LEARNING AGENDA

MOMENTUM Safe Surgery in Family Planning and Obstetrics

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MOMENTUM A Global Partnership for Health and Resilience

MAY, 2022

MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services. Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches and strengthen the resiliency of health systems.

MOMENTUM Safe Surgery in Family Planning and Obstetrics is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and is implemented by EngenderHealth with partners IntraHealth International, Johns Hopkins Center for Communications Programs, and the London School of Hygiene and Tropical Medicine under USAID cooperative agreement #7200AA20CA00011. For more about MOMENTUM, visit www.usaidmomentum.org. The contents of this report are the sole responsibility of EngenderHealth and do not necessarily reflect the views of USAID or the United States Government.

Cover photo: Renae Stafford

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ABBREVIATIONS

CD	Cesarean Delivery
CHNRI	Child Health and Nutrition Research Initiative
FP	Family Planning
HIC(s)	High Income Country(ies)
LARC(s)	Long-Acting Reversible Contraceptive(s)
LMIC(s)	Low- and Middle-Income Country(ies)
MH	Maternal Health
MNCH	Maternal, Newborn, and Child Health
MOMENTUM	Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale
PM	Permanent Methods
RH	Reproductive Health
Q3	Third Quartile
SBC	Social Behavior Change
TOLAC	Trial of Labor after Cesarean Delivery
USAID	United States Agency for International Development
VBAC	Vaginal Birth after Cesarean Delivery

EXECUTIVE SUMMARY

MOMENTUM Safe Surgery in Family Planning and Obstetrics, a five-year project (2020 to 2025) funded by the United States Agency for International Development, developed its learning agenda through the engagement of an international group of experts specializing in the project's technical areas: surgical obstetric care, fistula prevention and treatment, long-acting and permanent methods of family planning (FP), as well as cross-cutting issues in safe surgery.

The MOMENTUM Safe Surgery in Family Planning and Obstetrics learning agenda rated and ranked potential learning topics to determine priorities. We curated learning topics from surveys of internal and external stakeholders, program documentation, and selected literature. We developed and refined rating criteria with which to evaluate learning topics (feasibility, technical importance, unsaturated topic, and potential for impact) with feedback from the experts, who then rated the learning topics via an online survey. Following the rating stage, we presented the top-rated topics to the group of experts for ranking, refinement, and brainstorming regarding potential research questions and methods.

We held two virtual consultation meetings, one on January 31 and another on February 28, 2022, bringing together experts for key processes in the learning agenda development, such as refining rating criteria, ranking top-rated topics, and identifying research questions and methods that could advance learning on priority topics.

The learning agenda development solicited a high degree of engagement from participants and resulted in an efficient prioritization of topics across four technical areas. However, the virtual format and rapid process yielded limited opportunities for deep engagement among the expert group members.

The intention of this process was to identify priority areas for the MOMENTUM Safe Surgery in Family Planning and Obstetrics project to focus its learning resources and activities. However, due to the consultative process of development and involvement of global experts in the selection process, the agenda presented here will be relevant for many other actors in the FP, fistula, and maternal health (MH) communities of practice, particularly those that seek to advance learning and advance through program implementation. We will disseminate the learning agenda widely to these communities, including through cross-MOMENTUM forums, global technical conferences, and other mechanisms.

The topics comprising the learning agenda that resulted from this process are:

Surgical Obstetric Care

- Use of post-discharge/postoperative visits (in-person or telehealth) to monitor postoperative morbidity and neonatal outcomes
- Use of tools, such as clinical checklists and audits for cesarean delivery (CD) and peripartum hysterectomy, to enhance decision-making as part of quality improvement
- Trial of labor after CD or vaginal birth after CD: Low- and middle-income country (LMIC) practices, availability/coverage, and outcomes
- Intrapartum/midwifery care practices to reduce unnecessary CD, specifically: (1) effective practices within intrapartum care (e.g., tools to manage labor and ensure birth accompaniment and respectful care) and (2) ways to strengthen midwifery-led models of care that favor less intervention and empower patients, including by understanding barriers to progress

Fistula Prevention and Treatment

- Gaps in the knowledge/skills required for provision of holistic fistula care, including midwifery/obstetric care, surgical and nonsurgical fistula repair, and rehabilitation
- High-impact social and behavior change (SBC) strategies for community engagement for fistula prevention and care
- Coverage of fistula care within basic healthcare provision funds and social health insurance schemes, including prevention, treatment, screening and referral, and rehabilitation care

FP

- Task sharing for long-acting reversible contraceptive (LARC) removal procedures: feasibility, effectiveness, and recommended settings
- Effectiveness of interventions to increase voluntary postabortion and postpartum contraception—including LARCs and permanent methods (PMs)—uptake and continuance
- LARC/PM SBC strategies, including impact of human-centered design activities to strengthen awareness and uptake, and strategies focusing on men as supportive partners, co-decision-makers, and clients

Cross-Cutting Safe Surgery

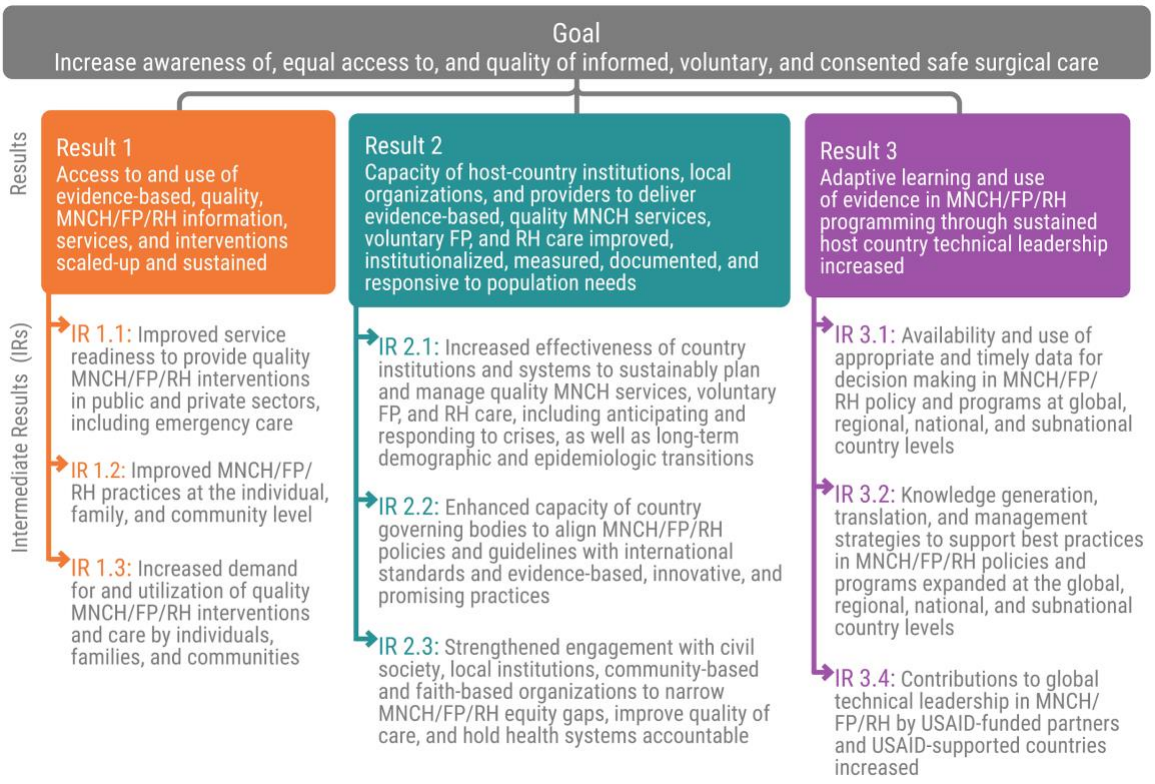
- Effective measurement approaches to monitor postsurgical/post-discharge maternal and newborn outcomes in the community
- Effective strategies to strengthen key aspects of the safe surgery ecosystem (e.g., anesthesia supplies, blood, and oxygen)
- Effective strategies for surgical team capability building in LMICs, including teamwork, communication, and respectful care
- Client definitions of respectful surgical care
- Integration of mental healthcare skills (e.g., mental health first aid) into fistula, MH, and FP provider training to support provision of mental health assessments of and care to patients

PROGRAM DESCRIPTION AND RATIONALE

MOMENTUM Safe Surgery in Family Planning and Obstetrics is one of the Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale (MOMENTUM) suite of awards funded by the United States Agency for International Development (USAID). MOMENTUM aims to accelerate reductions in maternal, newborn, and child mortality and morbidity in high-burden countries by increasing host-country commitment and capacity to provide high-quality, integrated healthcare.

USAID awarded MOMENTUM Safe Surgery in Family Planning and Obstetrics ("the project") for a five-year period, September 21, 2020 to September 20, 2025, by under Cooperative Agreement #7200AA20CA00011. The project focuses on maternal, newborn, and child health (MNCH), family planning (FP), and reproductive health (RH). EngenderHealth leads the consortium with core partners IntraHealth International, Johns Hopkins Center for Communications Programs, and the London School of Hygiene and Tropical Medicine. Through country-led strategies, the project advances the results framework provided in Figure 1, adapted from the overall results framework guiding the MOMENTUM suite of projects.

Figure 1. MOMENTUM Safe Surgery in Family Planning and Obstetrics Results Framework



MOMENTUM Safe Surgery in Family Planning and Obstetrics supports country efforts to strengthen surgical safety within maternal health (MH) and voluntary FP programs by promoting evidence-based approaches and testing new innovations. The project's goal is to improve access to and quality of voluntary, informed, consented, and safe surgical care within the following technical areas: surgical obstetric care, including safe and appropriate cesarean delivery (CD) and peripartum hysterectomy; prevention and treatment of obstetric

and iatrogenic fistula; and voluntary, long-acting reversible contraceptives (LARCs) and permanent methods (PMs).

As of December 31, 2021, the project was active and/or developing activities in the countries shown in Figure 2. Current implementation areas are summarized in Table 1.

Figure 2. MOMENTUM Safe Surgery in Family Planning and Obstetrics Implementation Map

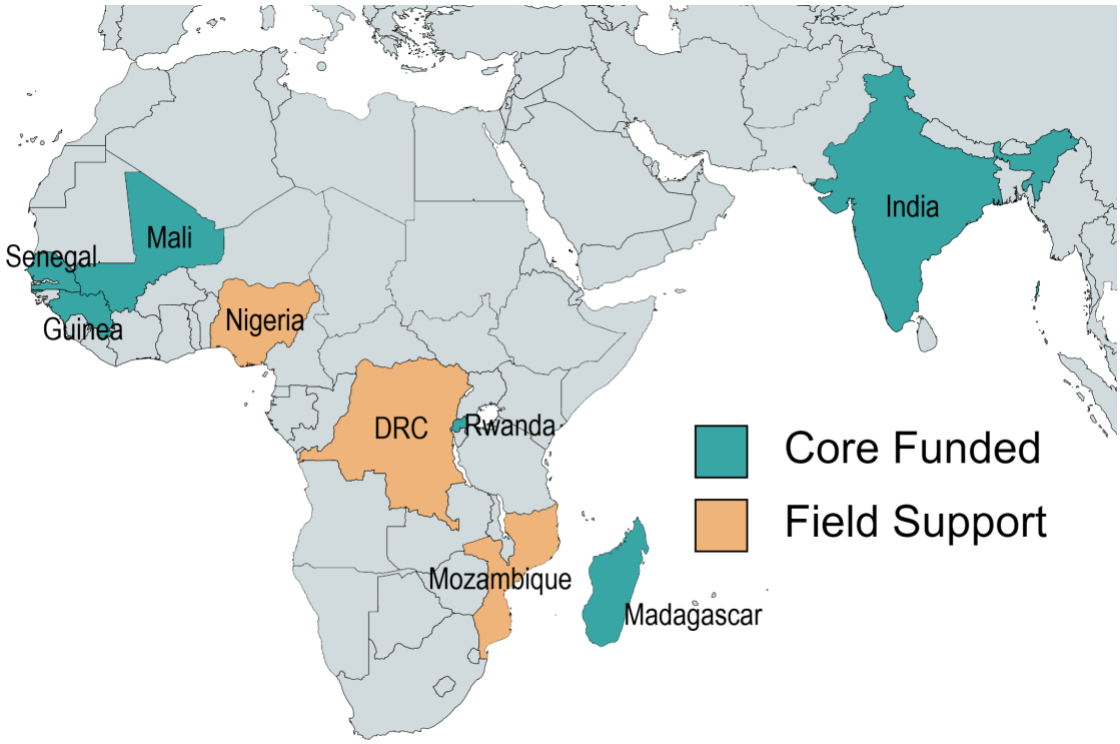


Table 1. Implementation Countries and Technical Areas

	Fistula	Surgical Obstetric Care	LARCs/PMs
Democratic Republic of Congo	X	X	X
Guinea	X	X	
India		X	X
Madagascar		X	
Mali	X	X	X
Mozambique	X	X	X
Nigeria*	X	X	
Rwanda	X	X	X
Senegal	X	X	X

* At the request of the Nigeria Mission, the project is also addressing female genital cutting/mutilation in that country's activity.

PROCESSES: LEARNING AGENDA DEVELOPMENT

A learning agenda contains a set of questions addressing critical knowledge gaps in implementing effective programs, a set of associated activities to answer those questions, and products aimed at disseminating findings.[1] A learning agenda helps ensure that program implementation includes ongoing iterative learning to achieve the best results. Learning can occur through formal research as well as through systematic monitoring, evaluation, analysis, and interpretation of routine information emerging from programs.[2,3]

The MOMENTUM suite developed a shared learning agenda, described in the MOMENTUM Monitoring, Evaluation, and Learning Framework,[4] and individual MOMENTUM awards have their own specific learning agendas which focus on their respective project scopes.

The development of the project's learning agenda followed a rating and ranking prioritization method, modeled after the process undertaken through USAID Fistula Care *Plus*.[5] We modified the process to reflect the COVID-19 pandemic context and the broader set of technical areas addressed by MOMENTUM Safe Surgery in Family Planning and Obstetrics.

The project engaged a group of international experts specializing in the project's focal technical areas (surgical obstetric care, fistula, and FP) as well as cross-cutting issues in safe surgery, to rate and rank potential learning topics for MOMENTUM Safe Surgery in Family Planning and Obstetrics to pursue.

Box 1. What Is a Learning Agenda?

- Learning is the intentional process of generating, capturing, analyzing, and sharing information and knowledge from a wide range of sources to inform decisions and adapt programs to be more effective.[4]
- A learning agenda has:[3]
  - A set of questions addressing critical knowledge gaps
  - A set of associated activities to answer these questions
  - Products aimed at disseminating findings and designed with usage and application in mind

As an initial step to developing the project learning agenda, project staff compiled and curated a list of initial research and learning topics and questions. We subsequently organized topics by technical content area and developed a rating criteria framework. The project held two virtual consultation meetings (January 31, 2022 and February 28, 2022) with the international experts. Appendix B provides the agendas for these two consultations. During the first meeting, the experts reviewed and discussed the list of potential learning topics and proposed rating criteria. Following the first meeting, the project refined the learning topics, primarily by converting the more specific questions presented at the first consultation into a list of broader

[1] USAID Learning Lab. n.d. *Collaborating, Learning, and Adapting Toolkit: Learning Agenda*. Washington, DC: USAID. https://usaidlearninglab.org/qrg/learning-agenda.
[4] USAID Learning Lab. n.d. *Learning*. Washington, DC: USAID. https://usaidlearninglab.org/cla-component/learning.
[3] MOMENTUM. 2021. *MOMENTUM Learning Agenda Brief*. Washington, DC: USAID MOMENTUM.
[4] MOMENTUM Knowledge Accelerator. 2021. *MOMENTUM Monitoring, Evaluation, and Learning Framework.* Washington, DC: USAID MOMENTUM. https://usaidmomentum.org/resource/momentum-monitoring-evaluation-and-learning-framework/.
[5] Fistula Care *Plus*/Maternal Health Task Force. 2014. *International Research Advisory Group Meeting Report, July 8–9, 2014*. New York: EngenderHealth/Fistula Care *Plus*. https://fistulacare.org/wp-content/uploads/pdf/resources/MeetingReport_FC+IRAG_9.141.pdf.

topics and further defining the rating criteria, and developed a rating survey that participants independently completed online. During the second meeting, the experts reviewed the results of the rating exercise and then worked in small groups to rank the top-rated topics from the survey and discuss potential research questions and methods to explore these topics. After the completion of the second consultation, project staff drafted the learning agenda and consultation report. The process followed the schedule laid out in Table 2.

Table 2. Summary of Steps in the Learning Agenda Development Process

Step	Dates	People Involved*
Identifying research topics	October 20, 2021 to February 4, 2022	Project management team, project consortium, USAID
Developing rating criteria and survey	January 4, 2022 to February 3, 2022	Project management team, project consortium, USAID, external experts
Surveying the expert group (rating)	February 7, 2022 to February 24, 2022	Project consortium, USAID, external experts
Ranking highly-rated topics and identifying recommended approaches	February 28, 2022	Project management team, project consortium, USAID, external experts
Drafting and reviewing the learning agenda and consultation report	March 1, 2022 to April 14, 2022	Project management team, USAID
Disseminating the learning agenda	April 1, 2022 to December 31, 2022	Project management team, project consortium

* See Appendix A for full list of consultation participants.

IDENTIFYING RESEARCH TOPICS AND EXTERNAL EXPERTS

The project identified 63 initial research and learning topics and questions through four sources:

- A survey following the USAID Fistula Care *Plus* End of Project Event[6]
- The World Health Organization, African Region: Research Priorities on Sexual and Reproductive Health and Rights article[7]
- The technical application for MOMENTUM Safe Surgery in Family Planning and Obstetrics
- A call for learning topics from core consortium partners and points of contact at USAID's Office of Maternal and Child Health and Nutrition and Office of Population and Reproductive Health

Concurrently, the project management team identified a group of external experts to participate in the consultation, in consultation with USAID. We selected these experts for their technical expertise; research and learning engagement; and representation of key global, academic, and/or research institutions. The

[6] Fistula Care *Plus*. 2021. *Fistula Care* Plus *Learning Agenda: Partnerships, Research, and Action*. Washington, DC: EngenderHealth/Fistula Care *Plus*. https://www.engenderhealth.org/event/fistula-care-plus-learning-agenda-partnerships-research-and-action.

[7] Ouedraogo, L., Nkurunziza, T., Mureithi, A., John, T.K., Asmani, C., Elamin, H., Mbassi, S.M., Zan, S., Françoise, B., Belete, M., Dina, G., Kwami, D., Rahn, K.C., Moazzam, A., Lemi, T., Dao, B., Sombie, I. and Mollent, O. 2021. "The WHO African Region: Research Priorities on Sexual and Reproductive Health and Rights." *Advances in Reproductive Sciences* 9 no. 1 (February): 13-23. https://doi.org/10.4236/arsci.2021.91002.

project's director invited these experts to participate in a consultative process to support development of the learning agenda, and nearly all those invited agreeing to participate.

The project team converted any research and learning topic not phrased in the form of a question into a question. The group of experts reviewed the questions during the first consultation on January 31, 2022. Participants discussed the following questions during the meeting to inform refinements:

- *Are there glaring gaps—do additional pressing learning questions immediately come to mind?*
- *Are there topics with multiple similar questions that need to [be] combined/grouped so that a topic of great interest doesn't end up rated/ranked lower because of a "split vote"?*

Although the experts identified additional questions for inclusion in response to these questions, they expressed reservations with phrasing research and learning topics in the form of questions in part because these tended to be closed-ended (only addressing the "what"). The phrasings, in their initial form, therefore neglected to unpack processes or pathways to impact (i.e., the "how" or "why"). Additionally, the experts agreed the questions prematurely narrowed the options for exploring the embedded topics. As a result, project staff converted the learning questions into learning topics for further consideration. Following the first consultation meeting, the external experts had the opportunity to submit additional proposed learning topics until February 4, 2022. The project made additions and deletions to the initial topic list following the consultation; the team removed some topics in response to consultation feedback and because the topic format enabled the combination of several initially separated questions. These reductions also enabled the preservation of a manageable total number of topics.

DEVELOPING RATING CRITERIA AND SURVEY

Project staff adapted the rating criteria used to prioritize learning topics from the USAID Fistula Care *Plus* learning agenda development process.[8] The criteria were: feasibility, technical importance, unsaturated topic, and potential for impact. Ratings followed a five-point scale, with one being the lowest rating, and five being the highest rating (e.g., a rating of "1" for a topic on feasibility indicates very limited feasibility and a rating of "5" for a topic on technical importance indicates a topic of very high importance). The group of experts weighed in on the rating criteria during the first consultation meeting in response to the following discussion question:

- *Are there other crucial criteria (other than feasibility, technical importance, lack of saturation, and potential for program impact) that you would recommend be included in the rating survey?*

The ensuing discussion highlighted gaps in the criteria and their definitions as originally delineated. Notably, multiple participants felt that the criteria, as initially defined, did not account for alignment with country priorities or existing country will/commitment to pursue the learning topic. Participants also felt that generalizability/ability for research on a topic to be applied globally was absent from the criteria as initially drafted. Another criterion suggested for inclusion was the potential for inquiry on a topic to leverage other MOMENTUM projects' activities or learning agendas. Finally, the group proposed the criteria defined in the

[8] Fistula Care *Plus*/Maternal Health Task Force. 2014. *International Research Advisory Group Meeting Report, July 8–9, 2014*. New York: EngenderHealth/Fistula Care *Plus*. https://fistulacare.org/wp-content/uploads/pdf/resources/MeetingReport_FC+IRAG_9.141.pdf.

Child Health and Nutrition Research Initiative method as an alternate rating framework: answerability, effectiveness, maximum potential impact, deliverability, equity, and timeliness.[9]

Project staff reviewed the initially proposed criteria and definitions following the first consultation meeting, taking participant feedback into account. Although the initial criteria groups were retained, project staff expanded their definitions to reflect the inputs from the expert group. After finalizing the criteria definitions (Table 3), the project programmed the rating survey using the online platform SurveyMonkey, tested it for usability, and distributed it to the expert group on February 7, 2022. Appendix C provides the survey materials.

Table 3. Final Rating Criteria and Definitions

Criterion	Definition
Feasibility	• Can be addressed with ethical research/learning • Can be answered within the resources and timeframe available
Technical importance	• Has notable gaps in evidence from low- and middle-income country (LMIC) settings • Is of interest, debate, and discussion among technical peers and leaders in the field • Has the potential for a large effect on reproductive, maternal, newborn, child, and adolescent health outcomes and/or the wellbeing of women and newborns
Unsaturated topic	• Extensive, quality research/learning relevant to LMIC settings is not already being conducted • Avoids redundancy with other projects' learning agendas (where cross-project learning would not be useful/efficient)
Potential for program impact	• Research/learning can result in effective and sustainable interventions/programs • Aligns with global and national priorities and commitments • Research/learning can clearly lead to action and change how services or programs are delivered in a short timeframe • Research/learning has potential to generate guidance for large-scale implementation and sustainability through existing systems • Prioritizes marginalized groups and/or seeks to reduce inequities in access to services or coverage • Relevant to multiple LMICs

SURVEYING THE EXPERT GROUP

The survey was open for responses between February 7 and 24, 2022. The project pulled data before closing the survey to design and perform interim analyses. Project staff grouped and analyzed responses by the project's four technical areas: surgical obstetric care, fistula prevention and treatment, FP, and cross-cutting safe surgery.

For each topic, we generated average ratings for each criterion from the ratings of all participants (e.g., the average of ratings given by respondents for the "feasibility" of "effective strategies to strengthen key aspects of the safe surgery ecosystem"). For each topic, we then calculated an overall rating by averaging the average criteria rating (i.e., a topic's overall rating is the average of the average feasibility, average technical

[9] Rudan, I. 2016. "Setting Health Research Priorities Using the CHNRI Method: IV. Key Conceptual Advances." *Journal of Global Health* 6 no. 1 (June). doi: 10.7189/JOGH.06.010501.

importance, average unsaturated topic, and average potential for impact ratings for that topic). We sorted topics by overall rating. Following a review of the distribution of ratings (See Results and Table 5), we determined decision rules for cut-offs of topics to present to the expert group for ranking.

This approach to rating gave equal weight to each criterion. We conducted an outlier analysis to assess the degree to which any individual criterion might have overly influenced the list of "top-rated" topics. This analysis showed that the topics selected for ranking based on overall rating were generally also the top-rated topics by individual criterion.

RANKING TOP-RATED TOPICS AND IDENTIFYING RECOMMENDED APPROACHES

During the second virtual consultation, the experts discussed the findings from the rating exercise. The experts then participated in a ranking exercise to come to consensus on priorities among the top-rated topics for the project learning agenda through collective deliberation.

We divided the experts into four breakout groups, based on their self-reported expertise and affinity area(s) among the project's technical areas (surgical obstetric care, fistula, FP, and cross-cutting safe surgery). Each small group ranked the highest rated topics in their respective technical area in order of priority for a learning agenda, holistically considering the rating criteria, and discussed the rationale for these rankings. A project staff member facilitated each small group discussion, reviewing the highest-rated topics, encouraging input from all participants, and taking notes during the discussion guiding the group's decisions.

After this breakout exercise, the small groups returned to the main group to report back on their rankings. They then returned to their small breakout groups to discuss potential research questions, appropriate research or learning methods, and, for research activities requiring primary data collection, geographic settings. Small group participants concurrently utilized RiseUp pads (a platform that allows collaborators to add text to the same document)[10] to respond to the following prompts for the highly ranked topic(s) of their choosing:

- *Suggest specific research or learning questions for this topic.*
- *Suggest designs and methods we could be using to investigate this topic—keeping the project context and timeframe in mind (i.e., lit review, secondary data analysis, qualitative, observational, mixed methods).*
- *If we think primary data collection or a specific country case study is needed, what countries would be well-suited to set a study of this topic and why? (e.g., Mozambique because it has a cadre of surgical technicians—keep [project] countries in mind: Democratic Republic of Congo, India, Mali, Mozambique, Nigeria, Rwanda, and Senegal).*

[10] https://pad.riseup.net/

RESULTS: RATING AND RANKING OUTCOMES

The results of the online rating survey are summarized in Table 4.

Table 4. Distribution of Ratings

	Surgical obstetric care	Fistula prevention and treatment	FP	Cross-cutting safe surgery
Number of topics	18	20	8	17
Minimum rating	3.54	3.25	3.72	3.51
Maximum rating	4.16	4.15	4.09	4.35
Average rating	3.82	3.77	3.85	3.95
Median rating	3.78	3.86	3.82	3.94
Third quartile (Q3)/top 25%	3.95	3.99	3.89	4.07
Number of topics scoring in top 25%	5	6	2	5
Cutoff rating/decision rule	Q3	Q3	Top 5	Q3

The summary statistics indicated some variation in the distribution of ratings among technical areas. For example, the median ratings demonstrated that the cross-cutting safe surgery topics were rated most highly. Appendix D provides more detailed rating data for each learning topic included in the survey.

The project used the distribution of ratings to determine decision rules for the topics to be presented to the expert group for ranking at the second consultation. For surgical obstetric care, fistula, and cross-cutting safe surgery, we presented the top 25% of topics; however, due to the smaller set of topics proposed for FP, we presented the five highest-rated topics. The topics identified and the outcomes of the breakout group discussions are detailed below for each technical area.

SURGICAL OBSTETRIC CARE

Table 5 lists the surgical obstetric care topics discussed at the second group consultation. The highest-rated topic received an overall rating of 4.16, and the lowest-rated received an overall rating of 3.97.

Table 5. Surgical Obstetric Care Topics Ranked for Prioritization by the Expert Group

		Rating				
Topic	**n**	**Feasibility**	**Technical importance**	**Unsaturated topic**	**Potential for impact**	**Overall**
1. Using post-discharge/post-operative visits (in person or telehealth) to monitor post-operative morbidity and neonatal outcomes	28	4.25	4.28	3.86	4.24	**4.16**
2. Use of tools such as clinical checklists and audits for cesarean delivery (CD) and peripartum hysterectomy to enhance decision-making as part of quality improvement	29	4.55	4.30	3.50	4.17	**4.13**
3. Intrapartum/midwifery care practices to reduce unnecessary CD	29	4.07	4.34	3.55	4.38	**4.09**
4. Trial of labor after CD (TOLAC) or vaginal birth after CD (VBAC): LMIC practices, availability/coverage, outcomes	27	4.37	4.30	3.81	4.19	**4.01**
5. LMIC policies and practices for subsequent pregnancies/deliveries post-CD	28	3.96	4.00	4.00	3.93	**3.97**

During the small group discussion, participants noted that the fourth and fifth topics in Table 5 overlapped considerably, and that the former enables a more comprehensive approach to learning regarding deliveries after an index CD. Therefore, the latter topic was removed from separate consideration.

In discussing the remaining four topics, the group did not reach consensus on ranking. However, in considering individual rankings proposed for each topic, the first topic in Table 5 emerged as the highest priority. Participants noted that clinicians know very little about what happens to clients post-discharge and addressing this gap is important in understanding the true level of morbidity (e.g., surgical site infections were an important outcome indicator cited by participants in the discussion). Participants also noted that simple approaches, such as follow-up phone calls, might provide a foundation for such monitoring, increasing the potential cost-effectiveness of learning and the feasibility of scale-up and impact. Participants also agreed that the most meaningful outcome of learning would be generating guidance for practical systems to routinely provide better information for quality improvement and to provide supportive follow-up information and care. Ultimately, multiple participants prioritized this topic for its potential impact on women. However, participants noted that "visits" may not be required and that the mechanism for follow-up information gathering would need to be well-defined.

Participants described the second and fourth topics as being of nearly equal importance. Participants were particularly interested in tools to enhance decision-making in surgical obstetric care for their potential impact

on the quality and outcomes of care; specifically, they viewed this topic as linked to optimizing the CD rate and creating a culture of quality improvement. However, several participants noted that many tools already exist, so the most valuable learning could potentially be less about developing and documenting a new tool and more about the "how;" for instance, what are the factors that contribute to proper implementation and consistent use? Participants cautioned that tools and/or documentation of their impact might need to be split between CD and peripartum hysterectomy and that it would be important to consider the enablers and barriers in public versus private facilities. Participants also prioritized learning about LMIC policies, practices, and outcomes related to trial of labor after CD (TOLAC) or vaginal birth after CD (VBAC), noting that even where there is high demand for VBAC and significant advocacy, provision is limited and faces many challenges (e.g., litigation). Participants noted that the mechanisms used to document and analyze VBAC could also be linked to improved use of the Robson classification system, which is endorsed by the World Health Organization and adopted in many countries, but inconsistently used.

Finally, participants considered learning about intrapartum/midwifery care practices to reduce unnecessary CD as important, although they prioritized it below the other three topics. Participants felt that, while this topic is quite broad as written, meaningful learning could focus on two important subtopics: (1) specific, effective practices within intrapartum care (e.g., tools to manage labor and ensure birth accompaniment and respectful care) and (2) ways to strengthen midwifery-led models of care that favor less intervention and empower patients, including by understanding why countries trying to implement such models are still struggling to make progress. Participants noted that learning on this topic would need to consider the different roles of midwives who work within a team versus those who work alone. Participants also recommended engaging the International Confederation of Midwives in learning on this topic as well as conducting a secondary data analysis, linking to existing survey datasets.

In the second breakout discussion, the group identified a number of specific research questions and potential methodologies for the three highest-ranked topics, described in Appendix E. The group also agreed upon a final list of highest priority topics, which are noted here in approximate order of priority, although not formal consensus-based, and reflected in the learning agenda summary (Table 9).

- Use of post-discharge/postoperative visits (in-person or telehealth) to monitor postoperative morbidity and neonatal outcomes
- Use of tools, such as clinical checklists and audits for CD and peripartum hysterectomy, to enhance decision-making as part of quality improvement
- TOLAC or VBAC: LMIC practices, availability/coverage, and outcomes
- Intrapartum/midwifery care practices to reduce unnecessary CD, specifically: (1) effective practices within intrapartum care (e.g., tools to manage labor and ensure birth accompaniment and respectful care) and (2) ways to strengthen midwifery-led models of care that favor less intervention and empower patients, including by understanding barriers to progress

FISTULA PREVENTION AND TREATMENT

Table 6 lists the fistula prevention and treatment topics discussed at the second group consultation. The highest-rated topic received an overall rating of 4.15, and the lowest-rated received an overall rating of 3.99.

Table 6. Fistula Prevention and Treatment Topics Ranked for Prioritization by the Expert Group

		Rating				
Topic	**n**	**Feasibility**	**Technical importance**	**Unsaturated topic**	**Potential for impact**	**Overall**
1. High-impact social and behavior change (SBC) strategies for community engagement for fistula prevention	24	4.17	4.42	3.79	4.21	**4.15**
2. Coverage of fistula care within basic health care provision funds and social health insurance schemes	23	4.04	4.09	4.3	4.17	**4.15**
3. Gaps in fistula knowledge/skills in midwifery training	26	4.5	4.35	3.65	3.92	**4.11**
4. Effective rehabilitation and reintegration interventions for fistula clients	24	3.79	4.33	3.67	4.29	**4.02**
5. Integration of fistula screening and referral in other health care	23	3.96	4.00	4.09	3.96	**4.00**
6. Implications of iatrogenic fistula trends for fistula care financing and programming strategies	23	3.96	3.91	4.13	3.96	**3.99**

During the small group discussion, participants quickly identified that the three highest-rated topics were also the three topics they would rank highest. The group did not achieve consensus on a specific order for ranking these three topics and preferred to see them as complementary of one another, representing a holistic set of learning topics around fistula. The group discussed the rationale for why individual experts felt strongly about certain topics, as well as requests to add subcomponents to the existing topics, or to broaden their scope to some degree.

When encouraged to identify one of the top three topics as the highest priority, the group chose "gaps in fistula knowledge/skills in midwifery training." However, participants requested to expand this topic significantly to focus on provider competency more broadly. They suggested this topic include exploring where new cases are coming from, technical skills for CD and fistula repair, and rehabilitation and reintegration training and care availability. The general consensus was that the topics selected should address the continuum from the community to the facility to the infrastructure of the health system.

Participants felt that the three topics together tackled the need to treat existing fistula cases and prevent the occurrence of new ones. The topics are intertwined—it is crucial to increase the skills of midwives and other frontline health workers to prevent fistula through appropriate management or referral of prolonged/obstructed labor; but, if patients cannot afford/access services, the presence of skilled providers is irrelevant. If community members are unaware of service availability, risk factors, and possible preventive behaviors, there will be no demand for care or behavior changes to prevent new cases of fistula. Additionally,

participants interpreted the topic of fistula care coverage broadly, with the potential to include prevention and treatment, screening and referral, and rehabilitation care.

The three topics that were ranked lower were still the subject of some discussion during the small group consultation and participants agreed they all had merit. The group considered the fourth-rated topic, rehabilitation and reintegration, to be a crucial part of fistula care and ensuring a comprehensive response to the full range of patients' physical and psychological needs; however, participants were comfortable with considering rehabilitation and reintegration as components of the top three topics (SBC, coverage/financing, and knowledge/skills). The group felt the fifth topic, integration of fistula screening and referral, could be integrated into various other topics. The group felt the sixth topic, iatrogenic fistula trends and financing and programming, was important in relation to growing urbanization and quality of care issues and their programmatic implications, but they also felt that some aspects of this could be addressed within the midwifery (and other provider) training topic.

In the second breakout discussion, the expert group agreed upon an unranked, final list of highest-priority topics, which are noted here and reflected in the learning agenda summary table (Table 9).

- Gaps in the knowledge/skills required for provision of holistic fistula care, including midwifery/obstetric care, surgical and nonsurgical fistula repair, and rehabilitation
- High-impact SBC strategies for community engagement for fistula prevention and care
- Coverage of fistula care within basic healthcare provision funds and social health insurance schemes, including prevention, treatment, screening and referral, and rehabilitation care

The group also identified a number of specific research questions and potential methodologies for these topics, described in Appendix E.

FAMILY PLANNING

Table 7 lists the voluntary FP topics discussed at the second expert group consultation. The highest-rated topic received an overall rating of 4.09, and the lowest-rated received an overall rating of 3.80.

Table 7. FP Topics Ranked for Prioritization by the Expert Group

		Rating				
Topic	**n**	**Feasibility**	**Technical importance**	**Unsaturated topic**	**Potential for impact**	**Overall**
1. Task sharing for implant removal procedures: feasibility, effectiveness, recommended settings	24	4.38	4.13	3.71	4.17	4.09
2. Effectiveness of interventions to increase post-abortion contraception uptake and continuance	24	4.08	4.29	3.08	4.46	3.98
3. SBC strategies focusing on men as supportive partners, co-decision-makers, and clients of LARCs/PMs	24	4.04	3.96	3.50	3.96	3.86
4. Impact of human-centered designed social behavior change (SBC) activities on long-acting reversible contraceptives / permanent methods (LARC/PM) awareness and uptake	25	3.84	4.20	3.29	4.04	3.84
5. Effective strategies for youth-led organizations to increase capacity to implement evidence-informed interventions to expand access to LARCs/PMs	24	3.58	3.96	3.67	4.00	3.80

The group proposed expanding the postabortion contraception uptake and continuance topic to include postpartum FP and revising the task sharing for implant removal topic to include intrauterine devices. They also decided to rank task sharing for implant (and intrauterine device) removal highly because "teaching" task sharing is feasible, and to rank the human-centered design for SBC topic highly as it could incorporate a breadth of research questions with the potential for high impact. Furthermore, the group suggested combining the human-centered design and men as partners topics within an umbrella of a larger SBC topic. While the group recognized the importance of the youth-led strategies topic, particularly for LARCs, there was discussion around the appropriateness of PMs for adolescents, with a suggestion that the project might be limited to narrow questions, such as those related to life course counseling, consent, and/or policies for PMs. Further, the group noted that many partners (including other MOMENTUM projects) are already working on youth-led strategies and suggested that this project focus on the other topics, given its limited bandwidth and the specificity of its technical scope, to minimize duplication.

In addition, the group discussed the importance of pursuing topics related to vasectomy advocacy, because of the need (due to its underrepresentation) and because of the implications for gender equity (by evening the load of FP responsibilities between men and women). Participants noted that matching supply and demand for vasectomy has been a challenge historically, and that research to see how such matching could

be done effectively could be of interest. In addition, participants flagged the lack of topics related to surgical safety and quality (e.g., checklists and postoperative outcomes).

While the group did not reach consensus on ranking, they did agree upon a final list of highest-priority topics, which are noted here and reflected in the learning agenda summary table (Table 9).

- Task sharing for LARC removal procedures: feasibility, effectiveness, and recommended settings
- Effectiveness of interventions to increase voluntary postabortion and postpartum contraception—including LARCs and permanent methods (PMs)—uptake and continuance
- LARC/PM SBC strategies, including impact of human-centered design activities to strengthen awareness and uptake, and strategies focusing on men as supportive partners, co-decision-makers, and clients

The group also identified a number of specific research questions and potential methodologies for these topics, described in Appendix E.

CROSS-CUTTING SAFE SURGERY

Table 8 lists the cross-cutting surgical obstetric care topics discussed at the second expert group consultation. The highest-rated topic received an overall rating of 4.35, and the lowest-rated received an overall rating of 4.07.

Table 8. Cross-Cutting Safe Surgery Topics Ranked for Prioritization by the Expert Group

		Rating				
Topic	**n**	**Feasibility**	**Technical importance**	**Unsaturated topic**	**Potential for impact**	**Overall**
1. Effective strategies to strengthen key aspects of the safe surgery ecosystem (e.g., anesthesia supplies, blood, and oxygen)	26	4.12	4.65	3.96	4.65	**4.35**
2. Effective strategies for surgical team capability building in LMICs: teamwork, communication, respectful care	26	3.77	4.35	4.04	4.38	**4.13**
3. Effective measurement approaches to monitor post-surgical/post-discharge maternal and newborn outcomes in the community	27	3.85	4.15	4.08	4.30	**4.09**
4. Integration of mental health care skills (e.g., mental health first aid) into fistula/MH/FP provider training	27	4.00	4.07	4.15	4.15	**4.09**
5. Client definitions of respectful surgical care	25	4.32	3.92	4.12	3.92	**4.07**

Many of the participants thought that all of the topics were important and agreed with their inclusion in the ranking process. Some suggested that ranking was difficult and contextual, in that priorities might differ by geographic area. Additionally, some participants thought that the respectful care topic could be challenging and felt that respectful maternal care has been incorporated into many policies and procedures already but is often poorly operationalized and has focused on the concept within a surgical framework of guidelines and policies. After this discussion, the facilitator shared reflections and a provisional ranking. The group then discussed the provisional rankings and these rankings remained unchanged at the end of the discussion.

All participants agreed that there is little evidence about post-discharge maternal and newborn outcomes in the community and that exploration of this topic would dovetail with the overall MOMENTUM suite's learning agenda on quality of care. Participants noted that learning on these outcomes will enable a gap assessment of the quality of care and service delivery processes and emphasized that these processes and gaps are a critical part of overall quality improvement initiatives.

The group agreed upon a final list of highest priority topics, which are noted here in approximate order of priority, although not formal consensus-based, and reflected in the learning agenda summary (Table 9).

- Effective measurement approaches to monitor postsurgical/post-discharge maternal and newborn outcomes in the community

- Effective strategies to strengthen key aspects of the safe surgery ecosystem (e.g., anesthesia supplies, blood, and oxygen)
- Effective strategies for surgical team capability building in LMICs, including teamwork, communication, and respectful care
- Client definitions of respectful surgical care
- Integration of mental healthcare skills (e.g., mental health first aid) into fistula, MH, and FP provider training to support provision of mental health assessments of and care to patients

RESULTS: LEARNING AGENDA

Through the rating and ranking activities, the project identified the 15 topics presented in Table 9 as top priorities for the learning agenda. This represents a reduction of 6 topics from the 21 initially presented to the technical expert groups for ranking and refinement.

Table 9. Final List of Priority Learning Agenda Topics

Topic Description
Surgical Obstetric Care
Use of post-discharge/postoperative visits (in-person or telehealth) to monitor postoperative morbidity and neonatal outcomes
Use of tools, such as clinical checklists and audits for CD and peripartum hysterectomy, to enhance decision-making as part of quality improvement
TOLAC or VBAC: LMIC practices, availability/coverage, and outcomes
Intrapartum/midwifery care practices to reduce unnecessary CD, specifically: (1) effective practices within intrapartum care (e.g., tools to manage labor and ensure birth accompaniment and respectful care) and (2) ways to strengthen midwifery-led models of care that favor less intervention and empower patients, including by understanding barriers to progress
Fistula Prevention and Treatment
Gaps in the knowledge/skills required for provision of holistic fistula care, including midwifery/obstetric care, surgical and nonsurgical fistula repair, and rehabilitation
High-impact SBC strategies for community engagement for fistula prevention and care
Coverage of fistula care within basic healthcare provision funds and social health insurance schemes, including prevention, treatment, screening and referral, and rehabilitation care
FP
Task sharing for LARC removal procedures: feasibility, effectiveness, and recommended settings
Effectiveness of interventions to increase voluntary postabortion and postpartum contraception—including LARCs and PMs—uptake and continuance
LARC/PM SBC strategies, including impact of human-centered design activities to strengthen awareness and uptake, and strategies focusing on men as supportive partners, co-decision-makers, and clients
Cross-Cutting Safe Surgery
Effective measurement approaches to monitor postsurgical/post-discharge maternal and newborn outcomes in the community
Effective strategies to strengthen key aspects of the safe surgery ecosystem (e.g., anesthesia supplies, blood, and oxygen)
Effective strategies for surgical team capability building in LMICs, including teamwork, communication, and respectful care
Client definitions of respectful surgical care
Integration of mental healthcare skills (e.g., mental health first aid) into fistula, MH, and FP provider training to support provision of mental health assessments of and care to patients

REFLECTION

As designed and executed, the rating and ranking approach to prioritization successfully produced a distilled list of priority topics to form the project's learning agenda. We designed the process to address specific constraints: the consultations needed to be held virtually, in a relatively short time period, and with a relatively short duration for any synchronous meetings to promote engagement and availability. The benefits of virtual consultation included financial and time savings (e.g., travel), environmental benefits derived from avoiding travel-related emissions, and the easier inclusion of partners from many countries. Stakeholders expressed their enthusiasm about the process, including through requests to stay involved in any future research plans, suggesting the opportunity to build a research and learning community of practice to amplify the capacity and impacts of project-specific learning activities. Indicating strong engagement, the survey response rate was 82%. We observed that an additional benefit to holding the sequential consultation meetings one month apart was that it gave participants an opportunity to become invested in the process over time as they stayed involved in first identifying topics, then rating them, ranking them, and fleshing out how they could be operationalized. Structuring the ranking discussion by technical areas enabled the identification of topics of synergistic importance. For example, collecting information about outcomes following postsurgical discharge was the top-ranked topic in both surgical obstetric care and cross-cutting safe surgery discussions, and identified as a gap in the FP discussion. The identification of such commonalities may enable expanded impact from learning across multiple project technical areas.

There were, however, limitations to the design and execution of the process and learning emerged that can be applied to future consultations. The composition of consultation participants skewed toward maternal and newborn health experts and technical expertise in FP was underrepresented. The underrepresentation of FP experts may have contributed to fewer learning topics to evaluate. To compensate for these potential skews, we ensured that all technical areas were represented in the final list of topics for ranking by including the highest-rated topics within each technical area rather than the overall 10 or 15 top-rated topics.

Although participants agreed that all the topics presented for ranking were valuable and worth prioritizing, it was difficult for the small groups to reach formal consensus on rankings. This may have been a function of the timeframe being too short to foster the dialogue needed to achieve consensus, the composition or facilitation of the breakout groups, or the diversity of priorities and expertise not lending itself to consensus. We attempted to mitigate the process' limitations by offering participants additional opportunities to provide inputs (for example, via emails following the meetings). However, the difficulty in ranking learning topics for some technical areas may also reflect the intertwined and equal importance of the highest-priority topics, as expressed by the fistula subgroup.

The rich discussions during the ranking phase suggest that future prioritization exercises or similar consultation implemented after pandemic constraints are reduced may benefit from a hybrid model, where rating is completed virtually and ranking and consensus building is facilitated in-person and/or over a longer period of time. A recently published modified Delphi study that prioritized learning topics on respectful care for newborns may provide another blueprint adaptable to a hybrid format: identification of topics through a literature review and online survey, consolidation by a working group, ranking topics by online survey of experts, and synthesis.[11]

[11] Hacker, H.P., Ateva, E., Jolivet, R.R., Al-makaleh, B., Shaver, T., and Sacks, E. 2022. "Global Research Priorities for Understanding and Improving Respectful Care for Newborns: A Modified Delphi Study." *Global Health: Science and Practice* 10 no. 1 (February): e2100292. https://doi.org/10.9745/GHSP-D-21-00292.

Finally, we designed this consultation to focus and define the project's learning agenda. However, due to the consultative process of development and involvement of global experts in the selection process, the agenda presented here will be relevant for many other actors in the MH, fistula, and FP communities of practice, particularly those that seek to advance learning through program implementation. While the project itself lacks the resources to directly support such learning by other actors, broad dissemination (see Way Forward) may promote opportunities for cross-learning, incorporation of topics from this agenda into ongoing or anticipated research efforts, and/or funding of related research and learning by other donors.

WAY FORWARD

DISSEMINATION AND IMPLEMENTATION

The project will share the learning agenda directly with all consultation participants, relevant USAID staff, and partners within the MOMENTUM suite of awards via the MOMENTUM Hub (the internal MOMENTUM portal).[12] The project will upload it so it is publicly available on USAID's Development Experience Clearinghouse.[13] The MOMENTUM Knowledge Accelerator project will also consider posting this on the public USAID MOMENTUM website.[14] The project will also utilize opportunities to disseminate the learning agenda and the project's research plans through relevant technical working groups and communities of practice.

The project will also develop a manuscript and conference abstracts detailing the learning agenda priorities as well as the consultative process employed in its development.

As the project moves forward with further fleshing out the learning agenda priority topics through the development of specific research, evaluation, and other learning plans, we will refer to the research questions, methods, and approaches proposed in Appendix E and consult with USAID, country teams and partners, and the external experts who participated in this process. We will identify potential research implementation partners and will incorporate activities to advance learning into the project's work plans in the coming years. While MOMENTUM Safe Surgery in Family Planning and Obstetrics may not be able to advance substantial learning on each priority topic identified, the learning agenda will provide a framework to assess potential learning and research opportunities and to assess progress and impact over the course of the project.

During the consultations, participants highlighted the importance of aligning research activities with country priorities. To support this, the project will review the priority topics identified globally against priorities defined in national RH and MNCH strategic plans and/or national surgical, obstetric, and anesthesia plans (where available), and we will gauge interest in and capacity to explore learning topics with in-country project teams during project work-planning processes.

Any research activities will adhere to the project's Monitoring, Evaluation, Research and Learning plan, which states that all research activities will comply with guidance set forth under ADS 579 and the USAID Scientific Research Policy, and that all research activities involving human subjects will be guided by universal principles of informed choice, informed consent, and voluntarism—in addition to seeking Institutional Review Board approval. Moreover, any research involving FP service delivery will adhere to principles of voluntarism and informed choice.

[12] MOMENTUM. n.d. MOMENTUM Hub. (website) Washington, DC: USAID MOMENTUM. https://km.usaidmomentum.org/.
[13] USAID. n.d. Development Experience Clearinghouse. (website) Washington, DC: USAID. https://dec.usaid.gov/dec/home/Default.aspx.
[14] MOMENTUM. n.d. USAID MOMENTUM. (website) Washington, DC: USAID MOMENTUM. https://usaidmomentum.org/.

COLLABORATION ACROSS THE MOMENTUM SUITE

We will be mapping the MOMENTUM Safe Surgery in Family Planning and Obstetrics Learning Agenda to the MOMENTUM Learning Agenda[15] to identify how the learning topics identified contribute to the suite's priority learning areas. The MOMENTUM Learning Agenda focus areas are summarized in Table 10. We will also map to the learning agendas developed by other MOMENTUM awards to identify opportunities for collaboration and to leverage or amplify research and learning already taking place or planned across the suite.

Table 10. Key MOMENTUM Learning Areas and their Relevance to Practitioners [16]

Key learning areas	Relevance to practitioners	Illustrative learning topics
How are MOMENTUM-supported countries achieving health-related successes in coverage, quality, and equity?	Understanding what strategies and partnerships ought to be replicated or complemented by other stakeholders to amplify health-related successes	What strategies are awards using to increase **coverage** in MNCH, FP, and RH?
What is MOMENTUM's legacy in supporting countries towards sustainable development?	Understanding the context-specific needs and approaches that support countries and communities in sustainable development and achieving the 2030 Sustainable Development Goals	What **capacity strengthening** strategies effectively increase capacity at the individual, organization, community, and system levels?
How is collaborating, learning, and adapting being used to achieve successes through MOMENTUM?	Exploring what works in achieving national, subnational, and programmatic objectives and under which circumstances to inform other efforts by countries and their partners	What is being done to **increase the capacity** of different health cadres to understand and use **data**?
What are MOMENTUM's contributions to global leadership?	Supporting country leadership and elevating their roles in global development by documenting effective approaches	What are MOMENTUM's contributions to global- and regional-level **guidance and evidence**?

[15] MOMENTUM Knowledge Accelerator. 2021. *MOMENTUM Learning Agenda.* Washington, DC: USAID MOMENTUM. https://usaidmomentum.org/resource/learning-agenda/.
[16] Ibid.

APPENDIX A: CONSULTATION PARTICIPANTS

TABLE A1. LIST OF CONSULTATION PARTICIPANTS

Name	Affiliation
'Kuor Kumoji	Johns Hopkins University Center for Communications Programs*
Adeline A. Boatin	Program in Global Surgery and Social Change, Harvard Medical School
Alexandre Delamou	University Gamal Abdel Nasser, Conakry, Guinea
Alison El Ayadi	University of California, San Francisco
Ana Pilar Betran	World Health Organization
Barbara Rawlins	United States Agency for International Development
Bethany Hedt-Gauthier	Program in Global Surgery and Social Change, Harvard Medical School
Bridget Asiamah	United Nations Population Fund
Deborah Armbruster	United States Agency for International Development
Emeka Nwachukwu	United States Agency for International Development
Emily Fitzpatrick	United States Agency for International Development
Erin Mielke	United States Agency for International Development
Farhad Khan	EngenderHealth*
Godfrey Muguti	University of Zimbabwe, College of Surgeons of East, Central and Southern Africa
Jeffery Smith	Bill and Melinda Gates Foundation
Jim Ricca	Jhpiego†
John Varallo	Jhpiego
Karen Levin	EngenderHealth*
Kate O'Connell	EngenderHealth
Kathleen Hill	Jhpiego†
Kathryn Mimno	IntraHealth International*
Lara Vaz	Population Reference Bureau‡
Lina Roa	University of Alberta
Louise Day	London School of Hygiene and Tropical Medicine*
Loveday Penn-Kekana	London School of Hygiene and Tropical Medicine*
Mark Barone	Bill and Melinda Gates Foundation
Marleen Temmerman	The Aga Khan University Medical College, East Africa
Meridith Mikulich	United States Agency for International Development
Oladosu Ojengbede	University of Ibadan, Center for Population and Reproductive Health
Olufemi Oladapo	World Health Organization
Oona Campbell	London School of Hygiene and Tropical Medicine*
Pooja Sripad	Population Council
Premila Bartlett	United States Agency for International Development
Rahel Nardos	University of Minnesota
Rebecca Levine	United States Agency for International Development
Renae Stafford	EngenderHealth*
Robin Churchill	United States Agency for International Development
Roy Jacobstein	IntraHealth International*
Ruben Ayala	G4 Alliance
Sohier Elneil	University College London
Sonali Chib	EngenderHealth*
Stella Babalola	Johns Hopkins University Center for Communications Programs*
Vandana Tripathi	EngenderHealth*
Veronique Filippi	London School of Hygiene and Tropical Medicine*

*MOMENTUM Safe Surgery in Family Planning and Obstetrics
†MOMENTUM Country and Global Leadership
‡MOMENTUM Knowledge Accelerator

APPENDIX B: CONSULTATION AGENDAS

TABLE A2. AGENDA FOR JANUARY 31, 2022 CONSULTATION MEETING

Time (EST)	Topic	Presenter
9:00 – 9:05	Introductions and agenda review	Vandana Tripathi *Project Director*
9:05 – 9:15	Setting the stage	Rebecca Levine *USAID Senior Maternal Health Advisor*
9:15 – 9:25	Overview of MOMENTUM Safe Surgery in Family Planning and Obstetrics	Renae Stafford *Deputy/Technical Director*
9:25 – 9:40	Case study of USAID-supported global research/learning: Fistula Care Plus	Vandana Tripathi
9:40 – 9:55	Participant research interests and ongoing studies	Karen Levin *MERL Director*
9:55 – 10:10	Overview of proposed research topics and rating/ranking process	Vandana Tripathi
10:10 – 10:35	Breakout groups: Discussion of topics, rating/ranking criteria, and key gaps	All
10:35 – 10:50	Report back: Breakout groups	Sonali Chib *Global Field and Operations Manager* Small Group Rapporteurs
10:50 – 11:00	Wrap-up and Next Steps	Karen Levin

TABLE A3. AGENDA FOR FEBRUARY 28, 2022 CONSULTATION MEETING

Time (EST)	Topic	Presenter
9:00 – 9:05	Introductions and agenda review	Vandana Tripathi *Project Director*
9:05 – 9:15	Learning Agenda 1: Recap, Reflection and Adaptation	Renae Stafford *Deputy/Technical Director*
9:15 – 9:30	Presentation of Survey Findings Instructions for Breakout 1	Vandana Tripathi
9:30 – 10:00	Breakout 1: Rank Top-Rated Survey Topics	All
10:00 – 10:05	BREAK	
10:05 – 10:20	Report Back: Breakout 1	Breakout Rapporteurs
10:20 – 10:30	Operationalizing Learning Agenda Instructions for Breakout 2	Vandana Tripathi
10:30 – 10:55	Breakout 2: Brainstorm Research Questions and Methods	All
10:55 – 11:00	Wrap-up and Next Steps	Karen Levin *MERL Director*

APPENDIX C: SURVEY MATERIALS

[see next page]

MOMENTUM Safe Surgery in Family Planning and Obstetrics: Learning Agenda Topics Rating Survey

Thank you for participating in the first consultation to develop the MOMENTUM Safe Surgery in Family Planning and Obstetrics Global Learning Agenda. Following this first meeting on 31 Jan 2022, the learning topics and rating criteria were refined based on your feedback, including incorporating elements of the Child Health and Nutrition Research Initiative (CHNRI) prioritization criteria.[1] We have also added a number of additional learning topics based on your suggestions. This survey represents the next step in the development of the project's global learning agenda. We are asking you to rate proposed learning topics according to the following criteria:

Feasibility:

- Can be addressed with ethical research/learning
- Can be answered within the resources and timeframe available

Technical importance:

- Has notable gaps in evidence from LMIC settings
- Is of interest, debate, and discussion among technical peers and leaders in the field
- Has the potential for a large effect on RMNCAH outcomes and/or the wellbeing of women and newborns

Unsaturated topic:

- Extensive, quality research/learning relevant to LMIC settings is not already being conducted
- Avoids redundancy with other projects' learning agendas (where cross-project learning would not be useful/efficient)

Potential for program impact:

- Research/learning can result in effective and sustainable interventions/programs
- Aligned with global and national priorities and commitments
- Research/learning can clearly lead to action and change how services or programs are delivered in a short time-frame
- Research/learning has potential to generate guidance for large-scale implementation and sustainability through existing systems
- Prioritizes marginalized groups and/or seeks to reduce inequity in access to services/coverage
- Relevance to multiple LMIC

Interpreting the learning topics

In this survey, we are asking you to rate topics, rather than precise research questions or specific aims. If a given topic is included in the MOMENTUM Safe Surgery in Family Planning and Obstetrics Global Learning Agenda, it may lead to multiple research/learning efforts. For such efforts, specific research/learning questions will be developed and refined to assess the "what","why", and/or "how" (e.g., pathways to impact or mechanisms explaining impact). Please note

that prioritizing a topic does not mean it necessarily requires primary data collection – research/learning may involve secondary data analysis, literature review, or synthesis of program data, for example.

Survey instructions

Please complete the survey on the following pages by applying the four criteria above to rate each potential topic. Rating follows a 1 to 5 scale: 1 is the lowest rating and 5 represents the highest rating. We will aggregate ratings across respondents to determine the most highly rated topics. We suggest allocating an hour to complete this rating process. If you need to complete the survey in several sittings, please be sure not to hit submit until you have completed each section of the survey. Many thanks for your time.

Note: This guidance is also provided to you as an email attachment so that you can refer to the criteria definitions while completing the survey.

1. Rudan I. Setting health research priorities using the CHNRI method: IV. Key conceptual advances. J Glob Health. 2016 Jun;6(1):010501.

Background information

1. What is your name	
2. What is your organizational affiliation (you may provide multiple affiliations)?	
3. With which of the following technical areas does your work most closely align?	□ Cross-cutting safe surgery □ Family planning □ Obstetric care □ Fistula prevention and treatment □ Other (please specify)
4. Is your time participating in these learning agenda consultations (including proportion of salary and benefits) being covered by United States Government funding?	○ Yes ○ No

5. Please rate the following topics according to feasibility, technical importance, saturation, and potential for impact (1 is the lowest/poorest rating and 5 is the highest/best rating)

Obstetric care	Feasibility	Technical importance	Unsaturated topic	Potential for impact
Use of tools such as clinical checklists and audits for cesarean delivery (CD) and peripartum hysterectomy to enhance decision-making as part of quality improvement				
Long-term psychosocial impacts for women after peripartum hysterectomy and mitigation strategies				
Optimal clinical technique and training approaches for peripartum hysterectomy				
Using post- discharge/post- operative visits (in person or telehealth) to monitor post- operative morbidity and neonatal outcomes				
Digital health solutions to improve facilitated surgical obstetric care referral within health system networks				
Mobile decision- making algorithms for surgical obstetric care to reduce maternal morbidity				
Digital health innovations to improve data quality about and reduce surgical obstetric care morbidities				
Associations between depression, anxiety, and other mental health concerns during the pre- pregnancy/antenatal period and CD in low- and middle-income countries (LMIC)				
LMIC policies and practices for subsequent pregnancies/deliveries post-CD				
Trial of labor after CD (TOLAC) or vaginal birth after CD (VBAC): LMIC practices, availability/coverage, outcomes				
Identification, monitoring and referral of women in need of repeat CD				
Impact of rising CD rates on peripartum hysterectomy				
Reducing rates of unnecessary CD: lessons from high income countries and applicability to LMICs				
Predictors of unnecessary CD in LMICs				
Best practices in integrating Maternal and Perinatal Death Surveillance and Response findings for quality improvement in surgical obstetric care				
Strategies for monitoring hysterectomy/CD outcomes for mothers and neonates				
Intrapartum/midwifery care practices to reduce unnecessary CD				
Impact of implementation of Robson classification on obstetric surgical safety and outcomes				

6. Please rate the following topics according to feasibility, technical importance, saturation, and potential for impact (1 is the lowest/poorest rating and 5 is the highest/best rating)

Fistula prevention and treatment	Feasibility	Technical importance	Unsaturated topic	Potential for impact
Gaps in fistula knowledge/skills in midwifery training				
Effective approaches for long-term follow up to promote fistula client well-being				
Concurrent clinical needs of fistula clients (e.g., pelvic floor disorders)				
Effectiveness of concurrent clinical interventions during fistula repair to reduce incontinence risk				
Advanced urologic options (e.g., diversions): clinical and psychosocial impacts and feasibility				
Barriers and enablers of non- surgical fistula treatment				
Prevalence of fistula recurrence and vaginal delivery after primary fistula repair				
Variation in fistula repair access and outcomes by socioeconomic factors and region				
Implications of iatrogenic fistula trends for fistula care financing and programming strategies				
Iatrogenic fistula: structures for health system monitoring and accountability				
High-impact social and behavior change (SBC) strategies for community engagement for fistula prevention				
Effective rehabilitation and reintegration interventions for fistula clients				
Mental health care for fistula clients: Availability and expansion strategies				
Coverage of fistula care within basic health care provision funds and social health insurance schemes				
Effective community SBC efforts to reduce fistula stigma				
Associations between national/regional leadership and policy and fistula care coverage				
Integration of fistula screening and referral in other health care				
Availability of and barriers to engaging pelvic reconstruction specialists in fistula care				

Fistula prevention and treatment	Feasibility	Technical importance	Unsaturated topic	Potential for impact
Digital health innovations to improve availability and use of fistula data				
Adaptation of synthetic grafting materials and other innovative technologies for fistula				

7. Please rate the following topics according to feasibility, technical importance, saturation, and potential for impact (1 is the lowest/poorest rating and 5 is the highest/best rating)

Family planning	Feasibility	Technical importance	Unsaturated topic	Potential for impact
Impact of human- centered designed social behavior change (SBC) activities on long-acting reversible contraceptives / permanent methods (LARC/PM) awareness and uptake				
Task sharing for implant removal procedures: feasibility, effectiveness, recommended settings				
Effectiveness of interventions to increase post-abortion contraception uptake and continuance				
Blended learning/hybrid training for family planning (FP) service provision: effective approaches				
Opportunities to provide IUD during cesarean delivery (CD)				
Trends and enabling factors in global vasectomy availability and uptake				
SBC strategies focusing on men as supportive partners, co- decision- makers, and clients of LARCs/PMs				

Effective strategies for youth-led organizations to increase capacity to implement evidence- informed interventions to expand access to LARCs/PMs				

8. Please rate the following topics according to feasibility, technical importance, saturation, and potential for impact (1 is the lowest/poorest rating and 5 is the highest/best rating)

Cross-cutting safe surgery	Feasibility	Technical importance	Unsaturated topic	Potential for impact
Effective mechanisms for building complementary surgical skills (i.e. cesarean delivery [CD] and hysterectomy)				
Cadre scopes of work (SOWs); training, supervision, and referral tools for task sharing surgical maternal health/family planning (MH/FP) services				
Outcomes associated with surgical MH/FP task sharing				
Impacts of COVID-19 on surgical MH/FP services' availability, affordability, and use				
Strategies for integration of gender-based violence screening and services into surgical fistula/MH/FP care				
Integration of mental health care skills (e.g., mental health first aid) into fistula/MH/FP provider training				
Measurement of respectful care and its impact on client behavior within surgical MH/FP care				
Impact of gender, youth, and social inclusion training for service providers on respectful care for marginalized populations				
Effective strategies to strengthen key aspects of the safe surgery ecosystem (e.g., anesthesia supplies, blood and oxygen)				
Client definitions of respectful surgical care				
Interventions that support team cohesion across facilities providing surgical care (hub/spoke)				
Best practices for defining and monitoring patient and family experiences of surgical MH/FP care				
Effective measurement approaches to monitor post- surgical/post- discharge maternal and newborn outcomes in the community				
Effective strategies for surgical team capability building in LMICs: teamwork, communication, respectful care				
Effective approaches for strengthening post-surgical follow-up in the community				

Cross-cutting safe surgery	Feasibility	Technical importance	Unsaturated topic	Potential for impact
Effective mechanisms for client feedback and social accountability for respectful surgical MH/FP care				
Facility-level measurement of skills maintenance among cadres providing task- shared surgical MH/FP services				

APPENDIX D: SUPPLEMENTARY RATINGS DATA

TABLE A4. TOPICS RATINGS FOR SURGICAL OBSTETRIC CARE

		Rating				
Topic	**n**	**Feasibility**	**Technical importance**	**Unsaturated topic**	**Potential for impact**	**Overall**
Using post-discharge/post-operative visits (in person or telehealth) to monitor post-operative morbidity and neonatal outcomes	29	4.25	4.28	3.86	4.24	**4.16**
Use of tools such as clinical checklists and audits for cesarean delivery (CD) and peripartum hysterectomy to enhance decision-making as part of quality improvement	30	4.55	4.30	3.50	4.17	**4.13**
Intrapartum/midwifery care practices to reduce unnecessary CD	28	4.07	4.34	3.55	4.38	**4.09**
Trial of labor after CD (TOLAC) or vaginal birth after CD (VBAC): LMIC practices, availability/coverage, outcomes	27	3.74	4.30	3.81	4.19	**4.01**
LMIC policies and practices for subsequent pregnancies/deliveries post-CD	28	3.96	4.00	4.00	3.93	**3.97**
Impact of implementation of Robson classification on obstetric surgical safety and outcomes	29	4.07	4.00	3.57	3.89	**3.88**
Strategies for monitoring hysterectomy/CD outcomes for mothers and neonates	29	3.90	4.21	3.66	3.76	**3.88**
Best practices in integrating Maternal and Perinatal Death Surveillance and Response findings for quality improvement in surgical obstetric care	29	4.03	4.10	3.34	3.79	**3.82**
Optimal clinical technique and training approaches for peripartum hysterectomy	29	3.57	3.97	3.83	3.86	**3.81**
Predictors of unnecessary CD in LMICs	27	3.88	4.04	3.50	3.59	**3.75**
Identification, monitoring and referral of women in need of repeat CD	28	3.75	3.72	3.80	3.69	**3.74**
Digital health innovations to improve data quality about and reduce surgical obstetric care morbidities	29	3.72	3.93	3.45	3.83	**3.73**

Topic	n	Rating				
		Feasibility	Technical importance	Unsaturated topic	Potential for impact	Overall
Digital health solutions to improve facilitated surgical obstetric care referral within health system networks	30	3.50	3.93	3.53	3.77	**3.68**
Long-term psychosocial impacts for women after peripartum hysterectomy and mitigation strategies	29	2.97	3.69	4.34	3.72	**3.68**
Associations between depression, anxiety, and other mental health concerns during the pre-pregnancy/antenatal period and CD in low- and middle-income countries (LMIC)	30	3.47	3.63	4.00	3.57	**3.67**
Reducing rates of unnecessary CD: lessons from high-income countries and applicability to LMICs	29	3.76	3.83	3.52	3.54	**3.66**
Impact of rising CD rates on peripartum hysterectomy	28	3.65	3.64	3.74	3.30	**3.58**
Mobile decision-making algorithms for surgical obstetric care to reduce maternal morbidity	29	3.48	3.72	3.28	3.68	**3.54**

TABLE A5. TOPICS RATINGS FOR FISTULA PREVENTION AND TREATMENT

Topic	n	Rating				
		Feasibility	Technical importance	Unsaturated topic	Potential for impact	Overall
Coverage of fistula care within basic health care provision funds and social health insurance schemes	23	4.04	4.09	4.30	4.17	**4.15**
High-impact social and behavior change (SBC) strategies for community engagement for fistula prevention	24	4.17	4.42	3.79	4.21	**4.15**
Gaps in fistula knowledge/skills in midwifery training	26	4.50	4.35	3.65	3.92	**4.11**
Effective rehabilitation and reintegration interventions for fistula clients	24	3.79	4.33	3.67	4.29	**4.02**
Integration of fistula screening and referral in other health care	23	3.96	4.00	4.09	3.96	**4.00**
Implications of iatrogenic fistula trends for fistula care financing and programming strategies	23	3.96	3.91	4.13	3.96	**3.99**

Topic	n	Rating				
		Feasibility	Technical importance	Unsaturated topic	Potential for impact	Overall
Mental health care for fistula clients: Availability and expansion strategies	22	3.82	3.91	4.05	4.14	**3.98**
Iatrogenic fistula: structures for health system monitoring and accountability	23	3.70	3.91	4.22	4.00	**3.96**
Effective approaches for long-term follow up to promote fistula client well-being	26	3.77	4.15	3.85	3.92	**3.92**
Effective community SBC efforts to reduce fistula stigma	23	3.91	3.96	3.52	4.09	**3.87**
Barriers and enablers of non-surgical fistula treatment	24	4.17	3.79	3.83	3.57	**3.84**
Effectiveness of concurrent clinical interventions during fistula repair to reduce incontinence risk	23	3.65	4.04	3.61	3.65	**3.74**
Concurrent clinical needs of fistula clients (e.g., pelvic floor disorders)	23	3.87	3.87	3.48	3.61	**3.71**
Availability of and barriers to engaging pelvic reconstruction specialists in fistula care	22	3.59	3.59	3.68	3.41	**3.57**
Variation in fistula repair access and outcomes by socioeconomic factors and region	23	3.78	3.74	3.26	3.39	**3.54**
Digital health innovations to improve availability and use of fistula data	23	3.78	3.26	3.48	3.30	**3.46**
Advanced urologic options (e.g., diversions): clinical and psychosocial impacts and feasibility	22	3.27	3.73	3.55	3.23	**3.44**
Prevalence of fistula recurrence and vaginal delivery after primary fistula repair	22	3.32	3.36	3.73	3.18	**3.40**
Adaptation of synthetic grafting materials and other innovative technologies for fistula	22	2.82	3.55	3.73	3.41	**3.38**
Associations between national/regional leadership and policy and fistula care coverage	23	3.30	3.13	3.52	3.04	**3.25**

TABLE A6. TOPICS RATINGS FOR FAMILY PLANNING

Topic	n	Rating				
		Feasibility	Technical importance	Unsaturated topic	Potential for impact	Overall
Task sharing for implant removal procedures: feasibility, effectiveness, recommended settings	24	4.38	4.13	3.71	4.17	**4.09**

Topic	n	Rating				
		Feasibility	Technical importance	Unsaturated topic	Potential for impact	Overall
Effectiveness of interventions to increase post-abortion contraception uptake and continuance	24	4.08	4.29	3.08	4.46	**3.98**
SBC strategies focusing on men as supportive partners, co-decision-makers, and clients of LARCs/PMs	24	4.04	3.96	3.50	3.96	**3.86**
Impact of human-centered designed social behavior change (SBC) activities on long-acting reversible contraceptives / permanent methods (LARC/PM) awareness and uptake	25	3.84	4.20	3.29	4.04	**3.84**
Effective strategies for youth-led organizations to increase capacity to implement evidence-informed interventions to expand access to LARCs/PMs	24	3.58	3.96	3.67	4.00	**3.80**
Trends and enabling factors in global vasectomy availability and uptake	24	4.17	3.79	3.63	3.46	**3.76**
Blended learning/hybrid training for family planning (FP) service provision: effective approaches	24	4.04	3.83	3.25	3.83	**3.74**
Opportunities to provide IUD during cesarean delivery (CD)	24	3.79	3.58	3.88	3.63	**3.72**

TABLE A7. TOPICS RATINGS FOR CROSS-CUTTING SAFE SURGERY

Topic	n	Rating				
		Feasibility	Technical importance	Unsaturated topic	Potential for impact	Overall
Effective strategies to strengthen key aspects of the safe surgery ecosystem (e.g., anesthesia supplies, blood and oxygen	26	4.12	4.65	3.96	4.65	4.35
Effective strategies for surgical team capability building in LMICs: teamwork, communication, respectful care	26	3.77	4.35	4.04	4.38	4.13
Effective measurement approaches to monitor post-surgical/post-discharge maternal and newborn outcomes in the community	27	3.85	4.15	4.08	4.30	4.09
Integration of mental health care skills (e.g., mental health first aid) into fistula/MH/FP provider training	27	4.00	4.07	4.15	4.15	4.09

		Rating				
Topic	**n**	**Feasibility**	**Technical importance**	**Unsaturated topic**	**Potential for impact**	**Overall**
Client definitions of respectful surgical care	25	4.32	3.92	4.12	3.92	4.07
Interventions that support team cohesion across facilities providing surgical care (hub/spoke)	25	3.84	4.12	3.96	4.16	4.02
Outcomes associated with surgical MH/FP task sharing	27	3.96	4.22	3.58	4.11	3.97
Effective mechanisms for building complementary surgical skills (i.e. cesarean delivery [CD] and hysterectomy)	26	3.65	4.15	3.88	4.12	3.95
Measurement of respectful care and its impact on client behavior within surgical MH/FP care	27	3.59	4.11	3.81	4.22	3.94
Strategies for integration of gender-based violence screening and services into surgical fistula/MH/FP care	27	4.11	3.85	3.93	3.78	3.92
Cadre scopes of work (SOWs); training, supervision, and referral tools for task sharing surgical maternal health/family planning (MH/FP) services	26	3.88	4.15	3.42	4.12	3.89
Facility-level measurement of skills maintenance among cadres providing task-shared surgical MH/FP services	26	3.88	3.92	3.77	4.00	3.89
Impact of gender, youth, and social inclusion training for service providers on respectful care for marginalized populations	26	3.58	3.96	3.92	3.92	3.85
Effective approaches for strengthening post-surgical follow-up in the community	26	3.77	3.81	3.77	4.00	3.84
Effective mechanisms for client feedback and social accountability for respectful surgical MH/FP care	27	3.56	3.93	4.00	3.85	3.83
Best practices for defining and monitoring patient and family experiences of surgical MH/FP care	27	3.65	3.85	3.67	3.89	3.77
Impacts of COVID-19 on surgical MH/FP services' availability, affordability, and use	27	3.85	3.67	3.15	3.37	3.51

TABLE A8. HIGHEST RATED TOPICS BY RATING CRITERIA IRRESPECTIVE OF TECHNICAL AREA

Criteria	Topic	Technical area	Average rating	n
Feasibility	Use of tools such as clinical checklists and audits for cesarean delivery (CD) and peripartum hysterectomy to enhance decision-making as part of quality improvement	Surgical obstetric care	4.55	29
	Gaps in fistula knowledge/skills in midwifery training	Fistula prevention and treatment	4.50	26
	Task sharing for implant removal procedures: feasibility, effectiveness, recommended settings	Family planning	4.38	24
	Client definitions of respectful surgical care	Cross-cutting safe surgery	4.32	25
	Using post-discharge/post-operative visits (in person or telehealth) to monitor post-operative morbidity and neonatal outcomes	Surgical obstetric care	4.25	28
Technical importance	Effective strategies to strengthen key aspects of the safe surgery ecosystem (e.g., anesthesia supplies, blood, and oxygen)	Cross-cutting safe surgery	4.65	26
	High-impact social and behavior change (SBC) strategies for community engagement for fistula prevention	Fistula prevention and treatment	4.42	24
	Gaps in fistula knowledge/skills in midwifery training	Fistula prevention and treatment	4.35	26
	Effective strategies for surgical team capability building in LMICs: teamwork, communication, respectful care	Cross-cutting safe surgery	4.35	26
	Intrapartum/midwifery care practices to reduce unnecessary CD	Surgical obstetric care	4.34	29
Unsaturated topic	Long-term psychosocial impacts for women after peripartum hysterectomy and mitigation strategies	Surgical obstetric care	4.34	29
	Coverage of fistula care within basic health care provision funds and social health insurance schemes	Fistula prevention and treatment	4.30	23
	Iatrogenic fistula: structures for health system monitoring and accountability	Fistula prevention and treatment	4.22	23
	Integration of mental health care skills (e.g., mental health first aid) into fistula/MH/FP provider training	Cross-cutting safe surgery	4.15	27
	Implications of iatrogenic fistula trends for fistula care financing and programming strategies	Fistula prevention and treatment	4.13	23
Potential for impact	Effective strategies to strengthen key aspects of the safe surgery ecosystem (e.g., anesthesia supplies, blood, and oxygen)	Cross-cutting safe surgery	4.65	26
	Effectiveness of interventions to increase post-abortion contraception uptake and continuance	Family planning	4.46	24
	Effective strategies for surgical team capability building in LMICs: teamwork, communication, respectful care	Cross-cutting safe surgery	4.38	26
	Intrapartum/midwifery care practices to reduce unnecessary CD	Surgical obstetric care	4.38	29
	Effective measurement approaches to monitor post-surgical/post-discharge maternal and newborn outcomes in the community	Cross-cutting safe surgery	4.30	27

APPENDIX E: PROPOSED RESEARCH QUESTIONS AND METHODS FOR PRIORITY LEARNING TOPICS

RESEARCH/LEARNING QUESTIONS AND METHODS/DESIGNS FOR SELECTED SURGICAL OBSTETRIC CARE TOPICS

Topic	Research/Learning Questions	Methods / Designs‡
Using post-discharge/post-operative visits (in person or telehealth) to monitor post-operative morbidity and neonatal outcomes*†	• What symptoms/conditions are women more or less likely to mention in person vs. telehealth? • What is the feasibility and effectiveness of digital health interventions in the identification of post-discharge morbidity (e.g., surgical site infections) after surgical obstetric care? • What are the most feasible, accurate, effective, equitable, acceptable, sustainable, and scalable ways to track key post-operative outcomes (e.g., surgical site infections, mental health needs etc.), whether through in-person visits, telehealth, and/or CHVs/CHWs. • What is the feasibility of integrating post-cesarean delivery care activities into routine CHW postpartum home visits?	• Implementation research or hybrid effectiveness-implementation trial, ideally comparing against a "gold standard" of clinical assessments of a cohort by an expert, but at minimum assessing reporting rates for the most important complications • Literature review • Pilot study • For telehealth, focus on settings with high mobile phone ownership (e.g., Kenya) • For implementation/pilot studies, focus on settings with short length of stay, since little is known about outcomes post-discharge
Use of tools such as clinical checklists and audits for cesarean delivery (CD) and peripartum hysterectomy to enhance decision-making as part of quality improvement	• What tools are associated with improved quality of CD care? • What type of tools are already in use, and what are their strengths and weaknesses? • Focusing on clinical audits: ○ What has worked and what has not worked? ○ How can we demonstrate the value of audits to increase provider motivation and engagement? ○ What are the characteristics of an effective audit approach, and which of these characteristics are relevant for a CD audit? ○ Can CD-related audits be integrated into broader audits already conducted in facilities? ○ How can the quality of CD audits be improved? ○ How can women's perspectives be integrated into CD audits?	• Literature review, including of findings from EN-BIRTH studies • Implementation research/pilot study feeding into experimental or quasi-experimental study • Implementation research incorporating behavioral science and systems thinking, to understand provider and motivation, opportunities • For implementation/pilot studies, could focus on countries where we fear there is a lot of unnecessary CD or consider that all

	• How can case reviews support quality improvement relate to peripartum hysterectomy?
	• What situations and contextual factors enable specific tools to work (or not work)?
	• To what extent is the Robson classification system being applied and what would support increased use?
	• Focusing on checklists:
	  ○ What would improve use of the WHO Safe Surgery Checklist, for example by making it more feasible to implement and expand its integration into routine practice?
	  ○ What types of checklists are useful in improving real-time decision-making, quality, and transition to electronic data collection?
	  ○ How can/do clinical checklists integrated into routine medical records contribute to improved obstetric surgical safety and quality, including domains such as effective communication after CD between patients and health workers and among health workers; improved efficiency; and reduced burden of documentation?
	  ○ How can medical records checklists improve availability and quality of data to be used for safe surgical decisions, review, audit, tracking, and use of data for action?
	  ○ How can checklists improve provider experience and satisfaction?
		countries should document learning on this as part of a broader quality improvement approach.

Trial of labor after CD (TOLAC) or vaginal birth after CD (VBAC): LMIC practices, availability/coverage, outcomes	• How many facilities that provide CD have the capacity to safely offer TOLAC, and how many actually offer TOLAC? • What do data on CD by Robson group tell us about TOLAC/VBAC? • What are the barriers to offering TOLAC/VBAC (e.g., legal, fear of litigation, lack of skills, convenience)? • What policies do public and private sector facilities have on TOLAC/VBAC? • What are effective approaches during antenatal care to triage women into known CD needed vs. TOLAC, and link them to care accordingly?	• Facility practice surveys • Integration of related questions to SARA/SPA/AMDD/UNFPA surveys • Consider how to access private sector providers • For efficiency, consider facilities with routine individual electronic records. • Consider study in India, due to very high CD rates.

*Consider how long to follow up women and babies post-surgery, and whether there are sub-groups (e.g., women and babies who have had major complications)

†Learning on this topic may be an opportunity to explore integration of maternal and newborn health – e.g., integrating post-surgical follow up with assessment of coverage related to newborn feeding, immunization, etc. This could help address gaps in evidence on how to maximize continuity of care for babies and mothers together.

‡Cross-cutting point: Consider how research capacity building efforts can also support data quality assurance/improvement efforts

RESEARCH/LEARNING QUESTIONS AND METHODS/DESIGNS FOR SELECTED FISTULA TOPICS

Topic	Research/Learning Questions	Methods / Designs
Gaps in fistula knowledge/skills in midwifery training	• What aspects of fistula prevention and screening are currently covered in midwifery and nursing schools? • Do midwifery training curricula contain elements of use of catheter? • What is the current landscape of training curricula quality? • What proportion of practicing midwives have used catheterization appropriately to prevent fistula in cases of obstructed labor? • Do different types of fistula surgeons have significant variability in skill level and surgical outcomes (i.e., local surgeons, visiting surgeons, etc.)? • How do knowledge and skill levels of providers influence outcomes for fistula prevention and treatment outcomes? • What is the current prevalence and drivers of iatrogenic fistula and implications for programming? • What reintegration programming models exist, are effective, for who, and in what context?	• Professional society survey • Cross-sectional or mixed method study • Qualitative study (focused group-community participatory action research) • Observational methods, particularly to assess variability in skill level of fistula surgeons • Implementation science research • Force field analysis • For reintegration programming: integrated data analysis of standardized existing program data (retrospective or prospective) • Choose countries for research where there is a large population of midwives (i.e., Nigeria) and availability of complementary published data • Choose countries for research where there is an existing pool of champions committed to exploring these questions and using the findings to implement change, as well as basic infrastructure to conduct research
Coverage of fistula care within basic health care provision funds and social health insurance schemes	• What fistula care funding models are most feasible and/or most acceptable and/or most sustainable? (Assess heterogeneous models including identification of contextual factors that need to be incorporated for considering different payment/funding models, and attention to feasibility/acceptability by stakeholder type). • How does health care financing impact access and use of health services for fistula care? • How are ancillary costs (or how could they be) incorporated into funding models (e.g., transport funds)?	• For funding models: case series/implementation-science guided • Qualitative/mixed-methods assessment • Lit Review • Chart review, surveys of existing fistula funding organizations and Ministries of Health • Landscape analysis • The choice of countries depends on what existing fistula finance mechanisms are present in the country and the willingness of funders and MOHs to provide data.

Topic	Research/Learning Questions	Methods / Designs
	• How is fistula care funded within the health system? • To what extent do current fistula funding models include holistic care? To what extent are they integrated into or isolated from existing healthcare coverage? • What is the current landscape for fees exemption policies and what is their impact on access and use of services for fistula?	
High-impact social and behavior change (SBC) strategies for community engagement for fistula prevention	• What combinations of SBC and PBC (provider behavior change) interventions have been used to enhance awareness and prevention of fistula, reduce stigma, and improve access to treatment? Can these be applied in different contexts and scaled? • How do existing cultural/behavioral/social practices and community assets promote wellbeing? How can we leverage these to address fistula prevention? • What types of community awareness and knowledge are present locally about risk factors, presentation, and prevention of obstetric fistula to inform behavior and normative change? • How can we best engage youth and males as change agents for fistula prevention at community level? • What role can community health workers play in fistula prevention and referral? • What are the social behaviors that drive causation of fistula? • What role do families, communities, and health services have in reintegration processes supporting women who have recently received surgical repair? • How do we capitalize on knowledge built from other stigmatized health topics (e.g., HIV, mental health, etc.)	• Country case studies/mixed methods research to see how different approaches work across contexts. • Asset mapping for existing practices and community assets • Implementation science that includes health services use data • Community participatory action research • Lit review/thought exercise - stigma lit/theory dev • Any community-targeting SBC strategy should be in a context where the surgical care is reliably available • Look to places where there are already existing research partnerships and infrastructures

Topic	Research/Learning Questions	Methods / Designs
	to reduce fistula-related stigma and increase awareness of fistula?	

RESEARCH/LEARNING QUESTIONS AND METHODS/DESIGNS FOR SELECTED FAMILY PLANNING TOPICS

Topic	Research/Learning Questions	Methods / Designs
Task sharing for LARC removal procedures: feasibility, effectiveness, recommended settings	• What lessons from difficult implant removals can be applied to difficult IUD removals?* • How can structured checklists improve safety through real-time decision making and communication between providers "sharing tasks"? • What are effective processes for referrals for difficult removals, when needed? • For MOMENTUM countries where this approach has been more successful: Why? What were the impediments? • How accessible is difficult implant removal in settings where implants are inserted by non-clinical personnel? • What are the best and most cost-effective options for implant removals (including difficult removals) by non-clinical personnel? • What is the feasibility and validity of the new indicator for tracking implant removals proposed by the Implant Removal Task Force?†	• Desk review (mapping of what cadres have removal in their scope by country) • Secondary analysis of service delivery data on removals (access patterns) • Primary data collection on outcomes of removal by cadre • Literature review on evidence for decision-making • Primary data collection to pilot checklist designs and design a study to generate evidence • Potential settings for primary data collection: DRC, Mali, Rwanda, Ethiopia
Effectiveness of interventions to increase post-abortion and post-partum contraception (LARC/PM) uptake and continuance	• What strategies have been proven effective for increasing post-abortion or postpartum contraceptive uptake?‡ • How do permanent methods fit into these interventions? What is the state of the evidence? • What is the current role of follow-up / continuity of care in post-abortion or postpartum family planning? If methods cannot be provided immediately post-abortion or post-partum, do clients return? Are there systems for follow-up if permanent methods are desired? What systems are most effective? What mobile/digital technologies are available to facilitate? • What is the demand for post-abortion LARCs and PMs? Is the demand met? How could the demand be met?	• Systematic review / meta-analysis§ • Potential settings for primary data collection (if needed): Rwanda (due to higher vasectomy uptake than regional counterparts), Senegal, Mozambique (for PAC given legal setting & surgical technician cadre), and Nigeria.

	• What is the role of male involvement in post abortion care-family planning (including couples counselling, decision-making? How does vasectomy fit into post abortion care-family planning and post-partum family planning? • [What is the status of] informed choice for permanent methods in the PAC/PP family planning context?	
SBC strategies on long-acting reversible contraceptives / permanent methods (LARC/PM), including impact of human-centered design (HCD) activities to strengthen awareness and uptake, and strategies focusing on men as supportive partners, co-decision-makers, and clients‖	• What is the current scope of human-centered social behavior change activities that target men as clients of family planning, specifically focusing on uptake of vasectomy? • On HCD messaging for LARCs/PMs throughout the life course: what messages are appropriate for different population segments (youth, young married couples, post-partum, limiters, etc.)? • What is the role of non-healthcare sectors for HCD SBC activities around LARCs/PM (e.g., schools, churches, other social networks)? • What are the most effective strategies to get vasectomy accepted and used?	• Secondary analysis of client patterns for method selection • Primary data collection on method choice rationale • Participatory HCD work on developing messages

*Check with other MOMENTUM projects on routine removals
†Coordinate with MOMENTUM Knowledge Accelerator (MKA) and Data for Impact (D4I) for this
‡Suggestion made to focus on the role of surgical contraceptive methods for this project
§Unclear which question the method maps to – may be applicable for effective strategies for increasing post abortion or postpartum contraceptive uptake?
‖Align with work on hormonal IUD introduction as it becomes available; counselling may need to change / understand how clients make decisions on IUD versus implant

RESEARCH/LEARNING QUESTIONS AND METHODS/DESIGNS FOR SELECTED SAFE SURGERY TOPICS

Topic	Research/Learning Questions	Methods / Designs
Effective measurement approaches to monitor post-surgical/post-discharge maternal and newborn outcomes in the community	• What are the best ways (feasible, useful and acceptable) to measure post-surgical maternal and newborn outcomes on a routine and periodic basis and how can they be institutionalized into national monitoring plans and systems? • What strategies are effective in promoting use of post discharge data (collected in the community and the facility) to improve quality of surgical care for mothers and newborns at the facility? • What are effective approaches to monitor (or follow-up on) post-surgical/post-discharge maternal and newborn outcomes in the community? • What maternal and newborn outcomes should be measured in the community and	• Follow-up household survey of clients, CHW records/community HMIS, formative in-depth qualitative interviews with community and facility health workers • Pilot implementation studies with primary data collection on the extent to which follow-up in community occurs, experiences from those providing follow-up and those receiving follow-up, and stakeholder recommendations. • Mixed methods: qualitative and quantitative analysis of maternal expectations of care using quality of life outcome

	at what intervals and for how long should they be measured after discharge? • What is the community interested in monitoring i.e.-what do they think is most important and feasible? What will they do with the data or how can they use it as well as research team? • How can community health workers be incorporated into monitoring outcomes in the community?	questionnaires and semi-structured interviews • Situational analysis to determine primary outcomes of interest, potential data sources, what is documented and how data flows through system will help identify what important outcomes are missing in routine care/data systems • Cohort studies of specific Ob/Gyn groups that are rare and where routine data is not available, to get an early assessment of these outcomes would establish a baseline sooner than a systems approach. • Country case studies would be the most feasible if additional vetting of topics is going to take the agenda into the end of the calendar year to finalize. I would want to look at Rwanda, Nigeria, Mali, India, Mozambique - all of which have systems already in place for PNC or community-based follow-up but using different platforms and with different referral systems back to health facilities.
Effective strategies to strengthen key aspects of the safe surgery ecosystem (e.g., anesthesia supplies, blood, and oxygen)	• What are the key aspects of the safe surgery ecosystem in need of strengthening, and what approaches contribute to their strengthening? What factors influence the implementation of these approaches? • How do we systematically measure quality of surgical care? • Adapting SSORT for Ob/Gyn • What are effective strategies for improving access to and availability of blood supply for surgical patients. What are facilitators and barriers to achieving this. • Supply chain assessments/interventions. Assess pipelines of delivery for care provision and supplies/equipment	• CLM (causal link monitoring) and documentation of approaches undertaken, with key informant interviews to capture the reasons why decisions were made, and recommendations. • Implement tools to collect data on comprehensive quality of surgical care • Facility audit of supplies, equipment, infrastructure, drugs, staffing (e.g., Service Provision Assessment tool, Harmonized HFA tool with variability assessments

Effective strategies for surgical team capability building in LMICs: teamwork, communication, respectful care	• Team building and communication: how does it flow and what changes could you institute to improve outcomes? • How does non-technical skills for surgeons (NOTSS) training affect clients' perception of care: https://www.notss.org/ and can we • extend it beyond surgeons to teams and other cadres of surgical providers • What capabilities need strengthening for LMIC teams providing surgery? What approaches are being taken to strengthen the capability of surgical teams in LMICs - with what inputs, for what reasons, and with what outcomes? • What are ways to enhance communication to streamline inter-hospital transfers? • QI methodology and the work of PRONTO and UCSF on teams should be reviewed with country teams and then work with country teams to develop research questions and develop the research protocol.	• Secondary analysis would be best here for team building and communication and for analysis of interventions using NOTSS • Direct observation of care, in-depth interviews with health workers, literature review, client chart review • Implementation research, process documentation, CLM and most-significant change -- documentation of what surgical teams look like, what approaches are taken, with monitoring of changes in quality of care and intervention outcomes. • Compare and contrast a would use a well-developed country vs. one that is developing its strategy (Rwanda vs Nigeria)

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