

Developing an Action Plan

As Part of the Needs Assessment Process

1. Ground the Group in Data (The "Why")

Before drafting steps, ensure everyone understands the issue. Use a **Data Briefing** to level the playing field.

- **Synthesize the Burden:** Present current MCH indicators (e.g., infant mortality rates, prenatal care access, maternal morbidity) to present issues and highlight inequities.
- **Asset Mapping:** Identify what resources already exist so the action plan avoids duplication.

2. Use the "Backcasting" Method

Instead of starting from today and looking forward, start at your desired impact (e.g., "A 15% reduction in preterm births by 2028") and work backward.

- **The Question:** "It is 2028 and we achieved our goal. What had to happen in 2027 to make that possible? What about 2026?"
- **The Benefit:** This clarifies the critical path and helps identify necessary precursors (like policy changes or funding) that might be overlooked in forward-planning.

3. The "Impact-Feasibility" Filter

Consortiums often suffer from "initiative fatigue." You likely have 50 ideas but only bandwidth for five. Use a **2x2 Prioritization Matrix**:

| | Low Feasibility | High Feasibility |
|-------------|-------------------------------------|--------------------------------------|
| High Impact | <i>Strategic Long-term Projects</i> | The "Sweet Spot" (Prioritize) |
| Low Impact | <i>Discard / Ignore</i> | <i>Quick Wins (Fillers)</i> |

4. Structured Action Tables (The "How")

Vague plans die in committee. Transition your brainstormed ideas into a formal **Action Plan Table**. A proven MCH template includes:

1. **Action Step:** A specific, measurable verb-led task.
2. **Lead Agency/Individual:** One person must be the "buck-stopper."
3. **Timeline:** Not just a deadline, but a start date.
4. **Performance Measure:** How do we know the step is complete? (e.g., "MOU signed by 3 hospitals").
5. **Population Check:** Does this step inadvertently exclude populations that might need attention the most?

5. Formalize the Governance

In MCH public health, cross-sectoral friction is common (e.g., a non-profit's goals vs. a hospital's bottom line).

- **Establish a "Backbone Organization":** Ensure one entity is responsible for the administrative "glue"—scheduling, minutes, and tracking progress between meetings.
- **Communication Loop:** Decide on a monthly dashboard or "pulse check" so members see the plan is alive and moving.

Facilitation Tip: The "Weighted Voting" Technique

If the group is stuck, give every member 5 "sticky dots" (or digital equivalents). Let them vote on the actions they are most willing to commit their own organization's resources to. This quickly separates polite interest from actual buy-in.