

Facilitators' guide for conducting national and subnational programme reviews for maternal, newborn, child and adolescent health



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Introduction

The purpose of this guide is to assist countries in planning, organizing and facilitating an integrated review of maternal, newborn, child and adolescent health (MNCAH) programmes at the national and subnational levels. The programme review process can also be used to review the implementation of initiatives that aim to accelerate MNCAH results at the national or subnational level, such as Ending Preventable Maternal Mortality (EPMM), the Every Newborn Action Plan (ENAP), the Nurturing Care Framework for Early Childhood Development, Child Survival Action, and Global Accelerated Action for the Health of Adolescents (AA-HA!).

This guide provides a recommended approach for conducting MNCAH programme reviews. It is not intended to be prescriptive. The processes should be adapted to suit the needs of the programme or the setting where it is being used.¹

The guide outlines the main steps for coordinating and implementing a programme review for MNCAH:

- preparing for the programme review process;
- collecting data;
- planning and facilitating the programme review workshop;
- reporting findings of the programme review.

The target audience is people organizing and facilitating a programme review for MNCAH.

This facilitators' guide complements the World Health Organization (WHO) *Guide for conducting national and subnational programme reviews for maternal, newborn, child and adolescent health and data tool*.

¹ Throughout this guide, we use the term MNCAH to reflect the programme areas covering pre-pregnancy, pregnancy, childbirth, newborn, childhood, adolescence and post-reproductive stages. As country ministries of health are structured uniquely, however, the programmes and departments involved in a review of MNCAH may be arranged differently or include or cover additional areas not explicitly listed under this term (e.g. sexual and reproductive health, immunization, or nutrition).



Suggested outline of MNCAH programme review process

Preparing for the programme review

- **Planning:**
 - Officially engage the programme review coordinator and committee to plan for the review, including scope, facilitators, participants, indicators and data to be reviewed, and resources required.
 - Schedule the presentation meeting of the findings and recommendations of the programme review to senior ministry of health representatives, partners and other stakeholders at the end of or soon after the programme review workshop.
 - Invite participants to the programme review workshop.
- **Gathering data and information:**
 - Review indicators in the data tool and add, delete or modify them according to the country's needs.
 - Compile existing data (e.g. surveys, health management information system, logistics management and information system) and enter into the data tool.
 - Validate and confirm information using:
 - key informant interviews, focus group discussions, field visits and client perspectives;
 - data quality assessment.
- **Preparing for the programme review workshop:**
 - Prepare presentations for the workshop.
 - Prepare copies of workshop materials, including the agenda, participant lists, and programme review documents with the completed data tool, and other relevant materials.
 - Check all logistical arrangements have been completed as planned.
 - Assign participants to preliminary subgroups.
 - Select workshop facilitators and brief them on their tasks.

Facilitating the programme review workshop

- Review and analyse information using the data tool and prioritize intervention packages for analysis.
- The facilitators guide participants in assessing progress in MNCAH programmes and formulating recommendations.
- The programme review committee and facilitators hold a daily evaluation of activities, document the subgroup work, and begin the report of the review.

- Hold a programme review presentation meeting to inform senior ministry of health representatives, partners and other stakeholders about the findings and recommendations of the review. This presentation can be held directly after the workshop concludes, time permitting. See Annex for a suggested list of data sources.

Reporting findings of the programme review

- The programme review committee and facilitators document the findings and recommendations of the review in a programme review report.
- The ministry of health prepares a plan of action to ensure the recommendations of the programme review are used.
- The ministry of health completes and disseminates the final programme review report.





Preparing for the programme review process

The ministry of health or subnational health authorities identify the timing of the MNCAH programme review based on strategic planning and implementation cycles. As soon as the authorities decide to conduct the review, plan for 2–4 weeks to complete preparations for the programme review workshop.

It is important to consider that it may take longer than 4 weeks to prepare for the programme review to fit in with other events in the country. Ideally, relevant data collection activities such as health facility assessments should be conducted before the review so the findings can be used in the review process.

Planning for the programme review

The following checklist of actions should be completed in preparation for the programme review. Each step may be modified based on the country's existing systems, processes and available resources. Securing of time commitment and budgetary resources is likely to be more straightforward if the programme review has already been incorporated into the health-sector national or subnational annual plan and financing framework. The scope and order of tasks may be modified to align with the country's ongoing processes:

- Mobilize resources:**
 - Map out a timeline and budget for programme review and mobilize funds.
 - Secure additional funding, depending on budgetary constraints.
 - Select and invite MNCAH programme review committee members.
- Engage the programme review committee:**
 - Decide on the scope of the MNCAH programme review.
 - Identify a programme review coordinator if needed.
 - Plan for the data collection process.
 - Plan for the programme review workshop (dates, venue, invite participants).
 - Select a lead facilitator and co-facilitators for the programme review workshop.
 - Schedule a meeting to present the findings and recommendations of the programme review to senior ministry of health officials and other partners and stakeholders.

Gathering data and information

The time and scope of the collection of information required for the MNCAH programme review depend on the availability and quality of existing data. Validation exercises may be necessary. Information should be organized so the programme review committee can review it:

- Review the indicators in the data tool and adapt them to country's needs (add, delete, modify).
- Compile existing data (e.g. routine monitoring systems, latest surveys). See Annex for a suggested list of data sources.
- Assess the status of the data (availability, quality, completeness, existing validation mechanisms):
 - Document the data quality and any identified availability issues.
 - Document any additional information collection, analysis and validation if necessary (e.g. key informant interviews, focus groups, client perspectives, field visits).
- Enter data into the data tool and compile other findings for the workshop.

Preparing for the programme review workshop

One to two weeks before the workshop, the programme review committee should assess the status of final planning details and assign those that have not been completed. Finalizing the following tasks will help to ensure the workshop runs smoothly:

- Review and finalize the data tool and other compiled information.
- Prepare presentations for the workshop and draft agenda.
- Check all logistical arrangements (e.g. communications with participants, venue, equipment, catering, materials) have been arranged or reserved.
- Make preliminary assignments of participants to subgroups.
- Brief workshop facilitators on their tasks.
- Prepare workshop materials, including the agenda, list of participants, and programme review documents with the completed data tool.



Planning and facilitating the programme review workshop

A few days before the workshop, the lead facilitator and co-facilitators should meet to confirm that preparations are complete, review materials, and agree upon roles for each step of the agenda (e.g. taking turns as note-takers for each plenary section). This meeting can serve as a practice session for facilitating each step of the workshop. It should include:

- reviewing the data tool and all materials that participants will use during each step;
- instructions for participants;
- suggestions on how to facilitate each step and guide group discussions;
- the expected output of the subgroup work for each step;
- finalizing the agenda.

Each facilitator should practise giving instructions on how to do a step.

Logistics for the workshop

The facilitators should review the following checklist during their meeting before the workshop (this list is not exhaustive and depends on the setting of the workshop and available resources):

- Visit the venue to arrange where and how plenary and group sessions will be held.**
- Confirm equipment and materials needed for the workshop are reserved, such as:**
 - projector for plenary sessions;
 - laptops and flash drives for plenary presentations and group work;
 - printer access;
 - flipcharts and markers.
- Review the number of participants attending the workshop:**
 - confirm sufficient catering (lunches, tea breaks) is ordered.
- Confirm materials for participants are prepared:**
 - printed materials or flash drives with materials for group work or all participants;
 - paper and pens (if needed);
 - remind participants to bring their data, strategic plans and laptops.

Steps of the programme review workshop

Table 1 shows a sample 4-day agenda for an MNCAH programme review workshop. The agenda may be condensed or lengthened to suit the country’s needs, but the suggested steps should be followed in this order because the sequence matches the logic flow of the programme review process (Figure 1).

Figure 1. MNCAH programme review workshop: key steps



The data tool uses the term “package of interventions” to describe a group of interventions implemented together as part of the MNCAH programme. If needed, countries can review and change this terminology to reflect their own descriptions of grouping of interventions.

Table 1. Sample agenda for MNCAH programme review workshop

Time	Activity	Format
Day 1		
8:30–9:00	Registration	
9:00–9:30	Welcome and opening	Plenary
9:30–10:30	Overview of MNCAH programme review process and steps: discussion and questions	Plenary
10:30–11:00	Break	
11:00–11:30	Introduction to Step 1a: what are the goals, objectives, targets and baselines?	Plenary
11:30–13:00	Step 1a: review goals, objectives, targets and baselines to identify the most critical needs of women, newborns, children and adolescents	Group work
13:00–14:00	Lunch	
14:00–15:30	Presentations on group work findings	Plenary
15:30–16:00	Break	
16:00–17:00	Discussion and questions on presentations and plan for the rest of the programme review	Plenary
17:00–17:30	Facilitators’ meeting	
Day 2		
8:30–9:00	Recap Day 1 activities	Plenary
9:00–9:30	Introduction to Step 1b to what extent have the MNCAH interventions contributed to achieving the target impact?	Plenary
9:30–11:00	Step 1b: review coverage of MNCAH interventions to identify underperforming interventions or intervention packages and assess disparities in coverage	Group work
11:00–11:30	Break	
11:30–13:00	Presentations on group work findings and discussion	Plenary
13:00–14:00	Lunch	
14:00–14:30	Introduction to Step 2a: which MNCAH interventions were implemented, and where?	Plenary
14:30–15:30	Step 2a: review utilisation of services – geographic areas and levels of health system – where interventions or packages were implemented and where improvement is needed	Group work
15:30–16:00	Break	
16:00–17:30	Presentation on group work findings and discussion	Plenary
17:30–18:00	Facilitators’ meeting	

Day 3		
8:30–9:00	Recap Day 2 activities	Plenary
9:00–9:30	Introduction to Step 2b: how well were MNCAH interventions implemented?	Plenary
9:30–11:00	Step 2b: review indicators related availability, access, quality, and demand, and readiness of health system	Group work
11:00–11:30	Break	
11:30–13:00	Presentations on group work findings and discussion	Plenary
13:00–14:00	Lunch	
14:00–14:30	Introduction to Step 3: what are the most important problems causing gaps in implementation of MNCAH programmes?	Plenary
14:30–15:30	Step 3: identify problems causing implementation gaps and determine the most important ones	Group work
15:30–16:00	Break	
16:00–17:30	Presentations on group work findings and discussion	Plenary
17:30–18:00	Facilitators' meeting	
Day 4		
8:30–9:00	Recap Day 3 activities	Plenary
9:00–9:30	Introduction to Step 4: What are the solutions and recommendations for the most important problems?	Plenary
10:30–11:00	Step 4: propose solutions that address causes of main problems and formulate recommendation on how these solutions should be carried out	Group work
11:00–11:30	Break	
11:30–13:00	Presentations on group work findings and questions	Plenary
13:00–14:00	Lunch	
14:00–15:00	Discussion on taking forward solutions and recommendations	Plenary
14:00–15:00	Summary and next steps	Plenary
15:00–15:30	Closing	Plenary
15:30–16:30	Facilitators' meeting	

Note: if the debrief on findings of the MNCAH programme review to senior ministry of health or subnational health authorities and other stakeholders is scheduled for the end of the workshop, the agenda should be modified to accommodate this.

Facilitation tips for the workshop

The MNCAH programme review workshop can be facilitated in different ways to match the setting, the number and type of participants, and other variables to the programme structure. Below are some general suggestions based on past experiences with facilitating programme reviews.

Introduction session

The lead facilitator should give a presentation to the participants about the workshop, the work they will do, and the expected outcomes. Use content from *Guide for conducting national and subnational programme reviews for maternal, newborn, child and adolescent health* as the basis for the presentation². The presentation should cover:

- what the programme review for MNCAH is;
- how the programme review fits into the programme planning cycle;
- the framework for the programme review;
- the logical basis for the steps of the programme review workshop;
- the steps to be done in the programme review workshop.

It is useful to revisit and review the framework and steps of the workshop as it progresses. At each step, the facilitator can show the current step on Figure 1, in relation to the steps already completed and those still to be done.

Flow of plenary to group work

The facilitator should introduce each step in plenary by reviewing the objectives of the step below. Point out the step on a wall chart or slide of the workshop steps. Read aloud in plenary the objectives and outcomes of each step.

Group work sessions

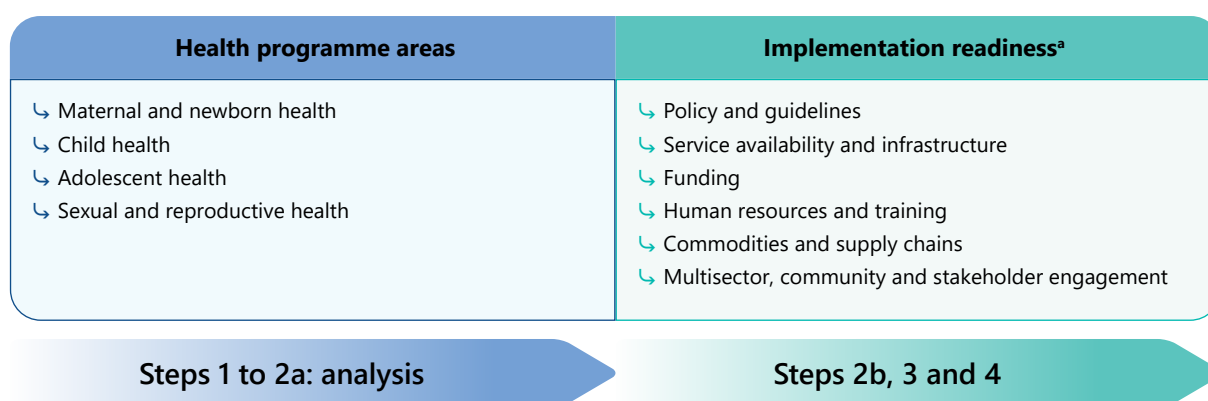
After the participants have registered, the preliminary group assignments should be compared against the list of people who are present at the workshop. Some participants may need to be moved to balance the groups. After discussing the goals and objectives, and while the participants are still together in plenary, explain that the participants will move into groups.

Divide the participants into groups, and assign a facilitator to each group. Ask the groups to move to different parts of the room or into breakout rooms. During the course of the workshop, the groups can be reorganized to facilitate discussions on cross-cutting issues.

An example of group arrangements is shown in Figure 2. In this example, the participants are initially split by MNCAH programme area (for Steps 1 and 2a) and then reorganized by cross-cutting readiness issues (for Steps 2b to 4) to better analyse and address overlapping thematic problems and formulate recommendations and solutions. Group assignments are flexible and should be adapted by the facilitators to match the makeup of the group, the number of participants and the flow of the agenda topics.

² A sample of introductory presentation slides is available.

Figure 2. Example of group assignments for programme review workshop



^a If problems unique to a programme area (e.g. maternal or adolescent health) are identified throughout the workshop, a programme-specific group can be formed at Step 4 to discuss solutions and recommendations for these issues in addition to the groups for cross-cutting issues.

General tips

The group facilitator should guide discussion of the information in the data tool and from other materials with respect to each step, and guide the group to make decisions, which are then documented.

Ask the group participants to review the objectives and outcomes of the step. The group facilitator may allow time to review relevant materials silently or may lead them through the materials.

For each step, the group facilitator should select a note-taker to document the group’s decisions, and a reporter to present the group’s decisions to the plenary. These two roles may be assigned to the same person for one step, but it is helpful to choose different people for the roles in different steps.

The group facilitator plans how the group reports will be collected at the end of each step and given to the lead facilitator. One way is for the note-taker to type notes on the group’s discussion and conclusions into a template and save them on a flash drive or shared drive for the group. The notes can then be projected for the plenary presentation, and the lead facilitator can keep a copy of all the files. The flash drive is returned to the group to use during the next step.

Sometimes it may be useful for the group facilitator or the lead facilitator to have a discussion with a participant separately from the group – for example, to:

- address communication barriers that prevent some participants from voicing views (e.g. due to a dominant participant, or reticence to speak out in front of more senior participants);
- discuss sensitive issues that participants may be unwilling or uncomfortable to discuss in the group.

Once the workshop participants have been split into groups (either by MNCAH areas or cross-cutting issues), the facilitators lead group discussions and ensure the group’s decisions are

documented and ready for presentation in plenary. For each step, facilitators can use the suggested sets of questions in this guide to guide the participants in meeting the objective of the step. The participants use the populated data tool and other prepared materials to review and answer each question.

Step 1: to what extent has the MNCAH programme contributed to improving the health status of women, newborns, children and adolescents?

Step 1a: what are the goals, objectives, targets and baselines?

The group facilitator explains that the purpose of this step is to review goals, objectives, targets and baselines to identify the most critical needs of women, newborns, children and adolescents. The outcome of this step is an assessment of whether the MNCAH programme is making progress in meeting the goals, objectives and targets and towards improving the health status of women, newborns, children and adolescents.

The facilitator guides the group in reviewing levels of MNCAH impact and outcome indicators. The outcomes of this step are to identify the main achievements or gaps in terms of impact. This analysis will help the group to prioritize which intervention packages should be discussed and examined in depth in subsequent steps of the workshop.

Goals and objectives

A goal is what a programme is going to achieve in the longer term, such as a long-term improvement in MNCAH.

An objective is what the programme is going to achieve in the shorter term to reach a goal. Objectives are based on the interventions that will be implemented by the programme and the progress expected in the short or medium term.

For example, the goal "To reduce stunting and wasting rates among children under 5 years of age" might have the following objectives:

- Increase rate of exclusive breastfeeding from $x\%$ to $y\%$ by 2027.
- Increase proportion of children under 2 years of age receiving appropriate complementary feeding from $x\%$ to $y\%$ by 2025.

Discussion questions include³:

- What are the goals and objectives of the MNCAH programme? What are the target dates for achieving each objective?

³ Each question pertains to the programme area/topic assigned to that group (e.g. maternal and newborn health or child health).

- What are the targets? What is the baseline for key indicators? What is the most recent data value for each health status indicator of the programme?
- Are data available on all relevant indicators?

Step 1b: to what extent have MNCAH interventions contributed towards achieving impact?

The facilitator guides the group to analyse the coverage of specific MNCAH interventions or packages to identify underperforming interventions or packages and assess disparities in coverage.

The outcomes of this step are to assess intervention coverage in terms of progress towards achieving impact and to prioritize which intervention packages should be discussed and examined in depth in subsequent steps of the workshop.

Interventions and intervention packages

Antenatal care is an intervention package. Antenatal care interventions include:

- tetanus toxoid immunization;
- birth and emergency planning;
- detection and management of complications of pregnancy;
- detection and treatment of syphilis;
- information and counselling on self-care, nutrition, safer sex, breastfeeding, and family planning for birth spacing.

Discussion questions include:

- Review the coverage and utilisation of interventions to identify which interventions or intervention packages have the poorest coverage or have made the least progress.
- What are the trends in each indicator over time? Is the programme on track to achieving the targets?
- Which intervention packages are top priorities for the MNCAH programme and for achieving the target impact?
- Based on the above, which intervention packages should be analysed further during the workshop?

Step 2: which MNCAH interventions were implemented, and where? How well were they implemented?

Step 2a: where are MNCAH intervention packages implemented, and where is improvement needed?

The facilitator guides the group in reviewing the availability of interventions or packages across geographical areas and levels of the health system. The outcome of this step is to identify areas and levels where packages are implemented and where improvement is needed.

The facilitator can point out that the analysis in this and subsequent steps will focus on where and how interventions are being implemented. Because interventions are generally implemented in packages, the participants will analyse them in this way. For example, it would not make sense to assess only the availability of childhood diarrhoea case management services, because the intervention is likely implemented as a part of a package of services for sick children.

Discussion questions include:

- For each prioritized intervention package:
 - At what levels of the health system are the services provided? Are the services being provided at the lowest appropriate level of care?
 - In which areas of the country are the services being provided? Are there specific areas in which coverage of the interventions particularly poor?
- What are potential reasons for disparities in coverage of the intervention package?

Step 2b: how well were MNCAH interventions implemented?

The group reviews indicators related to availability, access, quality, demand, and readiness of the health system to deliver them. The outcomes are to identify achievements and gaps in implementation of each intervention or package selected for further analysis. The readiness gaps identified during this step inform the analysis of problems and identification of solutions for impact.



Availability, access, quality and demand

Availability is the extent that health services (preventive and treatment interventions) are available to the people who need them. Availability is not only the presence of a health facility in a geographical area. Availability of an intervention package requires implementation of that package.

Access means that members of the target population are able to reach and use the health services, when they are available. Possible barriers to access include geographical distance, financial barriers (e.g. unable to afford costs of transport, goods or services), cultural barriers (e.g. family members may not agree for a woman or adolescent to attend a health facility on their own), and time limitations.

Quality means that the health services are provided according to technical standards, and in a way that is appropriate for the target population. Increasing the quality of a service often increases demand for it.

Demand means that communities and clients are engaged and motivated to seek and make use of the health services. Improved demand indicates that clients have knowledge of the availability and benefits of the services and are motivated to use them.

The facilitator should explain that unlike in previous steps, participants may add information based on their own knowledge and experience. Data on availability, access, quality and demand for different interventions are often very limited, but people who work in the programme may have some knowledge of these aspects. For example, despite a lack of data, a participant may know that certain groups of people do not access childbirth care for certain social or religious reasons. This is important when identifying gaps in implementation.

Discussion questions include:

- For each intervention package, are data or information available on availability, access, quality and demand.
 - If data are available, are there significant variations in availability, access, quality or demand by equity differentials or characteristics such as socioeconomic status, wealth quintile, geographical area, urban/rural, sex or education?
 - What are the major achievements and gaps in availability, access, quality and demand for each intervention package?
- What are the major achievements and gaps in readiness of the health system to deliver the interventions and services?

Step 3: what are the most important problems causing gaps in implementation of MNCAH programmes?

The outcome of this step is to identify the most important problems causing implementation gaps. The facilitator begins by explaining that the group will examine the gaps identified during the previous group work sessions and suggest problems causing those gaps. The facilitator guides the group to identify the gaps as problems and to list the probable causes of those gaps.

After the group has created a list of problems, ask the participants to choose the three to five most important problems causing gaps in implementation.

Discussion questions include:

- What are the possible causes of gaps in implementation of the intervention packages?
- Of the possible problems causing these gaps, which are the most important?
- To identify the most important problems, consider elements such as:
 - Does the problem occur across multiple interventions or packages, or is it limited to only one?
 - Does the problem occur throughout the country, or is it limited to some geographical areas?
 - Does the problem occur at multiple levels of the health system, or is it limited to one level?
 - Does the problem significantly reduce the effectiveness of the package?
 - Does the problem significantly reduce the demand for or use of the service by the target population?
 - Is a feasible solution available?

The facilitator leads the group through a process to select the most important problems, which the session note-taker records. Examples of methods for deciding on the most important problems include the following:

- Give each participant three cards. Ask each participant to write down the three problems they think are most important, using one card for one problem. Sort and count the cards. The three to five problems that appear most frequently are considered the most important.
- List the problems on a flipchart. One by one, ask participants to place a tick beside the three to five problems that they consider most important. Count the ticks. The three to five problems with the most ticks are considered the most important.

Step 4: what are the solutions and recommendations for the problems identified?

Each group is given a copy of the high priority issues identified in Step 3. For this step, groups may be reorganized by cross-cutting issues. It is important that the facilitator focuses the group discussion to ensure a productive session, with solutions for each issue clearly mapped out. The outcome for this step is to propose solutions that address causes of the most important problems and formulate recommendations on how these solutions should be carried out by the programme and partners.

The facilitator leads the group in discussions on each problem. The note-taker records the suggested causes of each problem. Some solutions may be specific to a particular problem and intervention package, but others may apply to multiple problems and intervention packages.

After discussion, the group lists the main causes of the problems and proposes possible solutions to overcome or reduce these causes. The facilitator should guide participants to identify solutions that:

- address causes of the problem;
- are feasible with the available human, material and financial resources;
- build on existing activities when possible.

Solutions and recommendations

Solutions help to address and overcome the causes of the most important problems.

Recommendations are specific actions that need to be taken to achieve solutions to problems.

It is not always possible to identify feasible solutions to a problem. If additional data or information is required, this should be noted and included as a recommendation for further action. If a problem cannot be solved immediately, a recommendation may be to allocate responsibility for working on the problem in the longer term. The note-taker records the main points (problems, causes and possible solutions) of the discussion.

When proposing solutions and formulating recommendations, discussion questions may include:

- Will the solution have an impact on coverage of effective interventions, and thereby reduce mortality and morbidity for women, newborns, children or adolescents in the short and long term?
- Is additional background information or data needed to analyse the problem fully?
- Can the solution be implemented with the available resources, or are additional resources required?
- If policy changes are necessary, are they possible in the short or medium term?

The group works to develop detailed recommendations about what the programme needs to do in the future to continue its achievements and solve any problems. The recommendations should detail how the identified solutions may be carried out. The recommendations should be specific, action-oriented, feasible and realistic to incorporate into the next workplans (see Table 2 for some examples). The note-taker records the recommendations.

The facilitator guides the participants to identify and formulate recommendations that are concise, clear and action-oriented (e.g. start each recommendation with a verb). Specify to whom the recommendation is made (e.g. ministry of health, immunization programme, donor), and the level at which the recommendation will be implemented (e.g. national, regional, district).

Table 2. Examples of recommendations

Instead of ...	Phrase as ...
Increase staff numbers	Develop capacity by training 100 more midwives by March 2025 (University X)
Improve communications with caregivers of children aged under 5 years	Develop posters and take-home cards for caregivers on care for development and care of sick children in the community by June 2024 (ministry of health) Provide funding for printing of posters and take-home cards. (Partner Y)



Reporting and using findings of the programme review

The programme review committee drafts a report documenting the findings and recommendations of the programme review to present to the ministry of health or subnational health authorities.

Presenting the findings

The programme review committee presents the findings and recommendations of the programme review workshop to senior ministry of health representatives, subnational health authorities, other ministries, partners or other stakeholders. This presentation may occur at the end of the workshop or soon after its conclusion. The presentation should be scheduled in advance to secure attendance from key stakeholders.

Suggested outline for documenting findings and recommendations of the MNCAH programme review

Executive summary: highlight the key issues that emerged from the programme review and that are covered in detail in the body of the report.

Introduction: include background on why the programme review was carried out, and the context (e.g. stage in programme cycle) of the MNCAH programme:

- **Purpose and objectives:** restate the goals agreed upon at the start of the review to make sure they were met.
- **Methodology:** describe the main methods used to collect, summarize and analyse the information used for the review, including a brief description of the programme review workshop and sources of data.

Findings from analysis: include important problems and patterns causing gaps in availability, access, quality and demand, and resulting in low coverage. Highlight the impact of the programme in addressing these issues.

Recommendations and solutions: include details on implementation and a way forward that reflects any additional recommendations and discussions during the presentation of the findings. Some partners may have agreed to perform certain roles in implementation, which should be added to the action plan.

Annexes: include resources used to conduct the review, such as:

- populated data tool;
- brief descriptions of the MNCAH programme packages of interventions;
- information on the programme review process, including the programme review coordinator, programme review committee terms of reference, members, workshop participants and facilitators, and workshop agenda.

Suggestions for developing a plan of action

The ministry of health or subnational health authorities meets to develop a plan of action based on the recommendations from the workshop. The plan should include concrete, specific, realistic, time-bound and achievable actions, grouped and sequenced in a logical and feasible plan.

For each action, specify the following:

- **Logistical information:**

- Where will the actions be implemented?
- Who is responsible for and who will be involved in implementation?
 - Programme managers from different divisions should agree to take action in their own areas.
- What is the timeframe for implementation?
 - Timing of actions on the recommendations will be influenced by availability of staff, financial resources and other factors.
- How will implementation be financed?
 - Include available resources and how additional resources will be mobilized.

- **Monitoring and planning:**

- Where will the actions be implemented?
- How will selected actions be monitored?
 - What are the baselines and targets?
- New recommendations can be incorporated into the work plans of technical staff, donors, nongovernmental organizations or other stakeholders when:
 - national health-sector or related programme-specific plans (e.g. Ending Preventable Maternal Mortality (EPMM), Every Newborn Action Plan (ENAP) are being developed;
 - ministries or subnational health authorities are allocating annual budgets or staff to particular areas;
 - global funding initiatives such as the development of the MNCAH investment case for the Global Financing Facility (GFF) or partners are seeking proposals for funding;
 - partners are seeking proposals for funding (e.g. GFF; Global Fund to Fight AIDS, Tuberculosis and Malaria);
 - partners have ongoing activities in related or similar areas (e.g. mid-term review of GFF investment case, review of ENAP or EPMM);
 - local or international NGOs are beginning work in a particular district or group of districts or have ongoing work in a similar technical area;
 - decisions are being made about medical human resources training (e.g. skills and number of staff required);
 - non-health groups or organizations (e.g. community-based organizations, religious groups, teachers) are looking for ways to be involved with local health projects.

Annex: Data resources

The following list of resources is not exhaustive and should be adapted to fit the country's data needs for the MNCAH programme review.

Data source	Access
Routine monitoring data	
Health management information system	Country-specific system(s) Country-specific system(s) Country-specific system(s)
Logistics management information system	Country-specific system(s)
Human resources information system	Country-specific system(s)
Population surveys	
Demographic and Health Survey	http://dhsprogram.com/Data/
Multiple Indicator Cluster Survey	http://mics.unicef.org/surveys
Health facility assessments	
Harmonized Health Facility Assessment	https://www.who.int/data/data-collection-tools/harmonized-health-facility-assessment/introduction
Service Provision Assessment	http://dhsprogram.com/What-We-Do/Survey-Types/SPA.cfm
Health Service Indicators	https://www.worldbank.org/en/programs/service-delivery-indicators
Analysis resources	
UHC Compendium	https://www.who.int/universal-health-coverage/compendium
Health Equity Assessment Toolkit	https://www.who.int/data/inequality-monitor/assessment_toolkit
Spectrum modelling and projections (e.g. DemProj, FamPlan, LiST)	http://www.avenirhealth.org/software-spectrum.php
Country profiles and reports	
Global Strategy for Women's, Children's and Adolescents' health country profiles	https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data-Country-Profiles
Countdown to 2030	http://countdown2030.org/
EPMM and ENAP milestones	https://www.who.int/publications/i/item/9789240073678
Global Financing Facility country profiles	https://www.csogffhub.org/country-profiles/

For more information, please contact:

Department of Maternal, Newborn,
Child and Adolescent Health and Ageing
World Health Organization
Avenue Appia 20, CH-1211 Geneva 27,
Switzerland

Email: mncah@who.int
Website: www.who.int

