Programme reporting standards

for sexual, reproductive, maternal, newborn, child and adolescent health

World Health Organization

human reproduction programme hrp research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Alliance for Health Policy and Systems Research

WHO/MCA/17.11
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Editing, design and layout by Green Ink, United Kingdom (greenink.co.uk)

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Acronyms and abbreviations

AHPSR	Alliance for Health Policy and Systems Research
EQUATOR	Enhancing the QUAlity and Transparency Of health Research
HRP	UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction
PRS	programme reporting standards
SRMNCAH	sexual, reproductive, maternal, newborn, child and adolescent health
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Foreword

The Global Strategy for Women's, Children's and Adolescents' Health is intended to inspire political leaders and policy-makers to accelerate their work to improve the health and well-being of women, children and adolescents. The World Health Organization (WHO) is committed to ensuring that the necessary high-quality evidence is available to guide sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) programmes. In order to respond to global challenges and achieve the Sustainable Development Goals, policy-makers need to design programmes that consider more complex, multi-component, public health and health systems actions in addition to clinical guidance.

Information about design, context, implementation, monitoring and evaluation is central to understanding the processes and impacts of SRMNCAH programmes, in support of effective replication and scale-up of these efforts. Existing reporting guidelines do not demand sufficient detail in the reporting of contextual and implementation issues. We have, therefore, developed programme reporting standards (PRS) to be used by SRMNCAH programme implementers and researchers – the PRS version 1.0 is presented in this publication.

The overarching goal of the PRS is to provide guidance for complete and accurate reporting on the design, implementation, monitoring and evaluation processes of SRMNCAH programmes. This collaborative initiative is led by the WHO Department of Reproductive Health and Research, including the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), and the WHO Department of Maternal, Newborn, Child and Adolescent Health, in partnership with the Alliance for Health Policy and Systems Research (AHPSR) hosted by WHO. This ongoing partnership will ensure widespread distribution of the PRS and provide support for its use.

The PRS is intended for programme managers and other staff or practitioners who have designed, implemented and/or evaluated SRMNCAH programmes. It can be used by governmental and nongovernmental organizations, bilateral and multilateral agencies, as well as by the private sector. The PRS can be used prospectively to guide the reporting of a programme throughout its life cycle, or retrospectively to describe what was done, when, where, how and by whom. The PRS is intended as a guide for implementation researchers who need to document important details of implementation and context in addition to the results of their studies.

In the development of the PRS, our desire was to integrate and build upon existing reporting guidelines and we have indicated within this document how this can be done. We encourage users to consider this as a support in their efforts to capture important information about their programmes to share with others. Given the multiple ways the PRS can be used, different users may consider how they can make best use of the PRS in light of their needs and programme circumstances.

The PRS is an expression of our commitment to improving SRMNCAH programmes and research. We will actively engage with partners to seek feedback and to update and build upon the PRS, while also working to strengthen the networks needed for sharing the information, and we will incorporate the PRS into our own programmes and evidence processes. We invite you to join us in using the PRS and to make available important information to support better understanding of programme successes, challenges and lessons learnt.

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Acknowledgements

The Department of Reproductive Health and Research and the Department of Maternal, Newborn, Child and Adolescent Health of the World Health Organization (WHO), in collaboration with the Alliance for Health Policy and Systems Research (AHPSR), gratefully acknowledge the contributions that many individuals and organizations have made to the development of the *Programme reporting standards for sexual, reproductive, maternal, newborn, child and adolescent health*.

Özge Tunçalp and Anayda Portela from WHO and Anna Kågesten from Karolinska Institutet led the conceptualization, development and writing of this document. Moazzam Ali, Venkrataman Chandra-Mouli, A. Metin Gülmezoglu and Nhan Tran from WHO provided critical input and advice throughout the process.

We would like to thank the global participants of the anonymous Delphi survey and the following experts who have participated in the technical consultation and piloting of the tool: Harriet Birungi (Population Council), Jennifer Blum (Gynuity Health Projects), Thérèse Delvaux (Institute of Tropical Medicine Belgium), Erica Di Ruggiero (Institute of Population and Public Health Canada), Shams El Arifeen (International Centre for Diarrhoeal Disease Research, Bangladesh [ICDDR,B]), Julie Hall and Arvind Bhardwaj (International Federation of Red Cross and Red Crescent Societies [IFRC]), Caroline Kabiru (African Population and Health Research Center [APHRC]), Stephanie Levy (United States Agency for International Development [USAID]), Florida Malamba (MaiMwana Project), Melanie Morrow (Maternal and Child Survival Program [MCSP], USAID), Namuunda Mutombo (Population Services International [PSI]), Anna Palaia (USAID), Joseph Petraglia (Pathfinder International), Yasmeen Sabeeh Qazi (Packard Foundation), James Shelton (USAID), Caroline Sugg (British Broadcasting Corporation [BBC] Media Action), Petra ten Hoope-Bender (United Nations Population Fund [UNFPA]), Nandita Thatte (USAID), Ruth van Zorge and Judith Westeneng (Rutgers World Population Foundation [WPF]) and Gijs Walraven (Aga Khan Development Network).

We acknowledge the funding provided by AHPSR and USAID.

Background

Adequate and transparent reporting about programme processes is key to understanding programme impact, and such reporting can also serve as an invaluable guide for successful replication and scale-up *(1)*. However, the reality is that many sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) programmes operate under complex, real-world conditions that often make it difficult to communicate clearly exactly what is being done, when, where, how and by whom in a timely and consistent manner *(2)*. For example, a systematic review of comprehensive adolescent health programmes found that very few described their programme activities and implementation processes, making it difficult to understand how results were achieved and how best to identify and replicate the successful components *(3)*. The impact of many programmes, particularly those that are social and behavioural in nature, is also very much tied to the local context (e.g. sociocultural, socioeconomic, geographical, legal, political, health system) and to the processes of implementation, which may not be easy to describe *(4, 5)*.

To assess the evidence on the effectiveness of interventions, expert groups require a better understanding of programme implementation and context. A standardized way of reporting on the implementation processes as well as contextual factors throughout the programme would allow for easier synthesis of this information, and facilitate communication between researchers and practitioners.

While guidelines have been developed to improve the reporting of interventions and implementation studies, these guidelines were mostly developed to indicate what should be covered in peer-reviewed articles and do not encompass all relevant aspects of programme processes. Although it is important to communicate findings through scientific publications, the traditional structure of a peer-reviewed article may not always permit description of contextual issues or implementation processes in sufficient detail for others to learn from or replicate their experiences.

1. Introducing programme reporting standards (PRS)

Programme reporting standards (PRS) have been developed in the form of a checklist to guide the reporting of SRMNCAH programmes. The PRS checklist seeks to fill the gaps mentioned in the Introduction by providing a list of key reporting items related to the development, implementation, and monitoring and evaluation processes of SRMNCAH programmes. By focusing specifically on the systematic reporting of these processes, the PRS highlights lessons learnt in the field and helps to facilitate replication and scale-up.

The overarching goal of the PRS is to facilitate knowledge sharing within and between different programmes and sectors working to improve the health and well-being of individuals across the SRMNCAH continuum.

These efforts are in line with the increased recognition that we need to understand not only the outcomes *(5, 6)*, but also what works and what does not work, what challenges can be expected during implementation and what actions might work to address these challenges.

This document presents version 1.0 of the PRS checklist (see pp. 7–11) and also provides an overview of the PRS and instructions on how to use it, including a detailed description of each section and item, and additional resources that can be used to support or complement the reporting process.

Box 1. Development of the PRS

The PRS was developed through a structured, collaborative process led by the Department of Reproductive Health and Research and the Department of Maternal, Newborn, Child and Adolescent Health of the World Health Organization (WHO), in collaboration with the Alliance for Health Policy and Systems Research (AHPSR). Following recommendations for developing reporting guidelines *(7)*, the process consisted of four steps:

1. **Systematic review of existing guidelines and other reporting tools.** The systematic review identified 50 reporting items applicable to describing the development, implementation and monitoring and evaluation of SRMNCAH programmes *(8)*.
2. **Online Delphi consensus survey with experts in the field of SRMNCAH.** This anonymous survey was used to rank and revise the reporting items by identifying those of highest relevance for the PRS for SRMNCAH. This process resulted in a revised list of 47 items, out of which 27 were ranked as essential.
3. **Technical consultation with experts.** Twenty-nine experts met at the WHO headquarters in Geneva over two days to further refine and finalize the PRS based on the results of the systematic review and Delphi survey. The synthesized output from the meeting resulted in a condensed list of 24 items.
4. **Piloting the PRS through existing programmes.** Pilot-testing was undertaken to assess the relevance of the draft PRS checklist and identify key issues concerning its use. For each of the four programmes it was tested on, one or more programme staff members cross-checked the reported programme content with the PRS items in the checklist and provided feedback on its logical flow, definitions, instructions and formatting. A second reviewer from WHO verified the initial assessments. All 24 items were kept following the piloting, with minor language and structural edits.

A detailed description of the PRS development has been published elsewhere *(9)*.

2. Instructions for using the PRS

2.1 Who should use the PRS?

The PRS is intended for programme managers and other staff or practitioners who have designed, implemented and/or evaluated programmes in the field of SRMNCAH. It is not restricted to a specific type of stakeholder but can be used by government bodies, nongovernmental organizations, bilateral or multilateral agencies, as well as private sector actors.

2.2 When should the PRS be used?

The PRS can be used in multiple ways at various time points in a programme's life cycle. It can be used prospectively to guide the reporting of a planned programme as it progresses throughout its life cycle, or retrospectively to check that programme reports describe what was done (although some items may be less applicable in this case). During the piloting of the PRS checklist (see Box 1), the PRS was applied retrospectively with existing programmes. This showed that programmes tend to report items in a range of different formats (e.g. proposals, evaluation reports, progress reports, briefs, logical frameworks) *(9)*. One goal of the PRS is therefore to provide a structure for compiling all this information in a consistent way.

While not a programme planning tool, the PRS may serve as a guide during the programme design phase, helping up-front to identify the implementation and monitoring/evaluation aspects that are important to consider and to report on.

2.3 How is the PRS organized?

The PRS consists of 24 items across five main sections:

A. Programme overview
B. Programme components and implementation
C. Monitoring of implementation
D. Evaluation and results
E. Synthesis.

- The PRS tool should be used in conjunction with existing project documents such as programme descriptions, baseline or monitoring surveys, manuscripts and progress reports.
- The PRS is organized as a checklist. In the right-hand column for each reporting item there is room to mention the existing project documents where the information can be located, including page numbers. The PRS can thus be used to verify that all essential reporting items have been covered. If the information for an item has not been reported anywhere, this should be marked as "NR" (not reported).
- The PRS is intended to be broad enough to apply to different SRMNCAH areas, yet specific enough to apply to particular programmes or topics. As a result, some items may not be applicable to every programme, although users should consider the relevance of all items. Should an item be irrelevant or beyond the scope of the programme, indicate "NA" (not applicable).
- The items of the PRS cover a large amount of detail. Those reporting on large, multi-component programmes are advised to break their reporting into smaller parts (i.e. per component/activity) in order to ease, rather than increase, the burden of reporting. For example, a global programme spanning multiple countries and components could be broken down into country-level reports or separate reports on specific components.
- At the end of the PRS checklist, space is provided for referring the reader to additional relevant information, beyond what has already been included in the report, or for additional comments on the individual items reported.

2.4 What information counts towards checking off an item as "reported"?

A key issue is how to judge whether the information provided on any particular aspect of the programme is of sufficient quality and quantity to consider that item as having been "reported". It is important to note that the PRS is not a quality assessment framework, but rather a guide for describing programme context and implementation processes. A programme is encouraged to indicate all pertinent sources of information corresponding to any particular item, but there is no "gold standard" for how much information to provide. WHO is currently working on a critical appraisal tool to guide an overall assessment of confidence in the information reported when completing the PRS. In the meantime, PRS users should be guided by the principle that the information reported should allow someone else who is not familiar with the programme to understand the programme context, what exactly was done, when, why and how, with what results, and how those results were monitored and evaluated.

This first version of the PRS was developed using a structured, collaborative process (see Box 1) and feedback from users of the PRS in the field of SRMNCAH will be essential in order to assess how much information is needed and the quality of that information. Additional consideration will also be needed in relation to the mechanisms for the sharing of information.

2.5 The role of context

Adequate descriptions of the programme context are essential for others to understand whether or not a particular programme worked, and why. The definition of "context" varies across the literature, but in this document we use it to mean "a set of characteristics and circumstances that consist of active and unique factors that surround the implementation effort" *(10)*. Context is not just in the "backdrop" of programme implementation but it "interacts, influences, modifies and facilitates or constrains the intervention and the implementation effort" *(10)*. In order to capture the complex and multifaceted nature of context, the PRS includes both a specific item that calls for an overview of the programme context (item 3) and highlights the role of contextual elements in shaping programme implementation throughout the checklist (e.g. item 16 – feasibility; item 17 – factors affecting implementation; and item 24 – possibilities for adaptation in other settings).

2.6 Using the PRS together with research reporting guidelines

The PRS integrates and builds upon existing reporting guidelines and is not specific to a certain type of study design or intervention. Therefore, to ensure that evaluation and research components are adequately described, it is important that authors of publications use guidelines applicable to their selected study design (e.g. randomized controlled trials, cluster randomized controlled trials, controlled before-and-after studies, interrupted time-series studies, observational studies, implementation research studies, non-randomized evaluations, qualitative studies). The Enhancing the QUAlity and Transparency Of health Research (EQUATOR) Network provides an excellent overview of research reporting guidelines according to different study designs and topics.[1]

The PRS can also be used in tandem with tools and frameworks related to the planning of scale-up and implementation processes, such as the WHO–ExpandNet tool for developing a scale-up strategy *(11)*, the WHO Regional Office for Africa's *A guide to identifying and documenting best practices in family planning programmes (12)*, and the *SURE Guides for preparing and using evidence-based policy briefs (13)*.

1 Further information is available at: http://www.equator-network.org/library/

3. PRS, version 1.0

The PRS tool is a checklist that can be used for reporting on the planning, implementation and monitoring and evaluation processes of SRMNCAH programmes. The PRS can be used throughout the life cycle of a programme, guiding not only the reporting of processes and outcomes but also the programme design and development. The PRS consists of 24 items across five sections. The items in each of the five sections reflect those deemed to be most central to the adequate and transparent reporting of programmes. The PRS checklist is provided in the table starting on the next page, including brief descriptions of each item.

Instructions for completing the PRS checklist:

In the right-hand column, for each item, complete as appropriate:

- If the information was **reported**, write "**R**" and provide the source and page number where the information can be located.
- If the information for an item is missing or insufficient, indicate that it was **not reported** with "**NR**".
- While users of the PRS should consider the relevance of all items, some items may not be applicable to the programme or the specific report. If an item is irrelevant or beyond the scope of the programme, indicate that it is **not applicable** with "**NA**".

PRS checklist

Section Item number & name	Item description	Complete as appropriate: • Reported (R), provide source & page number • Not reported (NR) • Not applicable (NA)
Section A. Programme overview	***Why was the programme started and what did it expect to achieve?***	
1. Rationale and objectives	a. Programme rationale, i.e. why the programme was initiated (nature and significance of the issue or problem being addressed) b. Goals and objectives c. Anticipated short- and long-term effects of the programme at different levels (i.e. individual, household, facility, organization, community and/or society)	
2. Start and end dates	a. Planned start and end dates of the programme b. Delays and/or unexpected end of the programme, including an explanation of the reasons	
3. Setting and context	a. Location, i.e. country/place name(s), specific site(s), type of environment (e.g. urban or rural) b. Overview of the context if pertinent to the programme (i.e. political, historical, sociocultural, socioeconomic, legal and/or health system)	
4. Stakeholders	a. Target population, described using key sociodemographic characteristics (e.g. age, gender, education level) b. Implementing organization(s) c. Partners and other stakeholders (e.g. local authorities, community leaders) d. Description of the involvement of different stakeholders in programme development and/or implementation	
5. Funding source(s)	Name of donor/funding source(s)	
6. Theory of change and/or logic model	Theory of change, assumptions and/or logic model underlying the programme, with details for how this guided the programme design, implementation and evaluation plans	
7. Human rights perspectives	a. Information about whether or not gender, equity, rights and ethical considerations were integrated into the programme, and if so, how b. Information about whether or not an accountability framework was adapted to define the programme's commitments and objectives, and if so, how this was done and how the framework will be implemented	

Section Item number & name	Item description	Complete as appropriate: • Reported (R), provide source & page number • Not reported (NR) • Not applicable (NA)
Section B. Programme components and implementation	***What did the programme do and how?***	
8. Programme planning	Methods and rationale for selecting programme activities (e.g. based on results of a situational or stakeholder analysis, or needs assessment, and selection criteria such as evidence of impact or sustainability, or potential for scale-up)	
9. Piloting	Piloting of the programme activities elsewhere or within the programme; how, when, where and by whom this was done and with what results	
10. Components/ activities (Please repeat for each component)	Detailed description of the core programme components/activities: • what was done (type of activity) • how (methods/processes of implementation/delivery) • when (frequency, intensity, duration of activity) • by whom (implementing personnel, i.e. staff or volunteer providers, including description of their skills, training, characteristics and responsibilities) • for whom (target population for each activity) • education/support materials, if used (how they were developed/used, where they can be accessed)	
11. Quality assurance mechanisms	a. Mechanisms used to ensure fidelity of programme implementation and adherence to appropriate standards of quality (e.g. supervision and support of personnel, refresher training, product quality checks) b. Efforts used to increase and sustain participation of stakeholders (e.g. incentives)	

Section **Item number & name**	**Item description**	**Complete as appropriate:** • Reported (R), provide source & page number • Not reported (NR) • Not applicable (NA)
Section C. Monitoring of implementation	***How did the programme keep track of what was done?***	
12. Monitoring mechanisms	Methods for monitoring programme implementation, including data collection and analysis of indicators, to identify problems/issues and potential solutions	
13. Coverage/reach and dropout rate	a. Uptake (utilization) of each programme activity reported, disaggregated by key sociodemographic characteristics (e.g. age, gender, education level) b. Coverage of the programme activities, including differential reach within and outside of the target population c. Non-participation and dropout rates among the target population, reported by key sociodemographic characteristics and reasons given, as well as a description of any actions taken to reach out to these individuals	
14. Adaptations	a. Information about whether or not the programme was delivered as intended, including description of any discrepancies between programme design and actual implementation, and the degree of match between programme content and theory of change b. Description of ongoing adaptation of programme activities to better fit the context, and the fidelity to the activity plan	
15. Acceptability	Information about the acceptability of the programme among stakeholders (e.g. assessment of whether it was considered to be reasonable and relevant)	
16. Feasibility	Assessment of the feasibility of the programme (e.g. the extent to which it could be carried out in the particular context or by the specific organization)	
17. Factors affecting implementation	Description of key barriers and facilitators to programme implementation, including contextual factors (e.g. social, political, economic, health systems)	

Section Item number & name	Item description	Complete as appropriate: • Reported (R), provide source & page number • Not reported (NR) • Not applicable (NA)
Section D. Evaluation and results	***How was the programme evaluated, and what were the findings?***	
18. Evaluation	a. Type of evaluation(s) conducted (e.g. process evaluation and/or outcome/impact evaluation) b. Evaluation methods[2]; how (quantitative and/or qualitative methods), when (timing and phases, e.g. baseline, midline, end-line data collection) and by whom the programme was evaluated (internal or external evaluator)	
19. Results	a. Description of the programme results (i.e. key process, output, outcome indicators), differentiating between short-, mid- and long-term effects (with or without any impact) b. Analysis/reporting of programme effects stratified by key sociodemographic characteristics and/or geographical areas c. Documentation of any unexpected effects (i.e. beyond what was anticipated in the design) on the target population, the communities and/or the health services	
20. Costs	a. Summary of the resources required for implementation (i.e. financial, physical and human resources) b. Type of cost analysis or cost–effectiveness analysis conducted	
Section E. Synthesis	***What are the key implications?***	
21. Lessons learnt	Appraisal of the weaknesses and strengths of the programme; what worked well and what can be improved	
22. Sustainability	Reflections on the sustainability of the programme over time, e.g. the expected ability to maintain the programme activities, level of engagement of stakeholders, outcomes achieved, effects (intended or unintended), partnerships built	
23. Scalability	Description of the scale-up of all or some programme activities, or any plans for scale-up	
24. Possibilities for implementation in other settings	Reflections on the context-dependence of the programme and on the degree of effort that would be needed to implement it in/adapt it to other settings	
Additional information (optional)		
References and/or links to websites or other sources of information relevant to the programme		
Any additional comments related to the items reported above		

2 Reports of research studies should provide further details in line with guidelines for the reporting of the specific study design. Different guidelines are available in the EQUATOR database (http://www.equator-network.org/).

4. Guidance on completing the items of the PRS checklist

Section A. Programme overview

Why was the programme started and what did it expect to achieve?

Item 1: Rationale and objectives

1a. Programme rationale, i.e. why the programme was initiated (nature and significance of the issue or problem being addressed)

State the rationale for the programme. This should include an assessment of the specific sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) problem(s) being addressed, and the rationale for that focus (e.g. local disease burden, gaps in quality of care, system weaknesses, national/local priorities).

1b. Goals and objectives

State the overall programme goal and the specific objectives based on clearly defined criteria so that objectives are "SMART" – specific, measurable, attainable, relevant and time-bound.

1c. Anticipated short- and long-term effects of the programme at different levels (i.e. individual, household, facility, organization, community and/or society)

Detail the anticipated or expected effects or impact of the programme, which may or may not be the same as what was actually achieved (which should be reported separately, see item 19). Describe the timeframe (short/mid/long term) and specify at what level or levels the various programme effects were expected to occur.

Item 2: Start and end dates

2a. Planned start and end dates of the programme

State the planned programme start and end dates. These dates may or may not be the same as the actual start and end dates.

2b. Delays and/or unexpected end of the programme, including an explanation of the reasons

Indicate whether the programme faced any delays in starting and/or completing the activities and state the actual start and end dates. If the programme began or ended later than intended, explain what happened that caused the delays and/or early termination of activities.

Item 3: Setting and context

3a. Location, i.e. country/place name(s), specific site(s), type of environment (e.g. urban or rural)

Provide information about the geographical location of the programme, including whether it was conducted in multiple sites or a single location, the name of the country/countries and the specific place (state/province/district/city/town/village), and a description of the environment at each site (e.g. urban/rural/suburban/peri-urban/semi-rural/slum; coastal/forest/mountain/isolated; humanitarian/crisis setting).

3b. Overview of the context if pertinent to the programme (i.e. political, historical, sociocultural, socioeconomic, legal and/or health system)

Describe location-specific contextual aspects that are pertinent to the programme. With reference to the definition on p. 5 (see: 2.5 The role of context), include characteristics and circumstances that had an influence on the programme planning and implementation efforts, such as the legal situation (laws and policies), political and/or historical events (e.g. war and conflict), the health system (e.g. human/financial/physical resources, levels and quality of care) and any related sociocultural/socioeconomic factors (e.g. social norms or related prevailing practices, income/poverty levels). While it may not be possible to describe all contextual aspects in detail, it is important to provide an overview and also to refer readers to additional sources that will further elaborate on the context of the programme.

Item 4: Stakeholders

4a. Target population, described using key sociodemographic characteristics (e.g. age, gender, education level)

Describe the programme's target population and indicate at what level the interventions operate (i.e. individual, group, wider population). For example, the description could be "never-married, in-school adolescent females" or it could be "rural pregnant women". Include a description of known key sociodemographic characteristics for the population, such as age, gender, education level, income bracket, household structure, religion/ethnic group, etc.

4b. Implementing organization(s)

State the name(s) of the organization(s) involved in developing, implementing and evaluating the programme.

4c. Partners and other stakeholders (e.g. local authorities, community leaders)

List any other stakeholders that were involved in/provided input on the programme, such as community leaders/members, religious leaders, civil society organizations, local authorities and government bodies, young people, private sector partners. This can also include existing or planned support networks outside the structure of the programme that could be relied upon in difficult situations (e.g. referral networks).

4d. Description of the involvement of different stakeholders in programme development and/or implementation

Explain the specific roles of the different stakeholders (mentioned in 4c) in developing, implementing and evaluating the programme. For example, were community members involved in or consulted on the programme design? Which stakeholders were responsible for designing, implementing or evaluating which activities, and at what levels?

Item 5: Funding source(s)

Name of programme donor(s)/funding source(s)

State the name(s) of the funding source(s) of the programme.

Item 6: Theory of change and/or logic model

Theory of change, assumptions and/or logic model underlying the programme, with details for how this guided the programme design, implementation and evaluation plans

Describe the programme's theory of change – explaining why a certain effect or change is expected to happen and any assumptions that underlie this theory – and/or use a logic model (also known as a logical framework or "log frame") to depict the relationship between objectives, input, activities, output and outcomes. Explain how the theory of change and/or logic model was used to guide the programme plans and the anticipated changes based on learning during the implementation and/or evaluation phases.

Item 7: Human rights perspectives

7a. Information about whether or not gender, equity, rights and ethical considerations were integrated into the programme, and if so, how

Describe if and how the programme took into account relevant ethical and human rights considerations (in accordance with international human rights standards) and whether issues related to sex, gender, age, disability and other aspects of human rights issues were directly or indirectly addressed by the programme.

7b. Information about whether or not an accountability framework was adapted to define the programme's commitments and objectives, and if so, how this was done and how the framework will be implemented

Describe if and how an accountability framework was developed to define the programme's commitments, including its aims, actions and the mechanisms put into place to ensure accountability for these commitments, as well as indicating which stakeholders the programme is accountable to. Explain any tools developed and processes undertaken at specific points during the programme to implement the accountability framework.

Section B. Programme components and implementation

What did the programme do and how?

Item 8: Programme planning

Methods and rationale for selecting programme activities (e.g. based on results of a situational or stakeholder analysis or needs assessment, and selection criteria such as evidence of impact or sustainability, or potential for scale-up)

Explain the process of developing and planning the programme and its activities. This can include an overview of what was needed (e.g. by presenting the results from a situational or stakeholder analysis and/or a needs assessment highlighting current programming gaps) and an explanation of why certain activities were selected over others (e.g. based on evidence of impact or sustainability, or potential for scale-up).

Item 9: Piloting

Piloting of the programme activities elsewhere or within the programme; how, when, where and by whom this was done and with what results

State whether the programme activities were piloted as part of the programme (i.e. before full implementation), or whether these components had been previously tested as part of a separate initiative. Provide details on when, where and how the piloting occurred, as well as the results and how these findings were taken into account for the subsequent programme implementation.

Item 10: Components/activities (Please repeat for each component/activity)

Detailed description of the core programme components/activities:

- *what was done (type of activity)*
- *how (methods/processes of implementation/delivery)*
- *when (frequency, intensity, duration of activity)*
- *by whom (implementing personnel, i.e. staff or volunteer providers, including description of their skills, training, characteristics and responsibilities)*
- *for whom (target population for each activity)*
- *educational/support materials, if used (how they were developed/used; where they can be accessed)*

Item 10 consists of multiple sub-items intended to facilitate description of each programme component or activity in enough detail to allow replication by someone who is not familiar with the model. For programmes that consist of multiple activities, the item (all the sub-items) can be repeated for each component, as applicable.

Item 11: Quality assurance mechanisms

11a. Mechanisms used to ensure fidelity of programme implementation and adherence to appropriate standards of quality (e.g. supervision and support of personnel, refresher training, product quality checks)

Describe any efforts to ensure the quality and fidelity of programme implementation. The type of mechanisms used will depend on the nature of the programme but may include ongoing supportive supervision of personnel, refresher training sessions, random spot-checks of activities and their content, regular team meetings, quality checks of specific products, etc.

11b. Efforts to increase and sustain participation of stakeholders (e.g. incentives)

Describe any specific strategies used to enhance and maintain involvement of participants, personnel and/or other stakeholders in the implementation of the programme components/activities (e.g. mechanisms for sharing information, regular staff meetings, provision of constructive feedback, incentives).

Section C. Monitoring of implementation

How did the programme keep track of what was done?

Item 12: Monitoring

Methods for monitoring programme implementation, including data collection and analysis of indicators to identify problems/issues and potential solutions

Describe the process of monitoring whether the programme was implemented as intended, and how often monitoring activities occured (e.g. daily, weekly, monthly, quarterly). For example: What types of indicators were collected to monitor progress and identify emerging issues as well as solutions, and from what sources? Was a specific monitoring framework used, and if so where can this be accessed?

Item 13: Coverage/reach and dropout rate

13a. Uptake (utilization) of each programme activity reported, disaggregated by key sociodemographic characteristics (e.g. age, gender, education level)

Report the coverage or uptake of the programme activities among members of the target population, disaggregated by key sociodemographic characteristics such as age, gender, socioeconomic status and education, and indicate whether coverage differed for different activities (as compared to what was planned). Indicate how this changed over the programme life cycle.

13b. Coverage of the programme activities, including differential reach within and outside of the target population

Describe the actual coverage or reach of programme activities beyond the target population, including an assessment of differential reach within and outside of the target population, and whether coverage differed for different activities (as compared to what was planned). Indicate how this changed over the programme life cycle.

13c. Non-participation and dropout rates among the target population, reported by key sociodemographic characteristics and reasons given, as well as a description of any actions taken to reach out to these individuals

Estimate the extent of dropout (if applicable) and non-participation among participants, and the key sociodemographic factors of those who did not use/attend activities. If possible and if applicable, provide reasons for why participation was lower than expected.

Item 14: Adaptations

14a. Information about whether or not the programme was delivered as intended, including description of any discrepancies between programme design and actual implementation, and the degree of match between programme content and theory of change

Describe whether the programme activities were delivered as originally planned (i.e. fidelity to the design/plans/theory of change). What was done differently, if anything, and why? Were the adapted components still in line with the theory of change?

14b. Description of ongoing adaptation of programme activities to better fit the context, and the fidelity to the activity plan

Describe if, how and why any adaptations were made to plans and/or activities based on learning during programme implementation, in order to better fit the local context and circumstances.

Item 15: Acceptability

Information about the acceptability of the programme among stakeholders (e.g. assessment of whether it was considered to be reasonable and relevant)

Provide brief reflections on whether the programme was considered credible and acceptable among the stakeholders. Present a summary of data/testimonials from the community members, target population, implementing staff, managers, policy-makers, etc., in support of these reflections. Briefly describe the methods used to assess acceptability and provide references, if applicable.

Item 16: Feasibility

Assessment of the feasibility of the programme (e.g. the extent to which it could be carried out in the particular context or by the specific organization)

Describe whether it was actually possible for the implementing organization(s) to carry out the programme components in the specific context, i.e. what was the actual fit or suitability of the planned programme for the particular context? This description may include an assessment of whether programme activities were aligned with established local structures and processes (such as annual district work plans, community health committee structures/meetings and national roadmaps).

Item 17: Factors affecting implementation

Description of key barriers and facilitators to programme implementation, including contextual factors (e.g. social, political, economic, health systems)

Elaborate on the main challenges and opportunities faced during programme implementation. This may include internal factors (e.g. staffing and other resources, policies) and external events (e.g. weather, humanitarian situation, industrial strike action) as well as aspects of the political, sociocultural, health systems or other contextual circumstances.

Section D. Evaluation and results

How was the programme evaluated, and what were the findings?

Item 18: Evaluation

18a. Type of evaluation(s) conducted (e.g. process evaluation and/or outcome/impact evaluation)

Describe the nature of any evaluation(s) undertaken. For example, a process evaluation to understand the programme operations (how well activities were implemented, influence of external factors, acceptability and feasibility) or an outcome evaluation focused on results and impact.

18b. Evaluation methods; how (quantitative and/or qualitative methods), when (timing and phases e.g. baseline, midline, end-line data collection) and by whom the programme was evaluated (internal or external evaluator)

Describe the design and specific methods used for each evaluation including when it was conducted (single or multiple time points), how and by whom. Reports of research studies should provide further details in line with guidelines for the reporting of that specific type of study (e.g. randomized controlled trial, observational study, implementation/operational research). Different guidelines are available in the EQUATOR database.[3]

Item 19: Results

19a. Description of the programme results (i.e. key process, output, outcome indicators), differentiating between short-, mid- and long-term effects

What did the programme achieve? Provide a brief description of its results using key process, output and outcome indicators. Make sure to specify the level (e.g. individual, group, community, facility, policy) and time frame (short/mid/long term) of the results. Detail any changes that were recommended based on the evaluation results, especially in the case of process evaluations. Reports of research studies should provide details in line with guidelines for the reporting of that specific type of study (see item 18b).

19b. Analysis/reporting of programme effects stratified by key sociodemographic characteristics and/or geographical areas

Describe differential programme effects by sociodemographic characteristics and/or geographical areas. For example, did results differ between men and women, or between urban and rural settings?

19c. Documentation of any unexpected effects (i.e. beyond what was anticipated in the design) on the target population, the communities and/or the health services

Elaborate on any effects (beneficial or harmful) that occurred but which were not expected based on the programme plans, and describe the nature and scope of these effects for the programme stakeholders, community or the local context.

3 Further information available at: http://www.equator-network.org/

Item 20: Costs

20a. Summary of the resources required for implementation (i.e. financial, physical and human resources)

Provide an overview of the resources required to implement the programme, including financial (funding, e.g. to pay for goods and services) and physical resources (e.g. office/clinic space, vehicles, commodities, supplies, equipment) as well as human resources (e.g. salaries, expenses and incentives) and opportunity costs for the participants.

20b. Type of cost analysis or cost–effectiveness analysis conducted

Detail whether any form of economic or financial analysis or evaluation was conducted to establish the costs of the interventions or programme or to assess the efficiency or economic value of the programme in relation to the achieved SRMNCAH outcomes. If any such analysis was conducted, describe the methods (e.g. cost–benefit or cost–effectiveness analysis) and the results.

Section E. Synthesis

What are the key implications?

Item 21: Lessons learnt

Appraisal of the weaknesses and strengths of the programme, what worked well and what can be improved

This item is central to programme reporting as it offers space for reflection on the key strengths and weaknesses that may help inform future decisions. While understanding what worked (and why) is critical, it is equally important to describe what did not work so that others can learn from these experiences.

Item 22: Sustainability

Reflections on the sustainability of the programme over time, e.g. the expected ability to maintain the programme activities, level of engagement of stakeholders, outcomes achieved, effects (intended or unintended), partnerships built

Consider the degree to which the programme activities, results, partnerships and level of stakeholder involvement can (or cannot) be sustained after the programme resources and technical support have ended. These reflections are critical to inform plans for potential scale-up and/or replication of the programme model.

Item 23: Scalability

Description of the scale-up of all or some programmes activities, or any plans for scale-up

If the programme has been scaled up beyond its original plans, detail which activities were taken to scale, where and how. If scale-up has not yet been undertaken, describe any future plans for scaling up the programme in a similar or different context.

Item 24: Possibilities for implementation in other settings

Reflections on the context-dependence of the programme and on the degree of effort that would be needed to implement it in/adapt it to other settings

It is important to reflect on the extent to which the programme model could be implemented in other settings that may or may not be similar to the setting where it was first implemented. It may be helpful to address these questions:

- Is it likely that the programme model would work in another context/setting?
- Are there any context-specific components and if so, what are they?
- Which components could be readily implemented in other settings, and why?
- Are there any particular considerations others should take into account when implementing the programme in another setting?

Additional information

At the end of the PRS checklist table, there is space to provide any additional information and comments that may help to clarify and elaborate on the items reported. This may include references and/or links to websites or other sources of information relevant to the programme.

Feedback

The PRS is intended to be a useful "living" tool; as such it is a work in progress which must be regularly updated and refined. We consider this to be version 1.0. We are interested in learning about your experience with using the tool and any feedback you may have on the structure, the descriptions provided, or any gaps in the content. Please send email to mpa-info@who.int with "Feedback on PRS version 1.0" in the subject line.

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