

MOMENTUM

Routine Immunization Transformation and Equity



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PROJECT START-UP REPORT

Routine Immunization Transformation and Equity



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ABBREVIATIONS

AMELP	Activity Monitoring, Evaluation, and Learning Plan
AOR	Agreement Officer’s Representative
BMGF	Bill and Melinda Gates Foundation
DRC	Democratic Republic of Congo
e-SMT	extended senior management team
FP	family planning
IHME	Institute for Health Metrics and Evaluation
JSI	John Snow, Inc.
KM	knowledge management
LOC	letter of collaboration
M&E	monitoring and evaluation
M-RITE	MOMENTUM Routine Immunization Transformation and Equity
MCGL	MOMENTUM Country and Global Leadership
MEL	monitoring, evaluation, and learning
MIHR	MOMENTUM Integrated Health Resilience
MKA	MOMENTUM Knowledge Accelerator
MNCH	maternal, newborn, and child health
MOMENTUM	Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health
MOU	memorandum of understanding
MPHD	MOMENTUM Private Healthcare Delivery
NITAG	National Immunization Technical Advisory Group
RH	reproductive health
SMT	senior management team
USAID	United States Agency for International Development

INTRODUCTION

MOMENTUM (Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health) Round 3B, Overcoming Entrenched Obstacles in Routine Immunization, hereafter referred to as MOMENTUM Routine Immunization Transformation and Equity (M-RITE), is a global U.S. Agency for International Development (USAID) cooperative agreement. Its goals are to sustainably strengthen routine immunization programs to overcome entrenched obstacles that contribute to stagnating and declining immunization rates in MNCH/FP/RH maternal, newborn, and child health/family planning/reproductive health) priority countries; and to address barriers to reaching zero-dose and under-immunized children with life-saving vaccines and other health services. In light of the COVID-19 pandemic and the resulting service disruption, M-RITE will also support countries to maintain, adapt, suspend, and/or reinstate immunization services. It is part of USAID's MOMENTUM suite of awards¹ that are designed to facilitate countries' Journeys to Self-Reliance and help ensure that investments in USAID countries are tailored to country contexts and foster sustainability.

M-RITE will work with countries at various stages of their journey to self-reliance to achieve national immunization goals within their overall strategic plans for health. Specifically, M-RITE will strengthen planning, delivery, demand for, and uptake of immunization services and inform policies and programs that expand access to immunization programs. The project will provide technical assistance to adapt immunization delivery strategies; support strategies for tracking and following up individuals who missed vaccinations; assess gaps in immunity; and re-establish community trust and demand for vaccination. M-RITE will provide targeted technical assistance and capacity development assistance to partner countries, local organizations, and existing in-country programs; provide global technical expertise on global policies, guidelines, and strategies; and promote sharing of best practices globally and across countries.

The main objectives of the start-up period are summarized below:

Objective 1: Ensure operational readiness and mobilization for rapid start-up

Objective 2: Prepare for country support activities

Objective 3: Participate in key partner discussions to contribute to immediate technical strategies and guidance on the global response to COVID-19 and its effects on routine immunization

¹ The MOMENTUM awards include a suite of separate but interrelated projects. MOMENTUM Integrated Health Resilience (MIHR) (or Round 1) supports countries early in their Journey to Self-Reliance to overcome the impacts of fragility on the population's health and contributes to their movement along the development continuum toward reduced maternal, newborn, and child mortality and increased self-reliance. MOMENTUM Country and Global Leadership (MCGL) (or Round 2A), focuses on providing targeted technical and capacity development assistance to USAID missions, partner countries, and local organizations for sustained improvements in maternal, newborn, and child health and FP/RH outcomes to advance country progress along the journey to self-reliance; and contributes to global technical leadership and policy-dialogue for achievement of MNCH/FP/RH goals. MOMENTUM Private Healthcare Delivery (MPHD) (or Round 2B), focuses on ensuring increased availability of and demand for evidence-based, quality MNCH/FP/RH information, services, and supplies offered by private providers; and on expanding public and private partnerships to ensure a total market approach for improved health care coverage. Round 3A will focus on entrenched obstacles like fistula and safe surgery, while MOMENTUM Knowledge Accelerator (MKA) (or Round 2C) focuses on monitoring and evaluation, knowledge management, and translation of learning across all MOMENTUM awards.

Objective 4: Set up the project’s framework for monitoring, evaluation, and learning (MEL), knowledge management, and communication

Objective 5: Establish cross-MOMENTUM relationships with other rounds

KEY HIGHLIGHTS

- During the startup period (July 27, 2020 to September 30, 2020), the project engaged in initial internal project orientation sessions to bring the consortium partners together to establish principles to guide our partnership and working norms, and to ensure cohesion in the project’s technical approach. Due to the COVID-19 situation, most of the M-RITE team has never worked together or met face-to-face. Using tools such as Mural and other online collaboration platforms, as well as informal individual meet-and-greets, enabled team members to get to know one another and share ideas and perspectives despite the need to work remotely.
- M-RITE held its official Kick-Off meeting on August 21, 2020. This interactive launch webinar was well attended by stakeholders from within the USAID and MOMENTUM communities, and provided an opportunity to introduce the consortium, share the project objectives and technical approach.
- The project staff conducted intensive remote working sessions using synchronous and asynchronous modalities with the M-RITE consortium team, as well as discussions with the Agreement Officer’s Representative (AOR) team and other MOMENTUM projects to identify synergies and areas for collaboration. These activities enabled us to develop an activity workplan for Project Year 1 that reflects M-RITE’s unique value-add in the global and regional immunization landscape, as well as within the MOMENTUM suite of awards.
- The project engaged with broader MOMENTUM-wide coordination mechanisms and connected with each MOMENTUM project separately to orient them on M-RITE project objectives and approaches, establish communication channels, and identify areas for collaboration. Maintaining clear lines of work for M-RITE and other awards with immunization elements (MCGL, MIHR, and MPHD) will be important; continued USAID guidance and clear expectations will be critical to help avoid duplication and maximize USAID’s investment.
- In addition to cross-MOMENTUM coordination, M-RITE held a series of initial introductory meetings with global immunization technical partners. To ensure continued alignment with broader global initiatives in immunization, including Immunization Agenda 2030 and Gavi 5.0, connections with global partners should be continued through regular communications and coordination mechanisms, especially in light of the rapidly evolving COVID-19 situation.
- During this startup period, M-RITE developed its initial framework and approach to co-creation and to applying root cause analysis, human-centered design, appreciative inquiry, and systems thinking to identify, understand, and co-create solutions to address entrenched obstacles in routine immunization. This co-creation ethos will be infused into all aspects of project implementation.
- M-RITE mobilized to respond to a Program Description from the USAID Mission in Democratic Republic of Congo. This provided an excellent opportunity to adapt and test draft project management processes for addressing field support buy-ins. In addition, the buy-in allowed M-RITE to adapt the project co-creation approach to a specific country context, map out the elements of the approach, and explore its application to different aspects of assessment and planning. Understanding that each country’s context and Mission requirements will be different, we look forward to further refining and adapting the model for future buy-ins throughout the life of the project.

- The M-RITE team drafted other foundational deliverables, including the Activity Monitoring Evaluation and Learning Plan, the Branding and Marking Plan, the Environmental Mitigation and Monitoring Plan and the Knowledge Management and Communications Strategy. Coordination with many different stakeholders within the expanded AOR team as well as across the MOMENTUM suite took time and effort, and this must be factored into planning processes for in the PY2 workplan.

KEY ACTIVITIES AND OUTPUTS FOR THE START-UP OBJECTIVES

OBJECTIVE 1: ENSURE OPERATIONAL READINESS AND MOBILIZATION FOR RAPID START-UP

The project startup period took place virtually due to the COVID-19 situation, and was innovatively designed using remote collaboration tools to ensure effective team building and efficient planning and execution of M-RITE's start up activities. Consultations with the USAID AOR Team and expanded AOR Team served to clarify expectations and reinforce the technical approach. Following the M-RITE Kickoff Launch Meeting, the project conducted orientation sessions with the other MOMENTUM suite awards to identify areas of synergy and collaboration to inform the PY1 workplan development.

ACTIVITY 1.1. CONVENE PROJECT START-UP AND WORK PLANNING MEETINGS WITH USAID AND PARTNERS

- Project commenced on July 27, 2020.
- Consortium internal startup meetings involved a series of synchronous and asynchronous working sessions to strengthen the overall partnership, learn more about each partner's complementary expertise, and co-design project working norms and approaches to collaboration and coordination.
- Developed the partnership principles to guide project ethos, governance, and interactions.
- Coordinated meetings with MOMENTUM awards MCGL, MIHR, MKA, and MPHD to facilitate introductions and identify areas for synergy and collaboration.
- Initial discussions with the USAID AOR team and extended AOR team (including the Africa Bureau Immunization Focal Point Sara Zizzo, who is the Health Program Advisor for Child Health and Immunization, as well as USAID experts in gender, social and behavior change, and monitoring and evaluation) provided further technical guidance.

ACTIVITY 1.2. CONDUCT THE PROJECT KICKOFF LAUNCH MEETING

- M-RITE's project kickoff was conducted on August 21, 2020. The well-attended virtual event provided an opportunity to introduce the project leadership team, partners in the consortium, technical focus and strategies, and theory of change.
- The kickoff launch provided an opportunity for participants, including MOMENTUM awards and other centrally-funded USAID projects, to follow up with M-RITE and promote collaboration and coordination.

ACTIVITY 1.3. FINALIZE INITIAL AWARD DELIVERABLES

- The project start-up plan, covering the period of 27 July-30 September 2020, was developed and approved on August 28, 2020.
- Regular weekly meetings with the AOR team helped to guide and ensure timely implementation of the project start-up activities.
- The project developed a fact sheet with a brief overview of M-RITE and contact information.
- The M-RITE PY1 Core Workplan and the Branding and Marking Plan were submitted on September 25, 2020.
- The team gathered information and worked to draft the Activity Monitoring, Evaluation, and Learning Plan (AMELP), which is due on November 2, 2020.

ACTIVITY 1.4. MOBILIZE STAFFING, ESTABLISH PARTNERSHIP FRAMEWORKS AND COORDINATION MECHANISMS

- The project partnership principles were developed, reviewed, and agreed to by all core consortium partners. The partnership principles is a living document and will be reviewed periodically. It also contains project decision-making structures, such as the Senior Management Team (SMT), Expanded SMT (E-SMT), and their terms of reference.
- In the initial start-up period, the project senior management team was established and began operationalizing its terms of reference. The SMT meets biweekly and on an ad hoc basis as required.
- The E-SMT, which includes representation from all core consortium partners, was also established and is meeting on a monthly basis.
- The project staffing plan was executed, including recruitment and onboarding of Key Personnel and technical experts, senior management personnel, and program support staff.

ACTIVITY 1.5. ESTABLISH REGULAR COORDINATION AND COLLABORATION PROCESSES AND COMMUNICATIONS WITH MOMENTUM KNOWLEDGE ACCELERATOR

- The project held the orientation meeting with MKA on August 19, 2020. The meeting provided an overview of the two projects and an opportunity to understand the cross-cutting role that MKA will play to support the project. M-RITE also provided the focal persons for the Knowledge Management and Translation, Strategic Communications and Monitoring, Evaluation, Innovation, and Learning working groups.
- MKA also provided its workplan, terms of reference of the working groups, memorandum of understanding (MOU) template, and other helpful documents.

OBJECTIVE 2: PREPARE FOR COUNTRY SUPPORT ACTIVITIES

During the project start-up period, M-RITE approaches to country buy-ins were developed and finalized with collaboration from all consortium partners. These include decision processes for establishing host organizations' and support partners' roles, and how to manage country programs. This general project-wide approach will be adapted for the specific requirements of future country buy-ins. In early September, the USAID Mission in Democratic Republic of Congo (DRC) issued a Program Description for support to the Mashako Plan and preparations for the introduction of the COVID-19 vaccine. This provided M-RITE the opportunity to adapt the approach for a country request.

ACTIVITY 2.1. CONDUCT PARTNER CONSULTATIONS TO CONFIRM PROJECT OPERATING PRINCIPLES AND GUIDANCE

- Under the project partnership principles, roles for host organization and support organization partners were outlined, as well as standard operating procedures for managing country programs. Country co-creation approaches were drafted, and will be further developed and refined as country buy-ins come in over the life of the project.

ACTIVITY 2.2. DEVELOP M-RITE-WIDE PROJECT GUIDANCE DOCUMENT TO OUTLINE PRINCIPLES, PROCEDURES, TOOLS, AND TEMPLATES FOR COUNTRY SUPPORT

- M-RITE developed an overarching project-wide approach and principles for co-creation with country stakeholders, as well as specific guidance outlining roles and responsibilities, processes for responding to program descriptions and country workplan development and monitoring, and internal consortium decision-making pathways related to country buy-ins.

ACTIVITY 2.3. UPDATE PARTNER COUNTRY CAPABILITIES MAPPING IN PREPARATION FOR START-UP

- Consortium country presence data were shared in a detailed table as an annex to the M-RITE Startup Plan, and will be periodically updated throughout the life of the project.

ACTIVITY 2.4. ESTABLISH AN INTERIM START-UP MOBILIZATION TEAM

- The team developed project-wide co-creation principles for country engagements, and applied these to adapt the approach specifically for engagement with partners in DRC.
- Upon receipt of the Program Description for DRC, a country support team was established to lead the development of the M-RITE concept note. The team, composed of representatives from consortium partners based centrally and in DRC, conducted initial partner consultations and drafted the co-creation-based approach to assessment and planning. Special considerations for COVID-related adaptations to the assessment and stakeholder engagement/co-creation approaches, as well as immunization program-specific implications due to COVID, were incorporated into all aspects of the response.

OBJECTIVE 3: IDENTIFY IMMEDIATE TECHNICAL PRIORITIES FOR M-RITE, INCLUDING HOW TO CONTRIBUTE TO MAINTAINING PROVISION AND USE OF IMMUNIZATION SERVICES IN THE CONTEXT OF COVID-19

An important activity during this period was to convene a series of meetings with staff from the M-RITE consortium to understand their perspectives and how their capabilities can be fully integrated into the project's work. A key challenge was to translate the vision and strategy in the approved project proposal into concrete activities to implement in PY1. This required iterative sessions that initially explored common entrenched obstacles in routine immunization, brainstormed ways of addressing them, then identified the common attributes of the proposed solutions and used them to articulate key areas around which to orient the project's work. These sessions ultimately led to the development of the activities in the PY1 workplan submitted on September 25, 2020.

ACTIVITY 3.1. ESTABLISH TECHNICAL VISION AND PRIORITY AREAS OF WORK

- M-RITE identified six interconnected workstreams that, if addressed, will avert potential result-specific silos; and that taken together, will contribute to reaching zero-dose and under-vaccinated children. The six workstreams are 1) service delivery/experience of services; 2) human resources for health; 3) governance, systems, and resources; 4) information for action; 5) community partnerships; and 6) immunization supply chain. With COVID-19, these workstreams were used as the basis for developing the specific activities in the PY1 workplan.
- M-RITE convened an additional meeting of consortium staff to outline the key parameters in the project's technical vision and five-year strategy which is now contained in the PY1 workplan. It is closely aligned with the project's theory of change and cross-cutting areas.

ACTIVITY 3.2. INTRODUCE M-RITE TO GLOBAL IMMUNIZATION AND STRATEGIC PARTNERS

- M-RITE staff adapted the presentation used during its launch to USAID on August 21 so that external stakeholders who are not familiar with the MOMENTUM suite of projects can understand the initiative more easily.
- The project convened introductory meetings on September 24 and 28, respectively, with UNICEF and WHO immunization teams.
- Based on these discussions, M-RITE further streamlined its presentation and reached out to key partners on the Regional Working Groups for East and Southern Africa and West and Central Africa to plan meetings to introduce the project and discuss possible collaboration, including on activities related to COVID-19.

ACTIVITY 3.3. IDENTIFY KEY AREAS OF WORK TO IMPROVE IMMUNIZATION IN THE CONTEXT OF COVID-19

- M-RITE's technical lead for immunization participated in bi-weekly meetings of the COVID-19 Immunization Partners Coordinating Group.
- The M-RITE technical lead for immunization was invited to join a global level working group on preparing National Immunization Technical Advisory Groups (NITAGs) for the introduction of COVID-19 vaccines. This group meets every 1-2 weeks and is developing a guidance document to support NITAGs in their decision-making around the forthcoming vaccine(s).
- Participation in these groups helped to (a) identify the types of regional structures, activities, and products to which M-RITE can contribute; (b) forge connections with other organizations in order to avoid duplication of efforts; and (c) identify specific activities (now included in the project's PY1 workplan) for which the project can take a leadership role. These include engaging with professional associations to prepare for COVID-19 vaccine introduction and developing a methodology and testing a methodology to assess the impact of reorganized services (in the COVID and post-pandemic periods) on health systems.

ACTIVITY 3.4. INITIATE CONSULTATIONS TO DEVELOP A GENDER STRATEGY, IN COORDINATION WITH MOMENTUM COUNTRY AND GLOBAL LEADERSHIP AND MOMENTUM KNOWLEDGE ACCELERATOR TEAMS

- During this period, M-RITE drafted terms of reference for a gender advisor who will lead the process for developing the project's gender analysis and gender strategy.
- M-RITE staff, together with USAID, met with USAID gender advisor Alex Smith on September 11, 2020.

- Based on this discussion and drawing on additional information from Equity Reference Group for immunization, M-RITE refined the terms of reference for the gender consultant and will use these to identify a gender advisor in the coming quarter.

OBJECTIVE 4: SET UP THE PROJECT'S FRAMEWORK FOR MONITORING, EVALUATION AND LEARNING, KNOWLEDGE MANAGEMENT, AND COMMUNICATION

During start-up, M-RITE initiated development of the Activity Monitoring, Evaluation, and Learning Plan and the Knowledge Management and Communications Plan. This entailed engaging with global immunization stakeholders and other MOMENTUM awards to align with other MEL frameworks and indicators and with KM and communication strategies. M-RITE worked closely with MKA to align cross-MOMENTUM indicators and KM activities. The MEL team also led project workshops and meetings on indicators, results frameworks, and learning questions.

ACTIVITY 4.1. INITIATE DEVELOPMENT OF THE ACTIVITY MONITORING, EVALUATION, AND LEARNING PLAN

- M-RITE MEL team landscaped partner and cross-MOMENTUM MEL frameworks and plans.
- M-RITE MEL team led internal workshops and meetings to brainstorm and then validate activity indicators, performance indicators, results frameworks, and learning questions.
- The MEL team began the process of developing the data management system.
- The MEL team attended technical workplanning meetings to ensure alignment of the AMELP with workplan activities.
- The MEL team attended monthly MKA-led MEL WG calls and spoke separately with MKA staff to ensure alignment and incorporate MKA guidance and tools.

ACTIVITY 4.2. DEVELOP AN APPROACH TO COLLATING KEY DATA TO UNDERSTAND THE EFFECTS OF COVID-19 ON IMMUNIZATION COVERAGE AND EQUITY

- The M-RITE team engaged immunization monitoring and measurement stakeholders to identify who else was working in this area. We learned that MCGL is providing analysis support to WHO for the Immunization Pulse Survey. We connected with the teams at Bill and Melinda Gates Foundation (BMGF) and Institute for Health Metrics and Evaluation (IHME), who collected and analyzed the coverage data for the recent Goalkeepers Report, and they agreed to share those data shortly. We continued our engagement with the Unicef/WHO monitoring group, including the “novel data collection” sub-working group to identify potential data collection innovations for upcoming field buy-ins in places where HMIS data quality may be weakened during COVID-19.

ACTIVITY 4.3. DEVELOP A KNOWLEDGE MANAGEMENT AND COMMUNICATIONS PLAN

- The first draft of the Knowledge Management and Communications Plan was written in collaboration with the M-RITE management team and submitted to USAID for review on September 25, 2020. We hope for this plan to be a living document that we continuously update as the project evolves. The MKA cross-MOMENTUM KM plan had not been shared before the due date for our plan, so we were not able to fully align with them. However, the MKA plan has since been shared with us, and we will incorporate that as

well as the initial feedback from USAID in our next draft. We will build out the plan further and resubmit for consideration in the coming weeks.

ACTIVITY 4.4. DEVELOP THE PROJECT BRANDING AND MARKING PLAN

- The M-RITE Branding and Marking Plan was written based off of the template supplied to us by MKA. The final version was submitted to USAID on September 25, 2020. M-RITE made some additions to the co-branding section and added a few products to the marking exceptions list. We have received minor feedback from USAID and will resubmit for final approval.

ACTIVITY 4.5. DEVELOP TEMPLATES FOR QUARTERLY AND ANNUAL REPORTS

- M-RITE submitted outlines for both the quarterly/semi-annual/annual report and this project start-up report to USAID for feedback on October 7, 2020. It was agreed that we would use the provided “internal report template” from MKA for the project start-up report. For the quarterly/semi-annual/annual report we have recently received final feedback from USAID as of October 16, 2020, and will develop a more robust template with our graphic designer for submission in the coming weeks.

OBJECTIVE 5: ESTABLISH CROSS-MOMENTUM RELATIONSHIPS WITH OTHER ROUNDS

Cross-MOMENTUM coordination is critical to achieve the overarching goal and results for the entire suite of awards. Additionally, immunization funding is included in varying amounts in all the MOMENTUM awards. M-RITE is the main vehicle for immunization leadership across the awards, and is mandated to facilitate coordination in immunization among all awards.

ACTIVITY 5.1: INITIAL DRAFT OF MEMORANDUM OF UNDERSTANDING WITH MOMENTUM KNOWLEDGE ACCELERATOR

- M-RITE reviewed the MOU template and shared comments and suggested edits with MKA. Based on feedback from and negotiations with other MOMENTUM rounds over the course of the M-RITE startup period, MKA updated their approach and shared a draft letter of collaboration (LOC) template for review on October 14, 2020. M-RITE will review the template and hopes to finalize the LOC in Q1 of PY1.

ACTIVITY 5.2: COLLABORATION AND COORDINATION MECHANISMS DISCUSSED WITH MOMENTUM COUNTRY AND GLOBAL LEADERSHIP, INTEGRATED HEALTH AND RESILIENCE AND PRIVATE HEALTHCARE DELIVERY

- M-RITE held initial meetings with MIHR and MPHD, and more intense meetings with MCGL, to introduce the project’s scope and staff, and to identify ways to collaborate and coordinate.

ACTIVITY 5.3 CROSS -MOMENTUM IMMUNIZATION WORKING GROUP

- In the past quarter, the need for a platform to coordinate immunization-related activities across the various awards was quite evident. USAID designated M-RITE as the facilitator to develop and facilitate the working group for immunization. M-RITE has started to develop a concept note that will be co-developed with MIHR, MCGL, MPHD and MKA in the coming quarter to ensure that it is fit for purpose.

ACTIVITY 5.4 COORDINATION WITH MOMENTUM COUNTRY AND GLOBAL LEADERSHIP

- M-RITE has held critical meetings with MCGL, given the need for close coordination to ensure complementarity of the two projects. The initial meetings focused on identifying activities in the workplan that we will coordinate on, mapping of global and regional working groups, and the respective roles that MCGL and M-RITE will play.

PRIORITIES FOR NEXT QUARTER

Project Director Recruitment: JSI will continue to recruit for a Project Director to succeed Dr. Folake Olayinka, who resigned from the project in early October to join the USAID Immunization Team. We hope to have a new Director on board by the end of the first quarter. Orientation and briefing him/her will be a top priority for the project team during this time. The M-RITE Deputy Director will serve in an acting role during the transition period.

Project Year 1 Workplan and associated deliverables: M-RITE hopes to finalize and begin implementation of the PY1 Workplan, Branding and Marking Plan and the Knowledge Management and Communications Strategy, upon final approval by the AOR Team. Operationalizing the plan will be the focus of the next months, including implementing our project management systems to ensure coordination among project partners and robust program monitoring.

Activity Monitoring Evaluation and Learning Plan: M-RITE looks forward to receiving feedback from USAID on the project AMELP, submitted for USAID review on October 28, 2020. The M-RITE data management system requirements and design initiated in the startup phase will begin development in this next period.

Cross-MOMENTUM Coordination/Collaboration: M-RITE will convene a cross-MOMENTUM technical coordination working group on immunization, and continue to participate in other such groups, including MKA working groups on Knowledge Management, Strategic Communications, Distance Learning, and Monitoring, Evaluation, Innovation, and Learning. As we finalize our workplan and AMELP, we will move forward with collaboration and cross-learning with other MOMENTUM projects on key activities as identified in the plans. In addition, we expect to finalize the M-RITE Letter of Collaboration with MKA, once MKA finalizes key foundational documents on data standards, data sharing, and research transparency.

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