MOMENTUM Routine Immunization Transformation and Equity Project

Semi-Annual Report

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EXECUTIVE SUMMARY

Key Activities Launched and Implementation Underway

Result Area 1: In this reporting period, MOMENTUM Routine Immunization Transformation and Equity engaged preparatory steps toward completion of a COVID-19 briefer for USAID Missions, including agreement on audience, format, and content through a collaborative creative brief process. The team made notable progress on a monograph focused on life-course vaccination and applying lessons from introducing human papillomavirus and other vaccines to COVID-19 vaccination. We also conducted a literature review and developed methodology to use the Photovoice approach for community engagement to understand and address challenges for reaching zero-dose and under-immunized children, families, and communities.

Result Area 2: The project participated in global and regional working groups to support the introduction of COVID-19 vaccination, including pre-review and feedback of the National Deployment and Vaccination Plans (NDVPs) from 14 countries (Nigeria, Togo, Benin, Liberia, DRC, Guinea, Chad, Angola, Ghana, Congo, Gabon, Central African Republic (CAR), and Mauritania and Cape Verde) for pre-review prior to their submission to Gavi. Through these working groups, the project contributes to global and regional developments and is able to bring the latest knowledge to technical support to countries and USAID. During this reporting period, these global and regional engagements provided information to support real-time decision-making about COVID-19 vaccines in the Democratic Republic of Congo (DRC). The project completed a process map for developing an analytical framework for redesigning health services in light of COVID-19.

Result Area 3: The project developed root cause analysis (RCA) diagrams of entrenched obstacles to domestic financing, supply chain, and accountability (governance), and validated the RCAs with internal and external partners. The team conducted a literature review and drafted a supply chain equity maturity model that will be reviewed by partners and tested in countries. In addition, the project began development on country briefs for USAID Missions summarizing key routine immunization (RI) issues. The first brief was drafted for Nigeria, distributed for comments, and is expected to be finalized in Q3.

Result Area 4: The project conducted a landscape of global, regional, and country professional associations and mapped potential roles for associations to support rollout of COVID-19 vaccines. The team engaged with stakeholders within and beyond the project’s consortium to define our approach to strategic partnerships and draft a strategic partnerships framework focused on engaging non-health partners. Both activities involved country-level staff in DRC, Kenya, and Mozambique to prepare for application of these frameworks in the coming period.
Cross-Cutting Technical and Management Activities

The team drafted the MOMENTUM Routine Immunization Transformation and Equity gender strategy based on an extensive literature review and consultation with colleagues within the project’s consortium, USAID, and global partners including WHO, UNICEF, and Gavi. At the end of Q2, the project had received initial feedback from USAID and is set to re-submit in early Q3. Similarly, the project responded to comments on the initial submission of the Activity Monitoring, Evaluation, and Learning Plan (AMELP) and received USAID final approval in April. During this period, the project developed internal processes and tools to support adaptive learning, and contributed to cross-MOMENTUM abstracts as well as several blogs in anticipation of World Immunization Week in April.

Country Highlights

DRC Co-Creation and Initial COVID-19 TA Plan Approved

The MOMENTUM Routine Immunization Transformation and Equity team in Kinshasa established its official relationship with the Ministry of Health’s Programme Elargi de Vaccination (PEV). The project identified four target provinces and adapted tools to apply RCAs and other human-centered design (HCD) techniques to understand persistent challenges to RI and co-create approaches to overcome those challenges through a longer-term implementation phase work plan. The team participated in the annual Expanded Programme on Immunization (EPI) review as well as the Gavi Multi-Stakeholder Dialogue, at which the PEV director introduced the project to immunization technical partners. The team conducted a desk review of recent studies, surveys, and analyses and a stakeholder mapping exercise to inform the design of tools to understand PEV priority challenges in greater depth. The official project launch took place on February 23 and 24, 2021, and was an opportunity to further develop RCAs, which will serve as a basis for a “living RCA” to be iterated upon through the qualitative data collection and co-creation workshops planned for Q3. In addition, the team provided technical assistance to preparations for the launch of the COVID-19 vaccine, including support for the NDVP, priority population identification and development of service delivery approaches to reach them, and communications strategies to support acceptance of and demand for the vaccine. Official concurrence was granted on March 31, 2021.

Mozambique Program Description and Meeting with USAID Mission

The team met with the USAID Mozambique Mission team in mid-December to discuss the program description. The mission clarified its immediate technical assistance needs and openness to the project’s co-creation approach to develop a longer-term work plan for intensive work in Nampula and Zambezia provinces. The project submitted its concept note on March 2, 2021, and provided revisions on March 30, 2021. While USAID granted initial approval to fund activities related to a planned immunization coverage survey in Nampula and Zambezia, scheduled for February 2021 and March 2021, respectively, as of March 31, 2021, the project awaits approval of the remaining startup plan activities.

Obstacles

The project implemented startup and its first six months of activities during the COVID-19 pandemic. The period saw disruptions in normal work patterns, including all-remote working arrangements and international travel restrictions. The team leveraged online collaboration and communication tools to facilitate work plan development and review and activity design sessions, and coordinated with other MOMENTUM awards and global, regional, and country-level partners. The cross-MOMENTUM coordination mechanisms that were discussed during the broader MOMENTUM leadership meeting in February helped to identify a way for awards to work together more seamlessly at global and country levels, which should alleviate some of the coordination challenges.
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, is a global U.S. Agency for International Development (USAID) cooperative agreement. The project aims to strengthen routine immunization (RI) programs to overcome the entrenched obstacles that contribute to stagnating and declining immunization rates in maternal, newborn, and child health (MNCH)/family planning (FP)/reproductive health (RH) priority countries; and 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 resultant disruption of immunization services, the project also supports countries with the maintenance, adaptation, suspension, and/or reinstatement of immunization services. The project provides technical assistance to adapt immunization service delivery strategies; support strategies for tracking and follow-up of individuals who missed vaccinations; assess immunity gaps; re-establish community trust and demand for vaccination; and provide technical support for COVID-19 vaccine introduction. It is part of USAID’s MOMENTUM suite of awards to help ensure that investments are tailored to USAID-country contexts and foster sustainability.

This report covers the period October 1, 2020 to March 31, 2021. In December, each result area lead convened a launch meeting to review the goal of each result area, the activities within it, and how they contribute to achieving the goal. All work plan activities were launched by the end of March, with the exception of two scheduled to begin in Q3. With the launch of a regular technical team meeting and a focused technical retreat in February, the project continues to build linkages and leverage synergies between activities under different result areas, as well as across activities at global/regional levels and in the project-supported countries.

ACHIEVEMENTS BY RESULT AREA

Result Area 1: Access to and use of evidence-based, high-quality MNCH/FP/RH information, services, and interventions scaled-up and sustained

The project initiated work on all three activities under Result Area 1, with work accelerating in the second quarter.

For Activity 1.1 (production of a concise quarterly digest for USAID Missions and projects on essential information on COVID-19 and immunization), the project worked with USAID to clarify the digest audiences, format, frequency, key content, and dissemination mechanisms. The digest focuses on: 1) COVID-19 vaccine introduction; and 2) emerging experience on efforts to maintain, adapt, and restore immunization services in the context of COVID-19. It provides links to tools and materials on COVID-19, explains their practical significance, and implications for action by USAID missions and projects. The project submitted a first draft of the first issue of the quarterly digest to USAID on January 21, 2021. It highlighted key tools produced by WHO and other global immunization partners that are likely to be useful to USAID and implementing partners. Based on feedback from USAID and rapid developments during the quarter, the project worked to revise the digest to include updated information. Finalizing these updates has been challenging given the rapidly changing environment around vaccine availability and findings and recommendations concerning potential Adverse Events Following Immunization (AEFI) of certain vaccines.

The project has made significant progress on Activity 1.2 (preparation of a monograph and technical brief on life-course vaccination highlighting experience, lessons, and implications for action), which is intended to inform country-level programming for COVID-19 vaccination and other life-course vaccinations. The team worked to clarify the objectives of the monograph, types of published and grey literature needed, and types of individuals to interview. The project developed an interview guide to gain an understanding from key immunization stakeholders on aspects of life-course vaccination such as decision making and policies, regulatory issues, service delivery strategies, human resources, cold chain/supply chain management, social and behavior change, and data management; conducted a review of published and grey literature (created an extraction matrix, drafted search terms, ran searches online and in...
databases, conducted title, abstract, and full-text reviews, and extracted/summarized data); conducted interviews with 18 key informants at WHO, PAHO, CDC, USAID projects, JSI, and Gates Venture; and prepared a rough first draft of the monograph along with a technical brief detailing key lessons and recommendations for action.

The project convened a launch meeting for Activity 1.3 to discuss the aims, approach, and theory of change for the activity on community consultations on reasons for zero-dose and under-immunization, and local stakeholders’ proposed solutions. The project conducted a literature review on reasons for zero-dose and under-immunization and identified three potential countries for conducting the activity (Kenya, Mozambique, and possibly India). This activity will use an innovative method called Photovoice, in which participants (caregivers, health personnel, local stakeholders) take photos related to immunization and use them to describe and analyze challenges and potential solutions for improving immunization. Participants will be asked to sign a consent form indicating their consent for use of their photo in this work.

**Result Area 2: Capacity of host-country institutions, local organizations, and providers to deliver evidence-based, high-quality MNCH/FP/RH services improved**

During Q2, work began on Activity 2.1 on developing an analytical framework and co-creation methodology to redesign immunization service delivery in the context of COVID-19. The project developed a process map as the basis for creating the analytic framework for immunization service redesign and initiated discussions among staff on how co-creation concepts could inform the design of the framework.

For activity 2.2, the project’s involvement in global and regional groups to support the introduction of COVID-19 vaccination accelerated over the first half of the year (see annex 2 for a list of groups), in parallel with the many rapid developments at global and regional levels, particularly within the Africa region. The project proposed staff to participate in the risk communication/community engagement and service delivery subgroups for West and Central Africa and in data management for East and Southern Africa. At the invitation of WHO/AFRO, the project technical lead for immunization participated in the first meeting of the newly created Africa COVID-19 Readiness and Delivery Team. Finally, the project’s social and behavior change communication advisor was invited to join the global working group on risk communication and community engagement for COVID-19 vaccine. In November, the project technical lead for immunization made a presentation to introduce the project to the COVID-19 Immunization Partners Technical Coordinating Group.

Project staff took part in biweekly meetings of the COVID-19 Immunization Partners Coordination Group led by WHO and UNICEF, and in the WHO COVID decision-making group, which focused on the role of National Immunization Technical Advisory Group. The latter was disbanded in the second quarter as its functions were absorbed into other working groups, including the COVID-19 Readiness and Delivery Global Coordinating Group, in which the project participates. In addition, project staff participated in the working groups for COVID-19 vaccine introduction for West and Central Africa and East and Southern Africa, respectively. For the former, a senior technical officer on the project provided rapid, intensive expertise to the process of pre-review and feedback for the NDVPs from 14 countries1 prior to their submission to Gavi. Participation in these working groups is vital to staying abreast of the rapidly evolving COVID-19 vaccine introduction situation, having the opportunity to contribute to global and regional developments, and providing high-quality technical support to countries and USAID.

For Activity 2.3 on developing and testing methods and tools to improve the tracking of immunization expenditures and financial flows, an initial launch meeting took place in January. Throughout the quarter, project staff discussed the aims, approaches, and analytical methods that could be used to build this activity further.

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1 The countries are Nigeria, Togo, Benin, Liberia, DRC, Guinea, Chad, Angola, Ghana, Congo, Gabon, Central African Republic (CAR), and Mauritania and Cape Verde.
Result Area 3: Adaptive learning and use of evidence in MNCH/FP/RH programming through sustained host-country technical leadership increased

In the first half of PY1, the project launched and progressed on three activities under Result Area 3. In Activity 3.1 (rapid evidence reviews), the project developed an internal protocol to guide the rapid reviews and developed RCA diagrams of the entrenched obstacles to domestic resources (financing), supply chain, and accountability (governance). In Q2, teams validated these internally and with external partners to ensure that the project will mitigate obstacles and root causes that are of greatest concern to a range of stakeholders, and will seek to fill evidence gaps. The project also used the draft RCA diagrams in DRC during the kick-off meeting with immunization stakeholders and during design data collection tools. Team members discussed target users and audiences and output formats to ensure maximum uptake and use of the evidence outputs. Teams started the literature reviews in Q2, and expect final outputs to be available in Q3.

Activity 3.3 focuses on equity in the immunization supply chain to develop an equity measurement framework. During the first six months, the project completed a review of existing literature and guidance related to equity in the immunization supply chain and the links to service delivery. Based on the analysis of the current guidance, the team is developing a maturity model for countries to use as a benchmark that will be reviewed by partners and tested in countries. The maturity model will complement existing guidance on how to mitigate inequity through supply chain management. The project is also focused on using equity to build a stronger link between service delivery and supply chain decisions. We expect final outputs to be available by the end of Q3.

In Activity 3.4 (country briefs), the project agreed to develop an initial two briefs (Nigeria and DRC). During Q2, the project developed and discussed with USAID a mock-up four-page layout, and collated key indicators and data for the two countries. Briefs will be user-tested and finalized during Q3, with more countries to follow.

Result Area 4: Cross-sectoral collaboration and innovative partnerships between MNCH/FP/RH and non-MNCH/FP/RH local organizations increased

Over the course of the first six months, the team made significant progress on Activities 4.1 and 4.3, and will be starting Activity 4.2 in Q3.

The team kicked off Activity 4.1 (professional association) in mid-December, and agreed on objectives, timeline, and principles, including the need to prioritize engagement based on criteria set forth by the WHO SAGE, and the utility of gaining an initial rudimentary understanding of the landscape and obstacles in a handful of initial countries (DRC, Mozambique, and Kenya), in addition to liaising with priority global institutions. Additionally, the team conducted secondary research to develop an initial ecosystem mapping of relevant organizations, including their reach and publicly available COVID-19 activities. The team conducted an initial prioritization based on key criteria, such as targeted stakeholder groups and current level of engagement in the pandemic and began outreach to these organizations. Simultaneously, the team engaged JSI colleagues in the three geographies to understand the intricacies of individual country contexts, including alignment with COVAX and SAGE guidelines, key obstacles, and identification of critical actors and professional associations. This activity will help to identify potential partnerships with professional associations to address vaccine acceptance among health workers.

In Q2, the team conducted a robust ecosystem mapping exercise of professional associations at the global level that represent priority populations for the current COVID-19 vaccine population, according to the WHO SAGE. After evaluating their potential and relevance based on initial scoping criteria (e.g., membership reach, presence in key markets, and engagement in the COVID-19 vaccine distribution), we engaged five organizations, including the International Council of Nurses, the International Federation on Aging, the International Pediatrics Association, the International Confederation on AIDS Care, and the International Federation of Midwives. Additionally, we began conversations in DRC, Mozambique, and Kenya, and have begun to explore synergies with the MOMENTUM Private Healthcare Delivery project and the WHO technical working group on the private sector. After the discovery and
mapping phase, we held a short series of virtual design sessions with key constituency groups in the DRC, including Sanru, a civil society consortium; the National Order of Nurses; and the Réseau des Journalistes Amis de l’Enfant. Our team assessed the inputs and distilled key insight and opportunity areas for the project to explore with professional associations, including the development of formal linkages to National Immunization Programs (NIPs), the facilitation of capacity-building activities, and facilitating the dissemination of tools, channels, and vaccine information. These ideas were fleshed out through an internal workshop, including country leadership in DRC and Mozambique, and the project’s monitoring, evaluation, and learning (MEL) and co-creation leads. At the end of the quarter, work began with the project’s DRC team to identify mapping gaps and potential activity areas and priority needs during the co-creation and eventual full workplan phases, which will continue into Q3.

Activity 4.3 (partnerships strategic framework) launched simultaneously with the broader Results Area 4 kickoff in late November. In the first quarter, the team developed an initial partnerships framework, with an emphasis on non-traditional and non-health partners. After soliciting input from the project and USAID stakeholders, the team created a working draft of the project’s partnerships vision, objectives, and guiding principles. The team ended the quarter with a visioning and ideation workshop with project leadership and USAID counterparts to validate the group’s initial thinking and explore and prioritize non-traditional partnerships.

Over Q2, the team made significant progress in completing a first draft of the partnership framework. The team agreed on a vision of the role the project would play, priority stakeholder groups, and the types of partnerships and collaboration we aim to facilitate to support NIP agendas. We conducted several interviews with stakeholders across key organizations, including the WHO, Gavi, and JSI. We engaged the Sabin Institute to explore potential outreach opportunities and leveraging its Bright Spots case studies. With the CORE Group, we conducted a survey of civil society and nongovernment organizations and MOH leadership and practitioners to understand their perspective and needs related to strategic and nontraditional partnerships. Once we had developed a strong framework and initial draft, we held a series of initial conversations with managers within DRC’s NIP, including district, provincial, and national actors, to solicit perspectives and feedback on key gaps and opportunities related to nontraditional partnerships. We closed the quarter with a series of interviews with leadership across a set of relevant historical programs and nontraditional partnerships, with the intent of highlighting them in our strategic framework. At the global level, we led a conversation with the Starbucks Corporation, which has led the development of an operations playbook for COVID-19 vaccine supersites. It is unclear whether Starbucks’ expertise would be applicable in the project’s countries, given the more limited vaccine supply. We will follow up if an opportunity arises. Over the next quarter, the team will identify and apply use cases to build drafts of tools and templates to help design, broker, and strengthen partnerships through NIPs.

CROSS-CUTTING AND MANAGEMENT ACTIVITIES

Gender Strategy

During Q1, the project developed the terms of reference for a gender advisor, identified and oriented a highly experienced consultant, and convened a meeting with USAID staff on expectations and opportunities for developing the project gender strategy. The project also participated in a meeting of the cross-MOMENTUM gender working group and obtained guidance on the structure for the gender strategy. In Q2, the project and the gender consultant worked intensively to develop the strategy, reaching out to WHO, UNICEF, Gavi, and the Bill & Melinda Gates Foundation and reviewing the gender strategies of other MOMENTUM awards to inform the content and approach of ours, a draft of which we submitted to USAID on March 5. The timing for developing this strategy coincided with the first steps toward implementation of Gavi’s updated gender policy and growing focus and commitment on gender and immunization. Gavi invited the project to join a new multi-agency group called the Alliance Gender Equity in Immunization Working Group, and the project took part in its inaugural meeting on February 16. The project also developed the learning objectives for an in-house orientation on gender and immunization and posted a needs
assessment for staff to complete to inform the development of the orientation sessions. The project will build the orientation content and methods in the next quarter, now that it has received feedback from USAID.

**Monitoring, Evaluation, and Learning**

In Q1, the project submitted the draft Activity Monitoring, Evaluation, and Learning Plan (AMELP) to USAID and refined it based on comments from USAID during Q2. The AMELP was approved in April. During the first six months the MEL team focused on developing the requirements for the project data system to ensure alignment with MOMENTUM Knowledge Accelerator and overall rigor and efficiency of data collection and reporting, and built out reporting forms in the project’s new project management software for some indicators. The MEL team oriented activity teams to collaboratively develop activity-level and AMELP indicators, and developed an interim data entry process until the final data system is ready. The team initiated the process of developing measurement and data collection tools for more complex indicators, which will be piloted and finalized in Q2 and Q3 (depending on the indicator and activity). The MEL team supported the recording of core AMELP indicators across the activities implemented in Q1 and Q2. Project staff validated an “equity in programming” process indicator checklist to encourage the inclusion of gender and equity mainstreaming across its design and implementation.

In Q2 the team developed internal processes and tools to support adaptive learning, including a condensed version of MOMENTUM Knowledge Accelerator’s Adaptive Learning Toolkit, templates for after-action reviews and pause and reflect sessions, and meeting agendas that encouraged continuous feedback and adaptation. The MEL team supported this effort particularly in DRC, for example by encouraging reflection during team meetings on what was working and what could be improved. In Q2 the project prepared for the cross-MOMENTUM knowledge exchange event on co-creation and adaptive learning by documenting specific lessons from DRC.

The project’s MEL team contributed to initial development of two cross-MOMENTUM conference abstracts for GHTechX (adaptive learning and complexity-aware monitoring). The MEL team also participated in other cross-MOMENTUM activities, including participating in the Monitoring, Evaluation, Innovation and Learning (ME/IL) working group, and contributing to the sub-group on measuring coordination and collaboration across MOMENTUM, led by USAID.

**Global and Regional Working Groups**

During Qs 1 and 2, project staff played an active role in the steering committee for the Maternal Infant Young Child Nutrition/Family Planning/Immunization Community of Practice. This newly formed group promotes integration and mutual understanding and experience-sharing across these health interventions. A kick-off meeting of the group was convened on December 10, 2020, with a second meeting focusing on measurement and monitoring of integration across interventions on March 23, 2021.

Also during the quarter, a project staff member continued to serve on the technical advisory group for updating the USAID High Impact Practice (HIP) brief on family planning/immunization integration. This is one of a series of HIP briefs that build on published evidence to provide practical guidance on how to implement integrated family planning/immunization services in ways that are beneficial to both interventions.

**Co-Creation Methodology**

The project partners have been iteratively designing, testing, and refining the project’s approach to co-creation over the last six months, most notably through our work in DRC. The team developed and refined the project’s co-creation principles as well as an overarching framework for our approach to co-creation. The framework was refined based on ongoing lessons from implementation in DRC, and by observing reactions and feedback from DRC and Mozambique Missions. The project developed and implemented specific tools to support the DRC kick-off, including a stakeholder mapping template, a document review template, RCA training and templates, and basic HCD and brainstorming trainings and templates. The project global staff trained DRC staff on the use of these tools, which continue to be
adapted and refined for sub-national use. Also as part of this activity, the team worked on the project’s co-creative approach to identifying entrenched obstacles and addressing coverage and equity. The project’s qualitative approach—centered on HCD principles—is designed to uncover deeper insights than a traditional coverage and equity survey. By working in a participatory manner with key EPI stakeholders, the methodology will produce actionable solutions supported by stakeholders. The assessment approach will be implemented in Q3 in DRC, and adapted for Mozambique.

Cross-MOMENTUM Relationships

As detailed in the Coordination and Collaboration within MOMENTUM section, the project continues to collaborate with awards across the MOMENTUM suite at the leadership level, and across result areas and activities, as appropriate.

Knowledge Management

In Q1, the project focused on setting up staff with the appropriate knowledge management (KM) systems and teaching staff to use them. Another focus was reviewing the branding guidelines to ensure all staff are aware of the regulations and how the KM process will ensure they are followed. The KM team spent the second half of Q1 setting up a system to help manage work plan activities. Also within this system, the KM team will be maintaining its newly created publications matrix, editorial calendar, conference tracker, social media calendar, and report timelines. The KM team worked closely with MOMENTUM Knowledge Accelerator to create a project factsheet, which was posted on the public MOMENTUM website on December 4. We also provided guidance and content for the newly launched MOMENTUM Facebook and Twitter accounts and posted news items on the KM platform along with updates to our project page.

At the beginning of Q2, the KM team launched the project management system. We provided orientation sessions for staff and developed a set of resources to familiarize them with the functions of the platform. Additionally, the KM team managed the development of several publications. The project wrote a two-page document outlining the team’s technical areas of assistance for COVID-19 vaccine introduction to share with USAID missions. In collaboration with MOMENTUM Country and Global Leadership, the project also developed a two-page document detailing our joint approach to reducing the number of zero-dose and under-immunized children in our project areas. The KM team managed the development of two blogs and MOMENTUM’s social media toolkit for World Immunization Week in April. The blogs focus on project country staff experiences preparing for and introducing the COVID-19 vaccine in DRC and Mozambique, and the importance of reaching zero-dose children with RI services. These blogs will be posted on the MOMENTUM website next quarter. The social media toolkit will be finalized next quarter and used to promote MOMENTUM’s immunization-related work. At the end of Q2, the project submitted six ideas for sessions for the MOMENTUM Share Fair and drafted text for the project page and the DRC page for the MOMENTUM public website.

The KM team continued to participate in the strategic communication and KM groups in Q2. Next quarter, the project will co-host a World Immunization Week webinar that will explore early experiences and strategies to leverage the focus on COVID-19 to strengthen RI.

CROSS-CUTTING CHALLENGES AND OPPORTUNITIES

In Q1, the team invested significant time in collaboration with other MOMENTUM awards, establishing relationships with project leadership and technical immunization and MEL counterparts from across the suite. These engagements set the stage for informal communication channels and continued technical exchange throughout this project year. We hope that the mechanisms created in this initial phase will lead to more efficient coordination and consultation on future work plans. The project will continue to leverage this important investment throughout the life of the project.
Coordination and approval of communications products have required multiple layers of review from MOMENTUM Knowledge Accelerator and USAID communications and technical teams, not only requiring significant staff resources but also extending the timeliness for sharing information.

As activity implementation across the core work plan began, there was an identified need to improve understanding of the project approaches, and ensure that they are applied across the core work plan activities and in-country in ways that build on the expertise of individual partners to create greater impact. The management team held a technical retreat to build deeper understanding of the project approaches and how they contribute to the shared project goals, including strategies for country-level adaptation and buy-in for these approaches. Additionally, the project established a bi-weekly technical meeting with all activity leads to maximize coordination and synergy across activities.

With the availability of COVID-19 vaccine, additional USAID funding through CN-108, and observed challenges in vaccine roll-out, COVID-19 is becoming a larger portion of the project’s work. In response to USAID’s request, the project submitted an outline of proposed new activities to respond to identified gaps in assistance related to COVID-19 vaccine roll-out. With positive feedback from USAID, the project will prepare an addendum to its Y1 work plan with the changes. Significant project staff resources were diverted to respond to developing work plans with short turn-around times in response to CN-108 funding for COVID-19 technical assistance. The project will seek to maintain an appropriate balance of attention to improving RI equity and supporting USAID’s response to this urgent global challenge.

LEARNING AGENDA

During this reporting period, the project drafted and refined its learning agenda. The MEL team undertook the following process:

- Identify and include learning questions expected to be answered through PY1 global activities.
- Identify and add relevant learning questions from Gavi 5.0, IA2030, and USAID (including COVID-19 vaccination).
- Align where possible to the cross-MOMENTUM learning agenda.
- Refine questions based on country needs of DRC and Mozambique, project context, and the ability to measure against the project theory of change.

The project will convene its second learning agenda workshop in April 2021, in partnership with MOMENTUM Knowledge Accelerator to refine and prioritize the questions, and will validate priority questions with USAID. In Q3, the team will establish tools and processes for exploring each priority question and will begin to document and share learnings.
Focus on learning: What the project has learned so far about the added value and challenges of applying a co-creation/adaptive learning/HCD approach

One of the project’s learning questions aims to explore the added value of applying a co-creation/adaptive learning/HCD approach to activities. We paused to document lessons related to this question in DRC, and observed the following:

**A co-creation approach requires additional time and resources for coordination and stakeholder engagement.** In DRC, the team established a “cellule technique” (technical coordinating committee) between the project and PEV that meets weekly to work on assessment activities. The cellule technique helped to define PEV’s priorities for the assessment, establish feedback and validation of tools along the way, and identify other opportunities for stakeholder engagement and collaboration. Working closely with PEV, particularly during COVID-19, has resulted in timeline delays but should ultimately improve the sustainability of the planned assessment.

**A HCD mindset is new to many EPI stakeholders and requires intensive capacity building.** We are learning that compared to traditional approaches to EPI assessment (e.g., health facility and coverage surveys), more qualitative and HCD approaches require intensive training and coaching. This was challenging due to the global team’s inability to travel, but we were able to implement multiple online interactive capacity-building sessions and iterate on those over multiple weeks. To ensure ongoing capacity strengthening to apply HCD during the assessment, project global staff will participate in daily debriefing/coaching sessions with the DRC team during the data collection phase in Q3, as well as other week-long and ad-hoc analysis and training sessions.

**COORDINATION AND COLLABORATION WITHIN MOMENTUM**

The project continues to collaborate with other awards across the MOMENTUM suite, at the leadership level, and across result areas and activities, as appropriate.

**Immunization Technical Coordinating Group**

In discussion with USAID, the project established an informal “light touch” group to promote information sharing and collaboration across the MOMENTUM awards that have an immunization component. USAID designated the project as the lead, and the project developed and circulated terms of reference for the new MOMENTUM Immunization Technical Coordinating Group (ITCG) prior to its inaugural meeting in October. During the meeting, each MOMENTUM project summarized its priorities for immunization work in PY1 and proposed technical topics for “deep dive” discussions in subsequent meetings. Following the meeting, a space for immunization was established on the MOMENTUM KM platform. Also during Q1, the project reached out to MOMENTUM Country and Global Leadership, MOMENTUM Integrated Health Resilience, and MOMENTUM Private Healthcare Delivery about preparing an abstract on COVID-19 and immunization for the upcoming Global Health TechXchange. The abstract was submitted in January 2021, but was not accepted. The next meeting of the ITCG is planned for early May.
Coordination with MOMENTUM Knowledge Accelerator

Throughout the reporting period, the project participated in the MOMENTUM Knowledge Accelerator’s cross-MOMENTUM mechanisms, including the ME/IL, the KM, and the Strategic Communications working groups. The project executed a letter of commitment with the MOMENTUM Knowledge Accelerator team in February upon finalization of the foundational document and guidance (MOMENTUM Research Transparency and Data-Sharing Guidance). As mentioned in the KM section, the project worked extensively with MOMENTUM Knowledge Accelerator in drafting blogs, a social media toolkit, talking points for USAID for World Immunization Week, public website content for the project and DRC pages, and submitting ideas for the MOMENTUM Share Fair. The project also created and gave a 15-minute presentation for the MOMENTUM all-hands staff meeting in late March.

Result Area-specific Cross-MOMENTUM Coordination

For Result Area 4, the team maintained contact with counterparts in other MOMENTUM rounds (MOMENTUM Country and Global Leadership and MOMENTUM Private Healthcare Delivery) about opportunities for learning and collaboration on strategic partnerships, and have jointly signaled an openness to inform and engage.

At the Teach to Reach conference, the project led development of a joint session, Innovations for Capacity-Building to Address Challenges due to COVID-19: Strategies from the MOMENTUM Suite of Projects, presented with MOMENTUM Country and Global Leadership, MOMENTUM Private Healthcare Delivery, and MOMENTUM Integrated Health Resilience. Over 500 people joined the online session.

The project collaborated closely with MOMENTUM Country and Global Leadership on a joint briefing document on zero-dose children. This document is part of a longer-term collaboration between projects to ensure coordination and learning across the MOMENTUM suite on reducing the number of zero-dose children.
From November 2020 to March 2021, the project worked with EPI and stakeholders to implement the launch and prepare phases of the DRC co-creation approach. As our first country buy-in, which was complicated by the COVID-19 context, we established a collaborative team structure in DRC. In the first months of startup and implementation, the project invested in discussion and iteration with partners and within the internal team to develop and adapt frameworks and tools to realize the co-creation approach in DRC. The project launch meeting gave the team the opportunity to listen to and observe stakeholder interactions. This engagement, along with reviewing assessments, suggest that while multiple challenges are documented, insight into underlying root causes and how they vary across contexts remain sparse. In Q2, the project worked with PEV and other stakeholders to co-create an assessment approach that uncovers root causes, with a focus on the most vulnerable children and communities to identify potentially high-impact pro-equity solutions. This period saw the team develop data collection tools and a process map to visualize how the outputs from each step will contribute to the overall analysis and identification of solutions to inform the subsequent period work plan. This investment in preparation and stakeholder engagement will result in more country-owned and sustainable results.

**TABLE 1. AMELP INDICATORS RELEVANT TO THIS REPORTING PERIOD**

<table>
<thead>
<tr>
<th>INDICATOR NAME</th>
<th>Q1</th>
<th>Q2</th>
<th>SEMI-ANNUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.2: Number of global, national, and sub-national policies (including strategies, guidelines, operational plans) developed with project support related to immunization services or MOMENTUM cross-cutting areas.*</td>
<td>0</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>3.0.1: Number of evidence products, tools, or data analyses produced by the project that include actionable recommendations and an equity and gender equity lens.</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3.2.2: Number of individuals actively reached through the project co-creation, dissemination, knowledge exchange, and knowledge translation activities and events.</td>
<td>4</td>
<td>568</td>
<td>572</td>
</tr>
</tbody>
</table>

*The project provided substantive review to COVID-19 vaccine related policies, strategies, and plans at global and national levels in Q1 and Q2 through technical support to global, regional, and national working groups. Specific inputs are described in detail under activity 2.2.
WHAT’S NEXT

We anticipate a significant increase in country-level activities in Q3, resulting from approval and implementation of DRC and Mozambique work plans, approval of new CN-108 work plans, and application of core work plan activities at country level. Our priorities for Q3:

- Submit a work plan addendum detailing new activities to support COVID-19 vaccination, activities refocused toward COVID-19, and budget realignment required to fund new activities.
- Begin intensive implementation of activities to support COVID-19 vaccination in two new countries—Niger and Kenya.
- Begin implementation of the start-up phase in Mozambique, with USAID work plan approval. Concurrently implement activities in the CN-108 work plan to support COVID-19 vaccination.
- Begin in-country application phase of core activities 1.3 (Community consultations and equity barriers solutions); 2.1 (Immunization redesign and resource implications); 4.1 (Engage professional associations for COVID-19 vaccination); and 4.3 (Develop partnership strategy framework) pending mission concurrence.
- Implement co-creation approach (Activity M5) and associated tools and methodologies in DRC and Mozambique, documenting key lessons and refining the approach.
- Launch two new activities—2.4 (Improve health worker capacity) and 4.2 (Map community partnership models)—both of which were refocused to incorporate COVID-19 considerations.
- Finalize gender strategy based on USAID feedback and integrate gender orientation across project activities.
- Continue to work with international partners including Gavi, WHO, and UNICEF to identify areas for synergy, collaboration, and complementarity.
- Refine and prioritize key learning agenda questions in consultation with USAID, and develop protocols for generating learning that can be incorporated into country work plans.