

Inception Report Template Worked Example

October 2026

A made-up program. All names, places, organizations and figures are invented.

Executive Summary

Cradlebridge is a four-year program (October 2024 to September 2028) run by Dovecrest Health Partners in three districts of Veloria Region: Tamsa, Orrin and Belvane. It works through 42 public health facilities and 1,180 community health volunteers to raise the share of women who give birth with a skilled attendant and to cut avoidable newborn deaths. The funder has committed USD 9.6 million.

This mid-term evaluation has two purposes: to tell the program and the funder what is working and what is not at the halfway point, and to guide how the remaining 24 months are used. It covers all three program components from October 2024 to September 2026 and looks at relevance, coherence, effectiveness, efficiency and early signs of sustainability. Impact on mortality is out of scope at this stage.

This report sets out how the team will answer six evaluation questions. The design is mixed methods: a review of program and facility records, a household survey of 1,200 women who gave birth in the last 12 months, 36 key informant interviews, 12 focus group discussions and readiness checks at 14 facilities. Findings from each source will be compared before any conclusion is drawn. Fieldwork runs from 11 January to 19 February 2027 and the final report is due on 11 June 2027. We ask the client to approve the plan, including three proposed changes to the Terms of Reference: six questions instead of eight, a survey of 1,200 women instead of 1,500, and readiness checks at 14 facilities instead of all 42.

Background

Context

The three districts have about 1.6 million people (the region has 1.9 million), mostly in farming and fishing villages. The 2024 baseline survey found that 52 percent of births took place at home, usually with a relative or traditional birth attendant. Many villages are more than two hours from a facility on foot, and the main roads flood between August and October. The national maternal health strategy (2023 to 2030) sets a goal of 75 percent facility births, and in 2025 the regional government made delivery care free at public facilities.

Two other things matter for the design. A nutrition program run by another partner works in Tamsa and Belvane and visits many of the same households, so the team will ask about overlapping visits. And Orrin District had a five-week health worker strike in March and April 2026, which interrupted services at 11 facilities, so Orrin results will be read with that in mind. The floods also set the fieldwork window: data collection takes place in January and February 2027, after the floods, when roads are open.

Program Overview

The Cradlebridge Maternal and Newborn Health Program is run by Dovecrest Health Partners with the Veloria Regional Health Bureau and funded by a bilateral donor (the funder). It runs from 1 October 2024 to 30 September 2028 (48 months) in Tamsa, Orrin and Belvane districts, with a budget of USD 9.6 million. It serves about 380,000 women of reproductive age and their newborns, and works with 210 midwives and nurses and 1,180 community health volunteers.

The main results targets, measured against the 2024 baseline survey, are to raise facility births from 48 to 70 percent, four or more antenatal visits from 31 to 55 percent, and postnatal checks within 48 hours from 22 to 50 percent.

Cradlebridge has three components. Component 1 improves the quality of care at 42 public facilities (3 district hospitals and 39 health centers): it trains 210 midwives and nurses in emergency obstetric and newborn care, supplies equipment and essential medicines, and provides monthly mentoring. Component 2 builds demand and referral: community health volunteers visit pregnant women at home, run birth preparedness sessions and help families use 24 village transport funds for emergencies. Component 3 strengthens district management: better facility records, and monthly maternal and newborn death reviews in each district.

The program's theory of change is simple. If women are prepared, can reach a facility, and find skilled and equipped staff there, more will give birth safely and fewer newborns will die. The evaluation will test each link in this chain.

Evaluation Framework

Purpose and Objectives

The evaluation serves two purposes. The first is learning: to help Dovecrest and the district health teams decide what to change before the final two years. The second is accountability: to give the funder an independent view of progress against the results framework at the halfway point.

The four objectives are to:

- Assess how far the three components are on track to reach their outcome targets.
- Find which groups of women and which districts are being reached least, and why.
- Judge whether resources are used well and what slows delivery.
- Recommend specific changes to design, targeting and management for the rest of the program.

Scope

In scope: The evaluation covers all three components, all three districts, the period October 2024 to September 2026, and the criteria of relevance, coherence, effectiveness, efficiency and sustainability.

Out of scope: Changes in maternal or newborn death rates, which cannot be measured reliably at this stage or with this sample; the national health insurance reform, which the program does not control; and any comparison of cost-effectiveness with other programs.

Understanding of the Assignment

Dovecrest and the funder want an independent, honest view of the program at its halfway point that they can act on. The Terms of Reference ask what is working, for whom and why, and they ask for practical recommendations for the rest of the program rather than a final verdict on the program.

The team reads effectiveness as progress against the outcome targets in the results framework, and equity as whether the poorest women, the youngest, women living with disability and women farthest from a facility are being reached as well as everyone else. The team reads the Terms as asking for mid-term progress and early signs of sustainability, not for impact on mortality. The team will confirm this reading with the client before fieldwork begins.

Evaluation Questions

The Terms of Reference set eight questions. The team proposes six: the two overlapping efficiency questions are merged, and equity becomes a question of its own so that it receives full attention.

Question 1 (Relevance): To what extent do the three components match the needs of women, newborns and facility staff in the three districts, including the poorest and most remote households?

Question 2 (Coherence): How well does Cradlebridge fit with the national maternal health strategy, regional plans and the work of other partners in the same districts?

Question 3 (Effectiveness): To what extent are the program's outcome targets on track, and what is helping or holding back progress in each district?

Question 4 (Effectiveness, equity): Which groups of women, by distance, age, income and disability, are being reached least, and why?

Question 5 (Efficiency): Are staff, funds and supplies used well, and have delays or cost changes affected delivery?

Question 6 (Sustainability): What early signs show that district teams and communities can keep up the practices Cradlebridge introduced?

Evaluation Matrix

Question	Sub-Questions	Data Collection Tool	Sampling	Limitations
Question 1: Do the components match needs?	Do the components address the barriers women named at baseline? Do women and staff rate the services as useful?	Household survey questionnaire; key informant interview guides; focus group guide	1,200 women in 60 villages; 36 informants; 12 focus groups	Recall of past births; staff may overstate quality.
Question 2: Do they fit national and partner work?	Do program activities line up with the national strategy and regional plan? Are any households visited by two programs? Are district plans joint?	Records extraction template; key informant interview guides	38 program and policy documents; 5 staff of other partners among the 36 informants	Partner documents may be incomplete.
Question 3: Are outcome targets on track?	Are facility births, antenatal visits and postnatal checks at or near their mid-term targets? Are staff skills and readiness adequate? Is progress similar in all three districts?	Records extraction template; household survey questionnaire; facility readiness checklist; focus group guide	Registers from all 42 facilities; 1,200 women; 14 facilities; 12 focus groups	No comparison group; register quality; Orrin strike in early 2026.
Question 4: Who is reached least?	Which groups, by district, travel time, age, wealth and disability, have lower coverage? What reasons do they give?	Household survey questionnaire; focus group guide	1,200 women; 12 focus groups, including women who gave birth at home	District results are indicative only; numbers by disability are small.

Question	Sub-Questions	Data Collection Tool	Sampling	Limitations
Question 5: Are resources used well?	Is spending within 10 percent of plan by component? Do supplies and transport funds arrive before they are needed?	Records extraction template; key informant interview guides	Financial and procurement records for all components; 36 informants	Financial reports may lack district detail; staff may overstate quality.
Question 6: Will practices continue?	Are district budget lines and staff in place for maternal care? Are volunteers and transport funds still active?	Records extraction template; key informant interview guides; focus group guide	3 district budgets; volunteer and fund registers; 36 informants; 12 focus groups	These are early signs only; a mid-term review is too soon to judge sustainability.

Methodology

Design

The evaluation uses a theory-based, mixed-methods design. It is descriptive and explanatory rather than causal: there is no comparison group, because Cradlebridge works in every facility in the three districts, and a mid-term review does not justify the cost of building one. Instead, the team will measure change from the 2024 baseline and against targets, and use contribution analysis to test whether the links in the theory of change hold and whether other explanations fit the evidence better.

The work is sequential. Records review and the household survey come first and show what is happening and where. Interviews, focus groups and facility visits follow, to explain why. This order lets the survey results shape which questions the qualitative team asks in each district.

Desk Review

The team will review 38 program and policy documents, including the baseline report, the results framework, the national strategy, the regional plan, partner work plans, and financial and procurement reports. It will also extract monthly counts from the delivery and antenatal registers of all 42 facilities for the 24 months to September 2026. The review answers all six questions.

Mr. Tane leads the records extraction and Dr. Rowe leads the document review. Both will be complete by 8 January 2027, before fieldwork begins. Documents are chosen from the pack Dovecrest provides and from the regional bureau, and each will be rated for how complete and recent it is before its figures are used.

Quantitative Methods

Household survey. The team will interview 1,200 women who gave birth in the last 12 months, on tablets, in 60 villages. Mr. Ondrik leads the survey, with 24 women enumerators and 6 supervisors recruited from the three districts. Fieldwork runs from 11 January to 19 February 2027. The survey answers questions 1, 3 and 4.

Facility readiness checks. The team will visit 14 of the 42 facilities and use an observation checklist, a stock and equipment check, and a short review of how staff manage a simulated complication. Ms. Marsh leads the visits, which answer question 3. The Terms of Reference ask for visits to all 42 facilities; fourteen cover the full range of performance, and all 42 would add three weeks.

Qualitative Methods

Key informant interviews. The team will hold 36 interviews with regional bureau and funder staff (4), district health team members (9), facility in-charges (14), staff of other partners (5) and Dovecrest staff (4). Ms. Haldane leads them from 25 January to 19 February 2027. They answer questions 1, 2, 5 and 6.

Focus group discussions. The team will hold 12 groups of 8 to 10 people, four per district: two with women who gave birth in the last year, one with women who gave birth at home, and one with community health volunteers. They answer questions 1, 3, 4 and 6.

Sampling

The survey sample is sized to estimate the facility birth rate across the three program districts with a margin of error of plus or minus 4 percentage points at 95 percent confidence. With a design effect of 1.8 for clustering and a 10 percent allowance for non-response, this needs 1,200 women. Results for each district (400 women) will carry a margin of about plus or minus 7 points and will be reported as indicative. The Terms of Reference ask for 1,500 women; 1,200 meets the precision target, and the savings fund the focus groups on equity.

Data Source	Population	Sample	How Selected
Household Survey	About 54,000 births a year in the three districts; 612 villages	1,200 women in 60 villages (20 per village)	Villages drawn with probability proportional to size; women listed by village volunteers and drawn at random.
Facility Readiness Checks	42 facilities: 3 hospitals and 39 health centers	14 facilities	All 3 hospitals, plus 11 health centers chosen to cover high and low delivery rates, distance from the main road and each district.
Key Informant Interviews	Staff and officials linked to the program	36 people	Purposive, by role, with a reserve name for each.
Focus Groups	Women and volunteers in 12 villages, none used for the pilot	12 groups of 8 to 10	Purposive; groups of women formed by age band so younger women speak freely.

Ethics

Ethical review. The protocol and tools will go to the Voloria Regional Research Ethics Committee by 16 November 2026, with a decision expected by 27 November. No data will be collected before approval.

Do no harm. Enumerators are women trained in sensitive interviewing. Questions on disrespectful care are asked in private. Each enumerator carries a list of local services for women who need support.

Safeguarding. All team members and enumerators sign Pennifold's code of conduct. Ms. Haldane is the safeguarding focal point. Any concern is reported to her at once, and to Dovecrest's safeguarding lead within 24 hours.

Informed Consent

Each participant hears a short explanation and gives oral consent, recorded on the tablet or the interview sheet. They can skip any question or stop at any time. For women under 18, the team will

follow the committee's guidance on guardian consent, and will not inform a guardian where doing so could put the woman at risk. The consent script is in the data collection tools.

Accessibility

Interviews are held in the language each person chooses, by enumerators from the same district. Survey interviews take place at home at a time the woman chooses, and focus groups meet near the village at times that avoid the farming peaks. For women with a disability, the team will interview at home, allow a trusted companion to attend if the woman wishes, and allow extra time. Interviews and focus groups are audio recorded only with consent; if a woman declines recording, she is still interviewed and notes are taken instead.

Data Protection

Names and village names are stored apart from answers, on encrypted devices. Identifying details are removed within four weeks of the end of fieldwork. Raw data will be deleted 24 months after the final report. Dovecrest receives only data with names and identifying details removed; this lowers but does not remove the risk of being identified.

Data Tools

Five tools will be used. Drafts are attached. All will be tested in two villages outside the sample from 30 November to 3 December 2026 and revised before training. The final versions will go to Dovecrest for approval by 4 December 2026.

Tool	Used With	Main Topics	Annex
Household Survey Questionnaire	Women who gave birth in the last 12 months	Antenatal care, place of birth, postnatal care, costs, travel, experience of care	Annex 2
Key Informant Interview Guides (Four Versions)	Officials, district teams, facility in-charges, partners	Planning, supervision, supplies, coordination, funding, what to keep after the program.	Annex 3
Focus Group Guide	Women and volunteers	Barriers, trust in services, transport funds, suggestions	Annex 4
Facility Readiness Checklist	Facility staff and records	Staff skills, equipment, medicines, cleanliness, registers	Annex 5
Records Extraction Template	Delivery and antenatal registers	Monthly counts of births, visits, referrals and complications	Annex 5

Limitations

Limitation	Effect on Findings	How We Will Handle It
No Comparison Group	The evaluation cannot show that Cradlebridge alone caused the changes.	Compare with baseline and targets; use contribution analysis; report contribution, not attribution.
Recall of Past Births	Dates and visit counts may be off.	Check health cards where women hold them; use a calendar prompt; keep the recall period to 12 months.
Register Quality	Trends in facility births may be wrong.	Cross-check with survey results; audit registers at the 14 visited facilities.

Limitation	Effect on Findings	How We Will Handle It
Orrin Strike in Early 2026	Orrin results may be lower for reasons unrelated to program design.	Ask about the strike in every Orrin interview; explain it in the district analysis.
Staff Overstating Quality	Interviews could present a better picture than reality.	Use observation and the survey; interview volunteers apart from supervisors.

Deliverables

The team will deliver the products below. Dovecrest and the funder approve the inception report, the final data collection tools and the final report.

Deliverable	Format	Due Date
Inception Report	Word and PDF	30 October 2026
Final Data Collection Tools	Word and tablet forms	4 December 2026
Weekly Progress Note	One-page email	Fridays, 15 January to 19 February 2027
Validation Workshop Slides	PowerPoint	14 April 2027
Draft Evaluation Report	Word	30 April 2027
Final Evaluation Report	Word and PDF	11 June 2027
Plain-Language Findings Brief	Two-page PDF	11 June 2027
Clean Datasets and Codebook	Excel and CSV	11 June 2027