



A guide and tools for
maternal mortality programme assessment

MODULE 2

The development of the evaluation question

Version 2.0

List of Acronyms

BEOC	Basic Emergency Obstetric Care
CCG	Country Coordinating Group
EQ	evaluation question
WHO	World Health Organization
UNFPA	United Nations Fund for Population Activities
DHS	Demographic and Health Survey
MPS	Making Pregnancy Safer (WHO Programme)
NGO	Non-governmental organization
PONEK	Service Of Obstetric Neonatal Emergency Quality (Indonesia – Bahasa)
PONED	<i>Pelayanan Obstetri Neonatal Dasar</i> (Indonesia – Bahasa) Essential Neonatal Obstetric Care

Key Module Definitions

Situation analysis:	methodology
Evaluation question:	a statement of enquiry formulated to define and guide the evaluation process
Causal framework:	a model of the chains of events that lead to, or prevent, an adverse maternal outcome, e.g. a graphical representation of complex scenarios contributing to possible maternal death. (causal network and framework are used interchangeably)
Causal streams:	a subsection of a causal net/network, e.g. factors affecting access to emergency obstetric care
Causal net/network:	a model of the chains of events that lead to, or prevent, an adverse maternal outcome, e.g. a graphical representation of complex scenarios contributing to possible maternal death. (causal network and framework are used interchangeably)

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2 INTRODUCTION

This module gives guidance on the development of a country-specific safe motherhood evaluation question (EQ). Case studies are provided from Immpact's experience in the three focus countries: Burkina Faso, Ghana and Indonesia. More detailed guidance from Immpact on the development of EQs can also be found in Madi et al. (2007).

2.1 What is an evaluation question for Immpact?

An evaluation question is a statement of enquiry formulated to define and guide the evaluation process, in accordance with the interests and concerns of stakeholders which reflect priorities for the evaluation of safe motherhood policies, strategies and programmes. Stakeholders usually include the following institutions and individuals:

- senior ministry of health officials
- national maternal health programmes officers
- representatives of international agencies (e.g. WHO, UNFPA, UNICEF)
- professional associations

Priorities are identified by these stakeholders through a participatory process appropriate to the national political and socio-economic context and the national health system, and are developed through an iterative process of refinement, which will be elaborated in this section. Importantly, evaluation questions (EQs) are identified and developed according to what is feasible to evaluate in each case. For each of the three focus countries, Immpact and national stakeholders together developed a question which provides a frame of reference for the evaluation being carried out.

Immpact and others working in public health evaluation initiatives have recognized that the development of the EQ is a complex activity in itself (Pawson and Tilley 1997, Øvretveit 1998). The development of Immpact's EQs in Burkina Faso, Ghana and Indonesia took between one and two years. The reasons for requiring this extended time period included: the need to start up three large evaluations in three countries simultaneously; time required to develop the methodology for wide consultation; and time spent on other unrelated Immpact research activities.

Immpact recommends that significant time and planning is allocated to this developmental phase, and it is likely that consultations to develop the EQ should take at least three months.

2.2 Why a participatory approach?

It is widely regarded in the field of evaluation that participatory priority-setting is fundamental to the process of evaluation, enabling identification of the core evaluation needs for stakeholders, as well as allowing negotiation between the expressed desires of different groups and individuals. Immpact has applied this perspective to safe motherhood. EQs that result from collaboration between researchers, programme managers and policy-makers enjoy broad 'ownership' and thus have the potential to ensure that rigorous studies are conducted on matters of local priority and with expert local and international knowledge.

Participation of stakeholders is particularly important to facilitate the process of getting contextually-relevant research into policy and practice and increasing a culture of evidence-based decision-making (Sassi, 2002; Nuffield Council, 2002). If national stakeholders are empowered to have greater ownership of the evaluation findings, and if there is more transparency and accountability in the conduct of the evaluation, this helps to ensure that findings are used in decision-making processes for future policy and programming.

However, despite a generally high awareness of the importance of getting research into policy and practice and the importance of transparent and participatory priority setting in policy-making, few examples of such a process, especially in health programme evaluation, are recorded. This section, therefore, summarizes the process undertaken by Immpact to arrive at an EQ in its focus countries, with examples and case studies given to demonstrate the methods used.

2.3 Countries and stakeholders

The three countries identified as initial collaborating countries for Immpact – Burkina Faso, Ghana and Indonesia – all have high levels of maternal mortality but present very different contexts.



Burkina Faso is one of the world's poorest countries, with few natural resources, a 24% literacy rate, a resource-poor health system and life expectancy at birth of 44 years; the estimated lifetime risk of maternal mortality there is 1 in 9.

Ghana, which is rich in natural resources and has a literacy rate of 72% and life expectancy of 56 years, has a maternal mortality risk of 1 in 26.

Indonesia presents a stark contrast: it is rich in natural resources including petroleum and natural gas, has a literacy rate of 87%, life expectancy of about 65 years and an overall maternal mortality risk of 1 in 305. Despite the relatively lower national maternal mortality risk, there are striking disparities in maternal mortality between the rich and the poor, the rate among the poorest population groups being up to four times that among the richest.

Figure 2.1: Collaborating countries for Immpact

In the participatory development of EQs in these three countries, Immpact worked with key stakeholders to generate and prioritize evaluation needs for safe motherhood. The EQ development process acknowledged existing information, knowledge and experience and sought a balance between wide and limited consultation. It further encouraged ownership and awareness of the priorities. A four-phase process is described below to guide a researcher or research programme embarking on establishing an evaluation question:

- Phase 1: Establish stakeholder relationships and conduct situation analysis
- Phase 2: Identify priority evaluation questions
- Phase 3: Refine and select the top three evaluation questions
- Phase 4: Final decision on the evaluation question

Both qualitative and quantitative methods were employed in Immpact's consultations and the subsequent generation of the EQs. These methods and the four phases are discussed in detail in section 2.4.

2.4 Phase 1: Establish stakeholder relationships and conduct situation analysis

Phase 1 is an essential step to build a firm foundation for the development of the EQ. It consists of a series of structured consultations with stakeholders at national level. It is anticipated that all four phases of the EQ will take at least three months. Phase 1 can be carried out in parallel with the initiation of Phase 2.

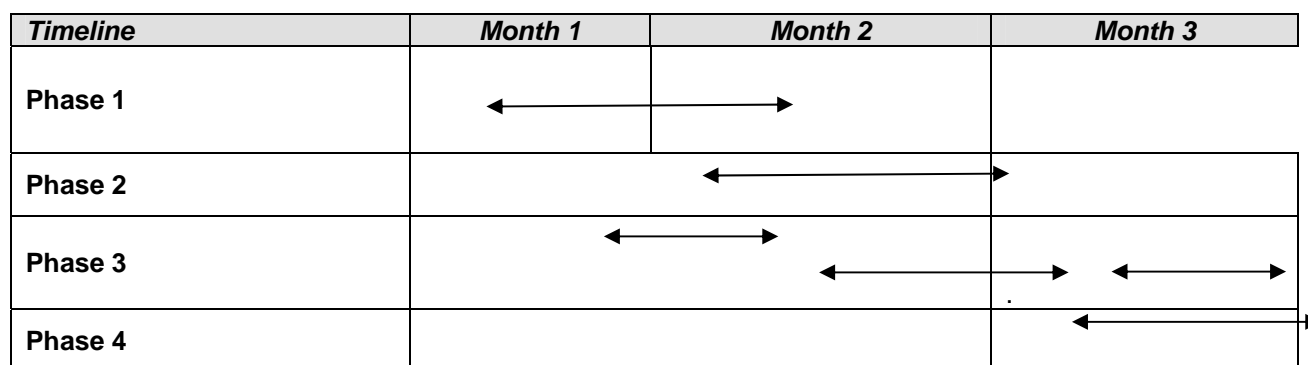


Figure 2.2: Four phases of the evaluation question

Preparing to initiate an evaluation by developing relationships and conducting needs assessments usually takes longer than the subsequent phases of the development of the EQ, therefore we recommend that sufficient time is set aside for the following three activities:

1. initial orientation workshop;
2. formation of the Country Coordinating Group (CCG);
3. situation analysis.

2.4.1 Initial orientation workshop

In the case of Impact, an initial workshop was held in each country, hosted by the national Ministry of Health. The objectives were to orient and consult with a wide range of stakeholders with interests in safe motherhood and related areas on the goals and purpose of Impact’s research initiative, and to elicit each country’s key evaluation priorities.

2.4.2 Formation of the Country Coordinating Group (CCG)

After the workshop, a smaller sub-group of interested parties and key stakeholders was formed as the CCG, to ensure that Impact’s research remained congruent with the needs of the policy environment and the national health system. The CCG was chaired by a senior Ministry of Health official.

The following CCG Terms of Reference, used in Ghana, were subsequently taken up by other Impact CCGs.

- Represent the key stakeholders in each focus country and oversee the research activities undertaken by the Country Technical Partners.
- The group will be responsible for ensuring that the research will be congruent with Impact as well as the needs of the policy environment and health systems in each country.
- The CCG will provide the main link allowing the research to be disseminated and utilized by decision-makers and programme implementers in Ghana.
- Members of the CCG should comprise 8-10 individuals and include representatives from the Ministry of Health and its key partners, non-governmental organizations and the research and training community.
- Each CCG meets quarterly.

2.4.3 Situation analysis

A situation analysis and description of safe motherhood programmes is important to describe the particular national context, and provide a starting point for priority-setting. Situation analyses can draw on data already available from needs assessments, routine health information and surveys from the Ministry of Health and other safe motherhood stakeholders. Impact also undertook systematic descriptions of existing safe motherhood programmes in each country, to help match evaluation needs with feasible opportunities.

2.4.4 Outputs of Phase 1

- Endorsement and interest of the Ministry of Health to collaborate with the research initiative to conduct safe motherhood programme evaluation research.
- An initial list of 'evaluation questions' in each country, considered as priorities.
- A systematic description of all existing safe motherhood programmes in each country.
- A descriptive situation analysis of each country context.

2.5 Phase 2: Identify priority evaluation questions

Phase 2 is the beginning of a more focused and intensive process of collaboratively identifying priority evaluation questions. It involves two key activities:

1. prioritization workshop, with questionnaire;
2. post-workshop questionnaire.

2.5.1 Prioritization workshop, with questionnaire

The prioritization workshop involved members of the CCG, and lasted between one and two days in each country.

At the beginning of this workshop, the 'Workshop Questionnaire' was administered to all participants (see [Appendix 1, part A](#)), and respondents were asked to remain anonymous in their submissions. The process aimed to elicit their preferences for safe motherhood programmes.

During the workshop, participants were asked to discuss and list three significant evaluation questions of importance to the country. Results of the questionnaire and group discussions were then analysed by participants and refined in successive group and plenary sessions.

A case study of the Burkina Faso prioritization workshop is shown below.

2.5.2 Post-workshop questionnaire

Follow-up questionnaires (see [Appendix 1, part B](#)) were sent to participants after the workshop, as well as to a wider group of safe motherhood stakeholders. The questions aimed to encourage further reflection and prioritization both of key features of safe motherhood programmes and of the evaluation questions agreed in plenary during the workshop.

After these two activities had been conducted, the information collected was analysed. [Appendix 2](#) contains brief guidelines developed by Impact to support the analysis of the questionnaire findings.

A case study of a prioritization workshop held in Burkina Faso is presented below.

Case study: Prioritization workshop in Burkina Faso

The prioritization workshop in Burkina Faso lasted two days, and consisted of the following activities:

- 1) **Introductory presentations** to stimulate further thinking on the evaluation questions:
 - the National Strategy for safe motherhood in Burkina Faso;
 - initial results of Impact work in Burkina Faso which aimed to characterise safe motherhood programmes in a systematic and standardized manner;
 - situation analysis – preliminary results from the 2003 Demographic and Health Survey (DHS).
- 2) **Workshop questionnaire:** the questionnaire was administered to encourage reflection on the characteristics of an ideal safe motherhood programme, and to remind participants of questions which had been elicited during Phase 1 of the development process as being originally thought to be priorities in Burkina Faso. Responses were submitted on an anonymous basis.
- 3) **Group sessions** were held to develop evaluation questions based upon the presentations. Table 2.1 below presents the questions and topics proposed by the three groups
- 4) **Plenary exploration:** these questions were then explored and evolved into three further questions during the sessions that followed.

Table 2.1: Twelve initial evaluation questions and topics

Group	Proposed questions and topics
Group 1	Is the referral/evacuation system a cost-effective strategy to reduce maternal mortality?
	Contribution of community services in reducing maternal and neonatal mortality and morbidity
	Contribution of mutual health insurances in improving access to emergency obstetric care
Group 2	How to make available qualified health professionals within different contexts in Burkina Faso?
	What are populations' perceptions about pregnancy, delivery, postpartum and maternal mortality?
	What is the current performance of the Health Information System in bringing down maternal mortality?
Group 3	Basic training and continuing education of health professionals in the reduction of maternal mortality
	Added value of skilled attendance in reducing maternal mortality
	Which profile for qualified medical assistance during pregnancy in Burkina Faso?
	Efficacy of referral/evacuation system
	Efficacy of the cost-sharing system in the management of emergencies
	Antenatal care and reduction of maternal mortality in the context of Burkina Faso
	Management of programmes (monitoring, technical assistance, design, planning)
Contribution of community-based organizations to reducing maternal mortality	

- 5) **Grouping of questions and topics:** these initial questions and topics were then quickly grouped according to whether they were supply-focused or demand-focused.
- 6) **Impact analysis:** further analysis was carried out by Impact during a review of the first day of the workshop, when the main themes of the evaluation questions were identified and similar questions and topics merged together. Ultimately the questions and topics were grouped according to whether they were supply-focused, demand-focused or both.
- 7) **Sharing of refinement:** the results of this process were shared with the CCG on Day 2 of the workshop. The questions and topics were further refined with more CCG input, in order to represent their concerns more accurately (see Table 2.2). A key lesson from this workshop was that the grouping of questions and

topics should be undertaken by participants themselves rather than by the workshop coordinators (in this case Impact), as some of the key concerns raised during the workshop were felt to have been lost during the grouping process at the end of Day One.

At the completion of this workshop the evaluation questions identified still needed refinement and it was felt that a large consultation with workshop participants and all other key safe motherhood decision-makers in Burkina Faso would enable this process. Follow-up questionnaires were sent out to as many parties with an interest in safe motherhood as possible, including the workshop participants.

The results of the workshop questionnaire and the follow-up questionnaire were then analysed by Impact to serve as a basis for the next Phase.

Table 2.2: Ten revised questions

Focus	Revised questions
Supply	<p>Referral system</p> <ol style="list-style-type: none"> 1. What is the cost-effectiveness of different referral strategies (e.g. financing schemes, ambulances, motorised-ambulances) at different levels of the health system, given that the following items are available: skilled personnel, quality care, emergency kits, wireless telephone, and community awareness? 2. Is a referral system a cost-effective strategy for reducing maternal mortality and morbidity? <p>Skilled attendance at delivery</p> <ol style="list-style-type: none"> 3. What is the most appropriate profile for providers of care at different levels (rural/urban, poor/rich for example)? 4. What is the most effective and cost-effective strategy to ensure skilled attendance at delivery in different contexts? <p>Human resources</p> <ol style="list-style-type: none"> 5. What is the most cost-effective strategy for keeping health care providers motivated and accountable for their actions? 6. What is the most effective and cost-effective training strategy? (Basic training and continuing education, certificate, other diploma? Need to integrate best practices for knowledge transfer, how to realise that knowledge transfer without disturbing the rhythm of work). 7. How is the current support provided to different levels of the health system in planning and managing safe motherhood programmes effective and cost-effective?
Demand	none identified
Supply and demand	<ol style="list-style-type: none"> 8. What are the effective and cost-effective community-based interventions (TBA, integrated communication plan, community health workers etc.) to improving supply (IEC) and demand (community perception and behaviour change)? 9. How effective are ANC visits in increasing uptake of skilled attendance and in the reduction of maternal and perinatal mortality? 10. What is the most cost-effective way to make family planning widely available and accessible? Is family planning an effective and cost-effective strategy to reduce MM? (Is it a problem? Is there a problem with uptake? Is it cost-effective?)

2.5.3 Outputs of Phase 2

- Raised awareness of important characteristics of safe motherhood programmes.
- A list of priority evaluation questions.
- A second anonymous questionnaire (post-workshop) eliciting preferences for the priority questions and characteristics of a safe motherhood programme generated during the workshop.

2.6 Phase 3: Refine and select the top three evaluation questions

After Phase 2, a subsequent workshop was held, using the results of the post-workshop questionnaires. The 'Refinement Workshop' has two objectives:

1. to come to consensus on the three most important EQs, using the results of the post-workshop questionnaire and a ranking methodology;
2. to develop a common understanding of the meaning of the EQs through a 'refinement' process that stimulates further reflection.

This workshop, which lasted one day in each country, involved a subset of the stakeholders most active in the EQ development process. The workshops were conducted along the lines of focus group discussions. [Appendix 3](#) contains an example of a discussion guide for this workshop that was used in Ghana. The guide asks participants to discuss key terms of the previously identified questions; refine each evaluation question by identifying its main 'objective'; consider how to measure this objective; and list any potential evaluation opportunities.

2.6.1 Outputs of Phase 3

Three refined, agreed priority evaluation questions for each country. Table 2.3 below shows the questions selected in the three Impact countries.

Table 2.3: Preferences for evaluation questions in the three focus countries

Country	Most important question	Second most important question	Third most important question
Burkina Faso	What is the most cost-effective strategy to ensure skilled attendance at delivery in different contexts?	What is the effectiveness and cost effectiveness of community-based interventions in reducing maternal mortality?	What is the most cost-effective system for keeping health care providers motivated and accountable for their actions?
Ghana	In the poorest regions of Ghana, what is the added value in terms of cost-effectiveness of free delivery care in increasing uptake and reducing institutional maternal and perinatal mortality?	What are the quality assurance mechanisms needed to reduce maternal mortality by 10% over the next five years?	What is the cost-effectiveness to government of exemptions for delivery care policy? (reimbursement by insurance schemes compared to District Assembly reimbursement)
Indonesia	What is the most effective and cost-effective strategy to sustain the Bidan di Desa (village midwife) programme?	What is the most effective and cost-effective strategy for improving the competence of midwives?	What is the most effective and cost-effective referral strategy for reducing maternal mortality?

2.7 Phase 4: Final decision on the evaluation question

Subsequently, further work was carried out by Impact researchers:

- to consolidate the three overlapping questions into one (where possible);
- to identify criteria which could be used to gauge the suitability and feasibility of on-going programmes for evaluation;
- to visit potential field sites and collaborators for the evaluation.

In Phase 4, final decisions were taken on the evaluations to be conducted. In each Impact country, the three highest-ranking questions emerging from the consultations were presented to the CCG. In some instances the three questions overlapped and were further consolidated. In others, criteria were identified to gauge evaluation opportunities and the feasibility of conducting an on-going programme evaluation. A decision was then made to

proceed with the evaluation of highest priority. The final country EQs are listed above in Table 2.3 (the most important questions).

2.8 Lessons learned from the development of Impact evaluation questions

- The Impact experience demonstrated that significant investments of time are required to ensure full participation of stakeholders, but that undertaking the iterative process increased ownership of the selected priority question.
- The findings of the evaluation are more likely to be useful and relevant if all stakeholders participate closely in all the stages of the process.
- It was important to the process that Impact did not enter 'cold' into the focus countries. EQ development was in itself the outcome of a long-term build-up of mutual concerns about good evidence established in the course of initial consultations.
- Although a wide range of opinions was voiced during the consultations, the process led to a fairly high degree of consensus among stakeholders.

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Appendix 1: Prioritization questionnaires – examples from Indonesia

Part A: Workshop Questionnaire

Participant questionnaire to identify evaluation questions/strategies for safe motherhood programmes

INTRODUCTION

One of the key tasks within Impact is to prioritize the key strategies that may be evaluated in Indonesia. As an individual involved in the decision-making, planning or provision of maternity services, you are requested to complete this questionnaire to elicit your opinions on safe motherhood strategies in Indonesia as part of a workshop.

This questionnaire is anonymous so there is no need to indicate your name. It is also intended to give individual views so it is important not to discuss responses before completion. You will be asked to fill out two versions of this questionnaire – one at the start of the workshop, and one after completion of the workshop. Please answer the questionnaires according to your opinion at the time – there is no need to try to recall what you had written in the first questionnaire when you complete the second. It does not matter if the two responses are different as views may change through the course of the workshop.

There are four main sections to the questionnaire:

Section A is about you and your position (but not your name).

Section B asks you to complete the questions without relating your responses to any specific safe motherhood programme, but rather just your opinions about 'ideal' programmes.

Section C seeks your current views on the priority evaluation questions for safe motherhood programmes in Indonesia which were originally identified through Impact in 2002.

Section D invites you to suggest any important evaluation questions that have not been considered so far.

SECTION A

How would you describe the position you hold?	Tick one
(a) Policy-maker	
(b) Programme manager	
(c) Other (please state)	

SECTION B (part 1)

This section deals with your idea of desired characteristics of a safe motherhood programme. **When completing this section please remember that it is about your ideas of a safe motherhood programme in general rather any specific programme you may know of.**

Please rate the importance of the following characteristics of a safe motherhood programme. **Please allocate points 1-5 for each characteristic by circling the appropriate number – 5 indicates that the characteristic is of most importance and 1 is of very little or no importance**

(1=least important ... 5=most important)

1) The programme meets policy priorities (the programme is consistent with national policy, and activities take local priorities and conditions into consideration)	1	2	3	4	5
2) The programme generates large health gains for a small number of people	1	2	3	4	5
3) The programme generates small health gains for a large number of people	1	2	3	4	5
4) The programme is fair; it tries to improve equal access for equal needs of different populations	1	2	3	4	5
5) The programme involves significant financial expenditure for the Government	1	2	3	4	5
6) The programme is consistent with the Government's decentralization policy	1	2	3	4	5
7) The programme seeks primarily to improve the provision and quality of services (This may be through training of more health professionals, upgrading of facilities, improving transport and referral services)	1	2	3	4	5
8) The programme is well targeted to the relevant population (programme primarily targets pregnant/post partum women rather the general population)	1	2	3	4	5
9) The programme has a well-defined financing mechanism (programme takes into consideration who takes responsibility for financing the services, whether users or providers)	1	2	3	4	5
10) The programme primarily seeks to increase utilization of services (Use of services is increased by improving accessibility and/or increasing information about services)	1	2	3	4	5

SECTION B (part 2)

You have indicated the importance of the above ten characteristics in a safe motherhood programme. We now ask you to **select three characteristics from the above list which you consider to be most important and list them according to order of importance, beginning with the most important.**

i)	Which characteristic above do you consider most important ? - please write the number of the characteristic (1-10) in the box	
ii)	Which characteristic above do you consider second most important ? - please write the number of the characteristic (1-10) in the box	
iii)	Which characteristic above do you consider third most important ? - please write the number of the characteristic (1-10) in the box	

Please explain in the space provided why you think the above three are the most important
(It is very important to give your explanation)

SECTION C (part 1)

This section presents questions that were previously identified as the priority evaluation questions in Indonesia. **Please indicate how important you now think each question is by circling the appropriate number (5 indicates of most importance and 1 of least importance).**

(1=least important ... 5=most important)

11)	The relative effectiveness and cost-effectiveness of the different intervention strategies within the Making Pregnancy Safer initiative	1	2	3	4	5
12)	Most sustainable strategies for supporting the Bidan di Desa	1	2	3	4	5
13)	Variation of effectiveness and cost-effectiveness of different supply strategies for basic obstetric care by different geographical access	1	2	3	4	5
14)	Identifying effects of decentralization on maternal mortality, morbidity and perinatal outcomes	1	2	3	4	5

SECTION C (part 2)

After reflecting on the questions above, which three questions do you think are most important? Please list them in order of importance, beginning with the most important

i)	Which question above do you consider most important ? - please write the number of the question (11-14) in the box on the right	
ii)	Which question above do you consider second most important ? - please write the number of the question (11-14) in the box on the right	
iii)	Which question above do you consider third most important ? - please write the number of the question (11-14) in the box on the right	

Please explain in the space provided why you think the above three are the most important
(It is very important to give your reasons for this choice)

SECTION D

If you have suggestions for other key evaluation questions, please list them

Thank you for completing this questionnaire. Now please return to the workshop facilitators.

Part B: Post-workshop Questionnaire

Questionnaire to identify evaluation questions and strategies for safe motherhood programmes

INTRODUCTION

One of the key tasks within Immpact is to develop research instruments that enable people working in the field of maternal health to evaluate the effectiveness and cost-effectiveness of maternal health strategies. Currently, we are looking at research questions and seeking to identify a suitable maternal health initiative that we can evaluate using our new research instruments.

We would like to consult you on the best way forward at this stage, by asking you to complete this questionnaire, because you are involved in the decision-making, planning or provision of maternal health services in Indonesia..

There are four sections in this questionnaire:

Section A asks you about your professional involvement in safe motherhood.

Section B is designed to help us understand what characteristics you consider to be important in an *ideal* safe motherhood programme.

Section C draws on the questions identified at the Immpact workshop and asks you to consider the importance of each of the evaluation questions that were identified.

Section D asks you to state if you have additional questions that you consider important to Maternal Health in Indonesia today.

Your responses to this questionnaire will remain anonymous and we hope that they will help us understand individual views.

SECTION A

Your professional experience in safe motherhood

a) Please tick the boxes that best describe your role in safe motherhood.

		Tick all that apply
Policy making:	Central	
	District or Province	
	NGO	
Programme development:	Central	
	District or Province	
	NGO	
Service delivery:	District or Province	
	NGO	
Other: please describe		

b) How long is your experience in safe motherhood?	_____ years
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SECTION B (Part 1)

We would like to understand your ideas about the desired characteristics of an *ideal* safe motherhood programme.

Please consider the following characteristics and rate how important you think each of them is by circling the appropriate number.

10 indicates that the characteristic is of most importance and 1 that it is of very little or no importance

		(1=least important					10=most important)				
1)	The programme meets policy priorities	1	2	3	4	5	6	7	8	9	10
2)	The programme is managed and delivered in a decentralised manner	1	2	3	4	5	6	7	8	9	10
3)	The programme generates large reduction in maternal morbidity	1	2	3	4	5	6	7	8	9	10
4)	The programme tries to provide fair and equal access for all groups in the population	1	2	3	4	5	6	7	8	9	10
5)	The programme is financed primarily through public funding rather than private expenditure	1	2	3	4	5	6	7	8	9	10
6)	The programme generates some reduction in maternal mortality	1	2	3	4	5	6	7	8	9	10
7)	The programme seeks primarily to improve the provision and quality of services	1	2	3	4	5	6	7	8	9	10
8)	The programme has a sustainable financing base	1	2	3	4	5	6	7	8	9	10

(1=least important

10=most important)

9)	The programme is well targeted to a specific population rather than to pregnant women in general	1	2	3	4	5	6	7	8	9	10
10)	The programme primarily seeks to increase service use	1	2	3	4	5	6	7	8	9	10
11)	The programme uses resources efficiently	1	2	3	4	5	6	7	8	9	10
12)	The programme is sensitive to local/regional conditions	1	2	3	4	5	6	7	8	9	10

SECTION B (Part 2)

You have indicated the importance of the above 12 characteristics in a safe motherhood programme.

We now ask you to **select three characteristics from the above list which you consider to be most important and list them according to order of importance, beginning with the most important.**

i)	Which characteristic above do you consider most important ? - please write the number of the characteristic (1-12) in the box	
ii)	Which characteristic above do you consider second most important ? - please write the number of the characteristic (1-12) in the box	
iii)	Which characteristic above do you consider third most important ? - please write the number of the characteristic (1-12) in the box	

13) Please explain in the space provided why you think the above three are the most important
(It is very important to give your explanation)

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SECTION C (Part 1)

In the Impact workshop on 12 May 2004, we asked participants to identify evaluation questions that are important for safe motherhood in Indonesia today. These questions are listed below.

Please rate how important you think each question is, by circling the appropriate number.
10 indicates that the characteristic is of most importance, and 1 that it is of very little or no importance

	(1=least important					10=most important)				
14) What is the effectiveness and cost-effectiveness of the Making Pregnancy Safer MPS strategy in different settings (e.g. remote areas compared with urban settings, empowered compared with weaker communities?)	1	2	3	4	5	6	7	8	9	10
15) What is the effectiveness and cost-effectiveness of different components of the MPS? (e.g. strengthening PONEK)?	1	2	3	4	5	6	7	8	9	10
16) How do different models of District Strategic Planning in the context of decentralization, affect the effectiveness and cost-effectiveness of MPS (e.g. differing capacity to advocate for safe motherhood)?	1	2	3	4	5	6	7	8	9	10
17) What is the effectiveness and cost-effectiveness of the Social Safety Net on increasing uptake of maternity services among the poor?	1	2	3	4	5	6	7	8	9	10
18) What is the effectiveness and cost-effectiveness of the Social Safety Net on reducing maternal mortality among the poor?	1	2	3	4	5	6	7	8	9	10
19) What is the most effective and cost-effective strategy to 'sustain' the Bidan di Desa programme?	1	2	3	4	5	6	7	8	9	10
20) What is the most effective and cost-effective strategy for improving the competence of midwives?	1	2	3	4	5	6	7	8	9	10
21) What is the effectiveness and cost-effectiveness of the Bidan di Desa programme on reducing maternal mortality?	1	2	3	4	5	6	7	8	9	10
22) What is the effectiveness and cost-effectiveness of strengthening the Puskesmas as a BEOC facility on reducing maternal mortality?	1	2	3	4	5	6	7	8	9	10
23) What is the effectiveness and cost-effectiveness of strengthening the Bidan di Desa as a PONEC provider on increasing appropriate referral?	1	2	3	4	5	6	7	8	9	10
24) What is the effectiveness and cost-effectiveness of strengthening the Puskesmas as a PONEC facility on increasing appropriate referral?	1	2	3	4	5	6	7	8	9	10
25) What is the effectiveness and cost-effectiveness of strengthening the referral system on reducing maternal mortality?	1	2	3	4	5	6	7	8	9	10
26) What is the most effective and cost-effective referral strategy for reducing maternal mortality?	1	2	3	4	5	6	7	8	9	10

SECTION C (Part 2)

You have indicated the importance of the above 12 questions (Questions 14-26). We now ask you to **select three questions from the above list which you consider to be most important and list them according to order of importance beginning with the most important.**

i)	Which characteristic above do you consider most important ? - please write the number of the characteristic (14-26) in the box	
ii)	Which characteristic above do you consider second most important ? - please write the number of the characteristic (14-26) in the box	
iii)	Which characteristic above do you consider third most important ? - please write the number of the characteristic (14-26) in the box	

Please explain in the space provided why you think the above three are the most important
(It is very important to give your explanation)

SECTION D

If you have suggestions for other key evaluation questions, please list them here

Thank you for completing this questionnaire

Appendix 2: Guidelines to analyse data for Phase 2 (Prioritization Workshop and the questionnaires)

INTRODUCTION

A systematic approach should be taken to the analysis of data collected from Phase 2 of the EQ development process: the pre-workshop questionnaire, the workshop itself, and the follow-up questionnaire.

During this phase:

- a) participants were asked to score characteristics of safe motherhood programmes;
- b) in a discursive workshop-format, participants collectively arrived at a list of important questions relating to maternal health that needed to be addressed;
- c) these were then prioritized further in the post-workshop questionnaire. This follow-up questionnaire asked a cross-section of maternal health stakeholders to consider the relative importance of the different evaluation questions.

The analysis of data from these exercises includes three main components:

1. **description of the respondents** - both workshop and stakeholder respondents;
2. **sensitivity analysis** of the important questions and desirable characteristics to determine how consistent the results are when using different analyses;
3. **comparison** of the desirable characteristics and important questions.

An analysis plan prepared by a statistician should be given to the lead researcher for the evaluation. Open communication and quality checking between the researchers and statistician during this process is recommended.

1. Description of respondents

A brief description of the 'sorts' of respondents should be prepared. You might want to describe the group in terms of 'programme managers and policy-makers' or 'NGO and bilateral organization representatives' or you may wish to use alternative groupings, as set out in Section A of the questionnaires.

2. Sensitivity analysis

Assign preference scores to each programme characteristic and evaluation question based on how the respondents rated them in the questionnaire e.g. 1st, 2nd or 3rd priority. This data can then be entered into an Excel spreadsheet to generate frequencies of 1st, 2nd and 3rd placements for each characteristic and question, and to generate a score that combines the 1st, 2nd and 3rd ratings.

Sensitivity analysis should be carried out to assess the consistency of these preference scores for each characteristic and question. This can be done by adjusting the means and medians of the rating data and altering the relative weights attached to the 1st, 2nd and 3rd rankings.

3. Comparison

Compare the maternal health programme characteristics with the priority evaluation questions for which respondents exhibited preference, to assess whether they were consistent. We suggest that you focus on the top three questions and discuss how and/or whether these relate to the most desirable characteristics.

Appendix 3: Refinement of the evaluation question: workshop guide

INTRODUCTION

In Phase 2, a prioritization workshop was conducted to examine the desirable characteristics of safe motherhood programmes and to collectively arrive at a list of important evaluation questions relating to maternal health.

These evaluation questions were prioritized further through application of a post-workshop questionnaire. This guide supports the organization of a subsequent 'Refinement Workshop' to further define and refine these EQs.

PARTICIPANTS

This Refinement Workshop should involve a smaller group of people than the first workshop. They should be those closest to decision-making for maternal health, and those who are likely to have a technical role in relation to Impact. At least a few Country Coordinating Group (CCG) members should be represented. Translation support may be required.

WORKSHOP OBJECTIVES

- Improved common understanding between policy-makers and researchers of the three most important evaluation questions.
- Establish the basic causal framework underlying the proposed evaluation questions, and ensure this is used to inform the design of the evaluation as regards relevant input, process and outcome indicators.

OUTPUTS

- Sufficient information to:
 - refine the three evaluation questions in accordance with policy-makers' needs;
 - develop a draft evaluation plan for one of the three questions.
- An identified relationship between evaluation question and causal net (i.e. entry point).
- Ideas for further investigation of causal stream to:
 - develop causal net and streams;
 - direct the topics for further review of literature.

METHOD

- Prepare for a full day workshop
- The venue should be quiet, comfortable and reasonably intimate – prefer square/round tables for discussion, with no head table etc.
- Limit participants to those closest to decision-making for maternal health and those who have a technical role (include some CCG members)
- Start with a plenary and introduce subject matter and process
- Depending on the number of people present and the time available, may need to divide into smaller groups to address each question.
- Each discussion group should not be more than 6-7 people: the topic guide below can be used for this small group work
- Provide a rapporteur and facilitator for each group (from Impact staff)

Appendix 4: Topic guide for group work

OBJECTIVE

We are here to discuss the three evaluation questions (EQ) identified by a previous group of stakeholders as being the most important research questions to be addressed. The process involved is been defined below:

'Refinement' of EQ = this is a process involving discussion for the purpose of improving the understanding of the evaluation question. The casual net may be used as a method to aid in the clarification of what the focus of the evaluation question will be.

INTRODUCTION

- Give names and roles of Impact team
- Give names, roles and interests of participants in Impact
- Briefly outline the process of developing the evaluation questions (and what it means) and the findings (Workshop 1, followed by questionnaire results and sensitivity analysis). Explain that this EQ is not definite until a detailed assessment has been carried out to see if the question can indeed be answered.
- Introduce the causal net through presentation of the theory, followed by a case study from a maternal health evaluation, with clarifications and discussion
- Focus the subsequent discussion on the three top priority questions for the evaluation
- Ask for comments and reactions to the list

DISCUSSION OF EVALUATION QUESTION (1)

Take each question and find out more about what participants understand by the EQ. Start with open questions, and move on to specific questions if necessary.

'Effective and cost-effective':

What is meant by these words? (Be prepared to indicate what we think they could mean)? What are the expectations of the policy-makers regarding the type of findings? More specifically, find out:

- If health outcome is desired. What are the indicators of 'success' by which they wish to judge a strategy? Are these *health* outcomes?
- If not outcome, what sort of measures are expected/needed?
- If outcome measurement is desired, what type? (Maternal? Perinatal? Mortality? Morbidity? All causes, or direct causes, or both? Include abortion consequences or not? Directed towards delivery-only or throughout pregnancy?) Are other outcomes of interest e.g. child survival?
- What the reasons are for the choices made.

'Strategy':

Elicit ideas about the strategies participants have in mind. Examples might be training (type? In-service/pre-service, experiential/theoretical etc), provision of equipment, improving motivation etc.

'Quality assurance':

What is meant by quality? What measures/indices might be used?

Comparisons:

Explore the expectations of participants regarding the comparisons that an evaluation may require. For example, is the intention to compare different strategies (training vs. addressing motivation), or different means of training?

Quantifying the 'effect':

What size of effect is expected? Is there a degree of difference between comparisons of e.g. strategies being explored.

The understanding that develops through this discussion will help to refine the EQ. For example, if it is clarified in the above discussion that the word 'effectiveness' suggests a need to measure a health outcome like maternal mortality, then the EQ can be re-phrased to specify this. For example, an EQ originally stated as 'what is the effectiveness of the skilled attendance strategy?' might be re-phrased as 'what is the effectiveness of a skilled attendance strategy in reducing maternal mortality reduction?'.

DISCUSSION ON CAUSAL NET FOR EVALUATION QUESTION (1)

During the process of refinement of an evaluation question, it is often helpful to start developing a logic chain or causal net, which is a flow diagram that helps to describe the mechanisms by which programme interventions are supposed to achieve the overall programme goals. Logic chains and causal nets are described in further detail in Module 3. To start a discussion on the logic chain or causal net:

- Trace the key events that led to a decision being made regarding the intervention (e.g. improving skilled attendance). What were the historical reasons for this particular strategy being targeted? What was the rationale, what were the mechanisms and influencing factors?
- Develop the causal net as a diagram that all participants can see as the discussion proceeds. Ask participants to identify which part of the causal net they see the evaluation question (and strategy) relating to? Which areas might be upstream? Downstream? What is the effect on the basic net? How does this then relate to the indicators, as described in workshop objectives?

Note: Investigating the evaluation question in this manner may provoke a discussion on the modalities of how an evaluation might be carried out. It is advisable to try and avoid this discussion, since detailed planning work on the research programme will only be conducted after this workshop, and also since there is likely to be a time constraint.

WIND DOWN

- Any other thoughts or comments?
- Revisit objectives. Have the objectives been fulfilled? Was this a useful process to go through to achieve objectives?
- Plans for next steps. Make clear that after investigation of opportunities on ground, may be faced by need to search for enhancement opportunity or to refine further the question
- Thanks and close.