Reviewer’s report

Title: Improving the validity, relevance and feasibility of the continuum of care framework for maternal health in South Africa: a thematic analysis of experts’ perspectives

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Reviewer: Rima Jolivet

Reviewer's report:

This is an important topic and a good draft. It is clear that this manuscript represents part of a larger body of work, and that could be clarified in the Background and Study Aims section, so it is clear how it fits into the larger project, and what it does and does not aim to contribute.

Overall, this manuscript could benefit from editing for clarity of the exposition of its arguments, and greater precision and definition of terms and articulation in the body of the text some of the information that is contained in the Figures and Table. The paper is long and would be stronger if the arguments could be organized a little more clearly, presented a little more concisely, and language tightened up for precision. Two main concerns follow.

First, the paper seems to mix or conflate validation of specific indicators and validation of the conceptual framework for continuity of care in maternal health. This paper deals mostly (but not exclusively) with validating the framework, not specific indicators. The authors state this at line 501 in the Conclusion, but it would be Important to state this up front in the Study Aims, to clarify that this paper focuses mainly on stakeholder consensus on the utility of the framework, not specific indicator validity. Alternatively, the results section could be divided into two sections: feedback on the framework, and feedback on specific indicators.

Second, it seems that validation of the framework should start with its utility, relevance, and effectiveness as an organizing structure for program planning and implementation to achieve specified objectives, if it is to be useful for M&E.

The participant quote at line 235 sums this up: "Frameworks are useful for program design and to coalesce stakeholders around an idea; if there is buy in they can get everyone aligned around the same goals and strategies…It has to be the foundational basis if it is to be useful for monitoring and evaluation."

In the Discussion, starting on line 412, why does planning come after accountability? This reflects an intrinsic issue in the paper: monitoring and accountability should derive FROM the planning framework, to verify how desired outcomes are being met or not met. This does not come through clearly.

If a desired outcome of the approach to maternal health planning and programming laid out in the framework is multisectoral collaboration, what is the best way to evaluate this? If it is continuity of care for each individual woman across time or settings, how is this construct
defined and what is the best way to measure it? If it is addressing social determinants of health, how are these defined and what is the evidence that 1) they are linked with health and survival; 2) that measures to track them are valid?

A few specific comments:

1. It would be helpful to define the terms "maternal death" and "pregnancy-related death" and talk briefly about the difference between them, and why it matters from a policy and programmatic decision-making standpoint.

2. It would be important to clearly define the continuum of care concept/framework. Continuity can be conceived across time, settings, disciplines, and/or the woman's maternity episode or whole life course. This is better defined in the supplemental materials/text to accompany the figure, but it is so important to this study that I believe it needs to be in the body of the paper. A brief review of the literature on care continuity models in maternal health would strengthen the background section.

3. Related to the last comment, the authors have adopted a specific policy framework relative to a construct of continuity of care across time and settings: the provenance of this framework should be described as well as its intended use. Is this a national policy framework, an academic framework? Was is developed to frame health policy and planning, or only monitoring? Who was involved in developing it? Some more detail here would be helpful.

4. Attention is needed to the definition of Validity. There is ongoing attention to this subject in the literature. I recommend that the authors read this relevant WHO MoNITOR paper (and look out for additional resources and guidance on indicator validity and validation from this group): https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0224746

5. Attention is needed to the definition of Relevance: It is possible for something to be understandable and not relevant, so further precision is warranted. The description in the text is better than the definition in the box.

6. Attention is needed to the definition of Feasibility: It is possible for a measure to be useful in theory but not feasible to collect. Here, it would strengthen the paper to describe the main point from Blas et al's study with regard to feasibility, since utility and feasibility can be seen as discrete constructs.
7. The discussion starting at line 320 of "modification of indicators to reflect subgroups" seems to be addressing the need for disaggregation/stratification of data to be able to measure equity. This language is used elsewhere, toward the end of the discussion, but it more accurate.

8. Indicators to measures social determinants are included and labeled in the Table of Indicators, but it would strengthen the paper to include a brief definition or description of what is meant here by social determinants of maternal health.

9. The discussion about validating whether there is a tight correlation between a proxy that is measured to indicate an outcome or construct of interest which cannot easily be measured directly is an important point. Here, unlike the bulk of the paper, the focus is on the validity of individual indicators, not the framework as a whole. Does this belong in this paper, or would it be better in the forthcoming paper referenced on line 501?

10. What is meant by "the multisectoral nature of the indicators", and " a co-accountability mechanism for maternal health outcomes"? The participant comment starting on line 341 points to the problem, which is about coordinated and concerted planning and implementation, not just monitoring: ".nothing much happens in multisectoral action..." See comment above: If a desired outcome of the framed approach the maternal health planning is multisectoral collaboration, what is the best way to evaluate this? Other global MNH measurement initiatives have found that there are no indicators to track and assess intersectoral collaboration. This is an important point.

11. On line 369, the point about harmonization is important, but it is more accurately the harmonization of definitions and metadata, not indicators, i.e., the age range to define childhood is part of the indicator metadata. Here you can have the same indicator attempting to measure the same construct, but defining its terms for data collection differently.

This is important work and I sincerely hope that this feedback will be useful to you, as this is its intent.

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