

Learning From Health Systems Strengthening Responses to COVID-19

Documenting Country
Experiences Across MOMENTUM
Evidence Synthesis Report

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SECTION 01

Background

USAID's Response to the COVID-19 Pandemic

COVID-19 tested the resilience of health systems, particularly their ability to maintain essential maternal, newborn, and child health, nutrition, family planning, and reproductive health (MNCHN/FP/RH) services while also treating COVID-19 patients and preventing the spread of COVID-19 directly. In response to the pandemic, USAID mobilized over \$10.4 billion to support more than 120 countries to combat the disease. USAID reporting suggests that efforts in 2021-22 focused primarily on coordinating global vaccine donations, providing support for oxygen and urgent humanitarian needs, and supporting rapid response as countries experienced spikes in cases.¹

Historically, donor funding for crises or emergency responses has often been directed vertically toward disease-specific (e.g., HIV/AIDS) or theme-specific (e.g., maternal and child health) programming. Such vertical responses to crises, such as the COVID-19 pandemic, are found to have unintended negative effects including^{2,3}:

- Distortion in domestic funding for health.
- Attrition of health staff out of domestic health systems and into donor programs.
- Creating siloed health infrastructure within partner countries.

Health systems strengthening (HSS) approaches can help systems to prepare, prevent, and respond to shocks; HSS investments can also strengthen the long-term sustainability of health interventions beyond the immediate crisis.

COVID-19 responses that used HSS approaches could support sustainable improvements to health systems overall while reducing reliance on external donor funding. **While the pandemic has tested the resilience of health systems, the extent to which USAID's COVID-19 response adopted a HSS approach is unclear.**

1. USAID. [USAID's COVID-19 Response](#).

2. [Committee on the Outcome and Impact Evaluation of Global HIV/AIDS Programs Implemented Under the Lantos-Hyde Act of 2008: Strengthening Health Systems for an Effective HIV/AIDS Response](#).

3. Haldane, Victoria, et al. 2021. "[Health Systems Resilience in Managing the COVID-19 Pandemic: Lessons From 28 Countries](#)." *Nature Medicine* 27.

Defining Health Systems Strengthening

“

A **health system** consists of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health.”⁴

“**Health System Strengthening** comprises the strategies, responses, and activities that are designed to sustainably improve country health system performance.”⁴

There are various HSS theoretical frameworks, many of which focus on different **building blocks**⁵ and **quantifiable outcomes** of HSS, which could include any of the following:

Building Blocks



- Health information systems.
- Health systems financing.
- Health workforce.
- Leadership and governance.
- Medical products, vaccines, and technologies.
- Service delivery.

Quantifiable Outcomes



- Accessibility.
- Accountability.
- Equity.
- Quality.
- Resilience.

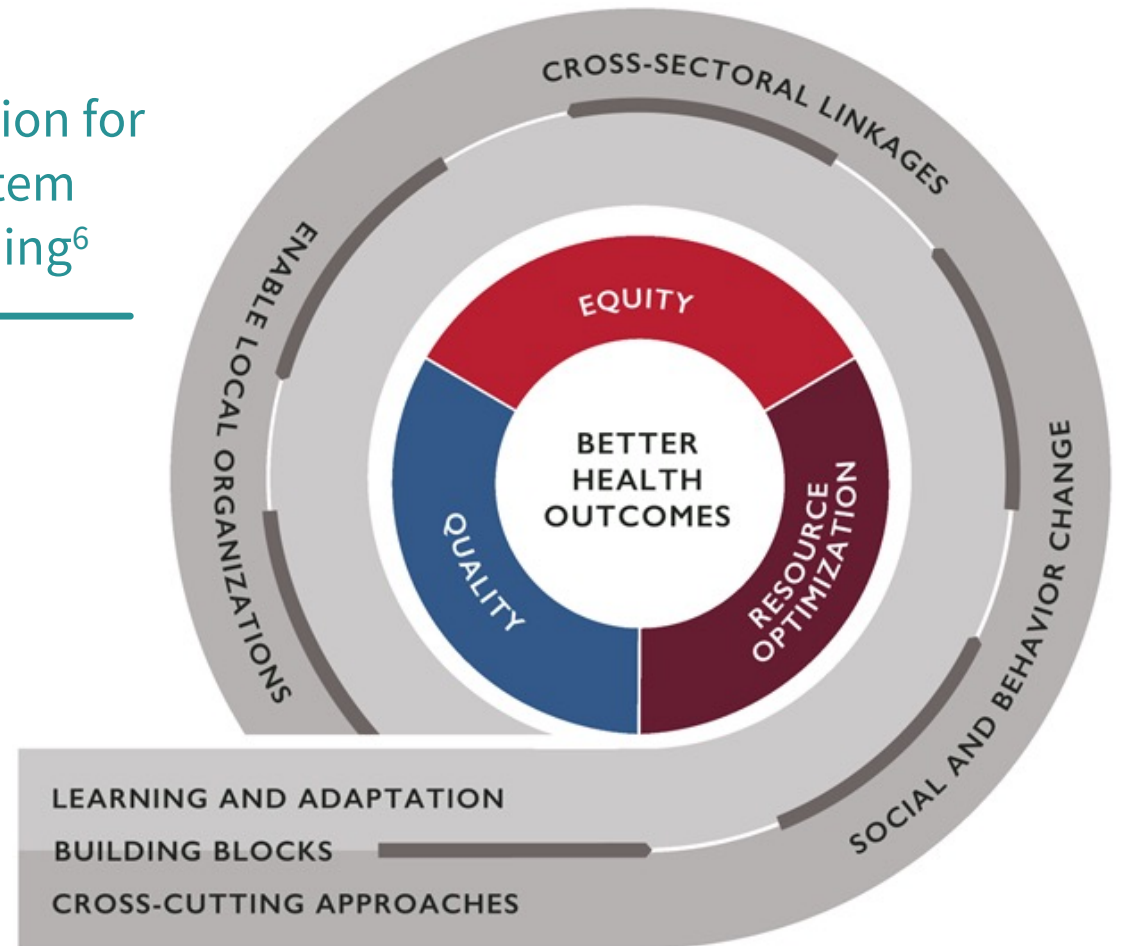
4. USAID. [Health Systems Strengthening](#).

5. World Health Organization (WHO). 2010. [Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies](#). WHO.

USAID's Vision for Health System Strengthening

USAID's HSS vision shifts focus from inputs to outcomes and emphasizes systems thinking and practice. Importantly, the vision prioritizes the role of communities, civil society, and the private sector within health systems. While the USAID HSS learning agenda is comprised of multiple questions that explore different components of their HSS vision, **MOMENTUM's COVID-19 HSS learning activity specifically contributes to understanding "What conditions/factors facilitate the institutionalization and/or implementation at scale of good practices that improve health system outcomes, and why? What are lessons learned regarding planning for sustainability and achieving results at scale?"**

USAID's Vision for Health System Strengthening⁶



MOMENTUM & COVID-19

MOMENTUM is USAID's flagship suite of integrated MNCHN/FP/RH projects, working alongside governments, local and international private and civil society organizations (CSOs), and other stakeholders to accelerate improvements in health services. Building on existing evidence and experience implementing global health programs and interventions, the suite helps to foster new ideas, partnerships, and approaches, and strengthen the resiliency of health systems.

MOMENTUM supported more than 15 partner countries from 2020-2023 to combat COVID-19 and maintain or improve the quality of care for essential MNCH/FP/RH services. To address pandemic-related health system obstacles, MOMENTUM projects collaborated with country partners to:



- Adapt the way essential health care is delivered.
- Mitigate any negative impacts on health gains for women and children achieved in the last decade.

01

Methodology

Overview of the MOMENTUM COVID-19 HSS Learning Activity

Purpose: Conduct a learning synthesis to understand the extent to which select MOMENTUM projects used health systems strengthening approaches in their COVID-19 response activity and distill factors that facilitated, or inhibited, the implementation and outcomes of HSS-oriented COVID-19 response activities.

Lessons learned from the MOMENTUM projects will generate generalizable knowledge and recommendations. These in turn could **contribute to future approaches to integrating HSS in outbreak and pandemic responses**, supporting low- and middle-income countries to build more resilient and learning-oriented health systems.



Research Questions

MOMENTUM Knowledge Accelerator sought to conduct a mixed-methods research study to explore the following questions:

1

How have MOMENTUM partners worked to design/adapt both current and new (COVID-19-funded) activities over the course of the pandemic and **to what extent are they perceived to contribute to health systems strengthening?**

2

How did/did not the MOMENTUM case study actors demonstrate **ownership, participation, and accountability** across all levels of the health system, including local actors, in the process of adapting to the pandemic during the past three years? Which processes and/or contextual factors facilitated/hindered the demonstration of ownership, participation, and accountability?

3

How did the MOMENTUM case study actors support the health system to learn from and demonstrate **absorptive, adaptive, and/or transformative resilience capacity** during the COVID-19 pandemic?

4

How has the health system used existing and new resources to **maintain equitable, high-quality service delivery and promote service quality** during the pandemic? Has the use of resources reflected evidenced-based health priorities and equity goals?

5

What similarities and differences between these cases can inform our understanding of HSS during pandemic responses? How does context play a role in these similarities/differences across HSS approaches?

Study Design: Multiple Case Study Analysis

We compared three MOMENTUM project country responses (i.e., set of related activities) to examine the extent of their use of HSS to respond to and/or address COVID-19. Country responses were selected through convenience sampling.

MOMENTUM Project	Country	Activity Description
Country and Global Leadership	Sierra Leone	Provided rapid, needs-based technical support focused on water, sanitation, and hygiene and infection prevention and control readiness in high-volume facilities delivering MNCH services to ensure that the delivery of essential health services was not adversely affected by the COVID-19 pandemic and improve the quality of care among the targeted health care facilities.
Safe Surgery in Family Planning and Obstetrics	India	Strengthened mechanisms in communities that have faced a surge in gender-based violence (GBV) during the pandemic to prevent, identify, and respond at the community and health facility levels. Identified, adapted/developed, and disseminated digital resources that connect community health workers with self-care and mental health services. Strengthened the capacity of health care providers in in-patient primary health care facilities to appropriately manage COVID-19-related emergencies among newborns, adolescents, and women of reproductive age.
Routine Immunization Transformation and Equity	India	Provided technical assistance to ramp up COVID-19 vaccination for priority vulnerable populations including, but not limited to, remote or tribal communities, truckers, migrants, geographically hard-to-reach areas and tightly knit communities in 18 states (298 districts). The project worked in collaboration with 26 NGOs that played a significant role in implementation, particularly at district levels and below, to support last-mile service delivery along with social mobilization and community engagement activities for equitable vaccine coverage.

In Benin, MOMENTUM Private Healthcare Delivery evaluated virtual adaptations to family planning and reproductive health programming in Benin during the pandemic; the evaluation’s purpose was to identify lessons learned for future programming as MOMENTUM started up in-country. 9 KIIs had been previously conducted: 7 KIIs with MOMENTUM country-based staff and local implementing partner staff and 2 KIIs with private providers. The data from those interviews were analyzed for this study and findings incorporated, where relevant; a full case study was not developed because the programming itself was not implemented by MOMENTUM.

Data Collection Methods and Data Sources

Data were collected using the methods described below. Participants were selected through convenience and purposive sampling in partnership with staff from each project.

Primary Data Collection (Qualitative Data)



- **Key informant interviews (KII)** with MOMENTUM project staff, Ministry of Health representatives, and local implementing partner staff or USAID representatives.
- **Focus group discussions (FGD)** with local staff at health institutions or with community leaders.

Secondary Data Collection (Qualitative and Quantitative Data)



- Document reviews, such as project documents, government policies, population-based survey data.
- Project monitoring data, such as health facility assessments, internal project surveys, project database.

Data Collection Sample

Interview Group		Number of Data Collection Events		
		Sierra Leone IPC	India GBV	India Vaccination
KIIs	MOMENTUM country-based or global award staff	6	6	7
	Local implementing partners who are not MOMENTUM staff (including CSOs)	2	6	0
	Government officials (local, regional, national) who are not MOMENTUM staff; USAID representatives	3	3	2
	Local health staff at health institutions and facilities (leaders, administrators, workers)	1	2	0
FGDs	Local staff at health institutions and facilities (leaders, administrators, workers); community leaders	1	4	0
TOTAL data collection events		13	21	9

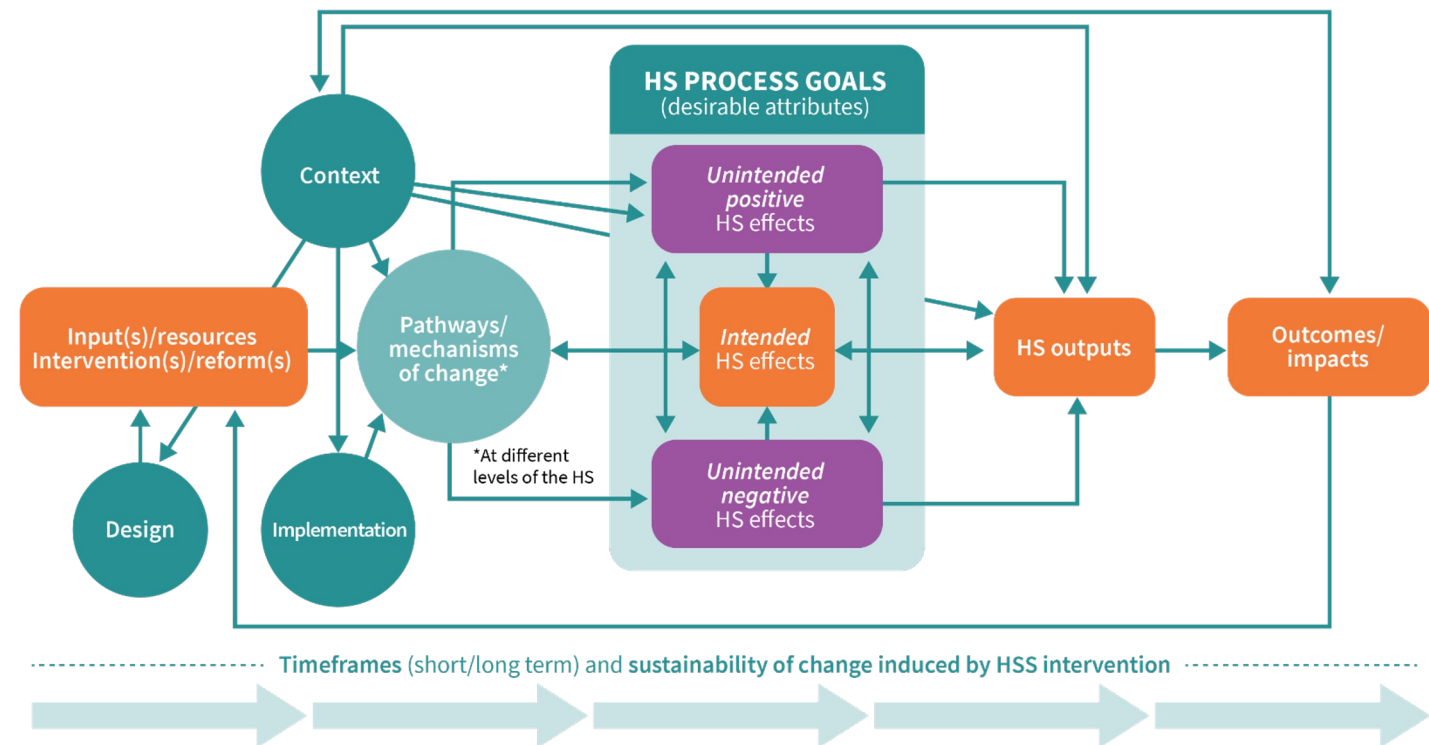
An HSS Framework for MOMENTUM Learning

The Bertone health systems strengthening model⁷ focuses on the **processes and inter-relational factors** that influence system dynamics, which in turn influence HSS goals. This framework describes **markers of progress** influenced by HSS interventions that contribute to improving health outcomes. It considers **the long-term capabilities and performance** of the health system and the importance of health resilience, a key component of the MOMENTUM theory of change. The framework outlines 22 health system process goals under four main domains:

1. **Ownership, participation, and accountability.**
2. **Learning and resilience.**
3. **Use of resources.**
4. **Service delivery.**

The process goals and domains from the Bertone model guided the development of interview questions and data analysis for the MOMENTUM case studies to document project experiences and lessons.

The Bertone Health Systems Strengthening Model





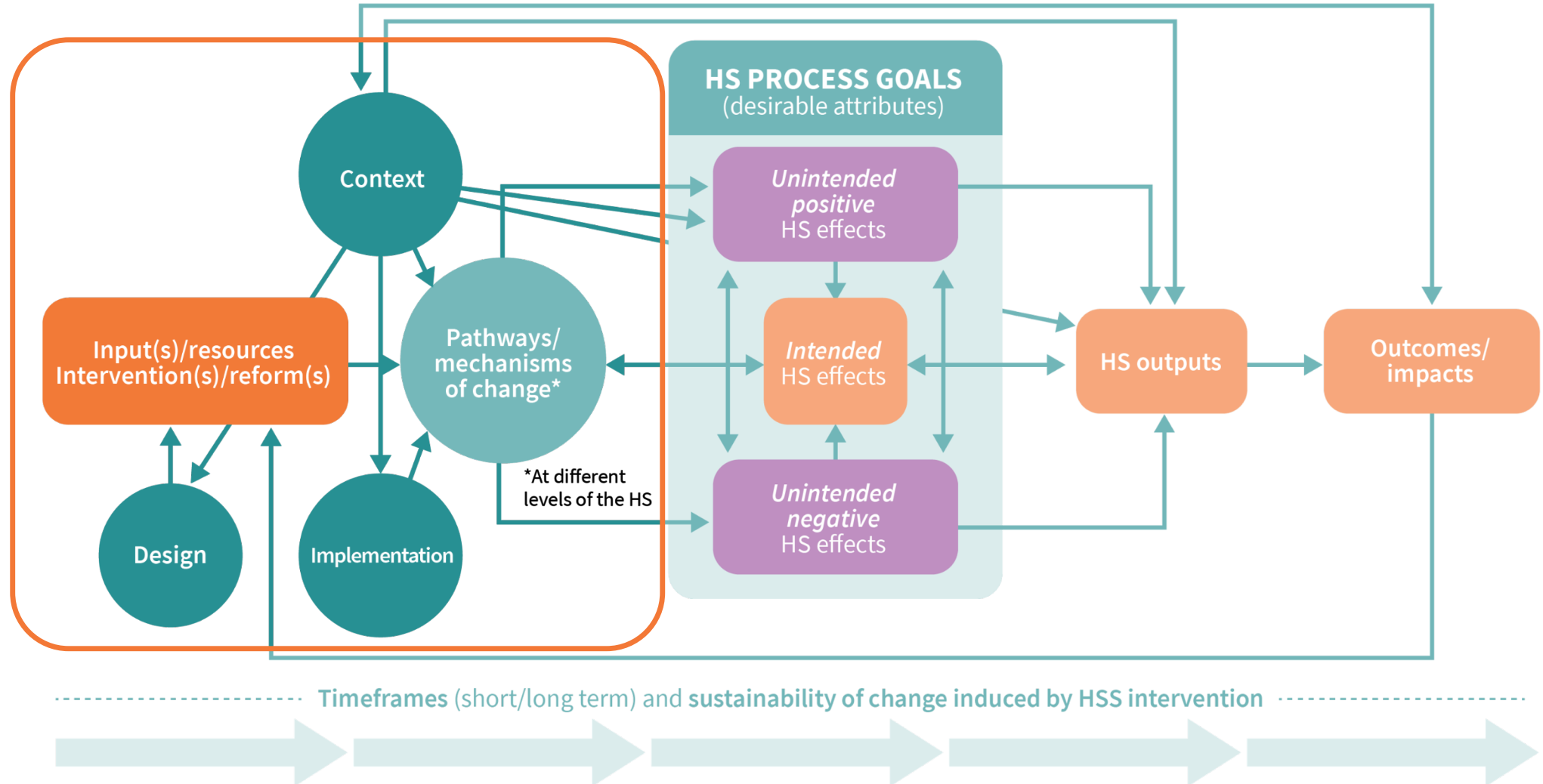
SECTION 02

Findings

01

Intervention Design and Implementation

Intervention Design and Implementation



Improving Infection Prevention and Control Readiness in Sierra Leone



The MOMENTUM Country and Global Leadership project in Sierra Leone is implemented by global MOMENTUM partners Jhpiego, Save the Children, and Uboru Institute, as well as country partner Christian Health Association of Sierra Leone. To mitigate the pandemic's impact on essential health services in high-volume facilities, **the project focused on providing rapid, needs-based support to the Ministry of Health and Sanitation (MOHS) to improve water, sanitation, and hygiene (WASH) and infection prevention and control (IPC) readiness. It also worked to strengthen risk communication and community engagement (RCCE).**

At the facility level, the WASH/IPC component of activities included:

- Conducting a facility assessment to identify and address infrastructure and IPC supply gaps that were inhibiting IPC readiness.
- Supporting virtual and in-person WASH/IPC and quality improvement-focused training, coaching, and mentorship to facility providers and district IPC focal points.

At the community level, project activities focused on RCCE and included:

- Training community health workers (CHWs) on the changing COVID-19 protocols to ensure continued, safe community engagement.
- Coaching CHWs in community engagement activities to address myths and misconceptions about COVID-19, encourage continued use of essential health services, and identify community solutions to mitigate transmission of COVID-19.

Duration and Coverage Area



July 2020 – September 2021: 26 health care facilities in 4 districts supported.


Key Government and Community Actors



- Community health workers.
- District Local Council (DLC).
- District Health Management Teams (DHMT; e.g., IPC focal points, social mobilization unit).
- Facility Management Committee (FMC).
- Health care facilities (HCF).
- Mothers support groups.

Intervention Overview

Strengthening GBV Response in India



The MOMENTUM Safe Surgery in Family Planning and Obstetrics project in India is implemented by global MOMENTUM partner EngenderHealth and country partners MAMTA-HIMC (MAMTA) and Solidarity and Action Against the HIV Infection in India (SAATHII), who serve as resource and implementing partners. The project sought to address the rise in GBV exacerbated by the pandemic by **strengthening GBV response and referral mechanisms in communities and facilities. Interventions were implemented in close partnership with the Ministry of Health and Family Welfare (MOHFW) and Ministry of Women and Child Development (WCD) at state and district levels.**

At the district level, the project:

- Collaborated closely with multisectoral health-system actors through consultation and coordination meetings to map and operationalize the referral pathways for GBV. These discussions informed the development of a referral directory that every actor along the pathway could use in their work.

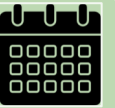
At the service-delivery level, the project:

- Provided training and supportive supervision to health facility providers on identifying and delivering respectful care to GBV survivors.
- Provided training and support to staff at One-Stop Centers (OSCs) and CHWs to improve their knowledge of gender and GBV response and referral practices for GBV survivors.

At the community level, the project:

- Mobilized youth and male community members to become GBV prevention champions and conduct awareness-raising events in communities about gender and GBV.
- Oriented community leaders, influencers, and health groups on gender and GBV support services to increase awareness of GBV services.

Duration and Coverage Area



November 2021 – September 2023: 25 health facilities and 25 One-Stop Centers supported in 25 selected districts across 6 states.

Key Government and Community Actors



- Ministry of Health and Family Welfare (state & district levels).
- Ministry of Women & Child Development (state and district levels).
- One-Stop Center staff.
- Health facility providers, staff, and leaders.
- Accredited Social Health Activists (ASHAs).
- Anganwadi workers (WCD community health workers).
- Mitanins (female health volunteers).
- Panchayat Raj Institutes (locally elected governing bodies at village level).
- Women's self-help groups.
- Youth and male champions.

Intervention Overview

Reaching the Last Mile With COVID-19 Vaccines in India



The MOMENTUM Routine Immunization Transformation and Equity project in India is implemented by JSI India and 23 NGOs (sub-awardees) to **provide technical assistance to the Ministry of Health and Family Welfare to ramp up its COVID-19 vaccination activities for priority vulnerable populations. These populations include, but are not limited to, remote or tribal communities, adolescents, transgender individuals, truckers and other laborers, migrants, religious populations, and geographically hard-to-reach areas and tightly knit communities.**

At the national and state levels, activities included:

- Training and coaching for government health officials and sub-awardee staff on COVID-19 vaccine guidelines, vaccine monitoring, management of adverse events following immunization, and the vaccine distribution strategy.
- Providing technical assistance to government partners to monitor and report COVID-19 vaccine supply, distribution, delivery, and data analysis to assess and manage vaccine coverage.
- Supporting logistics and supply chain management.

At the district level, activities included:

- Training and coaching of health care workers on vaccine guidelines and counseling on COVID-19 and immunization in general.
- Partnering with community leaders, influencers, and groups to mobilize communities to raise awareness about the importance of COVID-19 vaccination, dispel myths surrounding immunization and COVID-19, and generate vaccine demand among priority populations.

Duration and Coverage Area



August 2021 – December 2023:
298 districts across 18 states.

Key Government and Community Actors



- Government of India Universal Immunization Program
- Government of India (state and district level) health officials
- Health care workers, including community health workers (Accredited Social Health Activists and Anganwadi workers).
- Community leaders, including panchayats or faith gurus, influencers, and/or champions
- Faith leaders and religious groups
- Private sector employers of day laborers

Intervention Design and Implementation

In all cases, MOMENTUM collaborated with country partners in different manners to implement activities.

Sierra Leone IPC



In Sierra Leone, Jhpiego served as the liaison between USAID and implementing partners Save the Children, Christian Health Association of Sierra Leone (CHASL), and Uboru Institute. Save the Children (Save) and CHASL, a coordinating body of faith-based, private health institutions, worked directly with facilities in project districts to implement activities while the Uboru Institute led the design and provided virtual support of quality improvement (QI) activities. The Jhpiego, Save, and CHASL teams worked closely with the Ministry of Health and Sanitation at the national level and the District Health Management Teams at the district level to strengthen IPC measures as well as facility QIs.

India Strengthening GBV Response



Under the India MOMENTUM Safe Surgery in Family Planning and Obstetrics project, EngenderHealth served as the primary liaison between USAID and their country partners MAMTA-HIMC (MAMTA) and SAATHI. MAMTA, the technical expert on GBV, guided intervention design and coordinated implementation of the GBV activities with SAATHI, who worked on COVID-19 in different states. At the state level, both MAMTA and SAATHI's state teams collaborated closely with state and district government partners to seek input and approvals for activities, as well as provide joint supervision and reviews during implementation. All the GBV trainings for service providers were planned jointly with government partners.

India COVID-19 Vaccinations



Under the India Routine Immunization Transformation and Equity project, JSI India led implementation and collaborated with 26 national NGOs (sub-awardees) who implemented community- and state-level activities. JSI India established national- and state-level teams consisting of project managers, communications officers, health experts, and trainers who provided technical oversight and support of the sub-awardees' activities. The state JSI teams also provided technical assistance to state government partners to manage their COVID-19 vaccination and supply chain activities, ensuring the project aligned with state-level initiatives.

Intervention Design and Implementation

All cases addressed contextual challenges in intervention design or adaptations while trying to maintain utilization of essential services.

Two out of the three cases focused on mitigating the pandemic's negative impacts on essential MNCHN/FP services. The India COVID-19 Vaccinations case was more unique in that it was designed to respond directly to the pandemic and sought to increase COVID-19 vaccination while also providing direct technical assistance to state governments to improve the vaccine supply chain. Each project's interventions required adaptations to the unique context in which they operated throughout design and implementation. **The MOMENTUM teams had to navigate different contextual challenges.** Some challenges occurred because of the pandemic itself and were addressed during the design of activities with partners, while others were health system challenges that required continuous monitoring and adaptation during the activities' implementation.

Sierra Leone IPC



In Sierra Leone, the team confronted a lack of trust in the health care system that stemmed from the Ebola pandemic and pervasive myths and misconceptions about COVID-19 that contributed to low attendance at health facilities. Health worker shortages, due to lack of PPE and infections, and health system stockouts made it difficult to maintain essential services. The project worked closely with state partners to address supply shortages so that they could improve IPC practices in facilities while working at the community level to strengthen demand for services.

India Strengthening GBV Response



In India, GBV cases skyrocketed during the pandemic, revealing a pervasive problem in the country that had not yet received adequate attention. Care for GBV survivors at health facilities or designated OSCs was of low quality due to a lack of awareness about proper care for survivors and a lack of awareness among community members that services existed for survivors. The project expanded its community engagement activities to improve knowledge about GBV and create a more supportive environment for survivors to access the health system.

India COVID-19 Vaccinations



In India, JSI India faced operational challenges in reaching and engaging diverse and remote populations who had previously been unreachable by immunization services. The project had to design unique interventions in each state to deliver COVID-19 vaccinations to communities, addressing supply chain challenges as well as the myths and misconceptions about COVID-19 that contributed to low uptake of vaccinations.

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Contributions to Desirable Attributes of Strong Health Systems

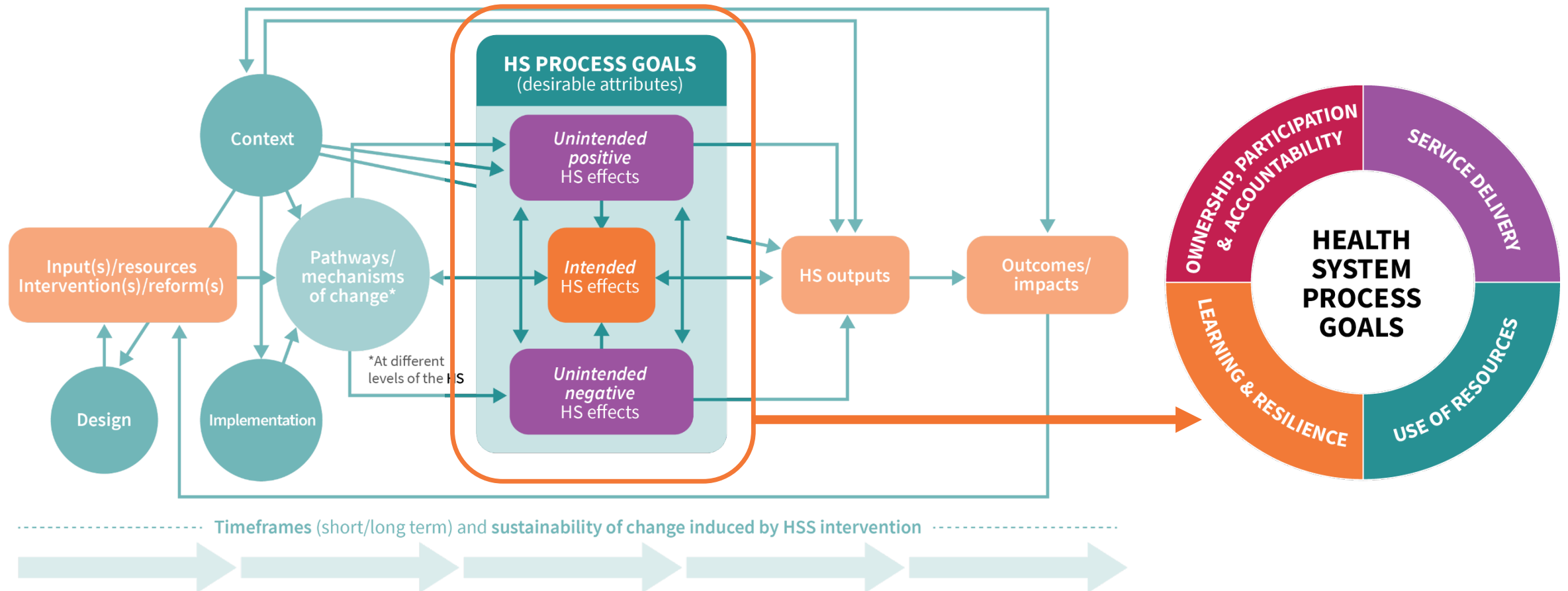
Acknowledging Inherent Limitations to the Interventions' Health Systems Strengthening Responses

While the selected MOMENTUM cases addressed different technical areas and different health service delivery challenges that arose during the COVID-19 pandemic, they all addressed some components of the health system. However, there are important limitations to the findings of this learning activity.

- The interventions highlighted in these case studies were not health systems strengthening activities per se, but rather short-term investments in response to the emerging COVID-19 pandemic.
- The long-term impact on the overall health system in each country and what was strengthened remains to be seen. As the interventions had a short timeframe and most ended recently, it was difficult for research participants to comment on the long-term, systems-level impact of the efforts.
- The conclusions in this multiple case study analysis rely on information and perspectives provided primarily by the staff of the MOMENTUM global implementing organizations and their local implementing partners, who were largely health system actors. Unfortunately, we were unable to collect data from community members or health system users to corroborate these perspectives.
- While these cases did not address some aspects of sustainability, such as ensuring sustainable financing of these specific activities after the interventions ended, each case did strengthen components of and processes within the health system in some manner. Each case can provide lessons learned about how to incorporate a systems-approach during any type of emergency response intervention to potentially address health system components and processes.



Contributions to Desirable Attributes of Strong Health Systems



Overall Contributions to Strengthening Health Systems during COVID-19 Responses

Even though these interventions were primarily intended to be emergency-response efforts, the respondents in all cases perceived that the interventions contributed to strengthening elements of the health system. These elements include strengthening the capacity of health system actors (service providers and sub-national government offices) to collaborate with each other and to use data to support decision-making, which could improve resource optimization; improving ownership and engagement in health interventions among community leaders and members; and supporting provider behavior change to improve quality of care in facilities.

Sierra Leone IPC



The intervention contributed to strengthening the health system by:

- Strengthening the capacity of the health workforce through training and supportive supervision.
- Offering staff a transferable tool (quality improvement approach) that can be sustainably applied to improve quality of care at health facilities.
- Improving government staff's access to facility-level data and analysis skills.
- Encouraging locally-sourced IPC/WASH materials.

However, they were not able to address other health system challenges impacting resource optimization and quality of care such as sustainably securing human resources, equipment and supplies, and finances or equity of care.

India Strengthening GBV Response



The intervention contributed to strengthening the health system by:

- Coaching health facilities and OSCs to ensure optimal efficiency in service delivery (e.g., medicolegal, paramedical, legal, psychosocial services) as part of the referral pathway for GBV.
- Strengthening multisectoral coordination of GBV services among state and district government offices.
- Making care more accessible and private, contributing to improved client satisfaction.
- Developing GBV training curricula for health system actors; supporting state governments to adopt it into their pre-service trainings.

However, they were not able to address other health system challenges impacting resource optimization or quality of care such as sustainably securing human resources, equipment and supplies, and finances.

India COVID-19 Vaccinations



The intervention contributed to strengthening the health system by:

- Strengthening the capacity of NGOs, government staff, and health workers to deploy vaccines over a much larger scale.
- Supporting government decision-making capacity for greater efficiency in vaccine supply delivery which improved system resource optimization and equity across the system.
- Making vaccine sites more accessible to different populations.
- Improving equity by reaching last-mile populations to improve vaccination uptake.

However, they were not able to address other health system challenges impacting resource optimization or quality of care such as sustainably securing human resources, equipment and supplies, and finances.

The following slides provide more details into how each MOMENTUM response contributed to various HSS factors, as defined by the Bertone framework.

Contributions to Desirable Attributes of Strong Health Systems

Community engagement helped to increase demand for essential health services.



All cases focused on increasing **ownership and participation in the health system by the communities they served**. The projects demonstrated that increasing ownership by community leaders and influencers first, followed by the broader community, made a difference in mitigating mistrust and helping maintain or increase demand for health services by health system users during the pandemic. Community feedback also informed strategies that improved the responsiveness of the health system itself.

Sierra Leone IPC



In Sierra Leone, the project solicited the support of village chiefs and community leaders to hold facilities accountable to the needs of the community and help members feel more ownership of the health center's services and operations. The Facility Management Committees (group comprised of community representatives who ensure the functionality of peripheral health units) were also reinvigorated to hold more regular meetings. Several village chiefs publicly supported and encouraged women to deliver their babies in facilities, with two chiefs even banning home births.

India Strengthening GBV Response



Under the India Strengthening GBV Response activity, youth and male champions were trained to discuss GBV issues and promote OSC services within the community, and local governing bodies (panchayats) worked with CHWs to help survivors access care at OSCs. The project's community engagement activities increased awareness about GBV, creating an enabling environment to support changes in attitudes and behaviors related to gender equality and domestic violence. Women were empowered to seek support when facing an abusive situation or to help their peers who required support.

India COVID-19 Vaccinations



The India Routine Immunizations project engaged community leaders and influencers to use communication materials and lead community-awareness events to generate demand for COVID-19 vaccinations. The project adapted service delivery approaches to make vaccine sites more accessible (e.g., home visits, using camel carts or motorcycles to access remote areas, community vaccine camps). The project partnered with and mentored 26 community-based organizations to lead these community mobilization activities and encourage uptake of COVID-19 vaccinations.

Contributions to Desirable Attributes of Strong Health Systems

Community health workers' influence and reach were leveraged to address challenges and demonstrate absorptive resilience.



A common thread throughout the cases was the use of CHWs to address misperceptions, reach vulnerable populations, and increase demand for essential services. **Working with CHWs was an example of absorptive resilience⁸ in that they helped maintain essential services during the pandemic.** Every project put emphasis on training and supporting community-based influencers, such as CHWs, who could increase demand for services by improving knowledge and supporting health behavior change among potential users of the health system. These community-level activities are an example of **ownership** (per the Bertone framework) in that community members were empowered to support social and behavioral change.

Sierra Leone IPC



In Sierra Leone, the project teams trained CHWs on community engagement approaches to reduce myths and misconceptions about COVID-19, prevent transmission of COVID-19, and identify community solutions to improve uptake of facility-based services. Trainings were organized in collaboration with the DHMT.

India Strengthening GBV Response



In India, the Strengthening GBV activity implemented a cascade training model to improve knowledge of gender, GBV response strategies, and appropriate care and referral practices for GBV survivors among local community groups and CHWs (ASHAs, Angawadi workers, and mitanins). Trainings were organized in collaboration with local governments. The CHWs and community champions helped address GBV issues in the community and made it easier for survivors of GBV to seek and access care at OSCs or facilities.

India COVID-19 Vaccinations



In India, the Routine Immunizations project trained and worked with community leaders (panchayats and faith leaders), CHWs (ASHAs and Angawadi workers), and champions to raise awareness of COVID-19 vaccines, address myths and misconceptions, and generate vaccine demand among last-mile communities. It was unclear from the data what role government counterparts played to support CHWs.

8. *Absorptive resilience* is the capacity to take intentional protective action and to maintain stability in the face of known shocks and stressors to prevent or limit negative impacts; adapted from Jeans, Helen, Sebastien Thomas, and Gina Castillo. 2016. *The Future is a Choice: The Oxfam Framework and Guidance for Resilient Development*. Oxford, UK: Oxfam GB. <https://policy-practice.oxfam.org/resources/the-oxfam-framework-and-guidance-for-resilient-development-604990/>.

Contributions to Desirable Attributes of Strong Health Systems

Coordination was necessary to achieve intervention goals but did not necessarily improve efficiency.



All of the MOMENTUM cases employed different strategies to improve coordination and collaboration with health system actors. In most cases, the projects participated in regular coordination meetings at district and state levels with different stakeholders to strengthen the capacity of government offices to use data to inform their management decisions. The projects also used WhatsApp groups to improve data reporting, provide supervision, and coordinate activities across partners. Such coordination methods strengthened local ownership of project interventions, as evidenced by increased data use by facilities and government officials, and improved functionality of coordination platforms such as district partner review meetings

One would expect that improved coordination would also lead to greater efficiency in health system processes, particularly in supply chain management. However, only the **India COVID-19 Vaccinations case** intentionally used coordination to improve service delivery efficiency. **This case suggests that coordination needs to be accompanied by** decentralized funding that can be used to rapidly respond to service delivery needs.

Coordination Mechanism	Sierra Leone IPC	India GBV Response	India COVID-19 Vaccin.
Regular partner virtual meetings (within the intervention)	X	X	X
Data review meetings	X	X	X
Government briefings		X	X
WhatsApp groups	X	X	X
District/regional coordination meetings (beyond the intervention)	X	X	X

In other words, coordination efforts are most fruitful when stakeholders have decision-making power and are enabled to directly manage how resources are distributed.

Contributions to Desirable Attributes of Strong Health Systems

Supportive supervision was a promising strategy to strengthen capacity, monitor actions, and contribute to service quality.



For human resources, HSS goals include staff being deployed where needed, with the right skills, attitudes, and support. Many of the projects' activities focused on strengthening the skills and capacity of various service-provider cadres (facility health care workers, CHWs, and other providers of social services) at the individual level to implement activities. However, improving capacity requires more than just one-time training and limited supportive or coaching visits. The establishment of regular supportive supervision mechanisms (initially led by the project and transferred to local government offices) to bolster behavior change was shown to improve the quality of care. The effectiveness of these mechanisms among cases supports a growing body of evidence recognizing supportive supervision as a promising HSS practice.

Sierra Leone IPC



In Sierra Leone, project-trained DHMT members supported each health care facility (HCF) with on-the-job IPC training and support. DHMT members also conducted monthly supportive supervision visits and QI-focused data collection visits to HCFs, using the MoHS's QI policy to monitor compliance with the national IPC standards through use of the national IPC checklist. The IPC, QI, and supportive supervision work resulted in concrete improvements to the health workforce's knowledge and skills, as well as improvements to facilities' WASH/IPC practices and providers' behavior change to comply with IPC guidance/mandates.

India Strengthening GBV Response



After the India Strengthening GBV Response activity completed the trainings for health facility staff, OSC staff, and CHWs, state and district teams would conduct quarterly supportive supervision visits, sometimes jointly with government officials from the departments in charge of each cadre, to provide additional coaching to providers in the delivery of care to GBV survivors. Using a supervision tool developed by the project, the district provided supervision of service providers to ensure they were applying new skills and delivering respectful, survivor-centered care. The joint supportive supervision visits alongside district officials also improved capacity of district staff to oversee activities and be active members of service provision, thereby improving ownership of GBV response activities. This improved overall program monitoring and evidence-based decision making among district-level stakeholders.

Contributions to Desirable Attributes of Strong Health Systems

Strengthening data collection and review improved service quality, but tools should be user-friendly, accessible, and respectful.



Several of the country case studies demonstrated that MOMENTUM partners sought to strengthen data collection, reporting, and review within the health system. The projects strengthened the capacity of local partners, including national and subnational government partners, to use and learn from monitoring data during implementation. They also supported efforts to apply that learning to encourage practice changes among health system actors and improve service delivery and system performance. But the cases showed that **while monitoring is necessary to support learning and QI by health system actors, it is important that monitoring tools and processes be user-friendly, accessible by all users, and maintain the confidentiality of client data.**

Sierra Leone IPC



In Sierra Leone, MOMENTUM trained health facility providers and district staff in QI processes and metrics to help them identify and address WASH/IPC gaps in their own facilities. Reporting systems for the QI cycles were user-friendly and data were shared between facilities and district offices electronically through digital dashboards and WhatsApp. As a result, district health staff could easily access facility data to identify areas for improvement. Several outcomes could be linked to the improved QI practices: the use of PPE and handwashing among providers improved; the number of patients at facilities increased; and demand for COVID-19 testing and identification of COVID-19 cases improved.

India Strengthening GBV Response



In the India Strengthening GBV Response activity, implementation teams used supervision tools and checklists in their visits to health facilities and OSCs to support HCWs in the delivery of respectful care and improve counseling services. Staff also helped OSCs review and input data into the national system to improve data quality. During district review meetings, project staff provided support to district offices to analyze GBV data from the HMIS to encourage use of existing data and address any reporting gaps within the system. However, some challenges observed with the OSC reporting system, particularly the database software being programmed in English—which OSC staff were not fluent in—and data not being shared across OSCs and health facilities, made follow-up on referrals difficult.

India COVID-19 Vaccinations



In India, JSI provided data review trainings to government staff to improve use of the government's digital immunization tracker platforms and improve monitoring and coverage of vaccine supplies. State and district health staff began to review data more regularly during meetings to identify communities that still had low uptake of COVID-19 vaccines, explore the reasons behind low vaccination coverage, and adapt demand-generation interventions accordingly.

Contributions to Desirable Attributes of Strong Health Systems

Coordination with subnational government offices helped strengthen learning and resilience.



Projects that coordinated with subnational governments showed greater evidence of learning and adaptive resilience within the health system.

Perhaps the best example of this is the India GBV case study, which focused explicitly on strengthening the existing national and subnational GBV response system and structures as part of its intervention.

India Strengthening GBV Response



The India Strengthening GBV Response activity employed staff with established relationships with state and district government offices, facilitating rapid decision-making and approvals so the project could quickly roll out activities. Additionally, **the project's activities were built around the government's existing GBV response framework, making it easier to advocate for subnational actors to provide support and resources.** Multisectoral partners who participated in consultation workshops and coordination meetings in each state/district were more willing to **collaborate outside of their silos, as each had a role in the national GBV response pathway.** When possible, district-level government officials across both the health and women and child development departments also participated in joint supportive supervision visits to facilities or OSCs to review activity progress and address implementation challenges. These visits helped strengthen the capacity of trained providers and allowed district officials to identify and observe challenges the providers faced, which encouraged officials to identify and implement solutions themselves. The **supportive supervision visits also improved data keeping and use at OSCs and facilities,** strengthening the quality of data reported into government databases and improving data use and review at district and state levels. The district-level government's leadership and involvement in activities helped inform project adaptations, an example of **adaptive resilience**⁹, to ensure activities were more responsive to each district's context or needs.

Sierra Leone IPC



In Sierra Leone, all stakeholders described a **true partnership in how the intervention was implemented.** While the project provided initial stock supplies and funded health facility renovations, the Ministry of Health and District Health Management Teams (DHMTs) provided technical expertise in trainings and helped distribute supplies. The DHMTs were also responsible for delivering community engagement messages around COVID-19 and overseeing QI initiatives within facilities. This close coordination meant that decisions on when activities were implemented, and any adaptations, were made jointly, an example of **adaptive resilience.**

India COVID-19 Vaccinations



In India, the JSI India team worked **closely with subnational government officers and used monitoring data to continuously improve system performance.** The team trained and supported state and district government officials in how to use and learn from government vaccine data systems that were previously underutilized. As an example of **adaptive resilience**⁹, the project worked jointly with government immunization officers to monitor vaccine distribution and where supplies were in excess or shortage to inform cold-chain management decisions.

9. *Adaptive resilience* is the capacity of the health system to make incremental and flexible adjustments to better manage a changing environment while improving overall system performance; adapted from Jeans, Helen, Sebastien Thomas, and Gina Castillo. 2016. *The Future Is a Choice: The Oxfam Framework and Guidance for Resilient Development*. Oxford, UK: Oxfam GB.

Contributions to Desirable Attributes of Strong Health Systems

Virtual adaptations to programming led to improvements in accessibility and efficiency of information but were not sustainable.



All of the cases adapted to using virtual platforms to train or continue supervision of and support to health care workers and coordinate between partners during restrictions against in-person meetings. **Using virtual platforms was an example of absorptive resilience and efficient use of resources in the health system.** However, the cases differed in how they pivoted away from virtual trainings, and the decisions about when to pivot affected the continued salience of the COVID-19 adaptations for the targeted audience.

The cases demonstrated that though virtual communication was important to maintaining a connection between people, these adaptations were not sustainable. A few respondents noted that they did not feel it facilitated tasks; it limited human interaction, with feedback by phone not the same as in person. It was a solution but not a great one—video communication was better than audio alone (phones).

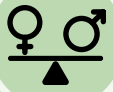
It is important to note that communication technology is not equitably accessible or affordable. Funds to pay for cell phone data were raised as an issue affecting project staff and stakeholder engagement. Additional resources are required to train on newer technologies and to cover the costs of higher communication fees.

Sierra Leone IPC



In Sierra Leone, the project conducted trainings virtually for some time but realized they were not sufficient to improve quality. The team pivoted to using a blended training approach that paired mobile learning with in-person supportive supervision visits at facilities.

India Strengthening GBV Response



Under the India Strengthening GBV Response activity, initial trainings and orientations were conducted virtually but project staff found it difficult to get all participants engaged due to “virtual meeting fatigue.” The project worked with state and district partners to advocate for returning to smaller in-person meetings as soon as allowable; MOMENTUM was the first project in their districts to return to in-person trainings for district staff and frontline HCWs.

The MOMENTUM Private Healthcare Delivery project conducted an evaluation of virtual adaptations to family planning and reproductive health programming in Benin. It found that most face-to-face interactions moved to virtual platforms such as WhatsApp and Zoom. While the virtual trainings successfully maintained accessibility to providers and communication with potential FP clients at the start, there were also challenges. Some providers refused participating in virtual supervision and others returned to their original ways of working once restrictions were lifted. Potential FP clients also had trouble affording video or phone chats and were unable to access virtual consultations. Local contexts, diffusion of mobile technology, and population ability to pay needs to be taken into account before initiating mobile- or internet-dependent interventions.

Contributions to Desirable Attributes of Strong Health Systems

The lack of sustainable financing for activities impeded projects' abilities to achieve transformative resilience.



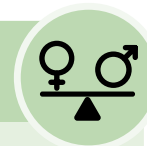
All cases experienced challenges in achieving **transformative resilience**;¹⁰ informants mostly attributed these challenges to short-term project timelines, financial resources available through USAID-funding, and the lack of sustainable international or domestic funding. In some cases, funding limitations also constrained the adaptations that could be made to improve activities or ensure they were more responsive to community needs. Local teams are still looking for resources to continue efforts.

Sierra Leone IPC



In Sierra Leone, project stakeholders acknowledged the difficulty in securing long-term financing to continue intervention activities beyond the MOMENTUM project's end date. It is common in the country for the MoHS to request funds from international organizations to implement interventions they want to continue. As is the case in many developing countries that receive donor funding, informants suggested that when the funding ends, the activity would also end.

India Strengthening GBV Response



MOMENTUM Safe Surgery in Family Planning and Obstetrics implemented the activity in selected districts within states for 1.5 years; key informants noted this timeframe was not sufficient to achieve structural changes in the GBV response system. Many respondents also noted that while health funds are managed directly by states and districts, it is difficult to secure the funding needed to sustain the level of support MOMENTUM provided, particularly for community engagement activities. However, it is notable that some states dedicated a portion of their budget after the intervention's end to expand GBV training to other blocks and districts with project-trained master trainers.

India COVID-19 Vaccinations



Under MOMENTUM Routine Immunization Transformation and Equity, JSI India invested resources to strengthen the organizational capacity of 23 local NGOs, as sub-awardees, to implement activities. Key informants noted that while the government acknowledged the successful results achieved with the project's sub-awardee funding and implementation model, it remained unclear if state governments would be able to continue directly financing the organizations so they could continue health activities after the MOMENTUM project ended.

10. *Transformative resiliency* is the ability of the health system to make fundamental functional and structural changes that address underlying challenges and contextual dynamics that impact performance; adapted from Jeans, Helen, Sebastien Thomas, and Gina Castillo. 2016. [The Future Is a Choice: The Oxfam Framework and Guidance for Resilient Development](#). Oxford, UK: Oxfam GB.

Contributions to Desirable Attributes of Strong Health Systems

Though the projects strengthened individual health worker capacity, maintaining skilled workers in project areas was challenging.



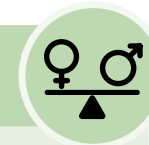
Many of the projects' activities focused on strengthening service providers' skills and capacity to implement activities, but facility health care workers, CHWs, and other social service providers need more than one-time trainings and limited supportive visits to improve their capacity. After MOMENTUM trained service providers, it was in some cases difficult to manage the subsequent deployment of trained staff, resulting in significant information gaps that required more training and resources to fill. The three case studies illuminated systems level challenges to improve human resources for health activities but were not always positioned to directly address these challenges.

Sierra Leone IPC



In Sierra Leone, facility providers trained by the project commonly left their posts or were moved to other facilities. Some informants reported instances of the MOH transferring HCWs to other public facilities to initiate a cascade training model, since the project could not train every health care worker from every district. These moves led to significant knowledge and skills gaps within the project's intervention facilities, requiring repeated training and additional resources to maintain service quality.

India Strengthening GBV Response



In India, MOMENTUM Safe Surgery in Family Planning and Obstetrics focused on strengthening the capacity of health system actors (HCWs, OSC staff, and CHWs) to ensure they had the appropriate knowledge, counseling, and referral skills to deliver care for GBV survivors. The project developed GBV training material and curricula and participated in discussions on how the content could be integrated into existing national and state-level pre-service education. However, key informants noted many human resource challenges with staff retention, vacancies, and salaries, which were out of the project's scope to address. Challenges instead were discussed with district officials during review meetings for the health and women and child development departments to address.

India COVID-19 Vaccinations

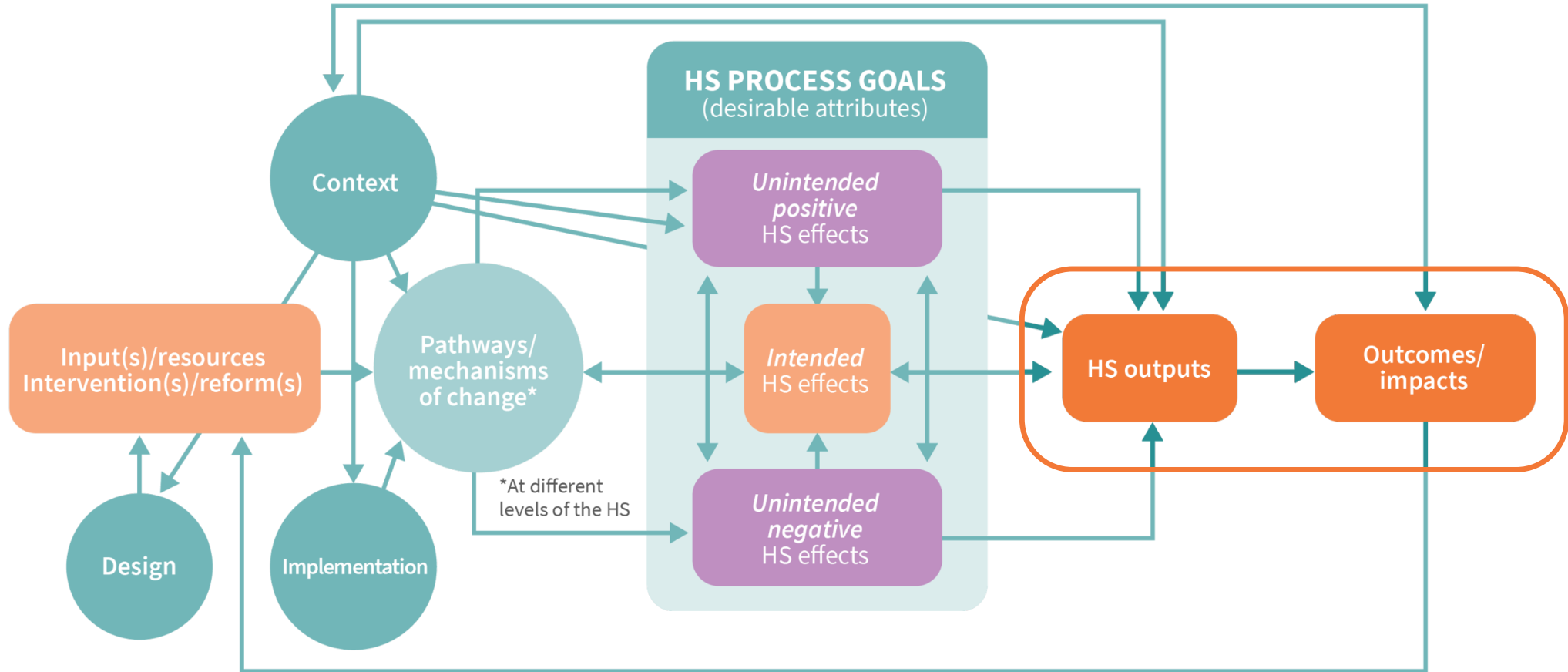


In the India COVID-19 Vaccinations case study, key informants noted challenges with the high turnover of government officials who were familiar with the project, which required repeated orientation and advocacy meetings. There also were not enough government or health care workers to cover the large geographic areas that the project aimed to reach.

03

Outputs and Outcomes

Outputs and Outcomes



Timeframes (short/long term) and sustainability of change induced by HSS intervention

Outputs and Outcomes

MOMENTUM Response	Health System Outputs	Health Outcomes and Impacts
Improving Infection Prevention and Control Readiness in Sierra Leone	<ul style="list-style-type: none"> • Quality: Made concrete improvements to health workforce knowledge and skills as well as IPC in facilities and behavior change of providers to comply with IPC guidance/mandates. • Quality: Offered staff a transferable methodology (quality improvement) that can be continuously applied to improve quality of care at HCFs. • Efficiency: Improving government staff's access to facility-level data and analysis skills. • Resource optimization: In some facilities, IPC materials were produced locally (e.g., hand sanitizer or soaps, fencing for facility rehabilitation). 	<ul style="list-style-type: none"> • Increased number of patients at facilities. • Increased number of patients tested for COVID-19. • Increased number of COVID-19 cases identified.
Strengthening GBV Response in India	<ul style="list-style-type: none"> • Efficiency¹¹: Coached health facilities and OSCs to ensure optimal efficiency in service delivery (e.g., medicolegal, paramedical, legal, psychosocial services) as part of the referral pathway for GBV. • Coordination: Improved multisectoral coordination of GBV services among state and district government offices. • Accessibility: Made care more accessible by adapting working hours or establishing designated counseling areas to maintain client privacy. • Quality: Offered GBV training resources that can be continuously implemented by government programs to improve GBV-focused skills and care provided by frontline health workers. • User experience: Improved satisfaction with care received in OSCs and health facilities. 	<ul style="list-style-type: none"> • More women seeking care. • More women empowered to address GBV in their communities.
Reaching the Last Mile with COVID-19 Vaccines in India	<ul style="list-style-type: none"> • Quality: Strengthened the capacity of NGOs, government staff, and health workers to deploy vaccines over a much larger scale. • Efficiency: Supported the government in decision-making for greater efficiency in vaccine supply delivery. • Accessibility: Made vaccine sites more accessible to different populations. • Equity: Reached last-mile populations to improve COVID-19 vaccination uptake. 	<ul style="list-style-type: none"> • 15.5 million COVID-19 vaccinations delivered. • Increased the number of routine vaccinations.

11. *Efficiency* refers the use of resources in ways that optimize desired outcomes. Mbau, Rahab, Anita Musiega, Lizah Nyawira, et al. [Analysing the Efficiency of Health Systems: A Systematic Review of the Literature](#). Appl Health Econ Health Policy. 2023 Mar;21(2):205-224. doi: 10.1007/s40258-022-00785-2.



SECTION 03

Summary of HSS Factors and Recommendations

Summary of Factors Contributing to an HSS Response

Facilitating Factors



- Close collaboration with country partners at all levels to design and implement the intervention increased its effectiveness and ownership.
- Community engagement helped to increase demand for essential health services.
- Coordination was necessary to achieve intervention goals but did not necessarily improve efficiency.
- Leveraging community health workers' influence and reach helped address challenges and demonstrate absorptive resilience.
- Supportive supervision was a promising strategy to strengthen capacity, monitor actions, and contribute to service quality.
- Strengthening data collection and review improved service quality, but tools and processes should be user-friendly, accessible, and respectful.
- Coordination with subnational government offices helped strengthen learning and resilience.
- Virtual adaptations to programming led to improvements in accessibility and efficiency of information but were not sustainable.

Inhibiting Factors



- The lack of sustainable financing for activities impeded projects' abilities to achieve transformative resilience.
- Though the projects strengthened individual health worker capacity, maintaining skilled workers in project areas was challenging.

Recommendations for Future Pandemics

- **Build on structures/knowledge from previous pandemics (e.g., Ebola, COVID-19).** As seen in the Sierra Leone case, maintaining the structures and knowledge from previous pandemics requires constant attention and additional resources but is critical for effective response.
- **Design activities around and with existing government policies/structures,** thereby making it easier to obtain approvals, buy-in, and ownership from state and district governments. Collaborate with country partners at all levels to design and implement interventions to increase their effectiveness and ownership.
- **Establish high-quality, effective multisectoral collaboration, linkages, and networks.** The India Strengthening GBV Response case was the only MOMENTUM example that prioritized multisectoral collaboration spanning multiple ministries. Engaging multiple sectors to achieve a shared goal during a pandemic response can maximize knowledge, reach, as well as resources.
- **Consider including private sector actors as part of a total health system pandemic response.** The private sector often operates outside the formal health system in many LMICs. Because of the lack of need for various approvals and oversight, this often offers opportunities to introduce innovations more easily and quickly. However, the lack of oversight can also be an inhibiting factor in assuring the quality of these innovations. Shorter wait times and more convenient business hours among some private facilities may also appeal to clients seeking to avoid overcrowded facilities during pandemics. Existing private sector human resources may also help to relieve overburdened frontline public sector workers.
- **Support and leverage continuous community engagement, including with CHWs.** Community engagement can support health system interventions and approaches to be responsive to the needs of all community members. It can also increase ownership and participation by the communities they serve. CHWs can address misperceptions, reach vulnerable populations, and increase demand for essential services.



Recommendations for Future Pandemics, cont.

- **Consider the needs of and how best to reach vulnerable groups at the outset of the response.** The two MOMENTUM cases in India addressed equity in their programming; in particular, it was a focus of the COVID-19 Vaccination intervention. Health system actors may need to be reminded to collect data on the hard-to-reach populations and tailor responses to different target groups.
- **Use supportive supervision to strengthen capacity, monitor actions, and contribute to service quality.** The success of the strategy in MOMENTUM cases contributes to a growing evidence base recognizing supportive supervision as a promising HSS practice.
- **Strengthen continuous data collection and use for learning and QI.** The use of data for continuous learning and adaptation is foundational to rapid, effective pandemic responses; a culture of data use can be further strengthened by investments during a crisis. Policies should address training infrastructure for data use, user-friendly data platforms, and establishment of mechanisms for regular review of data by decision-makers. Health system actors may need to find feasible ways to collect data on hard-to-reach populations so they can better provide equitable services.
- **Foster an environment that promotes flexibility and adaptation to respond to changing environments.** Each of the cases invested significant resources to improve coordination and activity monitoring with health system actors. These mechanisms allowed MOMENTUM to collect feedback about where adaptations were needed. Donor flexibility with implementation allowed the project to be more responsive to local needs.
- **Ensure human resources policies address health sector staff retention during crises.** Human resources for health policies should aim to identify and address the drivers of high staff turnover and develop stopgap retention strategies that can be activated when shocks occur. These could include temporary measures such as salary bonuses, psychosocial support, and other incentives that support health workers and reduce staff attrition.
- **Create action plans to address the sustainability of effective responses at the outset of a crisis.** It may be possible to anticipate the infusion of short-term funding when crises occur and develop guidance to address sustainability of successful interventions from the outset. Funding should continue for a longer duration and fund demand-creation and awareness-raising activities.





SECTION 04

Annexes

ANNEX 01

Additional Notes on Methodology

Ethics Reviews

The team sought global institutional review-board (IRB) approval for this research from American University. Additional country-specific approvals were sought for each case from relevant entities.

Protocol	Entity	Number	Determination	Date
Global	American University Office of Research Independent Review Board	#IRB-2023-279	Non-human research (exempt from full review)	April 2023
Sierra Leone	GoSL—Office of the Sierra Leone Ethics and Scientific Review Committee	#005/04/2023	Approved – Full Review	April 2023
India	SIGMA-IRB	#10009/IRB/ 23-24	Approved – Full Review	May 2023

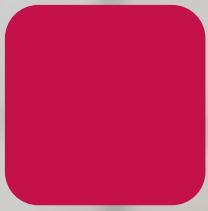
Data Collection Approach

All data collection and document reviews took place in the respective countries. In each case, two PRB staff members from the research team travelled to each country for a total of 5 working days (per case study) to collect data, totaling 5 days of data collection in Sierra Leone and 10 in India.

For each case study, the research team conducted key informant interviews (in-person and virtual) and/or focus group discussions with MOMENTUM project staff, staff of implementing partner organizations, governmental (regional- and state-level officers) partners, and community stakeholders involved in project implementation. The research team also worked with MOMENTUM project staff to conduct document and data reviews of project reports and records that describe adaptations made to activities during the COVID-19 pandemic.

In each case, MOMENTUM project staff helped identify relevant research participants and either supported the scheduling of interviews and focus group discussions or provided contact details (email addresses) to the PRB research team members, who then scheduled the events.





Qualitative Data Collection Process

The research team followed similar data collection processes in all cases. Consent was obtained from all research participants: verbal informed consent (with written confirmation from data collectors) or written consent if audio recording was not permitted.

Interviews were implemented in person or virtually over Microsoft Teams calls (with audio recording). Interviews lasted 30 to 60 minutes and were conducted either in English or, when required for the India GBV Response case study, in Hindi, with support from MOMENTUM staff to translate questions and responses.

Focus group discussions were implemented in person with audio recording. Focus group discussions lasted 60 to 75 minutes. They were conducted either in English or, when required for the India GBV Response case study, in Hindi, with support from MOMENTUM staff to translate questions and responses.

Qualitative Data Collection Events: Sierra Leone IPC

Data collection events for the Sierra Leone case included KIIs with country-based MOMENTUM staff and government health workers, as well as one FGDs with government health workers.

KIIs with MOMENTUM and local implementing partner staff took 45 to 60 minutes and were conducted in English. KIIs with health workers/government officials took about 30 minutes. The FGD with health workers took approximately 60 minutes.

All KIIs and the FGD were conducted in English, and verbal informed consent was obtained for all data collection events.

Data Collection Events



- 6 KIIs with current or former MOMENTUM project staff.
- 2 KIIs with staff from local implementing organizations.
- 3 KIIs with government officials at the DHMT.
- 1 KII with a health care worker.
- 1 FGD with 9 health care workers.





Mayur Kakade / Getty Images

Qualitative Data Collection Events: India Strengthening GBV Response

Data collection events for the India Strengthening GBV Response case included KIIs with MOMENTUM staff, local implementing partner staff, government officials, and health workers, as well as FGDs with health workers.

KIIs with MOMENTUM and local implementing partner staff took 45 to 60 minutes and were conducted in English. KIIs with government officials and health workers were conducted in English or Hindi and took about 30 minutes. FGDs with health workers took approximately 60 minutes and were conducted in Hindi, with translation support from MOMENTUM and local implementing partner staff.

Verbal informed consent was obtained for all data collection events.

Data Collection Events



- 6 KIIs with MOMENTUM project staff members (national and state-level roles).
- 6 KIIs with staff from local implementing partners MAMTA-HIIC and SAATHI (national and state-level roles).
- 3 KIIs with government officials at the block or district level.
- 2 KIIs with health workers: OSC administrator, medical doctor, and nurse.
- 2 FGDs with OSC center staff (5-6 each).
- 1 FGD with 3 facility health providers.
- 1 FGD with 6 community health workers (Anganwadi workers and ASHAs).

Qualitative Data Collection Events: India COVID-19 Vaccinations

Data collection events for the India Immunization case included KIIs with country-based MOMENTUM staff at the state, regional, and national level and government officials.

KIIs with MOMENTUM staff took 45 to 60 minutes. KIIs with government officials took about 30 minutes. All interviews were conducted in English, and verbal informed consent was obtained for all data collection events.

Data Collection Events

- 7 KIIs with MOMENTUM staff.
- 2 KIIs with government officials.





Ethical Considerations in Data Collection

Several ethical considerations factored into the data collection process. Informed consent forms in the local language were shared and described in person with all participants before the interview or FGD began. In addition, recorded interviews and FGDs began only once verbal consent and permission to audio record were obtained with audio recording.

All personally identifiable information collected was kept confidential. This information includes participant names, place of employment, and any other details shared during the data collection activities. Participants were only asked to provide their position at their place of work.

Consent forms contained the following information:



- Purpose of study.
- Voluntary nature of participation in study.
- Benefits and risks of study.
- Participants' rights and confidentiality.
- Contact information of local representatives to report problems or ask questions.

Data Analysis

Transcription and Coding

Where feasible, the researchers conducted a debrief after KIIs and FGDs using a post-interview debrief form to capture initial analytical insights, observations, and impressions.

Interviews were transcribed using Sonix and translated into English when conducted in Hindi. Transcriptions were analyzed by members of the research team using Dedoose software. The study team were assigned transcripts to code based on availability.

A **thematic content analysis approach** was used for analysis. Parent and child codes were generated deductively from the Bertone framework. Additional codes were generated inductively as new themes emerged.

Case Studies

For each country, study team members wrote a **country case report** based on codes and themes derived from analyzing interview and program documents. Study team members also analyzed cross-sectional secondary data obtained via MOMENTUM award staff or other existing documents and incorporated relevant data and information into the country case report. Global and country-level staff from participating MOMENTUM projects reviewed and provided input on country case reports.

Analytic generalization was used to summarize themes from data, generalize lessons learned from across the case studies, and compare case studies to understand the extent to which they used an HSS approach.

Limitations

The conclusions in this multiple case study analysis rely on information and perspectives provided primarily by staff of the MOMENTUM global implementing organizations and their local implementing partners, who were largely health system actors. Unfortunately, we were unable to collect data from community members or health system users to corroborate these perspectives. In the India GBV Response case, we were able to interview CHWs and volunteers who represent the project's target communities but only from their perspective as service providers. This is a limitation because several of our conclusions and lessons learned involve CHWs, community engagement activities, or hard-to-reach populations. Ideally, we would also obtain their perspectives on how well the interventions worked for patients. For example, it would be useful to have data or perspectives from GBV survivors in India who sought services at facilities to assess their experiences of care delivered in OSCs.

Additional limitations during data collection varied by case study.

- In **Sierra Leone**, limitations included the lack of participation from district or national government officials with knowledge of higher-level decision-making processes within the health system. Additionally, since the QI-focused activities were expanded after the initial COVID-19 response to include different technical topics (e.g., MCH, FP), some respondents may have conflated their responses.
- In **India Strengthening GBV Response**, the involvement of project staff in data collection events was a limitation. While their involvement helped facilitate translation and provide additional context, it may also have influenced participant responses.
- In **India COVID-19 Vaccinations**, the high proportion of MOMENTUM staff represented during data collection events was a constraint, with more limited participation by government officials and no participation from project implementation partners, in part due to contracts with implementation partners ending prior to data collection.

ANNEX 02

Detailed Findings

Country Case Studies and Policy Brief

Individual Country Case Studies

- Ivankovich, Megan, and Gabrielle Nguyen. 2023. *Improving Infection Prevention and Control in Sierra Leone: MOMENTUM Country and Global Leadership's Work to Strengthen the Health System During COVID-19*. Washington, DC: USAID MOMENTUM Knowledge Accelerator.
- Bishop, Stephanie, Maia Johnstone, Megan Ivankovich, Gabrielle Nguyen, and Nina Yamanis. 2023. *Reaching the "Last Mile": Improving COVID-19 Vaccine Distribution and Uptake in India: MOMENTUM Routine Immunization Transformation and Equity's Work to Strengthen the Health System During COVID-19*. Washington, DC: USAID MOMENTUM Knowledge Accelerator.
- Nguyen, Gabrielle, Maia Johnstone, and Megan Ivankovich. 2023. *Strengthening Gender-Based Violence Response in India: MOMENTUM Safe Surgery in Family Planning and Obstetrics' Work to Strengthen the Health System During COVID-19*. Washington, DC: USAID MOMENTUM Knowledge Accelerator.

Policy Brief

- Patierno, Kaitlyn, Nina Yamanis, and Megan Ivankovich. 2023. *A Health Systems-Oriented Pandemic Response: Lessons From MOMENTUM*. Washington, DC: USAID MOMENTUM Knowledge Accelerator.

All materials can be found at
usaidmomentum.org/resources/hss-response-covid19

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