DATA FOR ACTION:

A guide for meetings focused on improving Reproductive Maternal Newborn and Child Health program performance in Low- and Middle-Income Countries

MOMENTUM Country and Global Leadership

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ACKNOWLEDGMENTS

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[1] https://www.data4impactproject.org/publications/a-guide-for-conducting-alternative-care-data-review-meetings-in-uganda/

ABBREVIATIONS

AML   Adaptive Management and Learning

DHO   District Health Officer

MCGL   MOMENTUM Country and Global Leadership

MoH   Ministry of Health

MPDSR   Maternal Perinatal Death Surveillance and Response

RMNCH   Reproductive, Maternal, Newborn, and Child Health

USAID   United States Agency for International Development

INTRODUCTION

Understanding and acting on key data is critical to a well-functioning adaptive management process. In fact, it is important for a well-functioning management process of any kind. These guidelines are intended to support the conduct of regular data for action meetings for routine health program data as a tool to drive adaptive management and learning that is aligned with other operational and strategic planning meetings at local, district and national/program level. Data for action meetings are intended to provide a platform to:

1. Review progress made on a small set of prioritized indicators (which have been agreed to previously and are presented in visualizations/dashboards to facilitate review)
2. Review and provide feedback on the quality of data
3. Generate concrete follow-up actions to improve data quality and to improve programming based on what the data are showing

Data for action meetings are the most fundamental type of 'pause and reflection' meetings that should occur in an adaptive management process, so they should be conducted frequently. Ideally, the frequency is aligned with reporting cycles. In the case of reproductive maternal newborn child health (RMNCH) programming in facilities, this would mean that a basic data review meeting should happen monthly. At higher levels like district and above, data review might happen less frequently – like quarterly.

Data review is not the only type of 'pause and reflection' meeting in a well-functioning system of adaptive management. At the least, there should also be learning meetings that happen less frequently, are more focused, and will likely pull in more comprehensive information than a data for action meeting in order to help key stakeholders to draw emerging lessons from their programming. This Data for Action Meeting guide complements the Adaptive Management and Learning Toolkit[2]. In keeping with the data demand and use cycle[3], data review meetings help strengthen the health system.

WHAT IS THE PURPOSE OF THIS GUIDE? WHO SHOULD USE IT?

This guide is intended for staff involved in monitoring and evaluation and technical areas as well as program managers, from the project, from the Ministry of Health (MoH), and other partners. These materials in the guide can be used at various levels – a facility, a district, or project level. The nature of the aggregation of the data will be different at each of these levels, but the principles remain the same. The guide gives a structured way to prepare for, conduct, and immediately follow up a data for action meeting. It also provides standardized templates for use during review meetings and highlights best practices for conducting data for action meetings. Data for action meetings should always result in an action plan, which should consider actions both to improve the quality of the data and to improve programming based on what the data are showing.

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[2] Toolkit: Adaptive Learning in Projects and Programs - USAID MOMENTUM

[3] https://www.measureevaluation.org/resources/publications/ms-06-16a.html

DATA FOR ACTION MEETINGS

PURPOSE AND SCOPE

Data for action meetings provide a regular forum for stakeholders to review available data on service delivery and also can also include data on key programming outputs. In a data for action meeting, participants use a structured process to first interpret data by comparing performance targets with achievements; then explore root causes for the issues identified; then formulate actions to address these root causes. These meetings should happen routinely (monthly or quarterly) on the same or a similar set of routine data, ideally in line with the schedule of existing meetings. Through this collaborative analysis, participants in a data for action meeting identify priority areas for action to improve programming outcomes.

THE ROLE OF LEADERSHIP IN SUCCESSFUL DATA FOR ACTION MEETINGS

Data for action meetings at any level work best when they are supported by the management and leadership, and there is involvement of people who will make decisions based on the data, people who collected the data, and people who can/ have analyzed the data. That is, they should not just involve MEL staff, but also program staff who will use it to make decisions. The key roles and responsibilities of the leader of a data for action meeting are to:

1. Identify and engage stakeholders to participate in the meeting
2. Prioritize the data to be reviewed, set/ adapt the objectives and agenda for the session
3. Ensure that M&E staff have organized the data to present, with input from others
4. Determine the frequency of the meetings
5. Prepare and distribute the agenda before the meeting
6. Identify someone to act as the meeting facilitator and prepare them to ensure meeting objectives are met
7. Identify a key person to ensure meeting results are documented including storing of key data reviewed, interpretation and action plan
8. Attend and actively participate to communicate the importance of the activity
9. Ensure that the agreed action points are carried out by the person responsible identified
10. Review status of action points from the previous review meeting

PARTICIPANTS

Data for action meetings should include not just people who manage data (i.e., MEL staff), but also data users and decision makers. Depending on the scope and complexity of the decisions to be made based on the data, people of the appropriate level of management/leadership should participate. In other words, an important principle is that the level of decisionmaker participating in the meeting should match the scope of authority needed to carry out the decisions to be made based on the data. For instance, if a data for action meeting is held at a facility and one of the likely decisions is to modify procedures on the maternity ward, then the in-charge for the maternity ward should participate; if at a district level, and a likely decision to be made is to modify a supervisory schedule to focus more attention on lagging facilities, then whoever has the scope of authority to modify supervisory priorities and schedules should participate. If the appropriate decisionmakers are not present, then an immediate follow-up debriefing is needed to authorize the draft actions developed in the action plan; however, this is less efficient than having the appropriate decisionmaker participate in the meeting itself so they can give feedback "in real-time" to finalize and then authorize an agreed-upon action in

the action plan. The following is an illustrative list of participants for data for action meetings at various levels, along with a recommended range for number of people participating.

- Facility level: data clerk, maternity/antenatal care health providers, maternity in-charge and/or facility director (recommended number of participants: 8-12)
- District level: District M&E officer, DHO, leader and members of the district-level working group. If possible, representatives from health facilities. (recommended number of participants: 15-30)
- Project level: M&E staff, program staff from the project and MOH; project leadership and/or donor representatives if programming decisions with significant implications might be made based on the data (e.g., discontinuing an activity or significantly modifying an activity in the workplan). (recommended number of participants: 25-40)

FREQUENCY

At facility level, more frequent, shorter data review meetings should ideally happen monthly, coinciding with the reporting schedule to the district level. At district and national levels, more complete (half or one-day data review meetings) should likely be held less frequently – perhaps once every three months. Again, this should coincide with reporting cycles and existing ongoing meetings at the district level as feasible.

DATA TO REVIEW: ROUTINE MONITORING INDICATORS

Service delivery data, generated from provision of health care services, are the most important because they vary more rapidly and can therefore give more rapid signals about the effectiveness of programming. The presentations and discussions during the data review meetings should be structured around the data that are available for these indicators. Additional indicators can be identified and discussed that are at the output level and that can help give insights into why one of the outcome or impact indicators is improving or not. Illustrative maternal newborn indicators to consider and global indicator lists are included in Annex 1.

PHASES FOR CONDUCTING A DATA FOR ACTION MEETING

Data for action meetings should be carried out in three phases, each with several key actions (Table 1):

A.   Prepare for the data for action meeting

B.   Conduct the data for action meeting

C.   Follow up (implement and track actions)

TABLE 1. DATA FOR ACTION MEETING PHASES, STEPS AND TOOLS

Phase	Details	Tools and templates
A. Prepare	• Set meeting focus, objectives • Select indicators • Organize team • Prepare visualizations, resolve data quality issues and describe the trends • Develop and circulate agenda	• Annex 1: RMNCH service delivery indicators • Annex 2: Stakeholder tool • Annex 3: Data interpretation tool • Annex 4: Sample agenda
B. Conduct	• Describe trends and identify gaps and outliers • Revisit action items from last meeting • Analyze root causes • Develop action plan	• Annex 5: Example uses of the Data interpretation tool • Annex 7. Action plan template • Annex 6. Root cause analysis template and example • Annex 7. Action plan template
C. Follow up	• Implement changes • Track progress	

PREPARE FOR THE DATA FOR ACTION MEETING

The pre-meeting phase is crucial to the success of data review meetings. The pre-meeting phase includes setting the meeting focus and objectives; selecting the indicators to review, preparing analyses and visualizations; and organizing the team. Pre-meeting activities should begin with sufficient time before the data for action meeting to ensure a proper engagement with potential participants and to agree on the key questions to be discussed, verify the data, and prepare presentations (including data visualizations). The preparation will vary depending on the level of review. Guidance for preparatory activities by level is summarized below. Before conducting a data for action meeting, it is important that the stakeholders who will be collecting and using the data have basic data literacy. Thus, it may be necessary to offer some training in data literacy covering information such as how to read, understand, and create tables and charts and how to correctly interpret data. For a practical and focused set of materials at the facility level, the MCSP developed a data use guide- including a supportive supervision module[4] and customizable facility monitoring wall charts with instructions.[5] Additional data visualization guidance is also available from Momentum Knowledge Accelerator.[6]

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[4] Visualizing and Using Routine Reproductive, Maternal, Neonatal, and Child Health Data at Health Facilities: A Resource Package for Health Providers and District Managers, Supportive Supervision Module on Data Use (mcsprogram.org)

[5] Customizable-Health-Facility-Monitoring-Wall-Chart-template-instructions-and-examples-June-2018.ppt (live.com)

[6] Monitoring, Evaluation, and Learning Resources | MOMENTUM HUB (usaidmomentum.org). See "Data Visualization" tab under "MEL Resources".

FACILITY LEVEL
The agreement on objectives, indicators and visuals requires groundwork prior to the first review to agree on the reasons for specific indicators being reviewed, their connection to the quality of programming. The facility clinical staff lead, team members, data staff and facility in-charge agree with the content, along with the project technical and MEL staff. The visualizations can be developed on paper, using laminated wall charts, or in digital format. The time required to plan and prepare the first meeting can take up to two week, and then subsequent meetings should only require one week for preparation.

DISTRICT LEVEL
At district level, 1-2 weeks are likely needed for the preparation stage. Key people to be engaged in preparation include the district health information officer (HIO), technical area program lead (e.g., Reproductive & Child Health Coordinator, MNH officer, nursing officer), district health management team members such as district coordinator, and implementing partner technical leads and MEL staff. Representatives from facility levels can also be helpful to prepare.

PROJECT LEVEL
Project level visualizations are used to show the project performance in different geographic areas. They may also be adapted to demonstrate contribution to national goals and targets. For sharing of the visuals and agreement on the objectives usually 2-4 weeks lead time is likely necessary. Key participants at national level include HIO, technical area program lead (e.g., RMNCH coordinator). Representatives from district and facility levels can also be helpful to prepare.

A1. Set meeting focus and objectives
Before the data for action meeting, the meeting leader informs the participants of the focus and objectives of the data review meeting. This may be to monitor progress on quality improvement aims or it may be to track the fidelity of an intervention. Setting objectives aids in the identification of the priority indicators to be reviewed at the meeting. Identifying and focusing on the key questions of interest and indicators will streamline the data for action meeting and ensure that available data can be analyzed in a targeted way to facilitate the identification of issues to be addressed. It also allows the meeting coordinator to think about the ultimate use of results and the programmatic and policy decisions that they can influence.

Depending on the time available and the needs of stakeholders, the objective of reviews can vary but a "full data review" consists of the following: 1) review of data quality 2) progress towards targets 3) the extent to which the intervention was implemented as designed (exposure and fidelity) and how that affected program performance 4) identification of any challenges that occurred during the reporting period that may have affected program performance (e.g. stockouts, strikes, bad weather, etc).

A2. Select indicators
The list in Annex 1 serves as a starting point for staff to choose indicators for review in a maternal newborn health-focused data for action meeting. Examples shared in this guide come from the MCGL Indonesia program. It should be emphasized that not all priority indicators need to be reviewed at every data review meeting. There should be enough time to not only review each indicator, but also to interpret it; go through a root cause analysis; and then plan follow up actions. As a general rule, in a one-day meeting 3-5 indicators can be discussed. For 6-10 indicators, an additional half day will be required.

A3. Organize your team

Determine key responsibilities. Decide who will plan the meeting, facilitate the meeting, and prepare the data for presentation to meeting participants. If the person who is going to facilitate the meeting is someone other than the person who will initiate the meeting (i.e., meeting coordinator), these two people will need to work together before and after the meeting to ensure that the meeting achieves the desired outcomes. Once meetings become routine, this step is much quicker and more easily done.

- *Meeting leader/coordinator:* Partner staff from the appropriate level (community, facility, district, national) with MCGL support, should lead the process of organizing the meeting. The coordinator should inform stakeholders in advance of the meeting and establish the focus and objective(s) of the meeting.

- *M&E staff:* The M&E staff person should gather the data needed and prepare the analyses appropriate for the meeting focus and objectives. A key part of this role is to identify data quality issues and get input from team members to resolve them to the extent possible.

- *Meeting facilitator:* The meeting facilitator guides the participants in discussing their observations based on the data presented, the interpretation and implications of the data, next steps for the group, and reflections on meeting effectiveness. It is sometimes helpful to bring in an outside facilitator for data discussions. Figure 4 highlights the characteristics of a good facilitator.

- *Notetaker and timekeeper:* In addition to meeting facilitator, it is important to identify people before the meeting to serve in supporting roles, such as the timekeeper and notetaker. The notetaker is responsible for capturing the group memory of the data for action meeting. Ideally, the meeting notes should capture important points and decisions, without becoming a verbatim transcript of the meeting. The timekeeper is responsible for assisting the facilitator by keeping the meeting on schedule. Using the timeframes on the agenda, the timekeeper alerts the group when the time allocated for a specific part of the meeting will soon elapse.

TABLE 2. CHARACTERISTICS OF A GOOD FACILITATOR

Builds rapport	Keeps an open mind	Actively listens	Has expertise in data demand and use
- Takes the time to develop a relationship with the participants. - Is aware that participants may not feel comfortable revealing all the challenges or discussing low performance. - Engages participants in discussion	- Lets the participants focus on what is important to them. - Poses open-ended questions to help understand more about the participant's context. - Encourages participants to explain challenges contributing to poor. performance and generate creative solutions.	- Faces the person speaking and is attentive to what is being said. - Does not interrupt but waits for a pause to ask another question. - Can feel what participants says and pays attention to what is not said.	- Has knowledge of the data demand and use cycle. - Helps prepare and present compelling analyses, focusing on priority issues, highlighting low and high performers. - Knows how to transform ideas into actionable recommendations.

- ***Make sure to invite the right stakeholders to the meeting:*** The leader/coordinator should identify key decision makers and relevant stakeholders to attend the meetings at least four weeks before the data for action meetings. Meeting invitations should be sent to the stakeholders well before the meeting. Annex 2 is a tool for listing the potential stakeholders to invite to the national and district-level meetings. In selecting meeting participants, consider including all those who have a stake in the information being considered:
  - Who needs to be at the table to provide context for the data being analyzed?
  - What voices need to be represented?
  - Will participants include individuals with data literacy skills who can support the data discussion?
  - Who are the decisionmakers with the appropriate level of authority for making decisions based on the data to be reviewed?

Annex 2 Stakeholder Tool can help with planning out the desired participant list.

A4. Prepare visualizations and interpretation templates

Early in a program, some preliminary work should be done. Using the approved MEL plan, the team (both MEL and program staff) should identify indicators that reflect what the project is expected to achieve and establish targets. The MEL and other technical teams develop the visualizations for each type of objective. Developing and agreeing on the visualizations data reviews is critical. It should happen early in the deployment of programmatic interventions. Visualization should be reviewed and approved by MEL, and other technical and program team members. The process of agreement on the visuals then extends to the district and facility counterparts for agreement for different types of meetings. Prior to this stage, stakeholders should have clarity about what it is using within a project context and/ or how it can utilize the government's systems for visualization.

A standardized set of analyses and a presentation template should be used to ensure consistency of the data analyzed and presented during a review meeting. This should be based on specific questions of interest, taking into account the priority indicators. Once the leader has set the objectives, the M&E staff can prepare the analyses and visuals. A key part of this step is to identify data quality issues and resolve them to the extent possible. <u>Any data quality issues that are not resolved prior to the meeting should be documented and taken to the meeting for further discussion and action.</u>

Annex 3 Data interpretation tool is useful to help prepare the visualizations and describe the data. Example uses of the tool can be found in Annex 5. During the meeting participants will use this tool, which is comprised of the visualization plus a table. Before the meeting, the visualization should be prepared and the template pasted under it, to be filled out at the meeting.

To the extent possible, for ongoing data for action meetings, the same set of visuals (slides) should be prepared regularly so that participants can observe and notice changes in performance over time. Some things to think about when creating visual presentations of data for stakeholder groups are:

- Keep data presentations simple—each graph/visual should present one concept

- Define acronyms, abbreviations, or other terms

- Identify all the items displayed on the visual

For new visuals that participants have not previously seen, it is good practice to do the following to prepare:

- Show visuals to staff who are not involved in the meeting to gauge how easy they are to understand

- Prepare a short introduction and summary for each visual, including the data source and any other critical information participants will need to interpret the data accurately

- Consider whether stakeholders may need hard or digital copies of the data when trying to understand the information

A5. Prepare and distribute the meeting agenda.

Preparing and sharing a participant agenda in advance facilitates good communication. Be clear about your expectations for stakeholders, both before and during the meeting. The meeting agenda should be drafted and shared with stakeholders at least two days before the meeting. At a minimum, the agenda should include the following:

- Meeting date and location, including information on participating virtually, if that is an option

- Meeting start and end times, including breaks, if needed

- The objective or desired outcome of the meeting

- Process agenda (Annex 4 provides an example)

- Background materials or data the participants should review in advance of the meeting

Annex 4 Sample agenda can be used to adapt or inform the agenda for a Data for Action Meeting.

CONDUCT THE DATA FOR ACTION MEETING

B1. Introductions, roles and coordination

Make sure that team members (meeting coordinator/facilitator, notetaker/timekeeper) are communicating with one another and that they are collaborating/working together to ensure that the meeting achieves the desired outcomes. After introductions, the meeting facilitator helps guide discussions through the following steps:

- Confirm the focus and objectives of the meeting

- Guide participants in the interpretation of the data (describing its completeness and quality; analyzing its trends; comparing to targets)

- Analyze root causes and solutions for causes identified

- Plan actions to address agreed-upon solutions

In order to set the stage for and help in the process of interpreting the data, the facilitator should do the following:

- Introduce participants and topics

- Establish ground rules to create a safe environment for participants. Present ground rules or allow the group to brainstorm their own rules.

- State the desired outcome of the meeting

- Review the agenda and provide context: Situate the meeting in the broader continuous improvement process.

- If needed, define common terms. Clarifying definitions and terms is key to a common understanding. Avoid jargon or abbreviations or create a handout defining commonly used words or abbreviations.

- State what is outside of the scope of the meeting to clarify expectations and have a manageable scope for the meeting. The facilitator can have "parking lot" and explain to participants that important issues that may not be in the scope of the meeting will be documented there so they can be discussed at a later time.

B2. Interpret the data

Display data visual and interpretation table so that participants can use the outcome to anchor discussions throughout the meeting, like in Figure 4. The facilitator should guide the discussion by asking some or all of the following questions, depending on the depth of data analysis and the capacity of the group for data analysis:

- What trends do you observe in the indicator?
  - In the numerator?
  - In the denominator?
- Are there any concerns about the quality of the data?
- Does this visual make sense to you with what you know about the context? Why or why not?
- Do the trends observed correspond to those expected? Are the trends observed by key disaggregators?
- What is the key message conveyed by the visualization?

For each prioritized indicator, the facilitator should invite participants to define an issue that they see based on the data presented. By defining the issues (or problems) properly, it will be easier to analyze in the root cause analysis – and then to act on to improve.

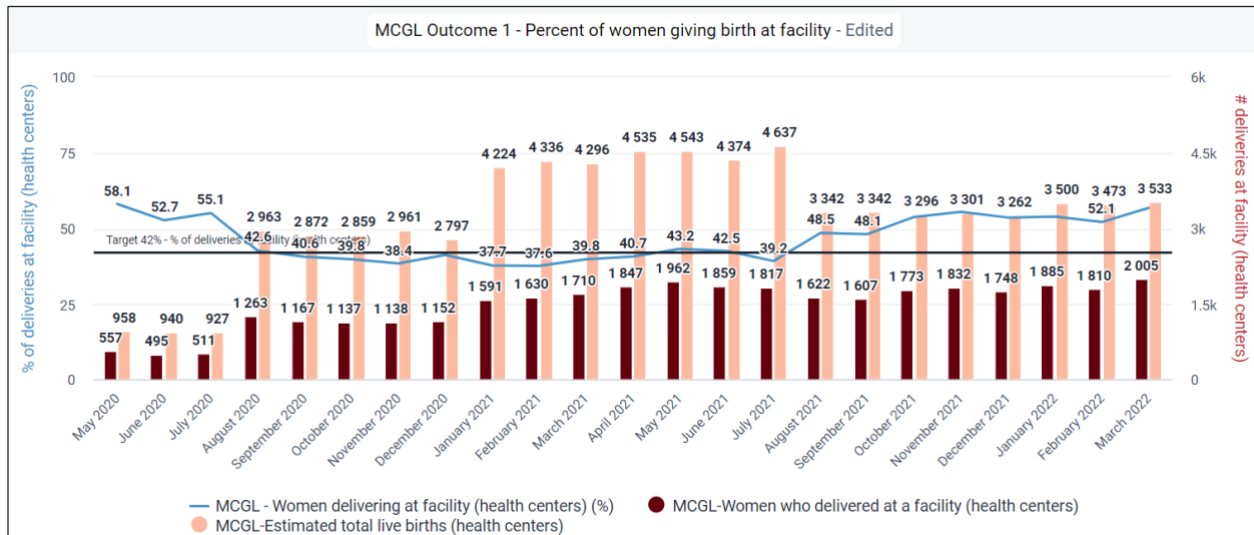## FIGURE 1. DATA INTERPRETATION TOOL & EXAMPLE

TABLE 3: EXAMPLE DATA INTERPRETATION TOOL (LINKED TO FIGURE 1)

Level: Program	Indicator observations: trend, data quality, etc.	Numerator observations	Denominator observations	Discussion
	1. Is the performance of the indicator the same over time or does it change? If it is changing, why is it changing? *2. Is the performance of the indicator changing in similar or opposite ways compared to a related indicator(s)?* *3. Do trends in the indicator suggest care is improving, getting worse or staying the same?*	*Describe changes, is it stable or not.*	*Describe changes, is it stable or not.*	*State the problem, what can be contributing to the problem, brainstorm possible actions to address.*
MCGL-supported area	Upward trend from 20% range to 30% to upper 40/low 50% May-July2020 there was a true low number women giving birth in HF and a low estimate Aug-Dec20 number increased but estimate doubled Jan21-March22- Stable number of births but estimate fluctuating	Number increasing initially then remaining relatively stable	Aug-Dec2020 higher number of estimated births Jan-July2021 estimate much higher than Aug2021-March2022	What can the program do to increase facility birth? Where is the program prioritizing and when is change expected?

See Annex 5 for examples of use of the Data interpretation tool at the facility, district, and program/national levels.

B3. Analyze root causes and solutions

Root causes are the basic reasons behind the problem or issue that being considered. When thinking about why (or why not) there has been progress on a key indicator being reviewed, one should consider the following:

- **Design** of a programmatic intervention meant to improve the indicator (e.g., its effectiveness, feasibility, and acceptability). For example, if mentorship is meant to help health workers manage newborns that need resuscitation (which is covered by one of the MCGL Indonesia service delivery indicators) one might consider whether mentors themselves are sufficiently knowledgeable about this technical area. Also, one might consider whether they are using effective teaching methods with learners. Does the team feel that mentors are really using the planned intervention? That is, has there been fidelity to the planned way to deliver the intervention?

- **Dose** of the intervention(s). The team should think about exposure and the intervention(s) meant to improve the indicator. In other words, is enough of the programmatic intervention happening to improve the appropriate indicator? For example, again if mentorship is meant to improve clinical management of asphyxiated newborns, have enough mentorship contacts happened to have an effect? Have the mentors focused enough on this issue?

- **Context** (i.e., external factors). For example, that a hospital receiving mentorship is showing good results for the indicators this program is meant to address but that this hospital also receiving other technical

assistance or that it is particularly well-resourced. If on the other hand, the results are particularly poor in one hospital it might be because of the high staff turnover there. Shocks to the health care system may also be at play and specific guidance to interpret whether potential shocks have impacted health services is available[7]

There are several techniques and strategies that can be used for root cause analysis. One of the more common techniques for doing a root cause analysis is the "Five Whys" approach[8][9]. This is a simple but powerful tool for cutting quickly through the most obvious symptoms of a problem to reveal the underlying causes of problem or trend. Each answer to a "why" question is followed up with an additional, deeper "OK, but why?" question. Common wisdom suggests that after about five why questions participants will get to the root cause. The Five Whys serve as a way to avoid assumptions. See Template 3 for an example.

TABLE 4. ROOT CAUSE ANALYSIS TEMPLATE AND EXAMPLE (ALSO IN ANNEX 6)

Problem	Why does this happen? Each "Why" should go deeper and explain the previous "Why" until we arrive at the "root cause"
Facility births are still low	1. Some women have poor access because of distance from the facility 2. They do not have funds to pay for transport 3. There are not sufficient funds in the Community Transport Fund 4. Some village leaders have not gotten enough support for the Village Transport Fund 5. There is no ongoing encouragement and tracking of village leaders from the Provincial level to motivate them

Once the root causes have been identified, participants should identify and discuss what solutions might address the identified problem. Specifically, the discussion should be guided to consider possible solutions in the context of programs, policies, and practices. Considerations should include the following:

- What programmatic solutions, such as changes, additions, or adaptations do the analysis and discussion call for?

- The identified solutions should be prioritized based on perceived **acceptance, capacity** and ability (i.e., **authority**) to implement the proposed solution/intervention (Template 4).
  - **Capacity:** Time, money, and skills needed to affect the change
  - **Authority:** the political, legal, or organizational authority needed to affect the desired change
  - **Acceptance:** The extent to which those affected by the proposed change will accept it

*Note: The presentation of the priority indicators and the associated root cause analysis and prioritization of solutions should occur one by one, then action planning should take place at the end after all priority questions/indicators have been discussed.

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[7] Analyzing and using routine data to monitor the effects of COVID-19 on essential health services: practical guide for national and subnational decision-makers (who.int)

[8] https://youtu.be/_56GhHgGU2U

[9] https://www.ihi.org/resources/Pages/Tools/5-Whys-Finding-the-Root-Cause.aspx

B4. Plan actions
Document actions the group identifies and develop a detailed plan to implement the actions, using the Action Plan Template (Annex 7). In order to make the actions as concrete as possible and easy to track, the action plan template gives specific details - who is responsible for each action and deadline.

TABLE 5. ACTION PLAN TEMPLATE (ALSO IN ANNEX 7)

Facility or District:		Date of Meeting:	
Indicator	**Action**	**Responsible Person**	**Deadline**

If there is time, it is good practice to take a last step and reflect on the meeting's effectiveness.

Solicit feedback at the meeting to understand the participants' experiences and to inform improvements for future meetings. Participant feedback is an important element of determining the success of the meeting and the support that stakeholders may need for future data for action meetings. Encourage participants to reflect on the meeting.

- What went well in this meeting?
- What could we improve for next time?

The notetaker should record the responses. Participants should be offered the opportunity to speak individually and to send any additional feedback afterwards by email. Clearly identify to whom participants should send their feedback.

FOLLOW UP

C1. Implement actions
The notetaker should consolidate the notes, recommendations, and action items from the meeting. Once those who planned and conducted the data meeting have reviewed the notes, they are sent to participants, along with any post-meeting communications. This should be done within a week of the meeting to serve as a reminder to stakeholders of the issues that were discussed and of any issues that will need to be discussed at future data for action meetings.

C2. Track progress
The meeting facilitator should set up a mechanism for tracking the implementation of the agreed upon actions. Following through on the action items is key to improving the program.

- The action items in the action plan should be used to help guide the implementation of changes that need to be made to program activities to achieve improvements.
- The leader should establish a process for reviewing the Action Plan. For instance, they can put the action plan in a visible place. It can also be reviewed at the next staff meeting and/or data for action meeting, referring to the due dates.
- Perhaps one to two weeks in advance of the due dates, reminders should be sent to the people responsible for taking action.
- At the beginning of the next meeting's agenda, time should be allocated to review the status of actions called for in previous meetings.

ANNEX 1. MATERNAL NEWBORN HEALTH SERVICE DELIVERY INDICATORS AND GLOBAL INDICATOR LISTS

1A: MNH INDICATORS

Adapted from MCSP Resource Package for Visualizing and Using Routine Reproductive, Maternal, Neonatal, and Child Health Data at Health Facilities: A Resource Package for Health Providers and District Managers, 2018.

Indicator	Numerator	Denominator	Frequency of data collection
Institutional deliveries. Number of deliveries conducted in a health institution	Number of deliveries conducted in a health institution in the specified time period.	not applicable	Monthly
Uterotonic. Proportion (%) of women receiving a uterotonic to prevent postpartum hemorrhage immediately after the birth of the baby	Number of women receiving a uterotonic immediately after the birth of the baby in the specified time period	Total number of women delivered at health facility in the specified time period	Monthly
Essential newborn care. Proportion (%) of newborns breastfed within one hour after birth	Number of newborns breastfed within one hour after birth in the specified time period	Total number of live births at health facility in the specified time period	Monthly
Essential newborn care. Proportion (%) of newborns placed skin to skin immediately after birth	Number of newborns placed skin to skin immediately after birth in the specified time period	Total number of live births at health facility in the specified time period	Monthly
SPE/E. Proportion (%) of severe preeclampsia / eclampsia cases treated with MgSO4	Number of women with severe PE/E who received MgSO4 in the specified time period	Total number of severe PE/E cases identified at health facility	Monthly
Newborn resuscitation. Proportion (%) of newborns not breathing/crying at birth who were successfully resuscitated	Number of newborns breathing/crying at birth who were successfully resuscitated in the specified time period (tactile stimulation and bag and mask)	Total number of live newborns at health facility not breathing/crying at birth in the specified time period	Monthly
Institutional maternal mortality. Proportion (%) of very early institutional maternal deaths prior to discharge (% of deliveries)	Number of very early institutional maternal deaths due to obstetric cause prior to discharge in the specified time period	Total number of women delivered at health facility in the specified time period	Monthly
Institutional newborn mortality. (%) Proportion of very early institutional newborn deaths prior to discharge (% of live births)	Number of very early institutional newborn deaths prior to discharge in the specified time period	Total number of live births at health facility in the specified time period	Monthly

Indicator	Numerator	Denominator	Frequency of data collection
Institutional fresh stillbirths. Proportion (%) of fresh stillbirths (% of total births)	Number of fresh stillbirths at the health facility in the specified time period	Total number of births (live + still) at the health facility in the specified time period	Monthly
Obstetric case fatality rate. Percentage of women who delivered at the facility and experienced complications and died from these	Number of women who experienced obstetric complications and died from these	Number of women who delivered at the facility and experienced complications	Monthly
Newborn case fatality rate	Number of newborns who experienced complications and died from these	Number of newborns who experienced complications	Monthly

Note: This list will need to be adapted to each country context, taking into account the content of the national HMIS and the current recommended global RMNCH indicators.

1B. GLOBAL INDICATOR LISTS FOR ROUTINE RMNCH SERVICE DELIVERY

World Health Organization. Analysis and use of health facility data: Guidance for RMNCAH programme managers. Working document, October 2019. facilityanalysisguidance-rmncah.pdf (who.int)

Monitoring Framework Quality, Equity, Dignity: A WHO Network for Improving Quality of Care for Maternal, Newborn and Child Health February 2019. See Annexes 1-3 for indicator lists.
https://www.qualityofcarenetwork.org/knowledge-library/monitoring-framework-quality-equity-dignity-who-network-improving-quality-care

ANNEX 2. STAKEHOLDER TOOL

Facility level data review meetings	District level data review meetings	National level data review meetings

ANNEX 3. DATA INTERPRETATION TEMPLATE

The data interpretation template has two parts: 1) visual and 2) interpretation table
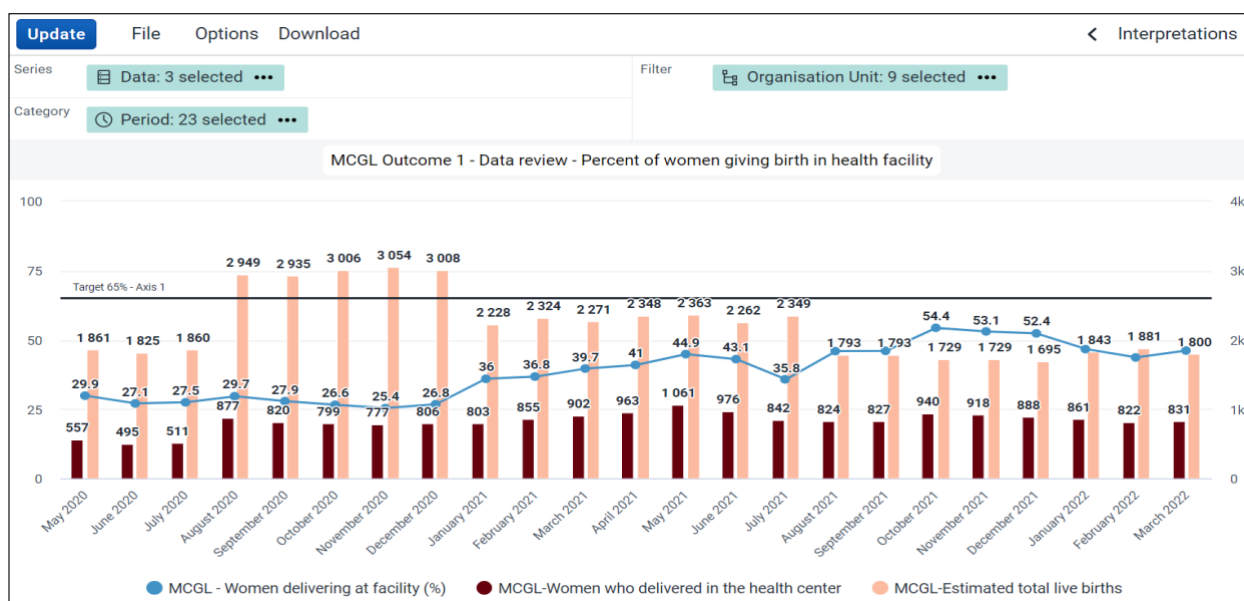
Level of Data Review	Observation about data quality and trend of indicator	Observations about numerator	Observations about denominator	Discussion Points
List area, for example, facility name or district name or program area	1. Is the performance of the indicator the same over time or does it change? If it is changing, why is it changing? 2. Is the performance of the indicator changing in similar or opposite ways compared to a related indicator(s)? 3. Do trends in the indicator suggest care is improving, getting worse or staying the same?	Describe changes, is it stable or not.	Describe changes, is it stable or not.	State the problem, what can be contributing to the problem, brainstorm possible actions to address.

ANNEX 4. SAMPLE AGENDA FOR DATA FOR ACTION MEETING

The meeting lead can use this sample to create an agenda that they can distribute to meeting participants. This is for a 6-hour meeting (including Lunch Break). If a smaller number of indicators are reviewed and after data for action meetings become more routine, this meeting time can feasibly be cut to 3 hours. It can also be made part of a larger routine meeting.

Meeting Title:

Date and Time:

Meeting Objectives: *(This is an example. You may want to be more specific)*

- Team members will review and interpret data
- Team members will discuss the implications and decide on actions to improve programming based on the data

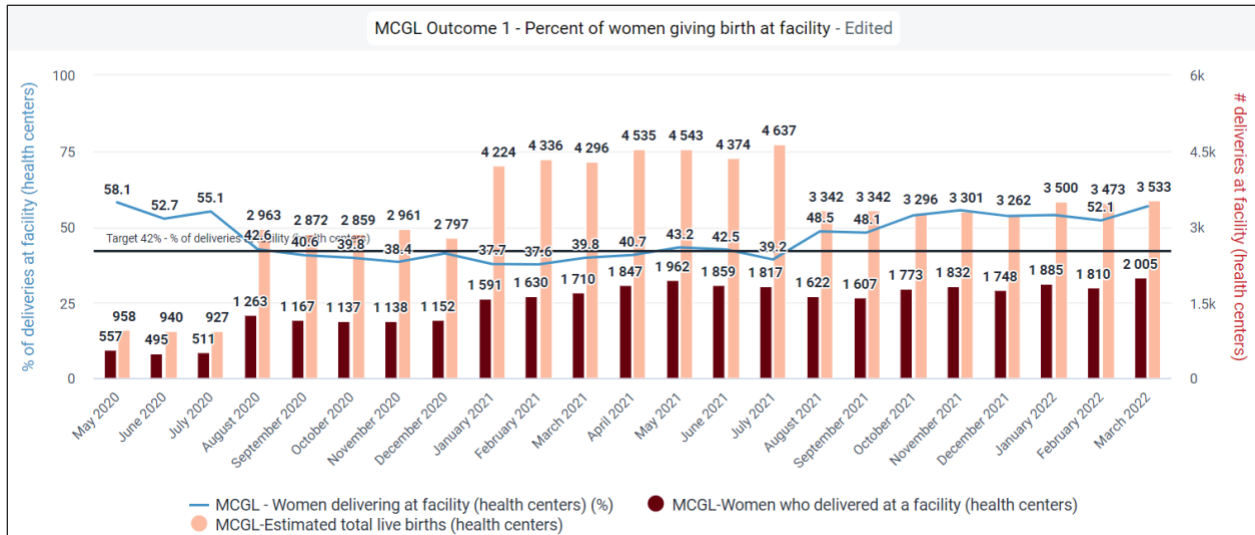| Time	Activity
9:00 – 9:15	**Introductions and review objectives (15 minutes)** • All team members introduce themselves. • Present overview of agenda, focus and objectives of the meeting, and meeting norms
9:15 – 9:45	**Review of completeness and quality of data (30 minutes)** • Data quality presentations • Discuss how any issues with data quality can be addressed
9:45 – 10:45	**Presentation of priority indicators that relate to the meeting's focus and objective (60 minutes)** • Look at the data and think about data attributes • Clarify any questions about the format, meaning, or context of the data • Review in relation to the meeting's focus and objectives
10:45 – 11:00	**Tea Break**
11:00 – 12:00	**Discuss and analyze root causes (60 minutes)**
12:00 – 13:00	**Generate and prioritize solutions (60 minutes)**
13:00 – 14:00	**Lunch Break**
14:00-15:00	**Action planning (45 minutes)** • Review action items from previous meeting – were actions implemented? Why/ why not? What will be done going forward? • Identify new action items
15:00 – 15:15	**Reflect on the meeting's effectiveness (15 minutes)** • What went well? • What could we improve for future meetings? • Closing

ANNEX 5. DATA INTERPRETATION TOOL – EXAMPLES OF USE FROM MCGL INDONESIA

This annex shows examples of the use of the data interpretation template, using visualization of facility births as an example. There are columns for observations about the indicator as a whole, for the numerator, and for the denominator, followed by discussion points. The examples are for each level of data review meeting:

- Program/National
- District
- Facility

PROGRAM/NATIONAL LEVEL

EXAMPLE: PERCENT OF WOMEN GIVING BIRTH IN A FACILITY

Level: Program	Indicator observations: trend, data quality, etc.	Numerator observations	Denominator observations	Discussion
	1. Is the performance of the indicator the same over time or does it change? If it is changing, why is it changing? 2. Is the performance of the indicator changing in similar or opposite ways compared to a related indicator(s)? 3. Do trends in the indicator suggest care is improving, getting worse or staying the same?	Describe changes, is it stable or not.	Describe changes, is it stable or not.	State the problem, what can be contributing to the problem, brainstorm possible actions to address.
MCGL-supported area	Upward trend from 20% range to 30% to upper 40/low 50% May-July2020 there was a true low number women giving birth in HF and a low estimate Aug-Dec20 number increased but estimate doubled Jan21-March22- Stable number of births but estimate fluctuating	Number increasing initially then remaining relatively stable	Aug-Dec2020 higher number of estimated births Jan-July2021 estimate much higher than Aug2021-March2022	Facility births are still low What can the program do to increase facility birth? Where is the program prioritizing and when is change expected?

DISTRICT LEVEL

EXAMPLE: PERCENT OF WOMEN GIVING BIRTH IN A FACILITY
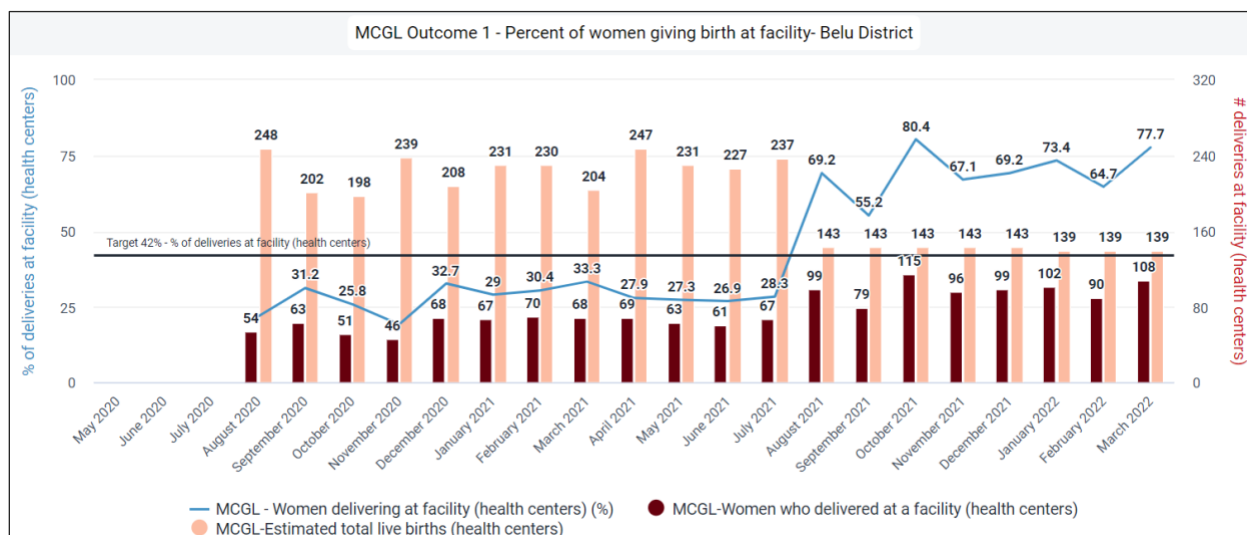
Level: District	Indicator observations: trend, data quality, etc.	Numerator: observations	Denominator: observations	Discussion
	1. Is the performance of the indicator the same over time or does it change? If it is changing, why is it changing? 2. Is the performance of the indicator changing in similar or opposite ways compared to a related indicator(s)? 3. Do trends in the indicator suggest care is improving, getting worse or staying the same?	Describe changes, is it stable or not.	Describe changes, is it stable or not.	State the problem, what can be contributing to the problem, brainstorm possible actions to address.
Belu district	No data May-July2020. Starts out in the 20s then goes to 30s and then eventually to 60s-80s% The increase in percentage is partially due to increased numbers of women giving birth at facilities but also there is a decrease in the denominator used to calculate this indicator. For example, in August 2021 the % increases to 69% up from around 30% in months prior. If we use the denominator in previous months (around 230), the % would be more around 43%. It is still an increase that we should try to understand.	Women who deliver in health center gradually increase Aug2020-July2021 then jumps up a lot from Aug2021 onward.	There is a decrease in the denominator used to calculate this indicator from August 2021	Is the decrease in the estimate in Aug2021 real or is it an error? The increase in numbers from Aug2021. What is the reasoning? Context (COVID, flooding, other type of instability during Aug2020-July 2021)? What program interventions are we delivering that can contribute to the increased PNC? Are partners or any other initiatives contributing to increasing PNC?

FACILITY LEVEL

EXAMPLE: PERCENT OF WOMEN GIVING BIRTH IN A FACILITY

Level: Facility	Indicator observations: trend, data quality, etc.	Numerator observations	Denominator observations	Discussion
	1. Is the performance of the indicator the same over time or does it change? If it is changing, why is it changing? 2. Is the performance of the indicator changing in similar or opposite ways compared to a related indicator(s)? 3. Do trends in the indicator suggest care is improving, getting worse or staying the same?	Describe changes, is it stable or not.	Describe changes, is it stable or not.	State the problem, what can be contributing to the problem, brainstorm possible actions to address.
Atambua Selatan facility	No data May-July2020. Jump in % in August 2021 and onward- seems to relate more to the decrease in the denominator of estimated number of births.	There is an increase in the number of births over time.	Estimate for September 2020 seems low and is exactly the same number as the number of births. August 2021 the estimate drops and remains at the exact same number until March 2022. Is this accurate?	Is data missing May-July2020? If so, needs to be entered. Correct Sept2020 estimate Verify estimates for Aug2021 onward.

ANNEX 6. ROOT CAUSE ANALYSIS TEMPLATE AND EXAMPLE

Problem	Why does this happen? Each "Why" should go deeper and explain the previous "Why" until we arrive at the "root cause"
Facility births are still low	1. Some women have poor access because of distance from the facility 2. They do not have funds to pay for transport 3. There are not sufficient funds in the Community Transport Fund 4. Some village leaders have not gotten enough support for the Village Transport Fund 5. There is no ongoing encouragement and tracking of village leaders from the Provincial level to motivate them

ANNEX 7. ACTION PLAN TEMPLATE

Facility or District:		Date of Meeting:	
Indicator	**Action**	**Responsible Person**	**Deadline**

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