



Perceptions of healthcare professionals of the application of the National Program for Women and Child Health in Bacău County, Romania: a cross-sectional study

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Abstract

Aim. To explore the local application of the Romanian National Program for Women and Child Health (NPWHC) in Bacău County from the perspective of healthcare professionals, focusing on perceived program relevance, resource allocation, adherence to procedures, and operational challenges.

Methods. This is a cross-sectional, questionnaire-based study designed to examine perceptions and organizational aspects of NPWHC implementation across public healthcare units in Bacău County. The study was conducted between 2023 and 2024 among 54 professionals from three public hospitals and ten family medicine practices. Participants included physicians and nurses (75.9%), economic specialists (16.7%), and staff responsible for data reporting and centralization (7.4%). Data analysis followed an exploratory and descriptive approach, focusing on perceived program relevance, procedural compliance, and monitoring practices.

Results. Most respondents reported substantial professional experience, indicating a high level of institutional knowledge. The program was perceived as strategically relevant, primarily driven by the severity of the targeted health problems and the perceived preventive benefits. Concepts related to population health impact and service coverage were also rated as highly important. In contrast, respondents identified notable weaknesses in resource allocation and utilization, reporting consistency, and the robustness of monitoring mechanisms. Perceived adherence to standardized procedures and use of the IT reporting system were low, highlighting operational implementation challenges at the local level.

Conclusions. While the NPWHC is perceived as strategically relevant in Bacău County, the findings reveal important vulnerabilities in its operational implementation. Strengthening procedural standardization, optimizing resource use, and enhancing digital monitoring systems emerge as key areas for improvement, within the limits of an evaluation grounded in professional perceptions rather than objective performance indicators.

Keywords: public health program, maternal and child health, program evaluation, health policy, Romania

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Introduction

Women's and children's health represents a fundamental component of public health policy, with direct implications for population health and long-term social development. This broad and complex field encompasses maternal health, perinatal care, reproductive health, nutrition, vaccination, disease prevention, and equitable access to healthcare services [1]. Despite notable progress over recent decades, significant challenges persist, particularly in underserved areas, including limited access to care, inadequate infrastructure, social and gender inequities, and gaps in health education. Addressing these challenges requires systemic interventions that combine service capacity expansion, equity-oriented policies, and the promotion of healthy behaviors from early life stages, with the ultimate aim of reducing maternal and infant mortality and improving overall quality of life [2].

Assessing the health needs of women and children is critical not only for ensuring adequate care but also for informing efficient medium- and long-term resource allocation. The UNICEF *State of the World's Children* report highlights that many children remain "invisible and excluded" from essential health services [3]. Economic analyses of child survival further indicate that child and infant mortality rates are among the most sensitive indicators of unmet population health needs [4,5]. Maternal and child health services typically include antenatal, childbirth, and postnatal care, as well as emergency obstetric services, all of which should be delivered by qualified health professionals [6]. The COVID-19 pandemic exacerbated existing vulnerabilities, leading to substantial disruptions in access to and utilization of maternal and child health services, including in Romania [7,8]. In this setting, deteriorations in selected maternal health indicators, such as increased prevalence of gestational diabetes and pregnancy-induced hypertension, have been reported [9], posing additional challenges for health systems that are already structurally underfunded.

Within this context, the Romanian state has implemented, since 1998, the National Program for Women and Child Health (NPWHC), aimed at improving child health outcomes and strengthening women's health services. At the policy level, maternal and child health is formally recognized as a national priority, closely linked to population well-being and the sustainability of the healthcare system [10]. Program implementation is governed by Title II of Law No. 95/2006 on healthcare reform [11], Government Decision No. 423/2022 approving public health programs [12], and the Technical Standards endorsed by Order of the Minister of Health No. 964/31.03.2022 [13].

Nevertheless, available evidence suggests that the performance of national maternal and child health programs varies considerably across contexts, being shaped not only by regulatory frameworks and financial inputs, but also

by how programs are operationalized at the local level. Previous studies have reported mixed findings regarding service delivery, equity, and long-term sustainability [14]. Consequently, evaluating local implementation is essential for identifying systemic strengths, operational weaknesses, and organizational barriers that may affect program functioning, thereby providing an evidence base for informed adjustments and optimization in practice.

Motivation, aim, and objectives of the study

At the level of Bacău County, the National Program for Women and Child Health (NPWHC) is implemented through two distinct subprograms:

- (i) the child nutrition and health subprogram, which includes dystrophy prophylaxis for non-breastfed infants aged 0–12 months, prevention and management of malnutrition among low-birth-weight newborns, neonatal hearing screening, and the screening, treatment, and monitoring of retinopathy of prematurity; and
- (ii) the women's health subprogram, focused on the prevention of Rh isoimmunization.

These components encompass essential preventive, diagnostic, and therapeutic interventions delivered across multiple healthcare settings and levels of care.

The motivation for this study arises from the need to examine how the national regulatory and programmatic framework is translated into routine practice at the local level. Despite the strategic importance of the NPWHC, there is limited empirical evidence regarding its actual implementation at the county level, particularly from the perspective of professionals directly involved in program delivery and management. Exploring these perceptions provides valuable insights into day-to-day program functioning, organizational constraints, and operational barriers that may affect the consistent application of planned interventions.

The aim of the study was to assess the local implementation of the NPWHC in Bacău County by exploring the perceptions of professionals involved in the provision and administration of maternal and child health services. The study adopts an exploratory evaluative approach, seeking to identify factors that facilitate or hinder program application in routine practice, without directly measuring health outcomes or clinical performance.

The specific objectives were to:

- (1) identify key implementation barriers, including logistical, financial, human resource, and organizational or regulatory constraints;
- (2) analyze perceived strengths of local implementation by highlighting mechanisms that support program delivery; and
- (3) formulate, based on the findings, directions for improvement focused on administrative and monitoring processes, within the limits of an analytical framework grounded in professional perceptions. Through these

objectives, the study contributes to a better understanding of the implementation challenges facing national maternal and child health programs in the Romanian context.

Methods

Study design and setting

A cross-sectional study was conducted in Bacău County, Romania, between January 2023 and January 2024, to assess the local implementation of the National Program for Women and Child Health (NPWHC) [15]. The study adopted an exploratory and descriptive approach, focusing on the perceptions of professionals involved in program delivery and management. The study setting comprised the Bacău County Public Health Directorate, three public hospitals, and ten family medicine practices which participated in the program.

Participants and eligibility

The study population consisted of 54 professionals directly involved in NPWHC implementation, including family physicians, gynecologists, neonatologists, pediatricians, nurses, and staff with administrative, economic, and managerial responsibilities. Hospital-based professionals were deliberately included due to their central role in delivering specialized interventions and their ability to provide informed insights into operational challenges and service disruptions.

Eligibility was restricted to professionals actively engaged in program implementation during the study period; individuals without direct responsibilities related to the NPWHC were excluded. The sample size was determined by the total number of eligible professionals identified at the county level, with the aim of achieving comprehensive local coverage rather than probabilistic sampling.

Variables and data sources

The primary variables of interest were professionals' perceptions regarding:

- (i) adequacy and allocation of resources,
- (ii) adherence to standardized procedures,
- (iii) use of IT-based reporting and monitoring systems, and
- (iv) barriers to program implementation.

Explanatory variables included professional role, years of experience, and type of institution.

Data were collected using a structured, self-administered questionnaire comprising 67 items (screening items Q1–Q3, content items Q4–Q65, and descriptive items Q66–Q67) [16–18]. The questionnaire was specifically developed for the purpose of assessing local program implementation and was not subjected to formal psychometric validation; accordingly, it captures respondents' subjective perceptions rather than validated measurement constructs. Additional data sources included reports from the County Public Health Directorate, maternal and child health statistics, and relevant legislative

documents.

Bias control

Potential selection bias was minimized by including all eligible professionals identified at the county level. Response bias was addressed through voluntary participation, assurances of confidentiality, and anonymization of responses.

Quantitative variables and statistical analysis

Quantitative variables, such as years of professional experience, were grouped into categories (0–9, 10–19, 20–29, and ≥ 30 years). Responses on the five-point Likert scale (1–5) were analyzed descriptively using frequencies, percentages, and mean scores. Although Likert-type data are ordinal by nature, responses were treated as approximately continuous variables for exploratory analytical purposes, an approach commonly used in perception-based health services research, while acknowledging the methodological limitations associated with such data.

Statistical analysis included descriptive statistics and exploratory inferential analyses. One-sample Student's *t* tests were applied to assess differences between respondents' perceptions and the neutral position. The tests were used for exploratory purposes to compare the mean scores of selected perceived dimensions, namely budgetary impact, procedural application, and implementation of the IT reporting system, with the neutral reference value of 3 on the Likert scale. Positive *t* values indicate mean scores above the neutral point, whereas negative *t* values indicate mean scores below it. Statistical significance was set at $p < 0.05$, and the results should be interpreted with caution considering the descriptive and exploratory nature of the study.

Linear relationships between perceived dimensions were explored using Pearson correlation coefficients, without implying causal inference. Open-ended responses were analyzed thematically in a descriptive manner to identify recurring patterns of perceived barriers and facilitators. All statistical analyses were conducted using IBM SPSS Statistics, version 27.

Ethical considerations

Ethical approval was obtained from the Ethics Committees of Bacău County Emergency Hospital (No. 30695/28 December 2022), Moinești Municipal Emergency Hospital (07 December 2022), Onești Municipal Hospital (No. 21613/23 December 2022), and the Grigore T. Popa University of Medicine and Pharmacy, Iași (No. 255/17 January 2023). The study complied with national standards for research ethics in medical sciences [19] and with the Declaration of Helsinki [20]. Written informed consent was obtained from all participants, covering voluntary participation, the right to withdraw, data confidentiality [18] and the use of data for scientific purposes [21].

Results

The study generated descriptive findings regarding the perspectives of professionals involved in the local implementation of the National Program for Women and Child Health (NPWHC). Detailed results corresponding to all questionnaire items are presented in Appendix 1.

General characteristics of the study participants

Among the 54 respondents, 75.9% (n=41) were from public hospitals in Bacău County participating in the NPWHC, while 18.5% (n=10) were from family medicine practices included in the program (Figure 1a). Regarding professional role, 75.9% (n=41) were physicians and nurses, 16.7% (n=9) were economic specialists, and 7.4% (n=4) were personnel responsible for data collection, reporting,

and centralization (Figure 1b).

Regarding professional experience, 40.7% of respondents (n=22) reported 10–19 years of experience, 29.6% (n=16) reported 20–29 years, and 18.5% (n=10) reported less than 10 years of professional experience (Figure 1c). In addition, 40.7% of participants (n=22) indicated that they had been involved in the implementation of the NPWHC since the program was launched in 1998. No missing values were identified for the variables analyzed.

Identification of public health problems

Respondents evaluated the criteria used for identifying and prioritizing public health problems in the field of maternal and child health. Most criteria were predominantly rated as very important (Figure 2).

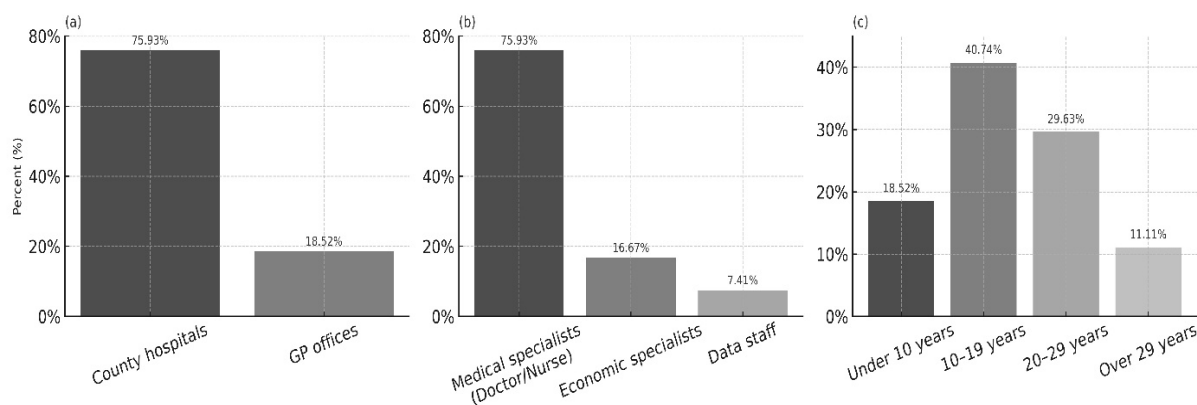


Figure 1. Distribution of respondents according to type of healthcare service (a), professional category (b), and professional experience (c).

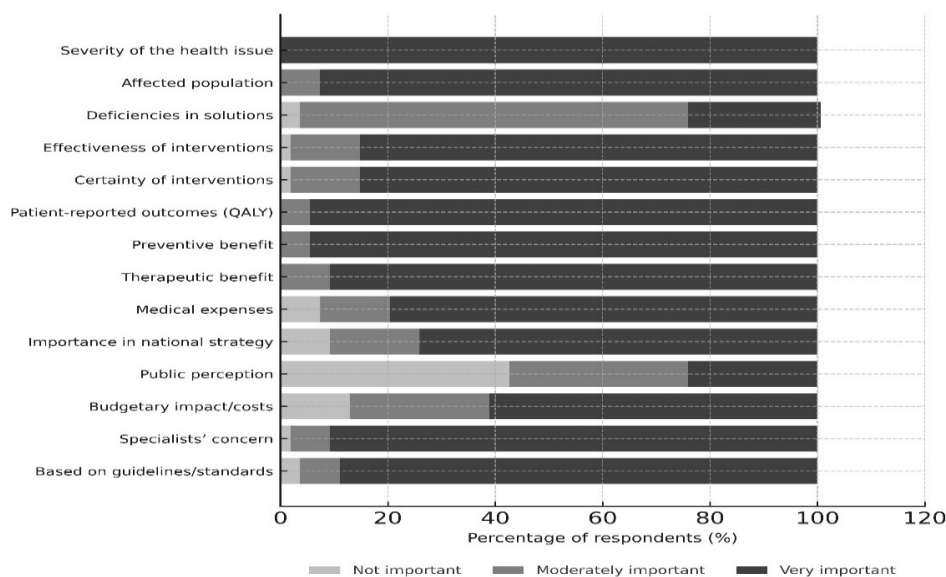


Figure 2. Evaluation of criteria used for identifying and prioritizing public health problems in the field of maternal and child health.

Perceived financial impact and shortcomings in program application

The perceived financial impact of the program had a mean score of 4.26 on a five-point scale. Perceived procedural compliance had a mean score of 1.06.

The results of the one-sample Student's *t* test are presented in table I.

Table I. Results of one-sample Student's *t* tests for perceived program implementation dimensions.

Variable	t value	p-value
Perceived budgetary impact	13.65	<0.001
Procedural application	-61.80	<0.001
Use of the IT reporting system	-35.15	<0.001

Correlation analysis

Correlation analysis showed weak associations among the perceived dimensions of program implementation (Figure 3).

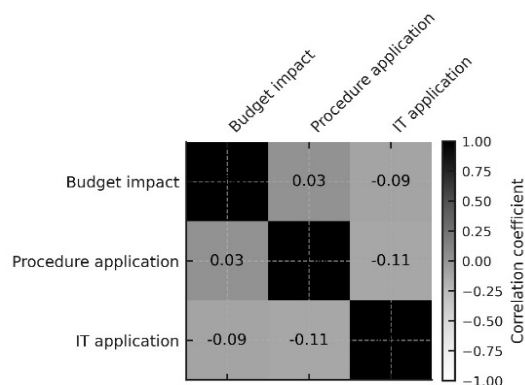


Figure 3. Correlation matrix between perceived budgetary impact, procedural compliance, and use of the IT system.

Types of interventions performed

Respondents reported involvement in several program-specific interventions within the NPWHC. Reported interventions included neonatal hearing screening (33.3%, *n*=18), prophylaxis of malnutrition in newborns with low birth weight (29.6%, *n*=16), prophylaxis of dystrophy in non-breastfed infants aged 0–12 months (18.5%, *n*=10), Rh isoimmunization prophylaxis (11.1%, *n*=6), and prevention or management of retinopathy of prematurity (7.4%, *n*=4).

Factors influencing program application

Respondents identified several factors influencing the local implementation of the National Program for Women and Child Health (NPWHC), including financial resources, human resources, and the IT system used for data collection, processing, and reporting (Figure 4).

For the IT system used in reporting and monitoring activities, 53.7% of respondents assigned a score of 1 on a five-point scale. Regarding adherence to standardized procedures, 88.9% of respondents assigned a score of 1, whereas 11.1% (*n*=6) assigned a score of 2.

Regarding external influences on the program, 38.9% of respondents (*n*=21) reported that changes in international guidelines had directly affected the structure of the national program, while 33.3% (*n*=18) considered that these changes had contributed to unsatisfactory outcomes. Furthermore, 48.1% of respondents (*n*=26) recommended the introduction of periodic program evaluations, whereas 22.2% (*n*=12) emphasized the importance of continuous monitoring.

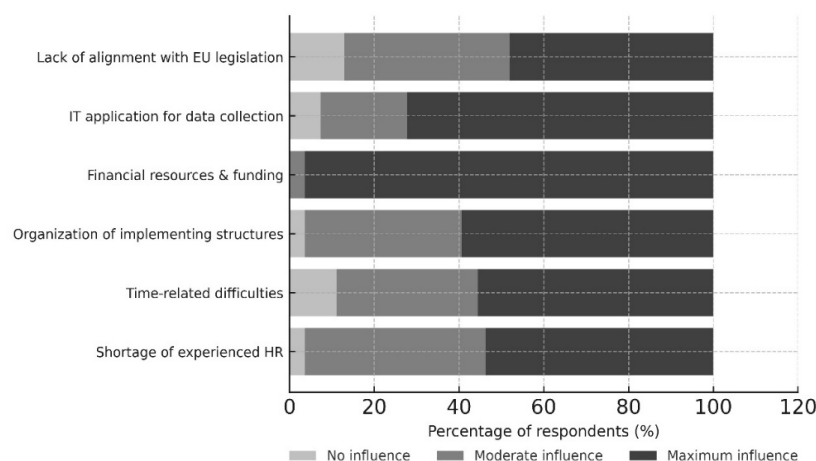


Figure 4. Factors influencing the local implementation of the National Program for Women and Child Health.

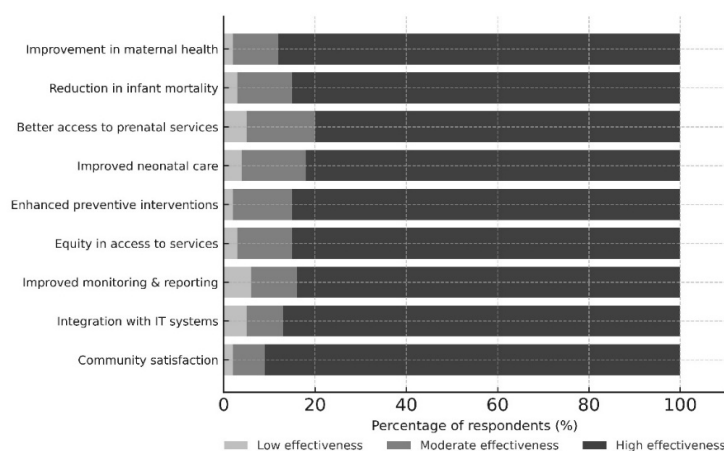


Figure 5. Perceived program effectiveness across selected maternal and child health domains.

Perceived effectiveness of interventions

Respondents evaluated program effectiveness across multiple maternal and child health domains. The evaluated domains included improvement of maternal health, reduction of infant mortality, access to prenatal services, improvement of neonatal care, development of preventive interventions, equity of access to services, program monitoring and reporting, integration of IT systems, and community satisfaction.

For most evaluated domains, responses were predominantly concentrated in the high-effectiveness category (Figure 5).

Discussion

Understanding healthcare professionals' perceptions is important because the successful implementation of public health programs largely depends on the involvement, experience, and organizational context of professionals directly engaged in service delivery and program management. Using a cross-sectional design, this study provides a contextual overview of respondents' perceptions and reported practices at the time of data collection, without representing an evaluation of the program's objective performance [22].

Main findings

This analysis highlights several relevant aspects regarding the local implementation of the National Program for Women and Child Health (NPWHC), as perceived by individuals involved in program implementation. First, respondents perceived the program as having an important financial dimension in relation to implementation requirements. This finding reflects respondents' perceptions regarding the scope and financial relevance of program activities and does not represent an objective evaluation of resource adequacy or economic efficiency.

Perceptions regarding the operational components of implementation highlighted difficulties related to

standardized procedures and IT reporting systems. These findings suggest that, from the respondents' perspective, the operational dimensions of program implementation were less developed compared with the financial component. Such perceptions may be associated with various contextual factors reported by participants, including human resource limitations, organizational complexity, and administrative difficulties. It is important to emphasize that these findings reflect perceptions regarding implementation difficulties and not confirmed deficiencies in procedural adherence or digital performance.

Participants described several barriers affecting digital processes at the local level, including technical and organizational factors. Among the potentially involved factors discussed by participants were insufficient training, inadequate technical infrastructure, and limited use of existing digital tools. Similar barriers to the adoption of digital solutions have also been described in previous studies, where the lack of user-centred design and institutional support limited the effectiveness of health information systems [23].

The observed relationships between different implementation dimensions suggest that financial and operational aspects of the program do not always evolve in parallel. These findings suggest that, from the respondents' perspective, a higher level of financial investment was not significantly associated with improved operational implementation. This result does not imply inefficiency or inappropriate allocation of resources, but indicates that financial investments may not automatically translate into perceived improvements in procedures or digital practices in the absence of complementary organisational mechanisms. Previous studies have similarly shown that increased funding, in the absence of process optimization, capacity development, and effective monitoring, may have a limited impact on implementation quality [24-26].

Measures to strengthen program implementation

Based on the findings of this study and the

existing literature, several directions for strengthening the implementation of the National Program for Women and Child Health can be identified. From the respondents' perspective, improving financial management is perceived as relevant, particularly through systematic monitoring of resource utilization and transparent reporting mechanisms. Such approaches have been associated in the international literature with better alignment between available resources and public health priorities [27,28].

The clarification and standardization of operational procedures, supported by periodic evaluations and structured feedback mechanisms, have been described in previous studies as factors that may improve implementation consistency and reduce variability across local contexts. Similarly, strengthening logistical and digital infrastructure, including IT support and system interoperability, is frequently highlighted as a necessary condition for reducing administrative burden and improving reporting and management processes [29,30].

Continuous monitoring and evaluation, supported by regular feedback mechanisms, are considered essential for the timely identification of implementation difficulties and for adapting interventions when necessary [31,32]. Human resource development, including interdisciplinary collaboration and adequate staffing levels, has been reported as an important component for supporting the functioning of public health programs at the subnational level. Establishing clearly defined performance indicators may facilitate a more structured evaluation of perceived program outcomes [33,34], while systematic involvement of beneficiaries has been described as a means of improving the relevance and acceptability of interventions for target populations [35].

The analysis also highlighted several structural and systemic constraints that, from the respondents' perspective, may limit effective program implementation. Financial resources were considered by some participants to be insufficient to meet population needs or to adequately reflect the demographic and epidemiological profile of the county. Perceived discrepancies between budget allocation and actual resource utilization were reported, often in the context of complex administrative procedures and delays in procurement processes.

Differences between urban and rural areas, reflected by the unequal distribution of facilities and limited infrastructure in certain areas, were identified as barriers to access to maternal and child health services. Indirect costs, such as transportation, waiting time, and shortages of family physicians, were perceived as factors contributing to reduced utilisation of services. In addition, the absence of sufficiently robust evaluation frameworks was identified as a limitation in monitoring program outcomes and adjusting implementation strategies [36,37].

Overlaps and limited integration with other health programs were perceived as factors generating redundancies and additional administrative burden. Finally, the COVID-19 pandemic was identified as a major disruptive factor,

affecting implementation continuity, changing institutional priorities, and generating temporary imbalances in service delivery [38-42].

Implications

The findings suggest that improvements in program implementation are closely linked to planning informed by updated demographic and epidemiological data, the availability of functional monitoring systems, and intersectoral collaboration. From the perspective of both respondents and the existing literature, investments in rural infrastructure and mechanisms to attract and retain healthcare professionals may help reduce inequities in access. Considered together, these directions may support the sustainability and coherence of the National Program for Women and Child Health both in Bacău County and in comparable settings.

Conclusions

This cross-sectional study provided insights into the local implementation of the National Program for Women and Child Health in Bacău County from the perspective of professionals directly involved in program implementation.

The findings highlighted a high perceived budgetary impact of the program, whereas the perceived application of standardized procedures and the use of reporting and monitoring information systems were evaluated at lower levels. Correlation analysis indicated weak associations among the perceived dimensions of program implementation.

Respondents identified several factors influencing program implementation, including financial resources, human resources, and information technology components used in reporting and monitoring activities. In addition, influences associated with changes in guidelines were reported, and respondents highlighted the need for periodic program evaluations.

Respondents' evaluations of program effectiveness were predominantly favorable across most of the investigated domains.

Taken together, the findings highlight differences in respondents' perceptions regarding the different components of program implementation.

Strengths and limitations

Strengths

This study represents one of the few systematic assessments of local-level implementation of the National Public Health Program for Women and Children in Romania. By capturing the perspectives of a multidisciplinary group of professionals directly engaged in program implementation, the study provides a nuanced view of perceived operational strengths and constraints across both hospital-based and primary care settings.

The cross-sectional design enabled the inclusion of participants from multiple institutions within the county, ensuring broad coverage of local program implementers. In

addition, the use of a structured questionnaire complemented by documentary and administrative sources allowed for descriptive triangulation, enhancing the internal coherence and relevance of the findings. The study generates context-specific evidence with potential relevance for program monitoring, resource allocation discussions, and health policy analysis at both county and national levels.

Limitations

Several limitations must be acknowledged. The study relied primarily on self-reported data, which introduces the potential for subjectivity and response bias and may lead to under- or overestimation of certain aspects of program implementation. Limited availability of standardized, objective program performance indicators constrained the ability to quantitatively assess impact beyond perceived effectiveness.

Furthermore, institutional heterogeneity in data reporting practices and restricted access to up-to-date administrative data may have influenced the completeness and consistency of the information analysed. The geographic and socio-economic particularities of Bacău County limit the transferability of findings to other regions of Romania. Finally, the cross-sectional design captures perceptions at a single point in time, precluding causal inference and limiting the assessment of changes in program implementation over time.

Implications for policy and practice

The findings of this study suggest several implications for public health policy and practice, derived from the perceptions of professionals involved in program implementation. First, the results underscore the importance of aligning financial allocations with local demographic and epidemiological profiles, so that funding mechanisms are responsive to context-specific health needs rather than applied uniformly across settings.

Second, the perceived gaps in procedural application and reporting highlight the potential value of strengthening monitoring and evaluation systems. The development and consistent use of standardized performance indicators, combined with functional digital reporting tools, may support greater transparency and facilitate more informed use of available resources, as suggested in the health systems literature.

Third, the findings point to the relevance of human resource capacity in shaping program implementation. Perceived shortages of medical, technical, and administrative personnel—particularly in underserved areas—indicate that recruitment, training, and retention strategies may play an important role in supporting program delivery. From this perspective, investments in workforce development could complement financial inputs and infrastructure.

In addition, digitalization emerges as a cross-cutting issue in program implementation. Respondents' reports of limited IT system use suggest that digital tools may be more effective when they are user-friendly, interoperable with

existing systems, and accompanied by adequate training and institutional support. Finally, the involvement of beneficiaries in feedback and decision-making processes is widely described in the literature as a factor that can enhance program responsiveness and long-term sustainability. While these implications do not constitute direct recommendations, they identify potential areas for policy reflection and future program adaptation.

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Appendix 1.

The synthesis of the responses to questionnaire items

Q1:	Item/Question	Answer:	
		Absolute Number	Percentage (%)
	‘Please specify where you carry out your activity’:		
a.	Bacau County Emergency Hospital	17	31.5
b.	Moinești Municipal Emergency Hospital	11	20.4
c.	‘Sf. Ierarh dr. Luca’ Onești Municipal Hospital	16	29.6
d.	GP-FM	10	18.5
e.	Total	54	100.0
Q2:	‘Please specify your role in the National Health Program for Women and Children’		
a.	Specialist in the medical field: Doctor/Nurse	41	75.9
b.	Specialist in the economic field	9	16.7
c.	Person involved/responsible for data collection, reporting, and centralization	4	7.4
d.	Others	-	-
e.	Total	54	100.0
Q3:	‘Please specify your years of experience’		
a.	Less than 10 years	10	18.5
b.	10-19 years	22	40.7
c.	20-29 years	16	29.6
d.	Over 30 years	6	11.1
e.	Total	54	100.0
Q4:	‘Do you believe that through the national public health programs, the Ministry of Health is implementing the objectives set out in the National Public Health Strategy?’		
a.	Yes	51	94.4
b.	Partially	-	-
c.	No	3	5.6
d.	Total	54	100.0
Q5:	‘Public health issues identified at the population level are first prioritized and then transformed/converted into national public health programs based on certain criteria. Depending on their importance, the criteria can be evaluated using scores from 1 to 5 (1 = not important, 5 = very important) as follows:’	Answer:	
		Absolute Number	Percentage (%)
a.	‘The severity of the health issue that the health program addresses’:		
a1	Not important	-	-
a2	Slightly important	-	-
a3	Neutral	-	-
a4	Moderately important	-	-
a5	Very important	54	100.0
a.6	Total	54	100.0
b.	‘The affected population (number of people affected)’:		
b1	Not important	-	-
b2	Slightly important	-	-
b3	Neutral	-	-
b4	Moderately important	4	7.4
b5	Very important	50	92.6
b6	Total	54	100.0
c.	‘The solutions identified for addressing the health issue face certain deficiencies (e.g., difficult access to the affected population, lack/ineffectiveness of preventive or therapeutic interventions):’		
c1	Not important	2	3.7
c2	Slightly important	-	-
c3	Neutral	-	-
c4	Moderately important	13	24.1
c5	Very important	39	72.2
c6	Total	54	100.0
d.	‘The efficiency/effectiveness of the existing interventions for that specific issue:’		
d1	Not important	-	-
d2	Slightly important	-	-
d3	Neutral	-	-
d4	Moderately important	10	18.5
d5	Very important	44	81.5
d6	Total	54	100.0
e.	‘The certainty of the existing interventions for that health issue’:		
e1	Not important	1	1.9
e2	Slightly important	-	-

e3	Neutral	-	-
e4	Moderately important	7	13.0
e5	Very important	46	85.2
e6	Total	54	100.0
f.	`The effects/results reported by patients (healthy life years, QALY) `:		
f1	Not important	-	-
f2	Slightly important	-	-
f3	Neutral	-	-
f4	Moderately important	3	5.6
f5	Very important	51	94.4
f6	Total	54	100.0
g.	`The prophylactic benefit/advantage`:		
g1	Not important	-	-
g2	Slightly important	-	-
g3	Neutral	-	-
g4	Moderately important	3	5.6
g5	Very important	51	94.4
g6	Total	54	100.0
h.	`The therapeutic benefit/advantage`:		
h1	Not important	-	-
h2	Slightly important	-	-
h3	Neutral	-	-
h4	Moderately important	5	9.3
h5	Very important	49	90.7
h6	Total	54	100.0
i.	`The medical costs involved in addressing the health issue`:		
i1	Not important	4	7.4
i2	Slightly important	-	-
i3	Neutral	-	-
i4	Moderately important	7	13.0
i5	Very important	43	79.6
i6	Total	54	100.0
j.	`The importance of the health issue in relation to the policies/objectives outlined in the National Public Health Strategy`:		
j1	Not important	5	9.3
j2	Slightly important	-	-
j3	Neutral	-	-
j4	Moderately important	9	16.7
j5	Very important	40	74.1
j6	Total	54	100.0
k.	`The population's perspective on the public health issue`:		
k1	Not important	23	42.6
k2	Slightly important	-	-
k3	Neutral	-	-
k4	Moderately important	18	33.3
k5	Very important	13	24.1
k6	Total	54	100.0
l.	`The budgetary impact/costs of implementing the program`:		
l1	Not important	7	13.0
l2	Slightly important	-	-
l3	Neutral	-	-
l4	Moderately important	14	25.9
l5	Very important	33	61.1
l6	Total	54	100.0
m.	`The specialists' concerns regarding solving the public health issue`:		
m1	Not important	1	1.9
m2	Slightly important	-	-
m3	Neutral	-	-
m4	Moderately important	4	7.4
m5	Very important	49	90.7
m6	Total	54	100.0
n.	`The existence of guidelines, protocols, methodologies, and standards supporting the resolution of the health issue`:		
n1	Not important	4	7.4
n2	Slightly important	-	-
n3	Neutral	-	-

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n4	Moderately important	2	3.7
n5	Very important	48	88.9
n6	Total	54	100.0
Q6:	Item/Question:	Answer:	
	Please check the intervention from the National Health Program for Women and Children that is carried out in your unit, for which you hold one of the following roles: coordinator/economic responsible/person responsible for data collection, reporting, and centralization	Absolute Number	%
a.	Prevention of dystrophy in children aged 0-12 months who do not benefit from breast milk through the administration of powdered milk	10	18.5
b.	Prevention of malnutrition in children with low birth weight	16	29.6
c.	Prevention of hearing deficiencies through auditory screening in newborns	18	33.3
d.	Prevention of retinopathy of prematurity and its complications, through neonatal screening, laser therapy, and monitoring the evolution of the disease	4	7.4
e.	Prevention of Rh isoimmunization syndrome	6	11.1
f.	Total	54	100.0
Q7:	Referring to the checked intervention, please give a score from 1 to 5 (1 = disagreement, 5 = agreement):`		
a.	It is an intervention with a special role in public health`:		
a1	Disagreement	-	-
a2	Partial disagreement	-	-
a3	Neutral	-	-
a4	Partial agreement	-	-
a5	Agreement	54	100.0
a.6	Total	54	100.0
b.	The intervention is focused on promoting health`:		
b1	Disagreement	2	3.7
b2	Partial disagreement	-	-
b3	Neutral	-	-
b4	Partial agreement	-	-
b5	Agreement	52	96.3
b6	Total	54	100.0
c.	The intervention is focused on preventing diseases`:		
c1	Disagreement	2	3.7
c2	Partial disagreement	-	-
c3	Neutral	-	-
c4	Partial agreement	-	-
c5	Agreement	52	96.3
c6	Total	54	100.0
d.	The intervention aims to prolong life and improve its quality`:		
d1	Disagreement	2	3.7
d2	Partial disagreement	-	-
d3	Neutral	-	-
d4	Partial agreement	-	-
d5	Agreement	52	96.3
d6	Total	54	100.0
Q8:	Referring to the checked intervention please give a score from 1 to 5 (1 = disagreement, 5 = agreement). This intervention:		
a.	Primarily addresses specific health issues in alignment with the objectives of the National Public Health Strategy`:		
a1	Disagreement	1	1.9
a2	Partial disagreement	-	-
a3	Neutral	-	-
a4	Partial agreement	-	-
a5	Agreement	53	98.1
a.6	Total	54	100.0
b.	Utilizes the resources provided efficiently to achieve the approved/ established objectives and indicators		
b1	Disagreement	1	1.9
b2	Partial disagreement	-	-
b3	Neutral	-	-
b4	Partial agreement	-	-
b5	Agreement	53	98.1
b6	Total	54	100.0
c.	The justification of the intervention based on the population's needs, is emphasized with concrete data`:		
c1	Disagreement	-	-
c2	Partial disagreement	-	-
c3	Neutral	-	-
c4	Partial agreement	-	-

c5	Agreement	54	100.0
c6	Total	54	100.0
d.	`It aligns with the policies and strategies of international institutions and organizations in the field`:		
d1	Disagreement	-	-
d2	Partial disagreement	-	-
d3	Neutral	-	-
d4	Partial agreement	-	-
d5	Agreement	54	100.0
d6	Total	54	100.0
Q9:	`The intervention from the health program, previously checked, plays a very important role in		
a.	`The primary prevention of certain diseases/disabilities`:		
a1	Yes	45	83.33
a2	No	9	16.67
a3	Total	54	100.0
b.	`Secondary prevention of certain diseases/disabilities (prevention of complications/ recurrences`:		
b1	Yes	50	92.6
b2	No	4	7.4
b3	Total	54	100.0
c.	`Improving the health of the population`:		
c1	Yes	52	96.3
c2	No	2	3.7
c3	Total	54	100.0
Q10:	`For the intervention from the health program, previously checked, do you consider that it is known...		
a.	`The epidemiological profile of the disease (incidence, prevalence, etc.) at the national level`:		
a1	Yes	42	77.8
a2	No	7	13
a3	Does not apply to this program	5	9.2
a4	Total	54	100.0
b.	`Incidence, prevalence at the county level`:		
b1	Yes	41	75.9
b2	No	8	14.9
b3	Does not apply to this program	5	9.2
b4	Total	54	100.0
c.	`Disease burden (DALY, survival, etc.)`:		
c1	Yes	33	61.1
c2	No	15	27.8
c3	Does not apply to this program	6	11.1
c4	Total	54	100.0
Q11:	`The intervention from the health program, previously checked, meets the health needs of the population, supported by objective data?`:		
a.	Yes	38	70.4
b.	No	-	-
c.	I don't know	16	29.6
d.	Total	54	100.0
Q12:	`Is the national health program, which includes the intervention previously selected, a funding priority for the Ministry of Health`		
a.	Yes	36	66.7
b.	No	-	-
c.	I don't know	18	33.3
d.	Total	54	100.0
Q13:	`This national health program/intervention has a long-term strategy developed and approved by the Ministry of Health?`		
a.	Yes	34	63.0
b.	No	-	-
c.	I don't know	20	37.0
d.	Total	54	100.0
Q14:	`Do you know if this strategy has been published?`		
a.	Yes	21	38.9
b.	No	3	5.6
c.	I don't know	30	55.6
d.	Total	54	100.0
Q15:	`The intervention from the health program, previously checked, has a coherent structure, the established activities are concrete, and the desired results are appropriately described?`		
a.	Yes	51	94.4
b.	No	3	5.6

c.	Total	54	100.0
Q16: 'Do you consider that the health program objectives established in the regulatory acts are SMART? '			
a.	Yes	54	100.0
b.	No	-	-
c.	Total	54	100.0
Q17: 'The activities through which the established objectives are achieved are':			
a.	Sufficient	42	77.8
b.	Excessive	2	3.7
c.	Insufficient	10	18.5
d.	Total	54	100.0
Q18: 'To what extent do you consider the financed activities to be relevant for achieving the objective? '			
a.	Relevant	25	46.3
b.	Somewhat relevant	28	51.9
c.	Not relevant	1	1.9
d.	Total	54	100.0
Q19: 'Have unachievable activities been planned/established? '			
a.	Yes	2	3.7
b.	No	40	74.1
c.	I don't know	12	22.2
d.	Total	54	100.0
Q20: 'Do you believe there are activities that should be eliminated/added? Please provide examples '			
a.	Creating a national IT system for processing data and keeping track of beneficiaries	1	1.9
b.	To add potential auditory evoked responses	1	1.9
c.	To add breastfeeding promotion/breastfeeding consultant in every maternity hospital	1	1.9
d.	Physiotherapists involved in the motor recovery activities of premature infants	1	1.9
e.	Efficiency	1	1.9
f.	NS/NR (Not Sure/No Response)	31	57.4
g.	No	18	33.3
h.	Total	54	100.0
Q21: 'Do you believe that the results obtained in the period 2018-2022 for Women's and Children's Health Program are in accordance with the established objectives? '			
a.	Yes	52	96.3
b.	No	2	3.7
c.	Total	54	100.0
Q22: 'The results obtained are expressed through a measurable and comparable metric (indicator value = measurable target)? '			
a.	Yes	51	94.4
b.	No	3	5.6
c.	Total	54	100.0
Q23: 'Do you believe that setting measurable targets for this intervention would lead to an increase in the program/intervention's performance? '			
a.	Yes	42	77.8
b.	No	9	16.7
c.	I don't know	3	5.6
d.	Total	54	100.0
Q24: 'Do you believe there are strengths in the way the intervention from the health program is implemented? '			
a.	Yes	33	61.1
b.	No	8	14.8
c.	I don't know	13	24.1
d.	Total	54	100.0
Q25: 'What are the factors that support the health program? '			
a.	Centralization and monitoring carried out by the Ministry of Health	2	3.7
b.	Equipping healthcare units with specific equipment	1	1.9
c.	Well-maintained records and specialists in the field	1	1.9
d.	The fact that deficiencies identified during hospitalization can be tracked later	1	1.9
e.	Adequate funding	5	9.2
f.	National-level management/administration	2	3.7
g.	Including many hospitals (e.g., OB, NN, Paediatrics) in the list of specialized medical units	1	1.9
h.	Monitoring and evaluation at the national level	1	1.9
i.	Advanced medical technologies, well-established protocols	1	1.9
j.	NS/NR (Not Sure/No Response)	39	72.2
k.	Total	54	100.0
Q26: 'Healthcare units apply the health program/intervention based on practice guidelines/procedures/protocols? '			
a.	Yes	53	98.1

b.	No	1	1.9
c.	Total	54	100.0
Q27: `For the health program/intervention checked, there is an application methodology?`			
a.	Yes	35	64.8
b.	No	19	35.2
c.	Total	54	100.0
Q28: `The application methodology is known by all participants in the program?`			
a.	Yes	44	81.5
b.	No	4	7.4
c.	I don't know	6	11.1
d.	Total	54	100.0
Q29: `The degree of application/compliance with the implementation methodology were ....`:			
a.	0% (nothing was applied/complied with)	1	1.0
b.	25%	-	-
c.	50%	-	-
d.	75%	8	14.8
e.	100% (fully applied/complied with)	45	83.3
f.	Total	54	100.0
Q30: `Please check your option regarding the regulations concerning this health program/ intervention`:			
a.	Too simple	6	11.1
b.	Adequate	48	88.9
c.	Too many	-	-
d.	Total	54	100.0
Q31: `The implementation of the intervention from the previously checked program can be influenced by the following aspects (1= no influence; 5 = maximum influence)`:		Absolut Number	%
a.	`The shortage of experienced human resources in the field`:		
a1	No influence	2	3.7
a2	Minimal influence	-	-
a3	Neutral	-	-
a4	Moderate influence	23	42.6
a5	Maximum influence	29	53.7
a.6	Total	54	100.0
b.	`Time-related difficulties`:		
b1	No influence	6	11.1
b2	Minimal influence	-	-
b3	Neutral	-	-
b4	Moderate influence	18	33.3
b5	Maximum influence	30	55.6
b6	Total	54	100.0
c.	`The organization of the structures involved in the implementation of the health program/intervention`:		
c1	No influence	2	3.7
c2	Minimal influence	-	-
c3	Neutral	-	-
c4	Moderate influence	20	37.0
c5	Maximum influence	32	59.3
c6	Total	54	100.0
d.	`Financial resources, funding, and fund allocation`:		
d1	No influence	-	-
d2	Minimal influence	-	-
d3	Neutral	-	-
d4	Moderate influence	2	3.7
d5	Maximum influence	52	96.3
d6	Total	54	100.0
e.	`Limited expertise in the medical and economic fields`:		
e1	No influence	3	5.6
e2	Minimal influence	-	-
e3	Neutral	-	-
e4	Moderate influence	16	29.6
e5	Maximum influence	35	64.8
e6	Total	54	100.0
f.	`The IT application for collecting and processing data from the program`:		
f1	No influence	4	7.4
f2	Minimal influence	-	-
f3	Neutral	-	-

f4	Moderate influence	11	20.4
f5	Maximum influence	39	72.2
f6	Total	54	100.0
g.	'Lack of alignment with European legislation in the field of the program `:		
g1	No influence	7	13.0
g2	Minimal influence	-	-
g3	Neutral	-	-
g4	Moderate influence	21	38.9
g5	Maximum influence	26	48.1
g6	Total	54	100.0
Q32:	'During the implementation period of this program, an improvement in the health-related indicators was observed? `		
a.	Yes	31	57.4
b.	No	-	-
c.	I don't know	23	42.6
d.	Total	54	100.0
Q33:	'Is there a published study that evaluates the impact of this program? `		
a.	Yes	7	13.0
b.	No	1	1.7
c.	I don't know	46	85.2
d.	Total	54	100.0
Q34:	'For the checked intervention, are there evaluation and monitoring methodologies/procedures that establish a standardized and unified framework (methodology, procedure, guidelines, recommendations) necessary in the evaluation, monitoring, and reporting processes? `		
a.	Yes	25	46.3
b.	No	4	7.4
c.	I don't know	25	46.3
d.	Total	54	100.0
Q35:	'If the answer to the previous question is `yes`, has this methodology/procedure been communicated to the parties involved in the intervention? `		
a.	Yes	29	53.7
b.	No	3	5.6
c.	I don't know	22	40.7
d.	Total	54	100.0
Q36:	'If the answer to the previous question is `yes`, do you believe that this methodology/procedure is applied and followed by all parties involved in the intervention? `		
a.	Yes	32	59.3
b.	No	2	3.7
c.	I don't know	20	37.0
d.	Total	54	100.0
Q37:	'Do you consider that the percentage of application/compliance with the monitoring/ evaluation methodology were ... `		
a.	0% (nothing was applied/complied with)	3	5.6
b.	25%	-	-
c.	50%	-	-
d.	75%	27	50.0
e.	100% (fully applied/complied with)	24	44.4
f.	Total	54	100.0
Q38:	'At this moment, according to the current legal provisions, the following categories of data related to the intervention/program are used in the evaluation and monitoring activity: `		
a.	Control/audit of expenditures	41	75.9
b.	The use of funds allocated to the intervention (reporting of consumption and stocks)	5	9.3
c.	Monitoring of progress	4	7.4
d.	Achievement of objectives	4	7.4
e.	Total	54	100.0
Q39:	'Do you consider that the existing indicators and the data collected/stored/ centralized and reported within the intervention are `:		
a.	Sufficient	17	31.5
b.	Adequate	30	55.6
c.	Too many	-	-
d.	Too few	7	13.0
e.	Total	54	100.0
Q40:	'Do you consider the frequency of reporting the indicators (quarterly/annually) to be optimal? `		
a.	Yes	52	96.3
b.	No	2	3.7
c.	Total	54	100.0
Q42:	'Is the frequency of data/indicator collection/reporting respected as specified in the current legal provisions? `		
a.	Yes	53	98.1

b.	No	1	1.9
c.	Total	54	100.0
Q43:	`If the reporting frequency is not respected, is the funding for the intervention/ health program affected?`		
a.	Yes	43	79.6
b.	No	11	20.4
c.	Total	54	100.0
Q44:	`Is the reporting template specified in the Ministry of Health Order 2208/2022 for reporting indicators being followed?`		
a.	Yes	53	98.1
b.	No	1	1.9
c.	Total	54	100
Q45:	`At the healthcare unit where the intervention/health program is applied, is there an IT system/computer application used for collecting, calculating, and reporting the program's indicators?`		
a.	Yes	31	57.4
b.	No	23	42.6
c.	Total	54	100.0
Q46:	`If the answer to the previous question is "yes," does this IT system allow for the processing of the collected data?`		
a.	Yes	26	48.1
b.	No	28	51.9
c.	Total	54	100.0
Q47:	`At the healthcare unit where the intervention/health program is implemented, is there designated staff with specific duties for monitoring and evaluating the program?`		
a.	Yes	36	66.7
b.	No	18	33.3
c.	Total	54	100.0
Q48:	`At the healthcare unit where the intervention/health program is implemented, is there staff with experience in areas such as: data collection, analysis and processing, report writing, and dissemination of results?`		
a.	Yes	52	96.3
b.	No	2	3.7
c.	Total	54	100.0
Q49:	`The Ministry of Health organizes sessions for training and/or counselling the staff involved (with responsibilities) in the evaluation and monitoring of health programs for healthcare units implementing health programs?`		
a.	Yes	28	51.9
b.	No	26	48.1
c.	Total	54	100.0
Q50:	`At the healthcare unit, are there annual evaluation reports of the program/intervention where physical, efficiency/cost, and outcome indicators are analyzed?`		
a.	Yes	46	85.2
b.	No	8	14.8
c.	Total	54	100.0
Q51:	`At the healthcare unit, periodic meetings are organized to analyze the data resulting from monitoring and evaluation?`		
a.	Yes	17	31.5
b.	No	37	68.5
c.	Total	54	100.0
Q52:	`Considering the selected intervention, please specify the factors that determine changes in the structure of the national health program: `		
a.	Unsatisfactory evaluation results	18	33.3
b.	Modification of scientific evidence	15	27.8
c.	Changes in international guidelines	21	38.9
d.	Total	54	100.0
Q53:	`Which of the following measures do you consider could contribute to improving the implementation/ management of the program/intervention?`		
a.	Monitoring	12	22.2
b.	Periodic evaluation	26	48.1
c.	Professional management of the health program	5	9.3
d.	Redefinition of specific objectives	10	18.5
e.	Emphasis on prevention	-	-
f.	Unsatisfactory evaluation results	1	1.9
g.	Total	54	100.0
Q54:	`For the National Health Program for Women and Children, do you consider that the following should be funded: `		
a.	All activities in the program	38	70.4
b.	Only a part of the activities	13	24.1
c.	Other activities not currently included in the program	3	5.6
d.	Total	54	100.0

Q55:	For the intervention in the program previously selected, please rate the criteria listed below on a scale from 1 to 5 (1= disagreement, 5= agreement) :		
a.	Is it effective :		
a1	Disagreement	3	5.6
a2	Partial disagreement	-	-
a3	Neutral	-	-
a4	Partial agreement	-	-
a5	Agreement	51	94.4
a.6	Total	54	100.0
b.	Is it efficient :		
b1	Disagreement	6	11.1
b2	Partial disagreement	-	-
b3	Neutral	2	3.7
b4	Partial agreement	-	-
b5	Agreement	46	85.2
b6	Total	54	100.0
c.	Is it process-oriented :		
c1	Disagreement	3	5.6
c2	Partial disagreement	-	-
c3	Neutral	6	11.1
c4	Partial agreement	-	-
c5	Agreement	45	83.3
c6	Total	54	100.0
d.	Is it oriented towards short-term results (maximizing coverage of the eligible population) :		
d1	Disagreement	7	13.0
d2	Partial disagreement	-	-
d3	Neutral	4	7.4
d4	Partial agreement	-	-
d5	Agreement	43	79.6
d6	Total	54	100.0
e.	Is it oriented towards long-term results :		
e1	Disagreement	9	16.7
e2	Partial disagreement	-	-
e3	Neutral	11	20.4
e4	Partial agreement	-	-
e5	Agreement	34	63.0
e6	Total	54	100.0
f.	Is it adequately funded :		
f1	Disagreement	7	13.0
f2	Partial disagreement	-	-
f3	Neutral	6	11.1
f4	Partial agreement	-	-
f5	Agreement	41	75.9
f6	Total	54	100.0
g.	Is it managed/handled correctly :		
g1	Disagreement	6	11.1
g2	Partial disagreement	-	-
g3	Neutral	5	9.3
g4	Partial agreement	-	-
g5	Agreement	43	79.6
g6	Total	54	100.0
Q56:	For the period 2018-2022, were there any dysfunctions in the financing/ allocation of funds for the selected intervention? :		
a.	Insufficient funding	31	57.4
b.	Delayed allocation of funds	4	7.4
c.	Not sure/No response	19	35.2
d.	Total	54	100.0
Q57:	Do you consider that the activities funded in the program are relevant and in line with the established objectives? :		
a.	Yes	44	81.5
b.	No	10	18.5
c.	Total	54	100.0
Q58:	Is the budget allocated by the Ministry of Health for this health program/ intervention sufficient for carrying out the proposed activities? :		
a.	Yes	22	40.7
b.	No	17	31.5

c.	I don't know	15	27.8
d.	Total	54	100.0
Q59:	`Were there any delays in budget approval and allocation for the period 2018-2022 ?`		
a.	Yes	13	24.1
b.	No	41	75.9
c.	Total	54	100.0
Q60:	`For the period 2018-2022, were there any delays in financing the expenses`		
a.	Yes	10	18.5
b.	No	44	81.5
c.	Total	54	100.0
Q61:	`Were funds allocated from the project budget during the 2018-2022 period?`		
a.	Yes	16	29.6
b.	No	29	53.7
c.	I don't know	9	16.7
d.	Total	54	100.0
Q62:	`Are there any procedures/guidelines/regulations/methodology used regarding the calculation of efficiency indicators and expenses from the program?`		
a.	Yes	50	92.6
b.	No	4	7.4
c.	Total	54	100.0
Q63:	`Are there procedures/guidelines/regulations in place for monitoring the stocks corresponding to the interventions in the program?`		
a.	Yes	49	90.7
b.	No	5	9.3
c.	Total	54	100.0
Q64:	`Are there templates used for monitoring the stocks corresponding to the interventions in the program?`		
a.	Yes	51	94.4
b.	No	3	5.6
c.	Total	54	100.0
Q65:	`Do you think there are strengths in monitoring stocks, expenditure under the program interventions? Please list`		
a.	Yes	4	7.4
b.	No	1	1.9
c.	Not sure/No response	37	68.5
d.	Total		
e.	Analysis of the degree of utilization of the funds allocated to the program, considering monitoring of stocks and expenditure	2	3.7
f.	Cross-checks	2	3.7
g.	Several departments involved	1	1.9
h.	Centralized records	1	1.9
i.	Computerized record of stock and expenditure monitoring	1	1.9
j.	Possibility of spot-checks	1	1.9
k.	Computer program implemented in accounting allows real-time monitoring of stocks and expenditure	1	1.9
l.	Online data transmission	2	3.7
m.	Dynamic verification of reports	1	1.9
n.	Total	54	100.0
Q66:	`Do you believe there are weaknesses in monitoring stocks and expenses within the program's interventions? Please list`		
a.	Yes	3	5.6
b.	No	5	9.3
c.	Not sure/No response	46	85.2
d.	Total	54	100.0
e.	Reporting local to national expenditure	1	1.9
f.	For some premature infants, expenditure is higher than the target indicator	1	1.9
g.	Staff overload	1	1.9
h.	The multi-tasking of involved staff leads to delays in processing primary record documents	1	1.9
i.	Total	54	100.0
Q67:	`Do the efficiency indicators reflect the program's objectives and activities?`		
a.	Yes	50	92.6
b.	No	4	7.4
c.	Total	54	100.0