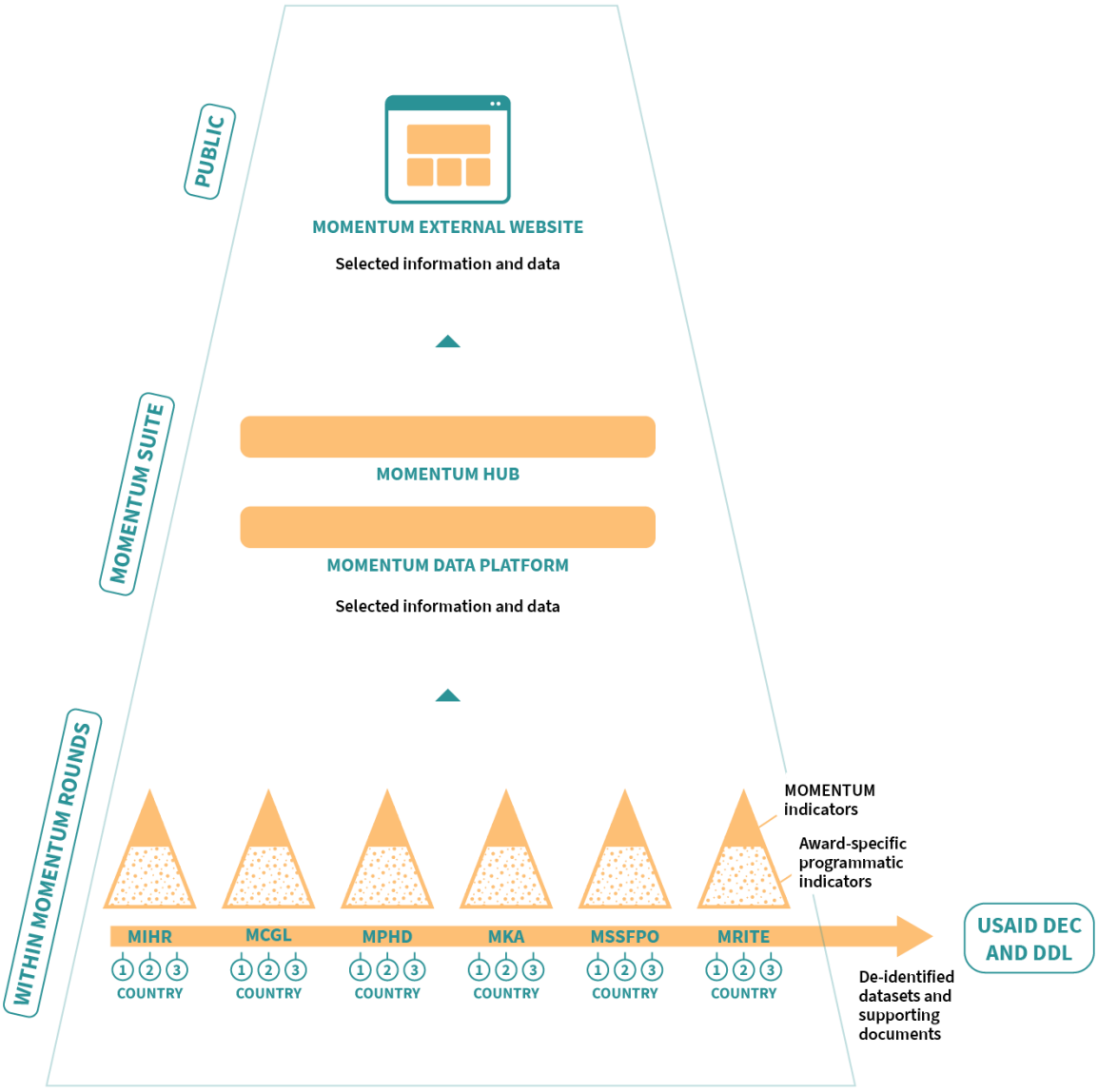
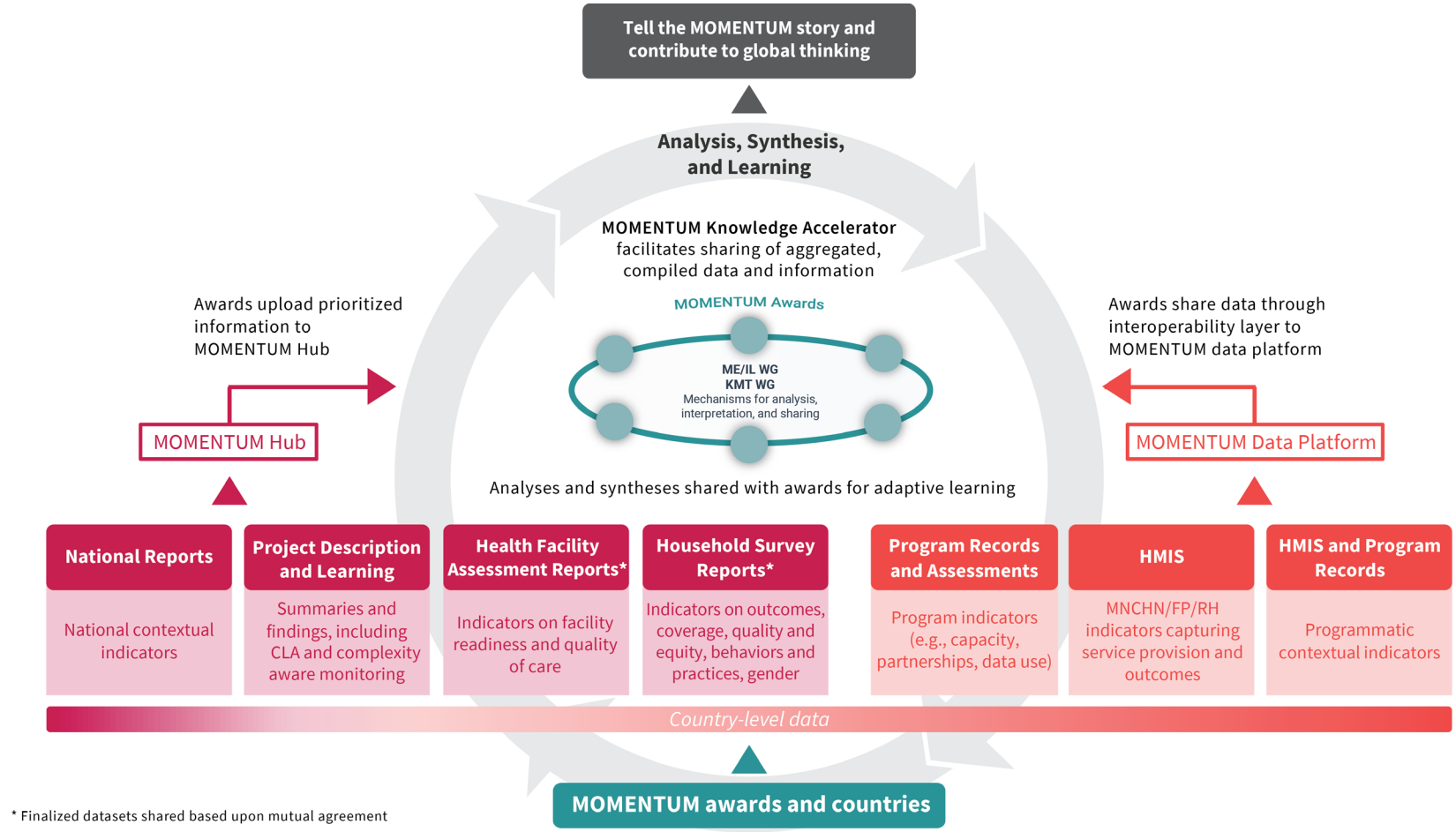


FIGURE 9. ACCESS TO AND USE OF INFORMATION



DISSEMINATION AND DATA USE

The methods and metrics laid out in the MOMENTUM MEL Framework contribute to both the telling of the MOMENTUM story and to its legacy by extracting both the successes and the challenges of the suite of awards. Relevant analyses and sharing of lessons learned from MOMENTUM implementation will be planned and vetted collaboratively with the full suite of awards, through the MOMENTUM ME/IL WG, the Knowledge Management and Translation WG, and the Strategic Communications WG. All dissemination plans for the appropriate audiences will follow guidelines presented in the Knowledge Management and Strategic Communications plans that are currently being developed.

To ensure that the findings generated by all MOMENTUM awards influence global, regional, and national MNCHN/FP/RH stakeholders, all findings 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 in dashboards or other data visualization products, such as infographics.
- Performance monitoring reporting by MOMENTUM awards to USAID.
- Digital platforms, including but not limited to webinar series and existing wide-reaching platforms to be identified through a landscaping process.
- USAID platforms for sharing learning, including the quarterly agency learning digest, participation in 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.
- MOMENTUM website to highlight achievements of MOMENTUM implementation to broad audiences.

IMPLEMENTING THE FRAMEWORK

With USAID approval, this MOMENTUM MEL framework will be shared with all MOMENTUM awards to be implemented within their projects. A short summary document accompanies this framework and will be updated, as necessary, based on revisions to the MEL framework.,. The MOMENTUM learning agenda will also be similarly socialized among the MOMENTUM awards. This will ensure that MOMENTUM MEL staff at the country level will also get information on the framework and implications for their country level plans.

Each fiscal year, every award will report to USAID based on an agreed-upon schedule and monitor their own progress internally using a subset of performance monitoring indicators specified in their 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 proposed 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 broad questions related to MOMENTUM and tell the MOMENTUM story.

THE ME/IL WG

The ME/IL WG, 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 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.

The ME/IL WG will act as a mechanism to co-create the MOMENTUM MEL framework, 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 this framework will be socialized across all MOMENTUM awards to ensure that it is understood and implemented consistently by all. The Terms of Reference of the ME/IL WG are available in Appendix L.

NEXT STEPS

The 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 the MOMENTUM awards. The current version of the framework is based on input from USAID staff and the MOMENTUM awards. The main changes to this document in June 2022 are updates to the indicators representing all four MOMENTUM results based on implementation of MOMENTUM since 2020. These changes will be socialized with all the MOMENTUM awards through the ME/IL WG and sharing of the updated version of the MEL 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 them to compile and share data for cross-award analysis and synthesis and learnings from MOMENTUM in achieving MNCHN/FP/RH outcomes. Qualitative information for Results 2-4 indicators and the MOMENTUM program context will be compiled through award submissions of the semi-annual and annual reports.

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 pediatric and small and sick newborns, including access to, provision, and experience of care and health systems (MOMENTUM Knowledge Accelerator engagement).
- MOMENTUM Country and Global Leadership is collaborating with the WHO on metrics for quality of care for small and sick newborns.
- MOMENTUM Knowledge Accelerator is engaged through the WHO Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) Expert Advisory Group[80] and through its membership in the Every Newborn Action Plan (ENAP)[81] M&E working group is poised to engage in discussions around feasibility testing of new indicators.

- MOMENTUM Knowledge Accelerator, through the Child Health Task Force[82], 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.

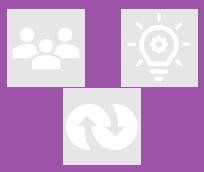
APPENDIX A. MAPPING OF MOMENTUM LEARNING TOPICS BY LEARNING AREAS

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 (LTRS). 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? [a,b,c] • What strategies are awards using to increase **coverage** in MNCHN/FP/RH (includes supply/availability, demand, access, and private sector engagement)? [a,b,c] • What strategies are awards using to improve MNCHN/FP/RH service **quality** (includes person-centered care)? [a,b,c] • 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? [a,b,c] • 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? [a,b] • 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? [b] • 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**?

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, subnational, 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, subnational, 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?

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**?

SUB-TOPICS INCLUDE

[a] What makes them successes (or failures)?

[b] What contextual factors influence strategy selection and success (includes sustainable development)?

[c] 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
Contextual factors			
Interventions/Actions (inputs)			
Outputs			
Intermediate outcomes			
Related outcomes			

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.

Indicator Number	Level	Indicator	Source	Disaggregation	Collection Frequency	Rationale
KEY: These symbols shown in the number column and font/shading denote: *✱ Indicator also measures nutrition programming* ☒ 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.						
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*	*Number of pregnant women reached with nutrition-specific interventions through MOMENTUM-supported programs*	*HMIS; program records*	*Age (<20; 20-24, 25+); Nutrition-specific intervention*	*Annual*	*USAID recommended indicator (HL-9.3)*
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

Indicator Number	Level	Indicator	Source	Disaggregation	Collection Frequency	Rationale
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: *Number of women giving birth who received uterotonics in the third stage of labor (or immediately after birth) through USG-supported programs*
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 ☒	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
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

Indicator Number	Level	Indicator	Source	Disaggregation	Collection Frequency	Rationale
MNH.13 ❋	*Coverage*	*Early initiation of breastfeeding: Percent of newborns put to the breast within 1 hour of birth in MOMENTUM- supported facilities*	*HMIS*	*Type of SDP*	*Quarterly*	*Recommended by GSWCAH, ENAP, CD, and nutrition initiatives; also relevant for FP/PPFP*
MNH.14	Service delivery / Coverage	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
Imm.2	Service delivery/ coverage	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/ coverage	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

Indicator Number	Level	Indicator	Source	Disaggregation	Collection Frequency	Rationale
Imm.4	Service delivery/ coverage	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	**Zero dose**: 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
CH.3	Service delivery/ quality	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/ quality*	*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*

Indicator Number	Level	Indicator	Source	Disaggregation	Collection Frequency	Rationale
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
FP/RH.5	Outcome	Estimated modern Contraceptive Prevalence Rate in MOMENTUM-supported areas	HMIS / Secondary survey data	Age (<20, 20-24, 25+)	Quarterly	Recommended Track20 indicator
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

Indicator Number	Level	Indicator	Source	Disaggregation	Collection Frequency	Rationale
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 ☒	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
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
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
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
6. 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/

APPENDIX D. DEFINITIONS OF DISAGGREGATION

Disaggregation	Categories
Type of service delivery provider	• Hospital – public • Hospital – private/NGO/FBO • Health center/facility – public • Health center/facility – private/NGO/FBO • Community (health worker) • Mobile clinic/outreach services – public • Mobile clinic/outreach services – private • Pharmacy - private
Urban/rural	• Urban • Rural
BEmONC/CEmONC	• BEmONC • CEmONC
Women's Age	• <20 • 20-24 • 25+
Type of nutrition intervention	• Number of women receiving iron and folic acid (IFA) supplementation • Number of women receiving individual or group counseling on maternal and/or child nutrition • Number of women receiving calcium supplementation • Number of women receiving multiple micronutrient supplementation • Number of women receiving direct food assistance of fortified/specialized food products

Maternal cause of death	• **Direct**
	  ○ Pregnancies with abortive outcome
	  ○ Hypertensive disorders in pregnancy, childbirth, and the puerperium
	  ○ Obstetric hemorrhage
	  ○ Pregnancy-related infection
	  ○ Other obstetric complications
	  ○ Unanticipated complications of management
	• **Indirect**
	  ○ Non-obstetric complications
	• **Unspecified/unknown**

Newborn cause of death	• Congenital malformation and chromosomal abnormalities • Birth trauma • Acute intrapartum event • Infection • Respiratory or cardiovascular disorders • Other neonatal conditions • Low birthweight and prematurity • Miscellaneous • Unspecified cause
Birthweight	• <2000gm • 2000+gm

Disaggregation	Categories
Antepartum / intrapartum Stillbirth	• Antepartum stillbirth (macerated) • Intrapartum stillbirth (fresh)
Technical area (% service delivery points providing quality services (including measure on gender-sensitive services)	• Nutrition • Maternal • Newborn • Child • Family Planning
Sex	• Male • Female • Unspecified
Child Age	• 0-59 days • 2-59 months • [0-28 days and 29-59 days IF available])
Diarrhea treatment	• Zinc + ORS • ORS only • Unspecified
Pneumonia treatment	• Amox DT • Other antibiotic only
Under-five nutrition intervention type	• Children under five whose parents/caretakers received social and behavior change (SBC) interventions that promote essential infant and young child feeding (IYCF) practices • Children 6-59 months who received vitamin A supplementation in the past 6 months • Children under five who received zinc supplementation during episodes of diarrhea • Children under five who received Multiple Micronutrient Powder (MNP) supplementation • Children under five who were admitted for treatment of SAM • Children under five who were admitted for treatment of MAM • Children under five who received direct food assistance Disaggregation outlined: https://www.state.gov/foreign-assistance-resource-library/#managing

Contraceptive method (for PPFP and post-abortion FP indicators – FP/RH.3 and FP/RH 4)	• IUD
	  ○ LNG-IUD
	  ○ Copper IUD
	• Implant
	• Tubal ligation
	• LAM (PPFP only)
	• Pills (Progesterone only pills for PPFP)
	• Condoms
	• Injectables (for FP/RH.4)
	• Unspecified

Contraceptive method (for expanded methods and method provided in last three months indicators - FP/RH.7 and FP/RH.8)	• Copper IUD • LNG IUD • Vasectomy • Tubal ligation • Sayana Press • Depo-IM

Disaggregation	Categories
	• Standard days method [SDM] • Implants • Emergency Contraception • LAM • Condoms • Pills
Organization type	• Government • Parastatal • Private (CSO, NGO, for-profit))
Type of gender programming	• Empowerment (or reproductive empowerment) • Gender-based violence • Male engagement • Respectful care • Combination of 2 or more of the above
Shocks and stresses	Shocks and stresses may include: • natural disasters (like floods, fires, earthquakes, volcanic eruptions, tsunamis, droughts) • pandemics/outbreaks of infectious diseases (such as COVID, measles, cholera or VD-polio) • conflict (intercommunal and internal anti-government, ethnic violence), conflict induced displacement, influx of refugees • strikes of health workers, general strikes or protests, • insecurity (such as post-election violence, terrorism, violent extremism, civil conflict) • economic shocks (such as price shocks/spikes, currency devaluation or economic recession) • shocks to food supply (such as locusts or livestock disease outbreaks) Note: Includes narrative description of the shocks and stresses
Type of workplan	• Core • Field

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
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					
Commitment					
Commitment Narrative					
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.					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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.
Capacity Strengthening					
Capacity Narrative					
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.					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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 (https://www.usaid.gov/npi/capacity-building-indicator-resources)

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 (ITOCA) or other capacity assessment tools.	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. 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 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.
Community Engagement					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
Community Engagement Narrative					
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.

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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.
Health Resilience					
Resilience Narrative					
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.					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
RES.1	Changes in health service use observed in the context of shocks or stresses **NOTE:** 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.	HMIS, data on selected indicators will be compiled as part of Result 1 indicators. Data on shocks/stresses covered under Contextual indicators.	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. Disaggregated by country and region/district; rural/urban; acute/recurring/chronic shocks/stresses; season/year	Annual	Identifies trends in service use in conjunction with shocks and stresses Aligned with selected Result 1 indicators in Appendix C: (MNH.2 #/% of antenatal clients with first visit before 12 weeks (Or ANC 1 disaggregated by timing) in MOMENTUM-supported areas Imm.3 #/% of children aged <12 months who received DPT3/Penta3 vaccine in MOMENTUM-supported areas CH.2 #/% of children 0-59 months with diagnosed pneumonia treated with antibiotics in MOMENTUM-supported areas FP/RH.2 # of family planning client visits
Result 3: Adaptive learning and use of evidence in MNCHN/FP/RH programming through sustained USAID and host country technical leadership increased					
Adaptive Learning (AL) and Use of Evidence					
Adaptive Learning Narrative					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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.					
AL.1	Percent of entities receiving MOMENTUM support that introduce, strengthen, or contribute to institutionalizing adaptive learning	Program records	MOMENTUM AL engagement/support includes capacity building, technical assistance, tools. Entities could include local organizations, institutions, groups, centers, associations, teams. Disaggregated by country, type of entity (local organization, institution, group, center, association, team, other); description of adaptive learning (as narrative text)	Annual	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. 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.
Collaboration and Coordination					
Collaboration and Coordination Narrative					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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 workplans, 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.					
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 (MKA) 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.
Global Leadership					
Global Leadership Narrative					
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).					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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
Innovation					
Innovation Narrative					
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.					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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.
Digital Health					
Digital Health Narrative					
A narrative covering indicator DIG.1 should be included. The narrative should include the following information for the most relevant digital health activities: • What specific digital health interventions the activities were targeting (use the WHO Classification of Digital Health Interventions list of interventions) • What type(s) of digital health systems were developed/strengthened by MOMENTUM (use the WHO Classification of Digital Health Interventions list of system categories) • An estimate of how many organizations, facilities, or individuals are using the solution(s) in the activities being counted • 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					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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	'Digital health solutions' are instances of using information communications technology in health or public health. Digital health solutions can be for clients, for healthcare providers, for health system or resource managers, and for data services (WHO, 2018). Description of activities and the name of global good used (as narrative text).	Annual	This indicator captures implementation insights and can contribute to cross-award learning on using digital health solutions to improve health outcomes. USAID's Digital Strategy 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.
Knowledge Management					
Knowledge Management Narrative					
A narrative including: • 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. • 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) • For KM.3: Short narratives including 3 examples each 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.					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
KM.1	Number of knowledge-sharing events relevant to MOMENTUM either hosted by MOMENTUM or in which MOMENTUM staff substantially participated	Program records	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. 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.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.

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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.
Result 4: Cross-sectoral collaboration and innovative partnerships between MNCHN/FP/RH and non-MNCHN/FP/RH organizations increased					
Private Sector Engagement/Multi-sectoral Partnerships					
Private Sector Engagement/Multi-Sectoral Partnerships Narrative					
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.					

Indicator Number	Indicator	Source	Definition and Disaggregation	Collection Frequency	Rationale
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
Capacity Strengthening			
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 healthcare facilities (at different levels)	Program records with descriptions of changes made in response to the feedback received
CAP.3	Examples of health care workers that use client or other feedback to improve program reach, coverage, or effectiveness	Directly linked to improvements in program quality, coverage (demand), and effectiveness. Defined as improvement in performance resulting in greater program reach, coverage, and effectiveness.	Reports of feedback from supervisors, reports of client feedback, and, where needed, changes reflective of the feedback received

		Unit of measurement: Paid health workers	
CAP.4	Examples of community-based facilities that use client or other feedback to improve program reach, coverage, or effectiveness	Directly linked to improvements in program quality, coverage (demand), and effectiveness. Defined as improvement in performance resulting in greater program reach, coverage, and effectiveness. Unit of measurement: Community-based facilities (e.g., health posts, local clinics, or satellite service providers)	Reports of feedback from supervisors, reports of client feedback, and, where needed, changes reflective of the feedback received
Adaptive Learning			
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	Unit of measurement: Teams within organizations, private, public, NGO, community groups, CSOs, facility, district. Modification to activities include making at least one adjustment to activities being conducted or strategies being utilized based on data from monitoring system.	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	Unit of measurement: Teams within organizations, private, public, NGO, community groups, CSOs, facility, district. Programmatic adjustments: Make at least one adjustment to the products or services being offered. locally prevailing social norms, values, beliefs, and practices; preferences that influence demand for and use of products or services being offered. Program performance assessment includes tracking of outputs, intermediate outcomes, and outcomes.	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	AL approaches include adaptive management, complexity-aware monitoring, quality improvement, implementation research, applied research, and development research. Examples of positive change could include improvements in MNCHN/FP/RH outcomes or other intermediate outcomes	Program records, use of Complexity aware monitoring methods: (outcome mapping, etc.), program or impact evaluations. Case studies of AL.
Private Sector Engagement/Multi-sectoral Partnerships			

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	Monitor how partnerships are contributing to intermediate outputs and outcomes. 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.	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	Monitor how partnerships are contributing to improvements in MNCHN/FP/RH outcomes. 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.	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
Project Specific Contextual Indicators						
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, infection prevention control 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
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

Indicator Number	Level	Indicator	Source	Disaggregation	Collection Frequency	Rationale
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

Note: 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
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

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale
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
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

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale
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 =< 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.
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
** Indicator is designated as "optional".*					
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
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

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale and Notes
CH.HFA.1	Servicer 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
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

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale and Notes
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
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 Indictors
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
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 PPFP Indicator

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale
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 PPFP Indicator
FP.HFA.6	Quality of services	Percent of current users of selected contraceptive methods who were informed: (1) about side effects or problem of method used; and (2) of what to do if they experienced side effects of problems with the method used; and (3) of other methods of contraceptive that could be used; and (4) told they could switch to another method if they wanted or needed to (Method Information Index Plus)	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
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.
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 infection prevention 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 Infection Prevention 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.

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale and Notes
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 M&E indicator.

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale and Notes
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).

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale and Notes
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

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale and Notes
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

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale and Notes
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 (alternate: census)	Urban/Rural; Wealth quintile	SDG 6.2.1 indicator, indicator for Global strategy for women's, children's and Adolescent's Health

Indicator Number	Level	Indicator	Source	Disaggregation	Rationale and Notes
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
	KEY: These symbols shown in the number column and font/shading denote: ☒ Indicator requires a health facility assessment/audit (HFA)/exit interview/household survey and may be difficult to obtain during the COVID-19 pandemic					
GEN.1	Process	Number/Percent of MOMENTUM-supported activities that integrate gender/include a component to support gender programming	Project workplans and reports	Core vs. field award workplans; 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 workplans and programming
GEN.2 ☒	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 ☒	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 ☒	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 ☒	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 ☒	Quality	Number/Percent of MOMENTUM- supported health facilities with improved infection prevention 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	○ Technical areas/ interventions supported. ○ No. of facilities supported. ○ No. of organizations supported.	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	○ Surveys and studies planned. ○ Learning questions. ○ Data to be collected for routine monitoring, with disaggregation.	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	○ Urban/rural status of district. ○ No. of COVID-19 cases in the district. ○ Shocks or stresses occurring in the district.	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

Data				Sharing with MOMENTUM Knowledge Accelerator				Sharing/ reporting with USAID
Type	**Description**	**Examples**	**Source**	**Purpose**	**How shared**	**Frequency**	**Disaggregation**	
Service delivery data	Indicators of services delivered through the public or private health system with MOMENTUM support	○ No. of women delivering in facilities with MOMENTUM support. ○ No./% of antenatal clients with blood pressure measured in MOMENTUM supported areas. ○ No./% of children treated for diarrhea.	Extraction from national Health management information systems or private sector systems	Combine achievements and trends from different countries and contexts to advance learning and tell the MOMENTUM story	MOMENTUM data platform	Semi-annual after awards have reviewed data	District	Award reporting
Program data	Indicators of project performance gleaned from program records or project-specific assessments	○ No./% of activities that integrate gender/include a component to support gender programming in MOMENTUM-supported areas. ○ No. of policies drafted with USG support. ○ %/No. of local organizations that demonstrate increased organizational or technical capacity.	Program records (alone or derived from assessments such as an OCA or OPI, etc.)	To combine achievements and trends from different countries and contexts to advance learning and to tell the MOMENTUM story	MOMENTUM data platform	Semi-annual after awards have reviewed data	District	Award reporting
Qualitative summaries	Templates with qualitative information about partnerships, capacity, resilience, commitment, etc.	○ What are signs that commitment of government to MNCHN/FP/RH is increasing?	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

Data				Sharing with MOMENTUM Knowledge Accelerator				Sharing/ reporting with USAID
Type	**Description**	**Examples**	**Source**	**Purpose**	**How shared**	**Frequency**	**Disaggregation**	
Program coverage and equity	Indicators of intervention coverage at population level, with certain equity disaggregation	○ % of women who had a skilled birth attendant at most recent birth. ○ % of children 12-23 months who received DPT3 dose. ○ % of children with diarrhea who received ORS and zinc.	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
Program Facility readiness	Indicators of facility readiness to provide services	○ Availability of functional EmONC facilities (No. per population and % of facilities) in MOMENTUM-supported areas. ○ No./% of MOMENTUM supported facilities with available soap and running water or alcohol-based rub in the facility.	Rapid (or full) health facility audit	To combine achievements and trends from different countries and contexts to advance learning and to tell the MOMENTUM story	MOMENTUM Hub	As needed/ after data are already collected, analyzed and reported	District (or sub-district, depending on sample size)	Award reporting and required to be submitted to the DDL
Program Quality / person-centered care	Indicators of service quality, including respectful care	○ % recently delivered women who report a high person-centered maternity care score in MOMENTUM-supported areas (facilities). ○ % of family planning clients who received appropriate counseling on side effects. ○ % of sick children 2-59 months correctly assessed for danger sign.	HFA with observation / exit interview	To combine achievements and trends from different countries and contexts to advance learning and to tell the MOMENTUM story	MOMENTUM Hub	As needed/ after data are already collected, analyzed and reported	District (or sub-district, depending on sample size)	Award reporting and required to be submitted to the DDL

Data				Sharing with MOMENTUM Knowledge Accelerator				Sharing/ reporting with USAID
Type	**Description**	**Examples**	**Source**	**Purpose**	**How shared**	**Frequency**	**Disaggregation**	
Findings from complexity aware- methods	May be different types of data from application of complexity-aware methods, most often qualitative or mapping	○ Report of findings from Most Significant Change or Ripple Effects Monitoring methods applied to study a certain aspect of programming.	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

APPENDIX L. TERMS OF REFERENCE OF THE ME/IL WORKING GROUP

Monitoring and Evaluation, Innovation and Learning Working Group

Terms of Reference

20 December 2022

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 Working Group 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 (PY1-2):

- Finalize the terms of reference for the ME/IL WG, including composition, core areas of work, and workplan.
- 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

REFERENCES

[1] United States Agency for International Development (USAID). *Fact Sheet: Call to Action Sets Course to End Preventable Child Deaths*. 2012. https://www.usaid.gov/news-information/news/fact-sheet-call-action-sets-course-end-preventable-child-deaths.

[2] GovTribe. "MOMENTUM (Moving Integrated, Quality Maternal, Newborn, and Child Health Services, Voluntary Family Planning, and Reproductive Health Care [MNCH/FP/RH] to Scale)." April 22, 2019. https://govtribe.com/opportunity/federal-grant-opportunity/momentum-moving-integrated-quality-maternal-newborn-and-child-health-and-family-planning-and-reproductive-health-services-to-scale-7200aa19aps00002.

[3] USAID. *ADS Chapter 201: Operational Policy for the Program Cycle.* Revised January 22, 2021. https://www.usaid.gov/sites/default/files/documents/201.pdf.

[4] USAID. *USAID Evaluation Policy*. Updated October 2016. https://www.usaid.gov/sites/default/files/documents/1870/USAIDEvaluationPolicy.pdf.

[5] USAID. *ADS Chapter 579: USAID Development Data: Functional Series 500 – Management Services*. May 2021. https://www.usaid.gov/sites/default/files/documents/579.pdf.

[6] USAID. *USAID Policy Framework: Ending the Need for Foreign Assistance.* April 2019. https://www.usaid.gov/sites/default/files/documents/1870/WEB_PF_Full_Report_FINAL_10Apr2019.pdf.

[7] USAID. *USAID Gender Equality and Female Empowerment Policy.* March 2012. https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf.

[8] USAID Learning Lab. "CLA Toolkit." https://usaidlearninglab.org/cla-toolkit.

[9] USAID. *Acquisition and Assistance Strategy*. December 2018. https://www.usaid.gov/sites/default/files/documents/1868/AA-Strategy-02-04-19.pdf.

[10] USAID. "New Partnerships Initiative." Updated June 11, 2021. https://www.usaid.gov/npi.

[11] USAID. *Building Resilience to Recurrent Crisis: USAID Policy and Program Guidance*. December 2012. https://www.usaid.gov/sites/default/files/documents/1870/USAIDResiliencePolicyGuidanceDocument.pdf; USAID. *Self-Reliance Learning Agenda: Evidence to Support the Journey to Self-Reliance*. 2019. https://www.usaid.gov/sites/default/files/documents/1870/081519_SRLA_Fact_Sheet_0.pdf; and USAID. *Acting on the Call: A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths*. June 2019. https://www.usaid.gov/sites/default/files/documents/1864/USAID_2019_AOTC.pdf.

[12] USAID. *Agency Learning Agenda: FY 2022-2026*. n.d. https://www.usaid.gov/evaluation/evidence-act-agency-learning-agenda.

[13] USAID. *Private-Sector Engagement Policy*. April 2019. https://www.usaid.gov/sites/default/files/documents/1865/usaid_psepolicy_final.pdf.

[14] USAID Learning Lab. "Capacity 2.0." December 18, 2017, https://www.usaidlearninglab.org/library/capacity-20.

[15] USAID. *ADS Chapter 201: Operational Policy for the Program Cycle.* Revised January 22, 2021. https://www.usaid.gov/sites/default/files/documents/201.pdf.

[16] Ross, Joey et al. *Adaptive Learning Guide: A Pathway to Stronger Collaboration, Learning, and Adapting.* Washington, DC: USAID MOMENTUM. March 2021. https://usaidmomentum.org/resource/adaptive-learning-guide/.

[17] MOMENTUM Knowledge Accelerator. *A Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects.* Washington, DC: USAID MOMENTUM. November 2020. https://usaidmomentum.org/resource/a-guide-to-complexity-aware-monitoring-approaches-for-momentum-projects/

[18] World Health Organization (WHO). *Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context: Interim Guidance*. June 1, 2020. https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1.

[19] Wood Sharon N, et al. 2021. "Need for and Use of Contraception by Women before and during COVID-19 in Four Sub-Saharan African Geographies: Results from Population-based National or Regional Cohort surveys". *Lancet Glob Health.* 2021. 9: e793-e801. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00105-4/fulltext and Chiappani, Elena et al. 2021. "Impact that the COVID-19 Pandemic on Routine Childhood Vaccinations and Challenges Ahead: A Narrative Review. *Acta Paediatrica*. 2021. 00:1–7. https://doi.org/10.1111/apa.15949

[20] Ivankovich, Megan et al. 2020. *Effects of COVID-19 on Essential MNCHN/FP/RH Care and the Strategies and Adaptations Emerging in Response – Rapid Evidence Summary*. Powerpoint presentation. November 2020. https://usaidmomentum.org/wp-content/uploads/2020/12/508_MKA_CovidRapid-Evidence-Summary-PHASE2_2020-Nov-19-WEBINAR_2020_12_17-final.pdf.

[21] WHO. *Analysing and using routine data to monitor the effects of COVID-19 on essential health services: practical guide for national and subnational decision-makers.* Geneva, 2021. https://apps.who.int/iris/bitstream/handle/10665/338689/WHO-2019-nCoV-essential_health_services-monitoring-2021.1-eng.pdf.

[22] USAID. *Acting on the Call: A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths*. June 2019. https://www.usaid.gov/sites/default/files/documents/1864/USAID_2019_AOTC.pdf.

[23] USAID. *USAID Policy Framework: Ending the Need for Foreign Assistance.* April 2019. https://www.usaid.gov/sites/default/files/documents/1870/WEB_PF_Full_Report_FINAL_10Apr2019.pdf.

[24] USAID. *Building Resilience to Recurrent Crisis: USAID Policy and Program Guidance*. December 2012. https://www.usaid.gov/sites/default/files/documents/1870/USAIDResiliencePolicyGuidanceDocument.pdf; USAID. *Self-Reliance Learning Agenda: Evidence to Support the Journey to Self-Reliance*. 2019. www.usaid.gov/sites/default/files/documents/1870/081519_SRLA_Fact_Sheet_0.pdf; and USAID. *Acting on the Call: A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths*. June 2019. https://www.usaid.gov/sites/default/files/documents/1864/USAID_2019_AOTC.pdf.

[25] USAID. *Private-Sector Engagement Policy*. April 2019. https://www.usaid.gov/sites/default/files/documents/1865/usaid_psepolicy_final.pdf.

[26] USAID. *ADS Chapter 201: Operational Policy for the Program Cycle.* Revised January 22, 2021. https://www.usaid.gov/sites/default/files/documents/201.pdf.

[27] Ross, Joey et al. *Adaptive Learning Guide: A Pathway to Stronger Collaboration, Learning, and Adapting.* Washington, DC: USAID MOMENTUM. March 2021. https://usaidmomentum.org/resource/adaptive-learning-guide/.

[28] MOMENTUM Knowledge Accelerator. *A Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects.* Washington, DC: USAID MOMENTUM. November 2020. https://usaidmomentum.org/resource/a-guide-to-complexity-aware-monitoring-approaches-for-momentum-projects/.

[29] USAID. *Agency Learning Agenda: FY 2022-2026*. https://www.usaid.gov/evaluation/evidence-act-agency-learning-agenda.

[30] USAID Learning Lab. "CLA Toolkit: Learning Agenda." https://usaidlearninglab.org/qrg/learning-agenda.

[31] USAID. *Agency Learning Agenda: FY 2022-2026*. https://www.usaid.gov/evaluation/evidence-act-agency-learning-agenda.

[32] USAID. *Self-Reliance Learning Agenda: Evidence to Support the Journey to Self-Reliance*. 2017. https://www.usaid.gov/sites/default/files/documents/1870/081519_SRLA_Fact_Sheet_0.pdf.

[33] USAID. *Private Sector Engagement Evidence and Learning Plan.* 2019. https://www.usaid.gov/sites/default/files/documents/15396/PSE_Evidence-and-Learning-Plan_081219.pdf.

[34] USAID, Bureau for Global Health. *Global Health/Health Systems Strengthening Learning Agenda*. August 17, 2017. https://usaidlearninglab.org/library/ghhss-learning-agenda.

[35] Network for Improving Quality of Care for Maternal, Newborn and Child Health (Quality of Care Network) and WHO. *Quality of Care for Maternal and Newborn Health: A Monitoring Framework for Network Countries*. 2019. https://www.who.int/docs/default-source/mca-documents/advisory-groups/quality-of-care/quality-of-care-for-maternal-and-newborn-health-a-monitoring-framework-for-network-countries.pdf?sfvrsn=b4a1a346_2; and Quality of Care Network and WHO. *Strategic Objectives*. 2018. https://apps.who.int/iris/bitstream/handle/10665/272612/9789241513951-eng.pdf?ua=1.

[36] WHO and United Nations Children's Fund (UNICEF). *Survive and Thrive: Transforming Care for Every Small and Sick Newborn*. 2019. https://apps.who.int/iris/bitstream/handle/10665/326495/9789241515887-eng.pdf?ua=1.

[37] 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.

[38] WHO. *Health Statistics and Information Systems: Analysis and Use of Health Facility Data*. https://www.who.int/healthinfo/tools_data_analysis_routine_facility/en/; and Quality of Care Network and WHO 2019, *Quality of Care for Maternal and Newborn Health: A Monitoring Framework for Network Countries*.

[39] WHO. *Standards for Improving the Quality of Care for Children and Young Adolescents in Health Facilities*. 2018. https://apps.who.int/iris/bitstream/handle/10665/272346/9789241565554-eng.pdf?ua=1; and WHO and UNICEF, *Survive and Thrive*.

[40] USAID Maternal Child Survival Program (MCSP). *Review of the Maternal and Newborn Health Content of National Health Management Information Systems in 24 Countries*. May 2018. https://www.mcsprogram.org/resource/hmis-review/; and USAID MCSP, *What Data on Family Planning Are Included in National Health Management Information Systems?* December 2019. https://www.mcsprogram.org/resource/what-data-on-family-planning-are-included-in-national-health-management-information-systems/.

[41] Pact. *Pact's Organizational Performance Index (OPI)*. April 20, 2017. https://www.pactworld.org/library/pacts-organizational-performance-index-opi.

[42] Pact and FHI 360. *LINKAGES Integrated Technical Organizational Capacity Assessment (ITOCA) and Action Planning: Facilitator's Guide*. 2016. https://www.childrenandaids.org/node/858.

[43] McCaul, Bernard, Gabriela Cáceres Flores, and Sahady Mencía. *Resilience for Social Systems*. GOAL Resilience Innovation and Learning Hub. May 2019. https://resiliencenexus.org/wp-content/uploads/2019/06/R4S-Approach-2019-ISBN.pdf.

[44] Countdown to 2030 (CD): UNICEF, *Countdown to 2030: The 2017 Report.* New York: UNICEF, 2017. https://www.countdown2030.org/

[45] George, Asha et al. 2019. "Lenses and Levels: The Why, What and How of Measuring Health System Drivers of Women's, Children's and Adolescents' Health with a Governance Focus." *BMJ Global Health* 4: i143–i153. https://gh.bmj.com/content/bmjgh/4/Suppl_4/e001316.full.pdf.

[46] PATH. "COVID-19 Essential Health Services Policy Tracker." Updated August 20, 2020. https://tableau.path.org/#/site/BMGF/views/COVID-19EHSPolicyTrackerDashboard/Welcome.

[47] Countdown to 2030. "The Countdown Country Profile: A Tool for Action." https://www.countdown2030.org/country-profiles; USAID. "J2SR Secondary Metrics." https://idea.usaid.gov/compendium; World Bank. "DataBank." 2021. https://databank.worldbank.org/home.aspx; The DHS Program. "Data." https://dhsprogram.com/data/; UNICEF. "Surveys." https://mics.unicef.org/surveys; World Bank. "Living Standards Measurement Survey." https://www.worldbank.org/en/programs/lsms; The DHS Program. "Demographic and Health Surveys." https://dhsprogram.com/Methodology/Survey-Types/DHS.cfm; and WHO. "Health Statistics and Information Systems: Service Availability and Readiness Assessment (SARA)." https://www.who.int/data/data-collection-tools/service-availability-and-readiness-assessment-(sara)?ua=1.

[48] Quality of Care Network and WHO, *Quality of Care for Maternal and Newborn Health*.

[49] USAID Maternal and Child Health Integrated Program. "Maternal and Newborn Quality of Care Surveys." https://www.mchip.net/QoCsurveys/; and Vanessa Brizuela et al. 2019. "Measuring Quality of Care for All Women and Newborns: How Do We Know If We Are Doing It Right? A Review of Facility Assessment Tools." *The Lancet Global Health* 7.5: e624-e632. https://doi.org/10.1016/S2214-109X(19)30033-6.

[50] Hancioglu, Attila and Fred Arnold. 2013. "Measuring Coverage in MNCH: Tracking Progress in Health for Women and Children Using DHS and MICS Household Surveys. *PLoS Medicine* 10(5): e1001391. https://www.doi.org/10.1371/journal.pmed.1001391.

[51] Blanc, Ann K. et al. 2016. "Assessing the Validity of Indicators of the Quality of Maternal and Newborn Health Care in Kenya." *Journal of Global Health* 6,1: 010405. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4871064/.

[52] Performance Monitoring for Action, Johns Hopkins University. "PMA DataLab." https://datalab.pmadata.org/.

[53] USAID MCSP. *Knowledge, Practice and Coverage Tool*. Revised June 2018. https://www.mcsprogram.org/resource/knowledge-practice-coverage-tool/.

[54] USAID MCSP. *Maternal and Child Survival Program Equity Toolkit: A Practical Guide to Addressing Equity in Reproductive, Maternal, Newborn, and Child Health Programs*. September 2016. https://www.mcsprogram.org/wp-content/uploads/2016/09/MCSP-Updated-Equity-Toolkit.pdf.

[55] O'Neill, Jennifer et al. 2014. "Applying an Equity Lens to Interventions: Using PROGRESS Ensures Consideration of Socially Stratifying Factors to Illuminate Inequities in Health." *Journal of Clinical Epidemiology* 67.1: 56-64. https://doi.org/10.1016/j.jclinepi.2013.08.005.

[56] EquityTool. "Introducing the EquityTool." https://www.equitytool.org/.

[57] Rutstein, Shea O. *Steps to Constructing the New DHS Wealth Index*. Rockville, MD: The DHS Program and ICF International, 2015. https://dhsprogram.com/programming/wealth%20index/Steps_to_constructing_the_new_DHS_Wealth_Index.pdf.

[58] MOMENTUM Knowledge Accelerator. *A Gendered Approach to Scaling up Integrated, Quality Services for Maternal, Newborn, and Child Health and Family Planning/Reproductive Health*. 2020.

[59] WHO and UNICEF. *Core Questions and Indicators for Monitoring WASH in Health Care Facilities in the Sustainable Development Goals.* 2018. https://www.who.int/publications/i/item/9789241514545.

[60] Martin Eric, Isabelle Nolte, and Emma Vitolo. 2016. "The Four Cs of Disaster Partnering: Communication, Cooperation, Coordination and Collaboration." *Disasters*. 40(4):621-643. doi:10.1111/disa.12173

[61] Countdown to 2030. "Global Activities: Equity." https://www.countdown2030.org/global-activities/equity.

[62] Barros, Aluísio JD et al. 2012. "Equity in Maternal, Newborn, and Child Health Interventions in Countdown to 2015: A Retrospective Review of Survey Data from 54 Countries." *The Lancet* 379.9822: 1225-1233. https://doi.org/10.1016/S0140-6736(12)60113-5.

[63] Ross, Joey et al. *Adaptive Learning Guide: A Pathway to Stronger Collaboration, Learning, and Adapting.* Washington, DC: USAID MOMENTUM. March 2021. https://usaidmomentum.org/resource/adaptive-learning-guide/.

[64] USAID Learning Lab. "What is Adaptive Management?" February 8, 2018. https://usaidlearninglab.org/lab-notes/what-adaptive-management.

[65] Ross, Joey et al. *Adaptive Learning Guide: A Pathway to Stronger Collaboration, Learning, and Adapting.* Washington, DC: USAID MOMENTUM. March 2021. https://usaidmomentum.org/resource/adaptive-learning-guide/.

[66] USAID Learning Lab. *Discussion Note: Complexity-Aware Monitoring*. June 17, 2021. https://usaidlearninglab.org/library/complexity-aware-monitoring-discussion-note-brief.

[67] MOMENTUM Knowledge Accelerator. *A Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects.* Washington, DC: USAID MOMENTUM. November 2020. https://usaidmomentum.org/resource/a-guide-to-complexity-aware-monitoring-approaches-for-momentum-projects/

[68] Davies, Rick. *The Use of Social Network Analysis Tools in the Evaluation of Social Change Communications.* Communication for Social Change Consortium. 2009. https://www.betterevaluation.org/en/resources/overview/Davies_Use_SNA.

[69] Britt, Heather, Richard Hummelbrunner, and Jacqueline Greene. *Causal Link Monitoring*. April 2017. https://www.betterevaluation.org/en/resources/overview/Causal_Link_Monitoring.

[70] Earl, Sarah, Fred Carden, and Terry Smutylo. *Outcome Mapping: Building Learning and Reflection into Development Programs.* Ottawa: International Development Research Centre. 2001. https://www.idrc.ca/en/book/outcome-mapping-building-learning-and-reflection-development-programs.

[71] Mayo, Travis. "Sentinel Indicators: A Systems-Based Approach to Monitoring and Evaluation." Presented at the American Evaluation Association, Chicago, IL, March 3, 2016. https://www.fsnnetwork.org/sites/default/files/Results%20from%20a%20Meta-analysis%20of%20Sentinel%20Indicators%20in%20USAID-funded%20Projects.pdf.

[72] USAID. *CLA Toolkit: Facilitating Pause and Reflect.* May 2018. https://usaidlearninglab.org/sites/default/files/resource/files/cla_toolkit_adaptive_management_faciltiating_pause_and_reflect_final_508.pdf.

[73] Wilson-Grau, Ricardo and Heather Britt. *Outcome Harvesting*. Cairo, Egypt: Ford Foundation. 2012. https://usaidlearninglab.org/sites/default/files/resource/files/outome_harvesting_brief_final_2012-05-2-1.pdf.

[74] Davies, Rick and Jess Dart. *The 'Most Significant Change' Technique: A Guide to Its Use*. 2005. https://mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf.

[75] Chazdon, Scott et al. *A Field Guide to Ripple Effects Mapping*. Minneapolis: University of Minnesota Libraries Publishing. October 2017. https://conservancy.umn.edu/handle/11299/190639.

[76] Mayne, John. "Contribution Analysis: An Approach to Exploring Cause and Effect." *ILAC Brief* 16 (2008): 4. https://hdl.handle.net/10568/70124.

[77] USAID. *Development Data Library (DDL).* https://data.usaid.gov/

[78] USAID. *ADS Chapter 579: USAID Development Data: Functional Series 500 – Management Services*. May 2021. https://www.usaid.gov/ads/policy/500/579

[79] USAID. *Development Experience Clearinghouse.* https://dec.usaid.gov/dec/home/Default.aspx.

[80] WHO. *Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR).* 2021. https://www.who.int/data/maternal-newborn-child-adolescent-ageing/advisory-groups/monitor

[81] 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

[82] USAID Advancing Nutrition. *Child Health Task Force.* Arlington, VA, 2019. https://www.childhealthtaskforce.org/home

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