EXPLORING PROGRAMMING AROUND HEALTH EQUITY, HEALTH SYSTEMS STRENGTHENING, AND SOCIAL AND BEHAVIOR CHANGE

(AND THEIR INTERSECTIONS)

FINDINGS FROM A DOCUMENT REVIEW

JULY 2024

The Health Systems Strengthening Accelerator (Accelerator) is a global health system strengthening initiative, funded by the United States Agency for International Development (USAID), with co-funding from the Bill & Melinda Gates Foundation that supports local partners as they find their own pathways to meaningful and lasting health systems change.

The Accelerator is led by Results for Development, with support from Health Strategy and Delivery Foundation, headquartered in Nigeria, and ICF. Additional global, regional, and local partners will be selected in partnership with USAID/Office of Health Systems and USAID Missions based on demand.

Submitted to

Jodi Charles, AOR
Office of Health Systems
USAID Bureau for Global Health

Prepared by

Results for Development
1111 19th Street, NW, Suite 700
Washington, DC 20036

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This document review was led by Susan Pietrzyk at ICF with data analysis and report writing contributions from Oluwayemisi Ishola, Molly Lauria, and Lwendo Moonzwe.

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LIST OF ABBREVIATIONS AND ACRONYMS

DRC	Democratic Republic of the Congo
FY	fiscal year
GH	Bureau for Global Health
HSS	health systems strengthening
MERL	monitoring, evaluation, research, and learning
OHS	Office of Health Systems
SA	social accountability
SBC	social and behavior change
UHC	universal health coverage
USAID	United States Agency for International Development

OVERVIEW OF THE ACCELERATOR PROJECT

The Health Systems Strengthening Accelerator (Accelerator) is a global initiative funded by the United States Agency for International Development (USAID), with co-funding from the Bill & Melinda Gates Foundation. Its goal is to partner with countries to build resilient, high-performing health systems that respond to persistent and emerging health challenges that disproportionately impact vulnerable populations. The Accelerator contributes to USAID's strategy for achieving improved health equity, quality, and resource optimization by helping countries apply a whole-of-systems lens to intractable health systems issues, connecting local innovation and global knowledge, strengthening local ownership and processes, and building the institutional architecture needed to ensure lasting change.

The Accelerator systematically learns and shares new knowledge about building sustainable, country-led institutions for iterative health systems strengthening (HSS), which ultimately helps countries and development partners develop new strategies, partnership models, and approaches.

SOCIAL AND BEHAVIOR CHANGE UNDER THE ACCELERATOR

Each fiscal year (FY), the USAID Office of Health Systems (OHS) makes funding available for core activities intended to align to programming strategies across USAID's Bureau for Global Health (GH). In FY 2020, USAID/GH/OHS funded a core activity entitled Improving Linkages between Social Accountability and Social and Behavior Change. The initial work was a study to explore the linkages between these two prominent practice areas—social accountability (SA) and social and behavior change (SBC).

Côte d'Ivoire, Ghana, and Guinea were selected for virtual data collection with a focus on the SA-SBC linkage, including in relation to HSS and universal health coverage (UHC). One hundred seventy-nine stakeholders completed an online survey, and 21 key informant interviews were conducted. Some of the key findings were as follows:[1]

- Across the 179 respondents, 68.7% indicated that SA is prioritized in their country. Government support and citizen advocacy were noted as key to the success of SA.

Social and Behavior Change (SBC) is a systematic, evidence-driven approach to improve and sustain changes in behaviors, norms, and the enabling environment. SBC interventions aim to affect key behaviors and social norms by addressing their individual, social, and structural determinants (factors). SBC is grounded in several disciplines, including systems thinking, strategic communication, marketing, psychology, anthropology, and behavioral economics.

Social Accountability (SA) works to increase the degree that government and service providers are accountable for their conduct, performance, and management of resources. Specific social accountability strategies, approaches, activities, and tools are often grounded in amplifying citizen engagement.

[1] Improving the Linkages between Social Accountability and Social and Behavior Change: https://www.acceleratehss.org/where-we-work/building-better-systems-for-health-equity-using-social-and-behavior-change/improving-the-linkages-between-social-accountability-and-social-and-behavior-change/

- Fewer than a third of the respondents felt that facility providers or administrators were accountable to patients. Fewer than half agreed that the government was accountable to citizens for providing quality services, information about health services, and equitable allocation of financial resources.
- Respondents appeared to view behavior change from the government and citizens as linked in asserting that the government must change its behavior and better inform citizens of their rights. And citizens must change their behavior to exercise their rights.
- The challenges that respondents reported concerning SA in support of UHC included a top-down approach in developing and rolling out UHC, few if any processes for involving citizens, a lack of a culture or understanding of SA, and poor citizen organization and mobilization.
- As presented in Table 1, the percentage of respondents who strongly agree that specific population groups are represented in advancing UHC is relatively low. These findings suggest that UHC efforts are perceived to struggle with representativeness. Striving for representation is an important strategy that can be achieved by changing behaviors to adopt more inclusive processes with collaborative work between government, health, and citizen actors.

After the release of the FY 2020 report, a series of activities and events were undertaken to present and discuss the findings of the study. This work, which began in FY 2021, focused on situating the findings and recommendations in real life contexts and promoting the use of what was learned, as follows:

- **National Data Utilization and Learning:** The findings were shared (virtually) with national-level stakeholders in Côte d'Ivoire, Ghana, and Guinea through small, tailored presentations and country-specific webinars. Each event was designed to facilitate discussion around insights and recommendations for applying what was learned through the study.
- **Subnational Data Utilization and Learning:** The findings were shared (virtually) with subnational-level stakeholders in Côte d'Ivoire, Ghana, and Guinea. A total of 263 participants across 8 districts joined these events. Focus on the subnational level helped facilitate ways to bring in voices and perspectives that sometimes get let out.[2]

TABLE 1 **Percentage of respondents who strongly agree that specific population groups are represented in UHC efforts**

	Côte d'Ivoire	Ghana	Guinea
Men	20.0	40.5	24.1
Women	17.3	31.1	37.9
Youth	16.0	18.9	27.6
Persons with disabilities	16.0	14.9	17.2
Individuals with specific health conditions	14.7	12.3	20.7
Individuals who struggle with mental illness	6.8	5.5	10.3
Urban citizens	23.0	28.4	41.4
Rural citizens	21.3	18.9	37.9

[2] A brief describing this work can be found at: Engaging Subnational Stakeholders on Social Accountability and Social Behavior Change: Lessons from Cote d'Ivoire, Ghana, and Guinea (acceleratehss.org)

- **Applying a Behavior Change Lens to Citizen Mobilization around UHC:** The Accelerator facilitated two virtual workshops for the Togolese UHC Task Force and civil society organizations. Participants applied SBC approaches to assess engagement barriers for civil society and to design action items that were integrated into the national UHC workplan.[3]
- **Applying a Behavior Change Lens Budget Advocacy and the Community Health Strategy in Guinea:** Through a collaborative process, the Accelerator developed a SBC-oriented tool for citizen and civil society actors to inform budget advocacy work.

The SA-SBC Linkages study and post-study data use activities align to broader questions around the role of SBC within HSS work and the intersection of health equity. In particular, the USAID Vision for Health System Strengthening 2030 and the companion Learning Agenda identify SBC as a cross-cutting approach that is critical to strengthening health systems and striving for high-performing health systems. One goal in doing so is to expand thinking around where and how to cast a behavior change lens. For example, HSS-focused programming often works in areas such as expanding the quality of and access to health services, health financial protection, health governance, health security, SA, emergency preparedness and resilience, the advancement of UHC, and other areas aiming to improve health systems and increase health equity. In each of these areas, applying a behavior change lens can yield important insights and inform programming.

1. How do implementers conceptualize and define health equity?
2. To what extent do projects undertake self-reflection around health equity as a learning and/or programming refinement exercise? What types of rubrics or tools have been used? What has been learned?
3. In the context of individual projects, in what ways is a health equity lens informing HSS activities and vice versa? What is the "equity" in relation to?
4. How (if at all) do projects integrate SBC into HSS activities? Or vice versa, do SBC activities measure changes in HSS and/or health equity related outcomes?
5. In what types of situations might a behavioral change goal or metric, and/or SBC approaches help to advance health equity-focused work within a project?

Health Systems Strengthening (HSS): A health system is defined as consisting of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health. HSS comprises the strategies, responses, and activities that are designed to sustainably improve country health system performance. USAID's operational definition of HSS draws the boundaries based on the intent of efforts and resulting patterns of resource allocation.

Health Equity: An equitable health system affords every individual a fair opportunity to attain their highest level of health regardless of social or demographic factors, with particular emphasis on underserved, socially exclude, and vulnerable populations (USAID Vision for Health Systems Strengthening 2030).

[3] A brief describing this workshop can be found at: Using a Behavioral Lens to Mobilize Citizens Around Universal Health Coverage in Togo (acceleratehss.org)

ORGANIZATION AND AIMS OF THE REPORT

To explore the research questions, the project undertook a document review. With interest in both a global and a USAID-funded project perspective, the document review set out to include 32 countries, of which 25 are priority countries for USAID/GH/OHS, with priority defined as those that receive 3 or more types of USAID health funds. The additional seven countries were included based on country experience on the Accelerator project. The 32 countries are as follows:

- **West Africa:** Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Niger, Senegal, Sierra Leone, Togo
- **Central and East Africa:** Burundi, Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Rwanda, Tanzania, Uganda
- **Southern Africa:** Angola, Madagascar, Malawi, Mozambique, Zambia, Zimbabwe
- **Asia (and Haiti):** Bangladesh, Cambodia, India, Indonesia, Nepal, Philippines, Tajikistan, Haiti

DOCUMENT REVIEW APPROACH

The inclusion criteria for the document review were broad, specifically:

- **Document Type:** Annual report, final evaluation, final report, mid-term evaluation, peer reviewed literature, or technical report
- **Publication Date:** Published between 2018 and 2023
- **Health Project:** Document from a USAID health project, with the exclusion of global supply chain projects and commodity only projects
- **Country of Operation:** A balance across the selected 32 countries

The bulk of the documents were identified through searches on the USAID Development Experience Clearinghouse. A small number of documents produced by the MOMENTUM suite of projects were included based on knowledge of the projects. A small number of peer-reviewed articles were included based on searching the Global Health: Science and Practice journal.

A total of 96 documents were selected for review; however, 19 were excluded because the health focus was not central enough or the focus was not project-specific enough. As a result, a total of 77 documents were included in the review. A list of the 77 documents is presented in Appendix A.

Each of the documents was imported into Dedoose, a qualitative data coding and analysis software. The coding focused on characteristics of the documents and themes in relation to the project objectives and the focus on health equity, HSS, and SBC. The codebook is presented in Appendix B.

Characteristics of the Reviewed Documents

As presented in Table 2, the largest number of documents reviewed (23) are final reports. The least common document type is annual report (5). About half of the documents (34) were published in 2019. Only a few documents (4) were published in 2022 and 2023.

For project type, across the 77 documents, 43 are documents from bilaterally funded projects (i.e., projects with funding from a USAID Mission) and 32 are from centrally managed projects (i.e., projects managed by a US-based USAID operating unit with funding from USAID US-based operating units or USAID Missions). The project type could not be determined for two of the documents.

Similar to the overall document inclusion criteria, the definition for health project is broad. The codebook included 14 health topics and included the option for a document to be coded with multiple health topics. Table 3 presents the number of documents for each of the 14 health topics.

x

TABLE 2 Overview of document type and publication date for the 77 documents reviewed

Document Type	Number of Documents		Publication Date	Number of Documents
Final Report	23		2018	14
Mid-Term Evaluation	17		2019	34
Technical Report	13		2020	15
Final Evaluation	10		2021	10
Peer Reviewed Literature	9		2022	4
Annual Report	5		2023	0

TABLE 3 Number of documents per each health topic

Health Topic	Number of Documents
Reproductive Health and Family Planning	31
Maternal and Child Health	30
Nutrition	17
HIV/AIDS	14
Health Service Delivery	11
Health Systems Strengthening	10
Water, Sanitation, and Hygiene	9
Community Health	7
Malaria	7
Tuberculosis	7
Health Finance and Governance	5
Immunization	4
Sexual and Reproductive Health and Rights	2
Neglected Tropical Diseases	0

Each document reviewed aligns to a single country where a USAID-funded project is being implemented. The review included at least one document from 27 different countries, as follows:

- **8** Ethiopia, Tanzania
- **7** Kenya
- **5** Bangladesh, Cambodia
- **4** Ghana, India, Mali, Uganda
- **3** DRC, Zambia
- **2** Liberia, Madagascar, Malawi, Mozambique, Nepal, Philippines
- **1** Benin, Burkina Faso, Guinea, Haiti, Niger, Rwanda, Sierra Leone, Tajikistan, Togo, Zimbabwe

At the onset of the exercise, the goal was to identify and review documents from 32 countries; however, documents from 5 countries were not included. For Angola, Burundi, and Côte d'Ivoire, no documents were found during the initial search. For Indonesia and Senegal, upon full review, the documents were determined to not meet the criteria. Figure 1 presents the number of documents reviewed for each of the 27 countries.

Across the 77 documents, there are 60 unique projects represented and 37 unique organizations that work as the implementing partner prime for one or more of the projects. Given the inclusion of centrally managed projects, in some instances, a single project might have distinct activities and associated reports in multiple countries. For example, there are 10 documents from the Maternal and Child Survival Program from work in Ethiopia, Ghana, Liberia, Madagascar, Malawi, Nepal, and Uganda. In the count of 60 projects, the Maternal and Child Survival Program is counted only once. Table 4 provides a list of the 60 unique projects. Table 5 provides an overview of the 37 unique implementing partners.

FIGURE 1 | **Documents reviewed by region and for each country**

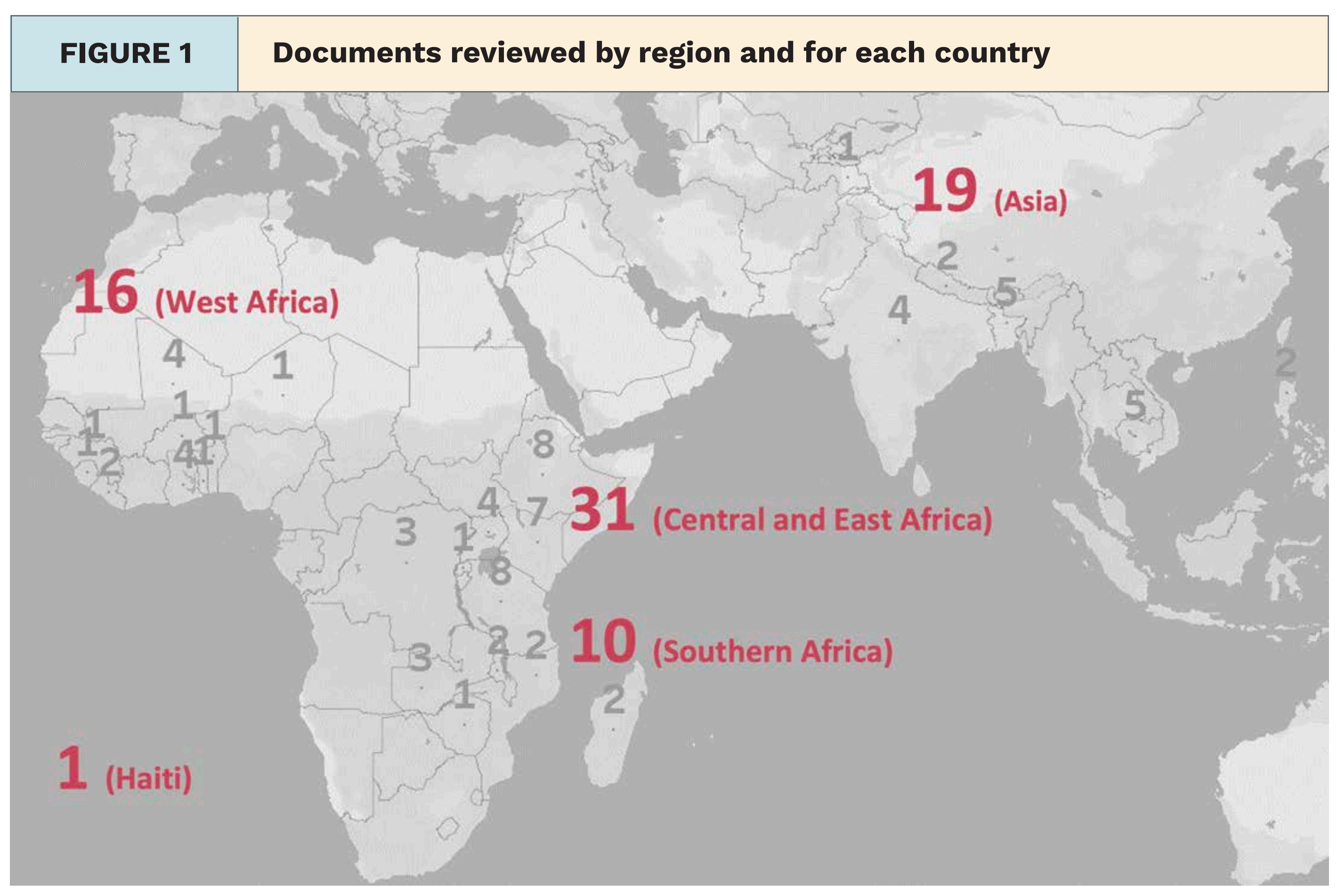


TABLE 4 — Names of the projects represented in the document review

1. Advancing Partners & Communities (APC)
2. Advancing Universal Health Coverage Activity (AUHC)
3. Afya Jijini
4. APHIAplus IMARISHA
5. Boresha Afya: The Comprehensive Health Service Delivery (Southern Zone)
6. Boresha Afya: The Comprehensive Health Service Delivery (North and Central Zone)
7. Boresha Afya: The Comprehensive Health Service Delivery (Lake and Western Zone)
8. Challenge TB (CTB)
9. Enhancing Quality of Healthcare Activity (EQHA)
10. Evidence to Action (E2A)
11. Family Planning and Post-Abortion Care in Emergencies
12. Fertility Awareness for Community Transformation (FACT)
13. Food and Nutrition Technical Assistance (FANTA III)
14. Ghana WASH for Health (W4H)
15. Gikuriro: Integrated Nutrition and WASH Program
16. Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM)
17. Guinea Health Service Delivery (HSD) Project
18. Health and Nutrition Activity
19. Health Finance and Governance (HFG)
20. Health Policy Plus (HP+)
21. Health Service Delivery (HSD)
22. High Impact Health Services (SSGI) / Services de Santé à Grand Impact
23. HIV Service Delivery Support, Cluster 3
24. Improving Community Health Workers Program Performance through Harmonization and Community Engagement to Sustain Effective Coverage at Scale
25. Improving Nutrition through Community Approaches (INCA)
26. Integrated Family Planning Program (IFPP)
27. Integrated MNCHN/FP Regional Project in Luzon (LuzonHealth)
28. Integrated MNCHN/FP Regional Project in Mindanao (MindanaoHealth)
29. Integrated Rural Program to Improve Nutrition and Hygiene (IRP)
30. Malaria Elimination Project
31. MaMoni Health Systems Strengthening
32. Maternal and Child Survival Program (MCSP)
33. Mayer Hashi II Family Planning
34. MOMENTUM Country and Global Leadership: Integrated Management of Childhood Illness (IMCI)
35. MOMENTUM Integrated Health Resilience
36. Mwanzo Bora Nutrition Program (MBNP)
37. Nutrition and Health Program Plus (NHPplus)
38. Organized Network of Services for Everyone’s (ONSE) Health
39. Partnership for Advancing Community-Based Services (PACS)
40. PrEP Implementation for Young Women and Adolescents (PrIYA)
41. Promoting Healthy Behavior (PHB) Activity
42. Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative
43. Transform Program Overall
44. Resilience in the Sahel Enhanced (RISE) Initiative
45. RESPOND Tanzania Project (RTP)
46. Safer Deliveries Program
47. Services de Sante a Grand Impact
48. Sexual and Reproductive Health and Rights for Internally Displaced Persons Project (SRHR-IDP)
49. Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree)
50. Strengthening the Care Continuum
51. Suaahara II Integrated Nutrition Program
52. Systems for Better Health (SBH)
53. Systems for Health (S4H)
54. TB Health Action Learning Initiative (THALI)
55. Transform Primary Health Care (PHC)
56. Tuungane Population, Health, and Environment (PHE)
57. Universal Immunization through Improving Family Health Services (UI-FHS)
58. Vriddhi: Scaling Up Interventions in Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A)
59. Zambia Family South Central (ZAMFAM SC)
60. Zvandiri (‘As I am’) Trial for Adolescents Living with HIV

TABLE 5	Overview of the 37 unique implementing partners
Organization	**Number of Documents**
Jhpiego	15
John Snow Inc. (JSI)	6
IMA World Health (IMA), Pathfinder International	5
Palladium, Save the Children	4
FHI 360	3
Abt Associates, Chemonics, EngenderHealth, International Rescue Committee (IRC), Universal Research Co. (URC)	2
Africad, Africare, Amref Health Africa, Care International, Caris Foundation, Caritas Bangladesh, Catholic Relief Services (CRS), Columbia University, Deloitte, Development Aid from People to People (DAPP), D-tree, Elizabeth Glaser Peadiatric AIDS Foundation (EGPAF), Georgetown University's Institute for Reproductive Health (IRH), Global Communities, Helen Keller International, IntraHealth, IPE Global, Karnataka Health Promotion Trust (KHPT), KNCV Tb Foundation, Management Sciences for Health (MSH), National Cooperative Business Association (NCBA CLUSA), Population Council, Population Services International (PSI), Research Triangle (RTI) International, World Health Partners (WHP)	1

Notes: Ten of the 15 documents in which Jhpiego is the implementing partner are from the Maternal and Child Survival Program. Four of the five documents in which IMA World Health is the implementing partner are from MOMENTUM Integrated Health Resilience.

Thematic Coding of the Reviewed Documents

Thematic coding focused on identifying programming approaches around health equity, HSS, and SBC and their potential intersections. Generally, project documents do not explicitly assert "our programming approach was X," but rather, they present achievements and outcomes in relation to a results framework within a monitoring, evaluation, research, and learning (MERL) plan. As such, the coding served to identify text that more indirectly describes programming undertaken while also flagging topics related to programming.

A total of eight codes were used across the three focus areas (HSS, SBC, health equity). Table 6 summarizes the number of times each code was applied across all 77 documents.

TABLE 6	Number of times each HSS, SBC, and health equity code was applied			
Health Topic	**HSS**	**SBC**	**Health Equity**	**Total**
Programming example	400	256	78	734
Programming challenge	157	123	83	363
Best practice/success story	139	99	37	275
Aspiration for the project	111	69	32	212
Measurement	34	49	17	100
In results framework	36	24	12	72
Related hypotheses	19	29	17	65
Specific definition	4	3	3	10
TOTAL	**900**	**652**	**279**	**1,831**

Generally, project documents do not explicitly write about examples of the intersection of HSS, SBC, and health equity. As such, the coding served as a way to identify text in which it could be inferred that an intersection is occurring. Table 7 summarizes the number of times the 4 possible intersection combinations as codes were applied across all 77 documents.

Analysis Approach for the Coded Documents

The data for the document review are text excerpts that have been coded, with each coded text excerpt aligning to the project that is the focus of the document. Using the analytic features of Dedoose, code occurrences were tallied, and summary reports were generated to group excerpts for each code. The Dedoose-generated tallies and reports were exported to Excel for further analysis, which centered on identifying themes, patterns, differences, and commonalities.

During the analysis process, it was always known what project each excerpt was from; however, in presenting the findings from the document review, the connection to specific projects is not always made. Further, in some instances, the excerpts are not presented verbatim and instead, the findings represent original analysis based on reading the excerpts and gearing that analysis toward describing programming and making recommendations about programming.

FINDINGS FROM THE DOCUMENT REVIEW

The findings presented here are in relation to the review of the 77 documents. Because each document is aligned to a USAID-funded project, the terms “document” and “project” are used interchangeably. In doing so, it is important to emphasize that this report is not an evaluation of any individual project or set of projects.

The aim of this report is to explore the extent that a small sample of USAID-funded health projects include programmatic focus on health equity, HSS, and SBC. Any analysis or discussion about a lack of focus on health equity, HSS, and SBC is done with awareness that focus on health equity, HSS, and SBC may not have been part of the project’s contract or cooperative agreement. Pointing out exclusions represents a way to think about options and possibilities and is in no way a criticism of a project.

The findings from the document review are organized as follows:

- Types of project objectives
- Programming examples
- Programming intersections
- Conclusions and recommendations

TABLE 7 **Number of times the four possible intersection combinations as codes were applied**

Code	Number of Times Code Applied
Stated or inferred intersection of HSS and SBC	99
Stated or inferred intersection of health equity, HSS, and SBC	76
Stated or inferred intersection of health equity and SBC	20
Stated or inferred intersection of health equity and HSS	17

Types of Project Objectives

Across the 77 documents reviewed, the project objective code was applied 95 times and in relation to 56 unique projects. A full list of the project objectives is presented in Appendix C. Looking at project objectives across the 77 documents reviewed has some limitations, notably because each project considered part of this review has additional documents that potentially more fully present the project's objectives. Despite the limitations, some useful insights can be gleaned from project objectives, particularly by bearing in mind that project objectives provide a high-level overview of a project while also conveying a project's intentions and vision.

Tables 8, 9, and 10 present some of the project objectives identified from the coding exercise. The examples are purposefully grouped to reflect variations in the objectives. In Table 8, each of the project objectives directly state specific service delivery activities, an intervention, or an intended achievement. In Table 9, however, the project objectives are more conceptual in nature when the objective being pursued is social change.

Across the 77 documents, the majority of the project objectives align to those presented in Table 8. As shown in Table 10, centrally managed projects are often able to focus on both specific service delivery activities, an intervention, or an intended achievement as well as a conceptual objective focused on social change.

Programming Examples

Generally, project documents do not explicitly assert "our programming approach was X," but rather, project documents include achievements and outcomes in relation to a results framework within a MERL plan. As such, the coding for this document review often included code applications to text that describes programming in more indirect ways.

Of the eight total thematic codes, three provide insight into programming around health equity, HSS, and SBC: programming example, best practice/ success story, and aspiration for the project. Note that because the 8 thematic codes are cross-coded with the 3 focus areas (HSS, SBC, health equity), there are 24 codes (see the codebook in Appendix B).

TABLE 8 **Project objectives stating a specific service delivery activity, intervention, or achievement**

Country, Project Name	Objectives
Mali, High Impact Health Services (SSGI) / Services de Santé à Grand Impact	(1) **Increased use of** quality family planning, maternal, neonatal, and child health services. (2) **Increased coverage** and use of key malaria interventions. (3) Increased coverage of HIV/AIDS and other infectious disease prevention and treatment. (4) **Improved nutritional status,** water supply, hygiene, and sanitation. (5) Improved national, regional, district, and community management, and health systems.
DRC, Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative	Strengthen the capacity of the Ministry of Health to **provide post-abortion care,** including voluntary contraceptive services.
Zimbabwe, Zvandiri ('As I am') Trial for Adolescents Living with HIV	**Achieve and maintain** physical, social, and mental well-being of children, adolescents, and young adults living with HIV.
India, Vriddhi: Scaling Up Interventions in Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A)	**Reduce preventable maternal, neonatal, and child mortality.** Four strategic outputs support the achievement of this objective: (1) **Improve availability** and quality of RMNCH+A services in government health facilities. (2) Strengthen evidence for RMNCH+A services. (3) Incubate RMNCH+A good practices for scale-up. (4) Involve multiple stakeholders in delivery of RMNCH+A services.

TABLE 9	Project objectives that are conceptual and focused on social change
Country, Project Name	**Objectives**
Ethiopia, Universal Immunization through Improving Family Health Services (UI-FHS)	**Address barriers to equity** and reach every child. Improve the availability, utilization, quality, and sustainability of immunization services.
Bangladesh, Improving Community Health Workers Program Performance through Harmonization and Community Engagement to Sustain Effective Coverage at Scale	Goal: To achieve effective coverage of high impact maternal, newborn, child health, family planning, and nutrition interventions and to improve health status. Objective 1: Institutionalization of community health workers: Efficient and effective linkages between communities, health services, and local systems established inclusive of changes in behavior that **reduce gender barriers in systems and social norms**. Objective 2: Measurement to influence systems and policies: Evidence and data for decision making to promote scale, **equity,** and mutual accountability generated and used at all levels. Objective 3: **Inclusive** and effective partnerships: Coordination and collaboration between government, civil society, and the private sector to influence national and local policies and plans improved.
Kenya, APHIAplus IMARISHA	Provide an integrated package of services in HIV and AIDS, TB, malaria, family planning and maternal, newborn, and child health, and **interventions addressing social determinants of health.**
Uganda, Advancing Partners & Communities (APC)	Focus on (1) strengthening effective country leadership and coordination for family planning programs and (2) creating the enabling framework to **transform social norms** that affect demand for and use of modern contraception.

TABLE 10	Project objectives from centrally managed projects
Country, Project Name	**Objectives**
Maternal and Child Survival Program (MCSP)	MCSP was a multi-partner, flagship program in support of USAID's priority goal of preventing child and maternal deaths. Project work was evidence based and results oriented. The project focused on increasing coverage and utilization of high-quality reproductive, maternal, newborn, and child health interventions at the household, community, and health facility levels.
Health Finance and Governance (HFG)	Drawing on the latest research, the project implements strategies to help countries increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The project also assists countries in developing robust governance systems to ensure that financial investments for health achieve their intended results.
Health Policy Plus (HP+)	Strengthen and advance health policy priorities at global, national, and subnational levels. The project aims to improve the enabling environment for equitable and sustainable health services, supplies, and delivery systems through policy design, implementation, and financing
MOMENTUM Integrated Health Resilience	Strengthen the quality and resilience of voluntary family planning, reproductive health, and maternal, newborn, and child health care and service delivery in fragile settings, as part of the MOMENTUM suite of awards

HEALTH EQUITY

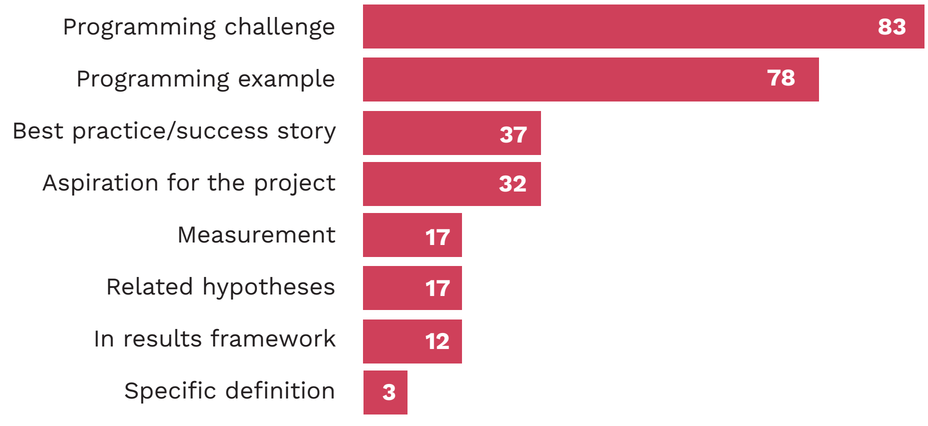
Health equity is a multifaceted concept involving fair access to services and consideration of various social determinants that affect health. Across the documents reviewed, only a few projects specifically mention health equity as a part of their programming; however, many of the documents reviewed shed light on the extent to which equity is infused as part of the project's objectives and strategies.

Figure 2 presents the thematic code applications within the health equity focus area. One area in which focus on health equity appears to be limited is in terms of measurement, given the small number of code applications for the last four codes. Across the documents reviewed, there is little mention of rubrics or tools for assessing the impact of health equity programming, potentially indicating that health equity may not be a measured outcome in these projects.

The three highest number of code applications occurred for the codes programming example, best practice/success story, and aspiration for the project; therefore, the analysis that follows is drawn from excerpts coded as such.

From the coding exercise, examples of programmatic interest in and focus on health equity appear in several ways, including in relation to improving gender equity, targeted focus on underserved and vulnerable populations, and health service operational strategies. Further, several success stories were identified through the coding. In highlighting health equity examples from the document review, most are not presented in relation to a specific project; instead, the examples are grouped and listed and presented more as recommendations to help facilitate adoption by any health project.

FIGURE 2 **Thematic code applications within the health equity focus area**



Health Equity Programming Examples: Improving Gender Equity

It is common across the documents reviewed that projects view gender not as an add-on objective, but rather as cross-cutting and central to the success of the project. Some examples of health equity programming focused on improving gender equity include the following:

- **Project Staffing and Training.** Include a full-time gender and social inclusion technical officer to help prioritize the integration of gender during the full life of a project and routine training for staff on gender and health care issues.
- **Sex-Disaggregated Data.** Prioritize the collection and analysis of data by sex to identify disparities and understand specific needs and challenges.
- **Influence Policy Development.** Develop gender-related indicators and integrate them into health management information systems.
- **Health Workforce.** Advise on staffing plans within the health sector and advocate for gender-focused recruitment as part of improving access to and quality of services for women and girls.
- **Capacity Development and Inclusivity.** Involve key populations, including men, women, and youth, in program design and implementation, thereby promoting inclusivity and empowerment.
- **Understanding Gender Influences.** Recognize the importance of understanding how gender norms and power imbalances affect access to services.
- **Outreach to Male Partners.** Engage men through community mobilization activities to involve them in decision-making processes and promotes gender equity in family planning.
- **Equal Access to Contraceptive Methods.** Ensure that health facilities offer a full range of voluntary modern contraceptive methods for women, men, and youth.

Health Equity Programming Examples: Targeted Focus on Underserved and Vulnerable Populations

Often health equity programming is implemented through the prism of a targeted focus on underserved and vulnerable populations, with aim of addressing disparities in health care access and promoting inclusivity and fairness. Some examples of this type of health equity programming include the following:

- **Support for Vulnerable Communities.** Focus on the needs of those most at risk with initiatives around constructing latrines, distributing commodities, and improving access to health facilities.
- **Expansion of Public Sector Health Care Services.** Tailor programming for those who have historically been dependent on the private sector for health care.
- **Mobile Outreach Services.** Provide comprehensive mobile health outreach services to ensure that services reach underserved areas, and foster partnerships and collaborations to help ensure that vital health services are available to all, irrespective of where they reside.
- **Integrated Activities.** Integrate community-focused initiatives, such as setting up mobile clinics, distributing health essentials in communities, and initiating action plans led by emerging community leaders.
- **Awareness Raising.** Enhance access to qualified medical care and improve awareness on health issues like tuberculosis, among marginalized groups.

Health Equity Programming Examples: Health Service Operational Strategies

In some instances, health equity programming examples are embedded into the service provision aspect of the project, with specific operational strategies aimed at increasing equity. Some examples of health equity programming focused on health service operational strategies include the following:

- **Equity-Centered Health Care.** Tailor access to and quality of services in recognition that health and social issues are often interconnected and therefore, service provision must take into account the nuances in relation to different demographic and sociocultural factors.
- **Health Equity Funds:** Use funding mechanisms, including those that, for example, provide direct stipends, dedicated funds, or reimbursements to public facilities for service provision, to address financial barriers proactively and reduce potential financial burden at the household level.
- **Mitigation of Malaria Service Disparities.** Increase access to preventive measures, diagnosis, and treatments for malaria, specifically for hard-to-reach populations.
- **Addressing Resource Allocation Disparities.** Collaborate with health ministries at the national and subnational levels to reevaluate resource allocation formulas to advocate for more equitable distribution of funding.

Health Equity-Related Success Stories

Nearly every project document included descriptions of ways the project has been successful. Several success stories demonstrate the positive impact of targeted interventions to promote equity within health projects. Some examples include the following:

- **Enhancing Access to Skilled Deliveries.** The challenge of limited transportation options for expectant mothers was addressed by using taxi services to refer them to facilities for skilled deliveries. This initiative resulted in a steady increase in skilled deliveries over a one-year period.
- **Reducing Stigma and Improving Access to Health Care.** Key strategies for project success included male champions to foster a more inclusive environment, flexible hours for youth to access sensitive health services, and confidential hours for women diagnosed with HIV to receive services.
- **Improving Multisectoral Collaboration:** Extensive collaboration between development and humanitarian programs, as well as with local actors, was determined essential to providing comprehensive sexual and reproductive health services to internally displaced persons in humanitarian settings.
- **Integrating Services to Improve Access:** Integrated services demonstrated benefits for clients, including easier access to health care. Service integration reduced the number of visits required, enabling individuals to receive multiple services on the same day. This approach positively impacted immunization, family planning, and other health care services provided by the facilities.
- **Targeting Poor and Vulnerable Households:** Through collaborative efforts, guidelines were developed to target households in need of basic sanitation services, including and establishing systems to reach those most in need. Participatory processes involving sector stakeholders resulted in adoption of the community-led total sanitation approach.

HEALTH SYSTEMS STRENGTHENING

Across the documents reviewed, many of the projects included HSS programming, primarily within the traditional health systems and with limited emphasis on comprehensive approaches that extend beyond the health care sector alone. There were a few mentions of HSS as a strategy for sustainability, but in general, there were no specific definitions of HSS, and to an extent, the interpretation of HSS across the projects varied, with the most common strategy being capacity strengthening of health providers. Projects that included their theories of change or intermediate results typically incorporated HSS programming related to the World Health Organization HSS building blocks.

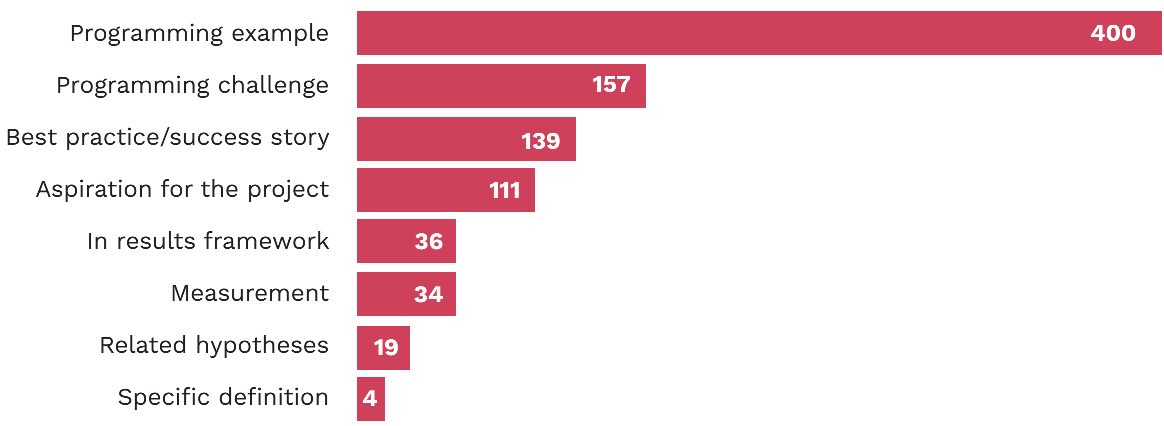
Given that service delivery is the central element for most of the projects, the HSS emphasis is primarily on assessing the impact of HSS on access to health services and health status. Measuring the long-term impact of HSS on the system is challenging, given that USAID-funded projects are generally run for five years. Longer timeframes are generally needed to adequately assess the effects of HSS programming. In addition, the absence of a well-defined implementation framework for HSS across most projects poses challenges for evidence-based adaptation in future projects.

Figure 3 presents the thematic code applications within the HSS focus area, with the subsequent analysis based on a review of excerpts coded from the programming example, best practice/success story, and aspiration for the project.

From the coding exercise, examples of programmatic interest in and focus on HSS generally involve initiating or supporting coordination and collaboration efforts, capacity strengthening, enhancement of service delivery, decentralization, financial reform, evidence-based approaches, and data management. Some specific examples of HSS programming and success stories include the following:

- **Strengthening of Existing Structures within the Health Sector.** HSS programming often includes strengthening of government structures at the national, regional, county, and subcounty levels, with the aim of improving service provision and the capacity of health providers. For example, one project focused on institutionalizing the availability and accessibility of adolescent and youth reproductive health services by aligning its approach with government mandates, building on existing health system structures and networks, and collaborating with agencies across the social sector to instill healthy reproductive health behavior among adolescents.

FIGURE 3	Thematic code applications within the HSS focus area



- **Community-Based Approaches.** As a programming approach developed by one project, the community action cycle provides pathways to connect communities to the formal health care system, including engaging health governance bodies to drive demand and adopt strategies around accountability for quality health services. In addition, by building the skills of community actors and preparing them to identify root causes of health challenges, the programming approach then fosters collaborations to find solutions and increase community support for health, nutrition, and water, sanitation, and hygiene.
- **Many Types of and Platforms for Collaboration.** All projects collaborate, and HSS programming examples shed light on a range of collaborative options. Collaboration with, for example, an academic institution to provide in-service training alongside a project's ongoing supportive supervision helps build the capacity of local stakeholders to sustain program progress. Likewise, government collaboration with private sector service providers leveraged their specialized expertise and resources to help improve the quality of services.
- **Leveraging of Partnerships.** Leveraging the existing strengths of partner organizations in implementing activities, and working in collaboration with government and community structures, have proven effective in building sustainable health systems.
- **Coordination.** Active engagement with community and district health workers has led to prioritized malaria interventions, with stakeholders ensuring that critical malaria activities are integrated into annual operational plans.
- **Training and Skill Retention.** Initiatives such as systematic assessment and training of health care providers on client-centered services have resulted in enhanced clinical assessment and counseling skills. Continuous evaluation and professional development, through follow-ups and identification of areas for improvement, underscore the value of these strategies in HSS.

Most Common HSS Programming Example: Capacity Strengthening

Projects with an HSS focus often prioritize strengthening the capacities of health care workers, community health volunteers, and other service providers. In addition, the active and sustained involvement of non-governmental organizations, technical working groups, community organizations, traditional leaders, and other essential stakeholders is commonly considered important.

- **Investment and Accountability.** Investment in capacity strengthening for public health staff potentially opens space for increased transparency and accountability in health governance. Investment in human resources is crucial for advocacy for reform and behavior change; for example, one project described efforts to revamp nursing curricula as transforming preservice education perceptions among stakeholders, including the Ministry of Health.
- **Alignment with Global Movements.** Aligning local health initiatives with global objectives is a pathway for broadening the scope of local health initiatives and embedding the work within the health system.
- **Following Global Guidelines.** Incorporating quality improvement guidelines from the World Health Organization and other global experts helps broaden the approach beyond clinical care and enhance data on priority populations.

SOCIAL AND BEHAVIOR CHANGE

Over the years, USAID has invested heavily in SBC programming, including in topical areas such as agriculture, family planning and reproductive health, maternal health, nutrition, and water, sanitation, and hygiene. Within health projects, SBC is a strategic approach seeking to influence attitudes, beliefs, and behaviors toward achieving positive social outcomes. Often programming involves communication, community engagement, advocacy, and other methods to promote behavior change at the individual, interpersonal, and societal levels. SBC is integral to efforts to achieve development goals and improve the well-being of people worldwide.

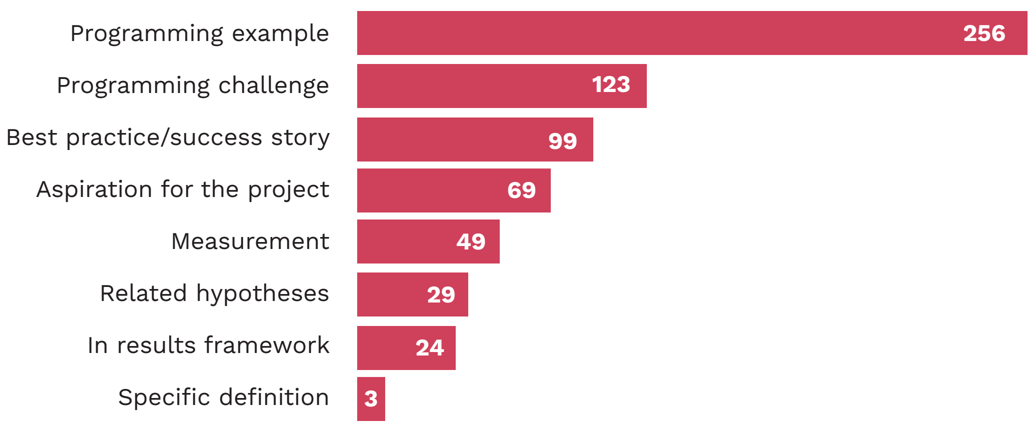
For this document review, only a few projects solely dedicated to SBC were included. Instead, projects with a broader health focus were included with interest in identifying examples of SBC programming being integrated into the broader health projects. Figure 4 presents the thematic code applications within the SBC focus area. The analysis here is drawn from excerpts that were coded as programming example, best practice/ success story, and aspiration for the project.

From the coding exercise, examples of programmatic interest in and focus on SBC varied considerably. Most commonly, SBC programming is implemented in relation to changing behaviors of individuals. The type of behavior change pursued generally involves changing individual attitudes, beliefs, and practices while also improving knowledge about health and positive health-seeking practices. Although the focus on individuals is important, the limited focus on institutions raises questions, particularly given that institutions, whether they are governmental bodies, educational establishments, or health care facilities, play a pivotal role in shaping social norms and behaviors.

The limited emphasis on institutional and systemic behavior potentially signals that health projects may be missing an opportunity to create a more enabling environment that supports and sustains individual behavior change. Institutional behavior change, such as formulating health-promoting policies and creating supportive organizational cultures, can amplify the impact of individual-focused SBC, thus the pressing need to broaden the scope to encompass institutional-level change. Targeting institutions may also address underlying systemic issues contributing to health challenges, providing a more holistic approach to population health.

Some specific examples of SBC programming and success stories primarily focused on individual behavior change include the following:

FIGURE 4 **Thematic code applications within the SBC focus area**



- **Platforms for SBC Messaging.** SBC programming focused on individuals was undertaken in many ways, such as through radio advertising, community theater, door-to-door visits, health facility tours, peer learning, and messaging via YouTube, often with the programming tailored for different dialects, populations, and demographics.
- **Digital SBC.** The use of technology has enhanced SBC programming. From SMS reminders to app-based tools, mobile technology has facilitated communication between health care facilities and communities. Educational initiatives, including the establishment of school clubs and model households, have raised health awareness among youth and families.
- **Empowering Community Groups.** Often community groups under the auspices of a larger project incorporate SBC activities. For example, community health workers play a vital role in SBC work to promote seeking health services and adopting optimal health practices. Other programming centers on integration with existing community structures and sectors, such as agriculture institutions, religious organizations, and schools.
- **Gender-related SBC.** Social norms and stereotypes are addressed by implementing gender transformative activities and involving community leaders, including sensitizing communities and advocating for change in harmful norms, including male involvement in health service provision.

Some specific examples of SBC programming and success stories with a focus on institutional and system-level behavior change are as follows:

- **Respectful Maternity Care.** Incorporate principles around respectful maternal care in training and supervision to prompt health care professionals to reassess their interactions with clients and underscore a reciprocal relationship in which strengthening health care systems influences social behavior and, in turn, is influenced by it.
- **Provider Behavior Change.** Place emphasis on patient-centered approaches, including improving attitudes toward vulnerable populations and addressing issues related to confidentiality.
- **Community Mobilization.** Create synergies between communities and health centers and in turn a connected health system in which community needs are addressed through planning and action.
- **Challenging Harmful Norms.** Leverage community leaders to disseminate health messages, raise awareness about health services, promote healthier practices within communities, and advocate against detrimental norms as part of demonstrating a strong connection between social change and health systems.
- **Capacity Strengthening.** Implement practical activities, such as training masons for latrine construction and promoting handwashing practices, to bridge the gap between health systems and community needs. These efforts can be complemented by training and skill development, as observed in the integration of technical knowledge with behavioral components.
- **Policy and Governance.** Address policy and governance issues and the inefficient delivery of public goods and services, underscoring the role of policy in shaping health outcomes, including building on the success of community-level interventions by engaging in system-level activities.

PROGRAMMING INTERSECTIONS

Generally, project documents do not explicitly outline examples of intersections across health equity, HSS, and SBC programming, but rather, they include achievements and outcomes in relation to a results framework in a MERL plan. As such, the coding served as a way to identify text where it could be inferred that an intersection is occurring. The number of times the 4 possible intersection combinations as codes were applied across the 77 documents is presented earlier in this report (Table 7), and for ease of reference, is repeated here as Figure 5.

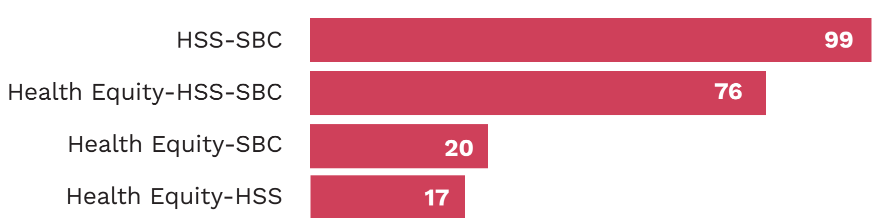
Across the 77 documents reviewed, at least one intersection code was applied in 40 documents, with a total of 212 applications or an average of 5.3 intersection codes applied per document (see Appendix D). Given that the 77 documents collectively represent approximately 4,000 pages of text, the 212 intersection code applications across 40 of the 77 documents is comparatively a small number, which provides some indication that discussion of the intersections across more conceptual topics (health equity and SBC) as well as systems-oriented programming is not prominent in project reporting.

Analysis of the four intersection code combinations was not undertaken individually for each intersection combination, but rather the analysis was drawn from the cumulative total of intersection code applications.

The analysis revealed various sites for and types of intersections. The terms "sites" and "types" are used broadly and refer to, for instance, how or where within a project the intersection is occurring, how an intersection is framed, the vision and focus area of the intersection, and other similar entry points. Thinking about intersections in this way aims to provide insights and ideas for integrating health equity, SBC, and HSS into project design, implementation, and monitoring. Some of the intersection sites and types and key takeaways include the following:

Service Delivery: Working to improve access to and the quality of health services is a prominent part of many of the projects in this review. In quite a few instances it appeared that programming in relation to service delivery was a site where health equity and SBC intersect in relation to how service delivery actors undertake their work and interact with those seeking services. Notable examples include infusing principles of equity into sensitization and training for service providers, using demographic and epidemiological data to inform demand generation activities for targeted services to specific groups, identifying behavioral factors across case management and continuum of care processes, and increasing understanding and training around patient-centered and respectful care. In these types of examples, what is sought includes increased equitable access to health services as well as behavioral and social change from health care providers, those who seek health services, and what that relationship entails.

FIGURE 5 Programming intersections code applications



212 = total number of intersection codes applied

Community Engagement: When projects undertake community engagement, that work is usually wide ranging and seeks to, for example, raise awareness, facilitate dialogue, and build relationships. Across the 77 documents, this type of community engagement from health projects work can be read as a platform for increasing inclusivity and modifying behaviors. In addition, efforts to engage and better connect communities with the health system is an HSS undertaking. Several projects in this review describe their involvement in supporting the formation of committees, working groups, care groups, and other supportive coalitions that aim to identify health challenges and their root causes. This type of collaboration at the community level leads to action planning, and indicates a site within a project where the intersection of health equity, HSS, and SBC is occurring.

Policy Development and Rollout: Across the 77 documents, the focus on service delivery and community engagement is more pronounced than focus on policy development and the rollout of new laws. However, in several instances, it is evident that focus on policy change within a project is a site where the programming logic is that pro-equity policies will help to form a stronger and more resilient health system. Further, there is some discussion in the documents of the importance of considering behavioral factors when rolling out policy changes.

Integrated Design: Health projects are rarely singular in focus and instead nearly always cover multiple health areas and different population groups in integrated ways (e.g., programming focus on various combinations of maternal health, family planning, nutrition, HIV, malaria, adolescent health). Further, integrated designs are sometimes explicitly stated and other times are more an implied strategy. Across the projects represented in this review, the instances in which the integrated design is more explicitly stated also often reflect programming at the intersection of health equity, SBC, and HSS. For example, several integrated service delivery and family planning projects are included in this review, and these projects tend to be framed as a pathway for bringing more individuals into the health system to receive services, including changing individual behavior and maintaining a vision that equitable access, increased inclusion, and SBC among citizens and health systems actors will strength both health outcomes and the health system.

Human Resource Management: All health programming in one way or another includes the management of human resources, with project specifics shaping what human resources are available and how they are managed. Across the 77 documents, the vision for human resource management involves relationships between health care providers and supervisors as well as relationships between health care providers and those who seek services. The projects commonly described the importance of supportive supervision and integrated training and supervision for health care providers (e.g., combined focus on multiple health areas, SBC, administration, and finance). In addition, with human resource management tied to those involved in providing and receiving health services, much of the focus is about tailoring services to specific populations and expanding inclusiveness.

Social Norms: Consideration of the intersection of health equity, SBC, and HSS is present across the 77 documents in instances in which the project's vision is that its programming will contribute to changing social norms. Often the projects use the term "social norms" synonymously with or in conjunction with SBC; however, in a project programming context, the term also carries broader meaning, including in relation to systemic change. For example, working to improve gender equity, decreasing stigma around HIV, expanding engagements with men and boys, tailoring services to regionally specific sociocultural practices, and other norm-changing endeavors are all ways of casting an equity lens that seeks sustainability in changing how people behave and how systems function.

CONCLUSIONS AND RECOMMENDATIONS

The document review and this report have been one element of a larger effort to explore a set of research questions about USAID programming approaches around health equity, HSS, and SBC and where they might intersect. Conducting the document review was more challenging than anticipated. Notably, it was anticipated the documents would include descriptions of programming approaches and the processes followed, as opposed to narrating achievements and outcomes. The lack of focus on programming approaches is itself a finding with an associated recommendation that USAID at both the agency and individual project levels establish more pathways to identify, assess, and reflect on how the work was undertaken.

The findings section did not present findings in relation to the five research questions, largely because the documents did not yield the information needed to speak to each question individually. Instead, the findings section considered the five research questions collectively and tried to glean insights around the broad topic of USAID programming approaches around health equity, HSS, and SBC and where they might intersect. This section presents a few conclusions and recommendations organized in relation to the research questions, with the goal of providing thought provoking and pointed ideas for consideration.

The Set of Research Questions Explored

1. How do implementers conceptualize and define health equity?
2. To what extent do projects undertake self-reflection around health equity as a learning and/or programming refinement exercise? What types of rubrics or tools have been used? What has been learned?
3. In the context of individual projects, in what ways is a health equity lens informing HSS activities and vice versa? What is the "equity" in relation to?
4. How (if at all) do projects integrate SBC into HSS activities? Or vice versa, do SBC activities measure changes in HSS and/or health equity related outcomes?
5. In what types of situations might a behavioral change goal or metric, and/or SBC approaches help advance health equity-focused work within a project?

Research Questions

How do implementers conceptualize and define health equity?

Conclusions

- Across the 77 documents, there are no examples of project implementers conceptualizing and defining health equity (worded as such).
- Many of the projects describe targeting certain populations, including hard-to-reach and vulnerable populations, and this type of discussion, broadly, is focused on health equity.

Recommendations

- To facilitate engagement around topics such as health equity, project reports would benefit from a key terms and definition section.
- As part of a theory of change, projects might consider mapping out a theory of how programming seeks to increase health equity, strengthen the health system, and change behavior and social norms.

To what extent do projects undertake self-reflection around health equity as a learning and/or programming refinement exercise? What types of rubrics or tools have been used? What has been learned?

Conclusions

- There largely are no references to self-reflection around health equity across the documents reviewed.
- Service delivery projects often have checklist tools to track and assess work with service providers, service recipients, and communities. These tools yield practical lessons less about numeric outcomes and more about context and how to strengthen health service-related interactions.

Recommendations

- Identifying examples of self-reflection would have been better explored by speaking with project staff, and in this spirit, project reporting is often stale and would benefit from greater focus on reflective writing around both successes and failures.
- Projects might consider more reflection, discussion, and organization around equity within the team as well as health equity across the beneficiaries of project services.

In the context of individual projects, in what ways is a health equity lens informing HSS activities and vice versa? What is the “equity” in relation to?

Conclusions

- Across the 77 documents, it is most common that health equity is framed in relation to project beneficiaries and access to project services and health services.
- It is somewhat uncommon for health equity to be framed in relation to participation, including both micro-level project activities and more macro-level processes, policies, and decision-making that a project has access to and influence over.

Recommendations

- Given how much health equity has gained momentum, there is a risk of the term simply being jargon like; therefore, it is important in project design, implementation, and monitoring to focus on health equity in precise ways.
- Further research and advocacy are needed to highlight that, to an extent, without focus on equity in relation to participation, health equity in relation to services risks having an incomplete foundation.

4 How (if at all) do projects integrate SBC into HSS activities? Or vice versa, do SBC activities measure changes in HSS and/or health equity related outcomes?

Conclusions

- The project documents reflect the current landscape in which SBC largely relates to individuals and specific health conditions and practices with some increasing interest in SBC for health care providers.
- The project documents with an HSS focus appear to have programming, metrics, and reporting that is strongly aligned to the HSS building blocks.

Recommendations

- Inclusion of SBC work within projects needs to be seamless and infused, and it should be approached with a greater recognition of who needs to change their behavior and the range of entry points within a project where SBC work can be undertaken.
- Balance is needed from projects to align to the HSS building blocks and also recognize the interconnected elements of HSS.

In what types of situations might a behavioral change goal or metric, and/or SBC approaches help advance health equity-focused work within a project?

Conclusions

- There largely are no references to self-reflection around health equity across the documents reviewed.
- Service delivery projects often have checklist tools to track and assess work with service providers, service recipients, and communities. These tools yield practical lessons less about numeric outcomes and more about context and how to strengthen health service-related interactions.

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- Projects might consider more reflection, discussion, and organization around equity within the team as well as health equity across the beneficiaries of project services.

Possible Ways Forward

This report overall as well as these conclusions and recommendations present some possible ideas and ways forward for USAID and individual projects to explore and expand focus health equity, HSS, and SBC and their intersection at each stage of a project and through MERL activities. Of prominent importance is the suggestion that aims of increased health equity, health system change, and behavior change can and should be articulated as part of a theory of change for any health project and should have associated metrics and reporting. One likely reaction to that suggestion is that sometimes projects do not include focus on health equity, HSS, and SBC; however, the advocacy from this report is that all health projects include a focus on health equity, HSS, and SBC, regardless of whether this focus is explicitly stated.

APPENDIX A: LIST OF DOCUMENTS REVIEWED

Documents Included in the Review: West Africa

Country	Project Name	Implementing Partner	Document Type
1. Benin	Advancing Partners & Communities (APC)	John Snow Inc. (JSI)	Peer Reviewed
2. Burkina-Faso	MOMENTUM Integrated Health Resilience	IMA World Health (IMA)	Annual Report
3. Ghana	Systems for Health (S4H)	University Research Co. (URC)	Final Evaluation
4. Ghana	Ghana WASH for Health (W4H)	Global Communities	Final Evaluation
5. Ghana	Strengthening the Care Continuum	John Snow Inc. (JSI)	Mid-Term Evaluation
6. Ghana	Maternal and Child Survival Program (MCSP) Ghana Early Childhood Development (ECD)	Jhpiego	Technical Report
7. Guinea	Health Service Delivery (HSD)	Jhpiego	Final Evaluation
8. Liberia	Partnership for Advancing Community-Based Services (PACS)	International Rescue Committee (IRC)	Final Evaluation
9. Liberia	Maternal and Child Survival Program (MCSP) Expansion of Malaria Services (EMS)	Jhpiego	Final Report
10. Mali	High Impact Health Services (SSGI) / Services de Santé à Grand Impact	Save the Children	Final Report
11. Mali	MOMENTUM Integrated Health Resilience	IMA World Health (IMA)	Annual Report
12. Mali	High Impact Health Services (SSGI) / Services de Santé à Grand Impact	Save the Children	Mid-Term Evaluation
13. Mali	Integrated Rural Program to Improve Nutrition and Hygiene (IRP)	Care International (CARE) and Save the Children	Mid-Term Evaluation
14. Niger	Resilience in the Sahel Enhanced (RISE) Initiative	National Cooperative Business Association (NCBA CLUSA)	Final Report
15. Sierra Leone	MOMENTUM Country and Global Leadership: Integrated Management of Childhood Illness (IMCI)	Jhpiego	Technical Report
16. Togo	Evidence to Action (E2A)	Pathfinder International	Peer Reviewed

Documents Included in the Review: Central and East Africa

Country	Project Name	Implementing Partner	Document Type
17. DRC	Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative	Columbia University	Peer Reviewed
18. DRC	MOMENTUM Integrated Health Resilience	IMA World Health (IMA)	Annual Report
19. DRC	Family Planning and Post-Abortion Care in Emergencies	International Rescue Committee (IRC)	Peer Reviewed
20. Ethiopia	Transform Primary Health Care (PHC) Activity	Pathfinder International	Mid-Term Evaluation
21. Ethiopia	Transform Program Overall (Multiple Activities)	Pathfinder International	Mid-Term Evaluation
22. Ethiopia	Challenge TB (CTB)	KNCV Tb Foundation	Final Evaluation
23. Ethiopia	Maternal and Child Survival Program (MCSP): Community Based Newborn Care, Newborns	Jhpiego	Final Report
24. Ethiopia	Universal Immunization through Improving Family Health Services (UI-FHS)	John Snow Inc. (JSI)	Peer Reviewed
25. Ethiopia	Food and Nutrition Technical Assistance (FANTA III)	FHI360	Technical Report
26. Ethiopia	Sexual and Reproductive Health ad Rights for Internally Displaced Persons Project (SRHR-IDP)	EngenderHealth	Peer Reviewed
27. Ethiopia	Health Policy Plus (HP+)	Palladium	Technical Report
28. Kenya	PrEP Implementation for Young Women and Adolescents (PrIYA)	John Snow Inc. (JSI)	Peer Reviewed
29. Kenya	Afya Jijini	IMA World Health	Mid-Term Evaluation
30. Kenya	Health Policy Plus (HP+)	Palladium	Technical Report
31. Kenya	APHIAplus IMARISHA	Amref Health Africa	Final Report
32. Kenya	HIV Service Delivery Support Activity Cluster 3	Jhpiego	Technical Report
33. Kenya	Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree)	John Snow Inc. (JSI)	Final Report
34. Kenya	Nutrition and Health Program Plus (NHP-plus)	FHI 360	Final Report
35. Rwanda	Gikuriro: Integrated Nutrition and WASH Program	Catholic Relief Services (CRS)	Technical Report
36. Tanzania	Safer Deliveries Program	D-tree	Final Report
37. Tanzania	Boresha Afya: The Comprehensive Health Service Delivery (Southern Zone)	Deloitte	Mid-Term Evaluation
38. Tanzania	Tuungane Population, Health, and Environment	Population Council	Technical Report
39. Tanzania	MOMENTUM Integrated Health Resilience	IMA World Health (IMA)	Annual Report
40. Tanzania	Mwanzo Bora Nutrition Program (MBNP)	Africare	Final Report

Country	Project Name	Implementing Partner	Document Type
41. Tanzania	RESPOND Tanzania Project (RTP)	EngenderHealth	Final Report
42. Tanzania	Boresha Afya: The Comprehensive Health Service Delivery (Lake and Western Zone)	Jhpiego	Mid-Term Evaluation
43. Tanzania	Boresha Afya: The Comprehensive Health Service Delivery (North and Central Zone)	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	Mid-Term Evaluation
44. Uganda	Fertility Awareness for Community Transformation	Georgetown University's Institute for Reproductive Health (IRH)	Final Evaluation
45. Uganda	Advancing Partners & Communities (APC)	John Snow Inc. (JSI)	Final Report
46. Uganda	Maternal and Child Survival Program (MCSP): Uganda Routine Immunization Program	Jhpiego	Final Report
47. Uganda	Maternal and Child Survival Program (MCSP): Uganda Child Health	Jhpiego	Final Report

Documents Included in the Review: Southern Africa

Country	Project Name	Implementing Partner	Document Type
48. Madagascar	Maternal and Child Survival Program (MCSP): Madagascar End of Project Report	Jhpiego	Final Report
49. Madagascar	Maternal and Child Survival Program (MCSP): Malaria Elimination	Jhpiego	Technical Report
50. Malawi	Maternal and Child Survival Program (MCSP): Family Planning and Immunization Service Integration	Jhpiego	Technical Report
51. Malawi	Organized Network of Services for Everyone's (ONSE) Health	Management Sciences for Health (MSH)	Final Report
52. Mozambique	Integrated Family Planning Program (IFPP)	Pathfinder International	Final Report
53. Mozambique	Maternal and Child Survival Program (MCSP): Preventing Maternal and Child Deaths	Jhpiego	Final Report
54. Zambia	Systems for Better Health (SBH)	Abt Associates	Annual Report
55. Zambia	Global Health Supply Chain-Procurement and Supply Management (GH-SC-PSM)	Chemonics	Technical Report
56. Zambia	Zambia Family South Central (ZAMFAM SC)	Development Aid from People to People (DAPP)	Mid-Term Evaluation
57. Zimbabwe	Zvandiri (‘As I am’) Trial for Adolescents Living with HIV	Africaid	Peer Reviewed

Documents Included in the Review: Asia (and Haiti)

Country	Project Name	Implementing Partner	Document Type
58. Bangladesh	Improving Nutrition through Community Approaches (INCA)	Caritas Bangladesh	Final Evaluation
59. Bangladesh	Mayer Hashi II Family Planning	Pathfinder	Final Report
60. Bangladesh	MaMoni Health Systems Strengthening Activity	Jhpiego	Final Report
61. Bangladesh	Improving Community Health Workers Program Performance through Harmonization and Community Engagement to Sustain Effective Coverage at Scale	Save the Children	Final Report
62. Bangladesh	Advancing Universal Health Coverage Activity (AUHC)	Chemonics	Final Report
63. Cambodia	Enhancing Quality of Healthcare Activity (EQHA)	(FHI 360)	Mid-Term Evaluation
64. Cambodia	Promoting Healthy Behavior (PHB) Activity	Population Services International (PSI)	Mid-Term Evaluation
65. Cambodia	Health Policy Plus (HP+)	Palladium	Technical Report
66. Cambodia	Malaria Elimination Project	Universal Research Co (URC)	Mid-Term Evaluation
67. Cambodia	Health Policy Plus (HP+)	Palladium	Technical Report
68. India	Health Finance and Governance (HFG)	Abt Associates	Final Report
69. India	TB Health Action Learning Initiative (THALI)	Karnataka Health Promotion Trust (KHPT)	Final Evaluation
70. India	TB Health Action Learning Initiative (THALI)	World Health Partners (WHP)	Final Evaluation
71. India	Vriddhi: Scaling Up Interventions in Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A)	IPE Global	Mid-Term Evaluation
72. Nepal	Suaahara II Integrated Nutrition Program	Helen Keller International	Mid-Term Evaluation
73. Nepal	Maternal and Child Survival Program (MCSP): Nepal	Save the Children	Final Report
74. Philippines	Integrated MNCHN/FP Regional Project in Luzon (LuzonHealth)	Research Triangle Institute (RTI)	Final Report
75. Philippines	Integrated MNCHN/FP Regional Project in Mindanao (MindanaoHealth)	Jhpiego	Final Report
76. Tajikistan	Health and Nutrition Activity	IntraHealth	Peer Reviewed
77. Haiti	Health Service Delivery (HSD)	Caris Foundation	Mid-Term Evaluation

APPENDIX B: DEDOOSE CODEBOOK

Document and Project Characteristics

Document type	Choose only 1 from 6 types
Date of publication	Choose only 1 from 6 dates
Project type	Choose only 1 from four types
Health topic	Choose as many as applicable from 14 choices
Country	Choose only 1 from 32 countries
Name of project	Highlight and code name
Implementing partner (lead)	Highlight and code name
Consortium members	Highlight and code names
Project objectives	Highlight and code objectives
Country context	Choose only 1 from 2 choices

Focus Areas and Thematic Codes

FOCUS AREA: **HEALTH EQUITY (HEQ)**		
HEQ-1	Specific definition	Explicit reference to how the project defines HEQ
HEQ-2	In results framework	Health equity or equity appear in goals or results framework
HEQ-3	Aspiration for the project	Example of intended approach or outcome (not programming)
HEQ-4	Concrete programming example	Example of an activity or intervention (not intended approach)
HEQ-5	Stated best practice/success story	For on-going or past programming (not a goal)
HEQ-6	Stated programming challenge	For on-going or past programming (not anticipated)
HEQ-7	Measurement	How HEQ is measured, in MEL plan, specific indicators for HEQ
HEQ-8	HEQ relation hypotheses	Consideration of HEQ in relation to what
FOCUS AREA: **HEALTH SYSTEMS STRENGTHENING (HSS)**		
HSS-1	Specific definition	Explicit reference to how the project defines HSS
HSS-2	In results framework	HSS or health systems in goals or results framework
HSS-3	Aspiration for the project	Example of intended approach or outcome (not programming)
HSS-4	Concrete programming example	Example of an activity or intervention (not intended approach)
HSS-5	Stated best practice	For on-going or past programming (not a goal)
HHS-6	Stated programming challenge	For on-going or past programming (not anticipated)
HHS-7	Measurement	How HSS is measured, in MEL plan, specific indicators for HSS
HSS-8	HSS change goal hypotheses	Consideration of an HSS change goal

FOCUS AREA: SOCIAL AND BEHAVIOR CHANGE (SBC)		
SBC-1	Specific definition	Explicit reference to how the project defines SBC
SBC-2	In results framework	SBC appears in goals or results framework
SBC-3	Aspiration for the project	Example of intended approach or outcome (not programming)
SBC-4	Concrete programming example	Example of an activity or intervention (not intended approach)
SBC-5	Stated best practice	For on-going or past programming (not a goal)
SBC-6	Stated programming challenge	For on-going or past programming (not anticipated)
SBC-7	Measurement	How SBC is measured, in MEL plan, specific indicators for SBC
SBC-8	Behavior hypotheses	Consideration of what behaviors must change, and how
FOCUS AREA: INTERCONNECTIONS / INTERSECTIONS		
INT-1	HEQ-HSS-SBC	
INT-2	HEQ-HSS	
INT-3	HEQ-SBC	
INT-4	HSS-SBC	

Additional Codes to Flag Key Information

FOCUS AREA: OVERARCHING, CROSS-CUTTING, AND GOLDEN GOOSE		
OCG-1	Great graphic	Could be a framework, descriptive, etc.
OCG-2	Lack of supportive environment	Programming challenge around processes and political will
OCG-3	Lack of resources	Programming challenge around financial and human resources
OCG-4	Adaptive management	Cross-coded with HEQ, HSS, SBC, INT as relevant
OCG-5	Important large section	Use selectively, cross-coded (only section title ?)
OCG-6	A golden goose, perfect nugget	Use selectively, and for something really top tier

APPENDIX C: PROJECT OBJECTIVES

Project Objectives: West Africa

Country	Project Name	Objectives
Ghana	Ghana WASH for Health (W4H)	Accelerate sustainable improvement in water and sanitation access and improve hygiene behaviors through six mutually reinforcing components: (1) Increase use of improved household sanitation; (2) Improve community water supply services; (3) Improve sector governance and policies; (4) Expand key hygiene behaviors; (5) Leverage public-private partnerships to magnify impact of US Government investments; and (6) Improve water supply and sanitation infrastructure for schools and health facilities.
Ghana	Strengthening the Care Continuum	Deliver services and build capacity for KP-appropriate HIV programming.
Ghana	Systems for Health (S4H)	Improve health service delivery by strengthening systems vital to ensuring service access and quality with services focused on the Community Health Planning and Services (CHPS) program, mobilizing communities, and building public-private partnerships to maximize coverage. Areas of concentration included reductions in preventable child and maternal deaths, unmet need for family planning services and childhood mortality and morbidity from malaria, as well as improvements in the nutritional status of children under five and pregnant women. Enhance vital health-system building blocks while maximizing service coverage by scaling up evidence-based, high-impact interventions at the national level.
Guinea	Health Service Delivery (HSD)	Expand access to and availability of integrated health services to improve the quality of reproductive, maternal, newborn and child health services, with a sub-focus on obstetric fistula, gender-based violence, and cross-cutting infection prevention and control.
Mali	High Impact Health Services (SSGI) / Services de Santé à Grand Impact	Improve maternal and child health in Mali and help achieve the five intermediate results of USAID/Mali's health strategy: 1. Increased use of quality family planning, maternal, neonatal, and child health services. 2. Increased coverage and use of key malaria interventions. 3. Increased coverage of HIV/AIDS and other infectious disease prevention and treatment. 4. Improved nutritional status, water supply, hygiene, and sanitation. 5. Improved national, regional, district, and community management, and health systems.
Mali	Integrated Rural Program to Improve Nutrition and Hygiene (IRP)	Support integrated nutrition, agriculture and WASH activities through four categories of interventions: (1) Increase access to and consumption of diverse and quality foods; (2) Improve nutrition and hygiene-related behaviors; (3) Increase utilization of high-impact nutrition and WASH promotion and treatment services; and (4) Reinforce and scale up community-led total sanitation (CLTS) through the implementation of a national strategy and strengthen the institutional capacity of the National Sanitation Department.

Country	Project Name	Objectives
Liberia	Partnership for Advancing Community-Based Services (PACS)	IR 1: Broadened capacity of central MOH, County Health Teams (CHTs), local CSOs, and NGOs to implement and manage community services through stakeholder agreement at national and county levels; partnership agreements with MOH units and CHTs; and performance improvement for MOH systems and skills to manage and monitor community health services. IR 2: Increased service quality and availability of community-based health and social welfare services. This result supported the MOH to review, develop, and roll out an updated, standardized, and integrated package of community health and social welfare services to be delivered by community health cadres. PACS also engaged CSOs to strengthen linkages between communities and health facilities and improve accountability within the health system. IR 3: Improved health-seeking behavior and practices. Activities generated information and behavior change strategies at the community level to inform communities about services and ways to adopt more positive health behaviors in order to increase demand for quality health services. IR 4: Improved access to safe WASH services by building capacity of water and sanitation personnel to effectively manage WASH infrastructure; supporting the Government of Liberia (GOL) in deploying trained and equipped water and sanitation staff, and establishing a pump fund to prepare MPW for future management of WASH infrastructure improvement programs. IR 4: Improved access to safe WASH services by building capacity of water and sanitation personnel to effectively manage WASH infrastructure; supporting the Government of Liberia in deploying trained and equipped water and sanitation staff and establishing a pump fund to prepare MPW for future management of WASH infrastructure improvement programs.
Niger	Resilience in the Sahel Enhanced (RISE) Initiative	Build resilience in the Sahel, particularly in Niger and Burkina Faso.

Project Objectives: Central and East Africa

Country	Project Name	Objectives
DRC	Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative	Strengthen the capacity of the Congolese Ministry of Health (MOH) to provide post abortion care (PAC), including voluntary contraceptive services.
Ethiopia	Sexual and Reproductive Health ad Rights for Internally Displaced Persons (SRHR-IDP)	(1) to ensure that IDP communities, particularly adolescent girls and women in areas of highest need, have improved access to comprehensive and gender-equitable SRHR information and services; (2) to enable existing government structures and partners working in humanitarian settings in Ethiopia to inform, mobilize, and influence local stakeholders to prioritize SRHR in crisis situations; and (3) to generate evidence to address unanswered questions pertaining to the SRHR needs and responses in humanitarian settings, particularly for IDPs.
Ethiopia	Universal Immunization through Improving Family Health Services (UI-FHS)	Address barriers to equity and reach every child. Improve the availability, utilization, quality, and sustainability of immunization services.
Ethiopia	Transform Primary Health Care (PHC)	Reduce Maternal, Newborn, and Child mortality and morbidity through support to both the national-level and woreda-level of the Health Sector Transformation Plan of the Government of Ethiopia. Support the attainment of the following four HSTP transformational agenda objectives: (1) woreda transformation; (2) caring, respectful, and compassionate providers; (3) quality and equity in health care; and (4) advancing the information revolution.
Ethiopia	Food and Nutrition Technical Assistance (FANTA III)	Strengthen the integration of NACS into the national HIV Treatment, Care and Support.
Kenya	HIV Service Delivery Support, Cluster 3	Identify, link, treat and retain HIV-positive individuals across the eight focus counties in line with achieving UNAIDS targets of 90-90-90 by 2021.
Kenya	Afya Jijini	Improve and increase access and utilization of quality health services through strengthened service delivery and institutional capacity of county health systems.
Kenya	Nutrition and Health Program Plus (NHPplus)	Improve the nutrition status of all Kenyans. The program had three Intermediate Results (IRs): • IR1: Improved access to and demand for quality nutrition interventions at community and facility levels • IR 2: Strengthened nutrition commodity management • IR 3: Improved food and nutrition security
Kenya	APHIAplus IMARISHA	Provide an integrated package of services in HIV and AIDS, TB, Malaria, Family Planning and Maternal, Newborn, and Child Health (MNCH), and interventions addressing Social Determinants of Health.
Kenya	Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree)	Support and advance implementation of the U.S. President's Emergency Plan for AIDS Relief by providing capacity development and technical support to USAID missions, host-country governments, and HIV implementers at local, regional, and national levels.
Tanzania	RESPOND Tanzania Project (RTP)	Advance the use of family planning (FP) and reproductive health (RH) services, with a focus on the informed and voluntary use of LARCs/PMs.
Tanzania	Mwanzo Bora Nutrition Program (MBNP)	Improve the nutritional status of children under five years of age and women of reproductive age (15-49 years).

Country	Project Name	Objectives
Tanzania	Boresha Afya (Lake and Western Zone): Comprehensive Health Service Delivery	Increase access to quality, comprehensive, and integrated health services with a focus on reproductive, maternal, neonatal, and child health (RMNCH) and nutrition outcomes.
Tanzania	Boresha Afya (Southern Zone): Comprehensive Health Service Delivery	Increase access to quality, comprehensive, and integrated health services with a focus on reproductive, maternal, neonatal, and child health (RMNCH) and nutrition outcomes.
Tanzania	Boresha Afya (North and Central Zone): Comprehensive Health Service Delivery	Increase access to quality, comprehensive, and integrated health services with a focus on reproductive, maternal, neonatal, and child health (RMNCH) and nutrition outcomes.
Tanzania	Safer Deliveries Program	Reduce maternal and neonatal mortality by increasing rates of facility deliveries and postpartum follow up visits through an integrated community-based digital health system.
Uganda	Advancing Partners & Communities (APC)	Focus on (1) strengthening effective country leadership and coordination for FP programs and (2) creating the enabling framework to transform social norms that affect demand for and use of modern contraception.
Uganda	Fertility Awareness for Community Transformation (FACT)	Foster an environment where women and men can take actions to protect their reproductive health throughout the life-course. Interventions are investigating two primary hypotheses: (1) increased fertility awareness improves family planning (FP) use and (2) expanded access to fertility awareness-based methods (FAM) increases uptake of FP and reduces unintended pregnancies.

Project Objectives: Central and East Africa

Country	Project Name	Objectives
Malawi	Organized Network of Services for Everyone's (ONSE) Health	Increasing access to priority health services (IR1) • Improving the quality of priority health services (IR2) • Strengthening the performance of health systems (IR3) • Increasing the demand for priority health services (IR4).
Mozambique	Integrated Family Planning Program (IFPP)	Increase the use of modern contraceptive methods by target populations to achieve the following: (1) Increased access to a wide range of modern contraceptive methods and quality FP/RH services; (2) Increased demand for modern contraceptive methods and quality FP/RH services; and (3 Strengthened FP/RH health systems.
Zambia	Zambia Family South Central (ZAMFAM SC)	i. Resilience of households to care for children and adolescents living with, affected by and/or vulnerable to HIV measurably increased. ii. Child wellbeing status measurably improved due to provision and accessing of quality care and support services. iii. Capacity of government and community structures to care for and support children and adolescents living with, affected by and/or vulnerable to HIV measurably increased. iv. Shared learning and evidence base to improve programming, inform policy and program investment strengthened.
Zimbabwe	Zvandiri ('As I am') Trial for Adolescents Living with HIV	Achieve and maintain physical, social, and mental well-being of children, adolescents, and young adults living with HIV.

Project Objectives: Asia (and Haiti)

Country	Project Name	Objectives
Bangladesh	Improving Community Health Workers Program Performance through Harmonization and Community Engagement to Sustain Effective Coverage at Scale	Goal: To achieve effective coverage of high impact maternal, newborn, child health, family planning, and nutrition interventions and to improve health status. Objective 1: Institutionalization of Community Health Workers (CHW): Efficient and effective linkages between communities, health services, and local systems established inclusive of change in behavior that reduce gender barriers in systems and social norms. Objective 2: Measurement to influence systems and policies: Evidence and data for decision making to promote scale, equity, and mutual accountability generated and used at all levels. Objective 3: Inclusive and effective partnerships: Coordination and collaboration between government, civil society, and the private sector to influence national and local policies and plans improved.
Bangladesh	MaMoni Health Systems Strengthening Activity	Intermediate Result 1: Improve service readiness through critical gap management. Intermediate Result 2: Strengthen health systems at the district level and below. Intermediate Result 3: Promote an enabling environment to strengthen district-level health systems. Intermediate Result 4: Identify and address barriers to accessing health services.
Cambodia	Enhancing Quality of Healthcare Activity (EQHA)	Engage and empower national and provincial leadership as well as public and private health care managers and providers to collaboratively improve the quality and safety of health services, strengthen systems, and increase service utilization. Objective 1: Improve policies, guidelines, and standards for streamlined quality assurance. Objective 2: Increase efficiency and effectiveness of service delivery. Objective 3: Strengthen implementation and enforcement of the regulatory framework. Objective 4: Strengthen preservice public health training.
Cambodia	Malaria Elimination Project	Intensify malaria control and elimination activities through technical assistance and support to the National Center for Parasitology, Entomology, and Malaria Control (CNM) to further develop, refine, and evaluate an evidence-based Model Elimination Package for malaria, for implementation in other appropriate operational districts (ODs).
Cambodia	Promoting Healthy Behavior (PHB) Activity	Objective 1: Strengthened public sector systems for oversight and coordination of SBC at the national and provincial levels. Objective 2: Improved ability of individuals to adopt healthy behaviors.
India	TB Health Action Learning Initiative (THALI)	Deliver patient-centered care for TB patients engaged in the THALI network. To increase community engagement to facilitate early diagnosis of TB and sustained care for treatment among high-risk groups.
India	Vriddhi: Scaling Up Interventions in Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A)	Reduce preventable maternal, neonatal, and child mortality. Four strategic outputs support the achievement of this objective: (1) Improve availability and quality of RMNCH+A services in government health facilities. (2) Strengthen evidence for RMNCH+A services. (3) Incubate RMNCH+A good practices for scale-up. (4) Involve multiple stakeholders in delivery of RMNCH+A services.

Country	Project Name	Objectives
India	TB Health Action Learning Initiative (THALI)	Support and develop capacity of RNTCP and leverage public resources to improve access to acceptable and quality TB services from public and private care providers, thereby increasing TB case finding and improving treatment outcomes. To demonstrate community-centered and community-driven interventions to improve (a) health seeking behavior and service delivery to increase TB/DR-TB case finding, and (b) treatment outcomes among people diagnosed and initiated on TB/DR-TB treatment. To translate THALI learning and innovations demonstrated to enable scale-up and replication.
Nepal	Suaahara II Integrated Nutrition Program	Improve the nutritional status of women and children under five years. Improve nutrition services; maternal, newborn, and child health (MNCH) services; reproductive health/ family planning (RH/FP) services; water, sanitation and hygiene (WASH); homestead food production (HFP) (home gardening and poultry rearing); and multi-sectoral nutrition governance. Emphasize gender equity and social inclusion (GESI) as a cross-cutting theme; implements activities via diverse social and behavior change efforts.
Philippines	Integrated MNCHN/FP Regional Project in Luzon (LuzonHealth)	For the six-year period, LuzonHealth supported USAID's development objective of "accelerating and sustaining broad-based and inclusive growth" and the goal of "improving family health." LuzonHealth worked closely with CHDs to build their capabilities and commitment to provide technical assistance to LGUs to increase utilization of FP and MNCHN services by strengthening demand, improving supply, and improving health policies and systems through evidence-based interventions.
Philippines	Integrated MNCHN/FP Regional Project in Mindanao (MindanaoHealth)	Increase the number of service providers who can deliver high-quality MNCHN/FP services, generate demand and utilization of MNCHN/FP services and address the barriers that prevent populations with the highest unmet need from using these services, and harness the support of stakeholders at all levels to make sure all national policies and guidelines on MNCHN/FP are adopted and supported.
Haiti	Health Service Delivery (HSD), Sante	Implement multiple interventions, including Essential Services, Child and Maternal Health, WASH, Tuberculous, Family Planning, and HIV/AIDS. Facilitate access to high quality, stigma-free, and comprehensive HIV/AIDS prevention, testing, and treatment.

APPENDIX D: APPLICATION OF INTERSECTION CODES

Application of Intersection Codes:

Country	Project Name	Implementing Partner	Number of Intersection Code Applications
West Africa			
1. Benin	Advancing Partners & Communities (APCH)	John Snow Inc. (JSI)	3
2. Ghana	Systems for Health (S4H)	Universal Research Co. (URC)	3
3. Ghana	WASH for Health (W4H)	Global Communities	1
4. Ghana	Strengthening the Care Continuum	John Snow Inc. (JSI)	6
5. Guinea	Health Service Delivery (HSD) Project	Jhpiego	10
6. Liberia	Partnership for Advancing Community-based Services (PACS)	International Rescue Committee (IRC)	3
7. Mali	High Impact Health Services (SSGI) / Services de Santé à Grand Impact	Save the Children	13
Central and East Africa			
8. Ethiopia	Transform Program	The Mitchell Group	2
9. Ethiopia	Challenge TB (CTB)	KNVC Tb Foundation	5
10. Ethiopia	Health Policy Plus (HP+)	Palladium	5
11. Ethiopia	Sexual and Reproductive Health and Rights for Internally Displaced Persons (SRHR-IDP)	Engender Health	3
12. Kenya	Afya Jijini	IMA World Health	6
13. Kenya	APHIAplus IMARISHA	Amref Health Africa	5
14. Kenya	Nutrition and Health Program (NHPplus)	FHI 360	2

Country	Project Name	Implementing Partner	Number of Intersection Code Applications
15. Rwanda	Gikuriro: Integrated Nutrition and WASH Program	Catholic Relief Services (CRS)	1
16. Tanzania	Safer Deliveries Program	D-tree	1
17. Tanzania	Boresha Afya Project: The Comprehensive Health Service Delivery (Southern Zone)	Deloitte	4
18. Tanzania	Boresha Afya Project: The Comprehensive Health Service Delivery (Lake and Western Zone)	Jhpiego	4
19. Tanzania	Boresha Afya Project: The Comprehensive Health Service Delivery (North and Central Zone)	Elizabeth Glaser Pediatric AIDS Foundation	4
20. Uganda	Fertility Awareness for Community Transformation (FACT)	Georgetown University Institute for Reproductive Health (IRH)	4
21. Uganda	Advancing Partners & Communities	John Snow Inc. (JSI)	7
Southern Africa			
22. Madagascar	PrEP Implementation for Young Women and Adolescents (PrIYA)	John Snow Inc. (JSI)	3
23. Madagascar	Maternal and Child Survival Program (MCSP): End of Project Report	Jhpiego	1
24. Madagascar	Maternal and Child Survival Program (MCSP): Malaria Elimination	Jhpiego	6
25. Malawi	Maternal and Child Survival Program (MCSP): Family Planning and Immunization Service Integration	Jhpiego	17
26. Malawi	Organized Network of Services for Everyone (ONSE) Health	Management Sciences for Health (MSH)	1
27. Mozambique	Integrated Family Planning Program (IFPP): Mid-term Evaluation Report	Pathfinder	19
28. Mozambique	Integrated Family Planning Program (IFPP): Final Project Report	Pathfinder	2
29. Mozambique	Maternal and Child Survival Program (MCSP): Preventing Maternal and Child Deaths	Jhpiego	11
30. Zambia	Zambia Family South Central (ZAMFAM SC)	Chemonics	3
Asia (and Haiti)			
31. Bangladesh	Improving Nutrition through Community Approaches (INCA)	Carnitas	2
32. Bangladesh	Mayer Hashi II Family Planning	Engender Health	10
33. Bangladesh	MaMoni Health Systems Strengthening	Jhpiego	8

Country	Project Name	Implementing Partner	Number of Intersection Code Applications
34. Bangladesh	Improving Community Health Workers Program Performance through Harmonization and Community Engagement to Sustain Effective Coverage at Scale	Save the Children	3
35. Cambodia	Enhancing Quality Healthcare (EQHA)	FHI 360	2
36. Cambodia	Promoting Healthy Behavior (PHB)	Population Services International (PSI)	2
37. Cambodia	Health Policy Plus (HP+)	Palladium	5
38. India	TB Health Action Learning Initiative (THALI)	Karnataka Health Promotion Trust	10
39. India	TB Health Action Learning Initiative (THALI)	World Health Partners	6
40. Nepal	Integrated Rural Program to Improve Nutrition and Hygiene (IRP)	Helen Keller International	10

Contact Information

USAID

USAID missions and country representatives interested in buying into the Accelerator project should contact Jodi Charles, USAID Agreement Officer's Representative, at jcharles@usaid.gov.

Accelerator

Other interested parties should contact Nathan Blanchet, Accelerator Project Director, at nblanchet@r4d.org.

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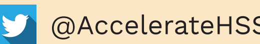

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