RMNCAH scorecards

Using Routine Data to Improve Accountability and Action for Health Services

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ALMA SCORECARD FOR ACCOUNTABILITY AND ACTION
Quarter 4, 2015

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Fourth Quarter 2015	Policy — Oral Artemisinin Based Monotherapy Ban status (2015)	Policy — Community Case Management (2015) Malaria / Pneumonia	Financial Control — World Bank rating on public sector management and institutions 2014 (CPIA Cluster D)	LLIN/IRS financing 2015 projection (% of need)	Public sector RDT financing 2015 projection (% of need)	Public sector ACT financing 2015 projection (% of need)	Implementation — Operational LLIN/IRS coverage (% of at risk population)	Impact — >75% Decrease in Malaria Incidence Projected 2000–2015	PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	% deliveries assisted by skilled birth attendant	Exclusive breastfeeding (% children < 6 months)	Vitamin A Coverage 2013 (2 doses)	DPT3 coverage 2014 (vaccination among 12-23 month olds)	Postnatal care (within 48 hrs)	Fourth Quarter 2015
Angola				89	80	92	72		45	47		48	80		Angola
Benin			3.3	59	100	77	100		53	77	41	99	70	78	Benin
Botswana				100	100	100	64		91	95	20	83	95		Botswana
Burkina Faso			3.5	100	100	100	100		75	66	50	99	91	72	Burkina Faso
Burundi			2.8	100	100	100	100		78	60	69	75	95	30	Burundi
Cameroon			2.9	100	100	100	84		66	65	28	99	87	65	Cameroon
Cape Verde			4.0	100	100	100	68			99			91		Cape Verde
Central African Republic			2.2	86	84	57	100		47	54	34	40	47		Central African Republic
Chad			2.6	56	100	100	97		25	34	1		46	15	Chad
Comoros			2.4	100	100	100	100			82	12		80	49	Comoros
Congo			2.5	0	41	25	8		17	93	21	90	64		Congo
Côte d'Ivoire			3.1	100	100	100	100		80	59	12	99	67	70	Côte d'Ivoire
Democratic Republic of Congo			2.8	100	100	81	100		47	80	48	98	80	44	Democratic Republic of Congo
Djibouti				100	100	100	11		20	87	12	66	78		Djibouti
Equatorial Guinea							63		74	68	7		24	44	Equatorial Guinea
Eritrea			2.6	100	100	100	86		52	34	69	37	94		Eritrea
Ethiopia			3.5	100	100	100	100		73	16	52	79	77	12	Ethiopia
Gabon			0				3		69	89	6		70	59	Gabon
Ghana			3.4	100	100	100	100		81	74	52	96	98	81	Ghana
Guinea			2.7	97	100	100	100			45	21		51	37	Guinea
Guinea-Bissau			2.2	65	100	100	100		83	45	53	97	80	48	Guinea-Bissau
Kenya			3.4	93	100	100	100		67	62	61	19	81	51	Kenya
Liberia			2.9	100	100	100	100		52	61	55	88	50	71	Liberia
Madagascar			2.6	88	100	100	100		4	44	42	94	73	46	Madagascar
Malawi			3.1	100	97	100	100		64	87	70	90	91	75	Malawi
Mali			3.0	100	100	100	100		26	59	33	98	77	40	Mali
Mauritania			3.2	100	100	100	14		11	65	27	99	84	9	Mauritania
Mozambique			3.3	100	100	100	100		91	54	41	99	78		Mozambique
Namibia				100	100	100	68		95	88	49		88	65	Namibia
Niger			3.2	100	67	86	93		29	23	23	96	68	37	Niger
Nigeria			2.8	38	16	31	93		25	38	17	70	66	60	Nigeria
Rwanda			3.6	100	100	100	100		95	91	87		99	42	Rwanda
São Tomé and Príncipe			3.1	100	100	100	100		93	74	67	95		37	São Tomé and Príncipe
Senegal			3.6	96	100	100	100		53	59	33	99	89	76	Senegal
Sierra Leone			3.1	100	75	100	100		95	60	32	99	83	73	Sierra Leone
Somalia				72	100	91	42		3	33	5		42		Somalia
South Africa				100	100	100	87		95	94	8	42	70		South Africa
South Sudan			1.9	100	60	100	100		18	19	45	66	39		South Sudan
Sudan			2.2	56	100	100	55		8	78	55		94	27	Sudan
Swaziland				100	100	100	93		95	88	64	31	98	87	Swaziland
The Gambia			3.0	100	91	91	100		53	57	47		96	76	The Gambia
Togo			2.6	100	68	100	100		87	59	58	61	87	71	Togo
Uganda			3.1	93	98	100	100		92	57	62	65	78	33	Uganda
United Republic of Tanzania			3.4	100	100	100	55		49	41		92	97	31	United Republic of Tanzania
Zambia			3.2	53	82	94	100		86	64	73	93	86	63	Zambia
Zimbabwe			2.2	100	100	100	92		78	80	41	34	91	77	Zimbabwe
Data Source	World Health Organization	World Health Organization	World Bank	Roll Back Malaria	Roll Back Malaria	Roll Back Malaria	The Alliance for Malaria Prevention/World Health Organization	World Health Organization	UNAIDS	Countdown to 2015: Maternal, Newborn & Child Survival/World Health Organization	Countdown to 2015: Maternal, Newborn & Child Survival/World Health Organization	Countdown to 2015: Maternal, Newborn & Child Survival/World Health Organization	Countdown to 2015: Maternal, Newborn & Child Survival/World Health Organization	Countdown to 2015: Maternal, Newborn & Child Survival/World Health Organization	**Data Source**

* Trends in estimated malaria case incidence 2000–2015, for countries in which trends could not be evaluated from reported data but can be assessed through modeling.

KEY:
- (green) TARGET ACHIEVED / ON TRACK
- (yellow) PROGRESS, BUT MORE EFFORT REQUIRED
- (red) NOT ON TRACK
- (gray) NO DATA / NOT APPLICABLE
- ▲ INCREASE SINCE LAST QUARTER
- ▼ DECREASE SINCE LAST QUARTER

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Note: Current updates can be found at ALMA2030.org

Surveys vs. Routine Data: RMNCAH scorecards

	Survey data		Routine data
✖	National or Province/ State level only	✚	Goes down to district and Health Facility
✖	Updated every one to five years	✚	Available monthly/quarterly
✖	Produced by an outside agency	✚	Generated and owned by the health services themselves

Conclusion: Although survey data is critical for programme planning, routine data is best for national RMNCAH scorecards

National RMNCAH Scorecards
Keep best ALMA practices but uses routine data

TANZANIA RMNCH SCORECARD
January - March 2014

NATIONAL INDICATOR

% GOT budget allocated for health	9%	CPR	27%

Stunting	43%	NMR	26
U5MR	54	MMR	454

LEGEND

- Target achieved / on track — ▲ Increase from last period
- Progress, but more effort required — ▼ Decrease from last period
- Not on track
- N/A
- No data

#	Region	Pre-pregnancy: % women 15-49 on contraceptives / Proportion of long-term FP methods	Pregnancy: % pregnant women attending ANC1 by 12 weeks / % pregnant women attending ANC4	Labour & Delivery: % deliveries w skilled attendant / % institutional deliveries	Newborn Health: PNC (7 days) - mother / newborn	Child Health: % children receiving Penta3	% infants exclusively breastfeeding (6 mos)	% infants receiving ARV prophylaxis	% infants receiving PCR test	% health facilities with no ORS stockout	Health Systems: % HF w no stockout of tracer drugs/supplies	Data completeness / Data timeliness	Human Resources: Midwives per 10,000	Health Financing: % population enrolled in CHF
	TANZANIA	34% 14%	19% 39%	▲55% 63%▲	▲54% 52%▲	100%	17%	56%	25%		47%▲			6%
1	Arusha	40% 14%	18% 52%▲	67% 72%▼	▲45% 44%▲	100%	21%	49%▼	45%	88%	84% 97%		3	2%
2	Dar es Salaam	13% 14%	31% 68%▲	▲63% 66%▼	▲28% 29%▲	100%	12%	77%▲	48%	85%	86% 68% 32%▼		3	
3	Dodoma	43% 8%	18% 47%▲	▲80% 87%▲	70% 69%	100%	22%	37%▲	13%▼	54%▼	71%▲ 96% 67%		4	7%
4	Geita	21% 27%▲	18% 31%	▲43% 48%▼	▲37% 34%▲	100%	8%	44%▼	8%▼	36%▼	49% 96%			1%
5	Iringa	▲49% 18%▲	23% 41%	▲93% 100%▲	100% 100%	100%	29%	80%▼	22%	80%	75% 80%		11	5%
6	Kagera	▲29% 17%▲	11% 23%	▲37% 46%▲	36% 38%	100%	11%	31%▼	29%	63%	77%▲ 80%		3	4%
7	Katavi	23% 18%▲	15% 33%▼	▼46% 60%▲	▼52% 49%▼	100%	20%	41%	8%	85%▼	84% 71%▼			6%
8	Kigoma	▲28% 15%▲	11% 24%	▲44% 49%▼	▲39% 38%▲	100%▲	11%	13%▼	19%▼	66%▼	53% 79%▲		2	10%
9	Kilimanjaro	49% 12%	▼14% 36%	▲74% 85%▲	▲68% 65%▲	100%	26%	39%▼	44%▼	83%▼	82% 96%▲		6	8%
10	Lindi	▼91% 8%	23% 51%▲	▲77% 88%▲	89% 89%	100%	18%	100%▼	10%▼	81%	79% 94% 58%▲		4	5%
11	Manyara	32% 15%	19% 34%	▲46% 52%▲	▲47% 36%	100%	15%	33%▼	11%▼	69%▼	72% 98%		3	4%
12	Mara	▲35% 28%	16% 37%	36% 44%▼	38% 37%	100%	16%	60%▼	5%▼	48%	71% 86%▲		4	2%
13	Mbeya	35% 14%	26% 48%	69% 71%▲	66% 67%▲	100%	23%	88%▼	28%▼	72%	76% 86%		4	8%
14	Morogoro	30% 11%	25% 48%▲	39% 51%▲	▲61% 57%▲	99%	20%	36%▼	6%▼	81%▼	73% 57%		3	4%
15	Mtwara	▲73% 7%	22% 34%	▲76% 83%▼	▲100% 97%▲	100%	27%	52%▼	9%▲	75%	73% 89% 48%▲		3	4%
16	Mwanza	20% 19%	17% 30%	▲46% 52%▲	▲40% 31%▲	100%	10%	56%▼	14%▲	50%	72% 73%▲		3	3%
17	Njombe	▲43% 26%	22% 30%	▲88% 100%▲	100% 100%▲	100%	35%	61%▼	40%	85%	74% 84%			7%
18	Pwani	▼51% 12%	15% 75%▲	100% 100%▲	100% 100%	100%	46%	78%	19%▼	69%▼	68% 98%▲ 77%▲		3	6%
19	Rukwa	▲37% 9%▲	25% 40%▲	47% 58%▲	▲65% 66%▲	100%	19%	33%▼	19%▲	87%▲	84% 84%		3	8%
20	Ruvuma	▼39% 17%	16% 29%	62% 72%▼	▼61% 58%▼	97%	23%	25%▼	28%	76%	75% 72%		5	6%
21	Shinyanga	31% 16%▲	15% 42%	▲55% 70%▲	53% 54%▲	100%	13%	45%▼	18%▼	38%▼	52% 97% 81%▲		4	2%
22	Simiyu	20% 20%▲	13% 37%	32% 44%▼	▲47% 41%	100%	13%	48%▼	3%▼	34%▼	57% 94%			8%
23	Singida	50% 20%▲	17% 35%▲	56% 70%▲	73% 74%▲	100%	33%	23%▼	6%▼	67%▼	77% 100%▲		3	33%
24	Tabora	29% 17%	20% 29%	49% 59%▲	▲38% 35%▲	100%	11%	73%▼	35%▼	74%▼	74% 80%▲		2	6%
25	Tanga	▼52% 5%	16% 27%	35% 44%▼	35% 33%	100%	11%	72%▼	35%▼	78%▲	81% 69%▼		4	16%
	Source:	HMIS/HMIS	HMIS/HMIS	HMIS/HMIS	HMIS/HMIS	HMIS	HMIS	HMIS	HMIS	HMIS	HMIS	HMIS/HMIS	HR Directorate	DPP

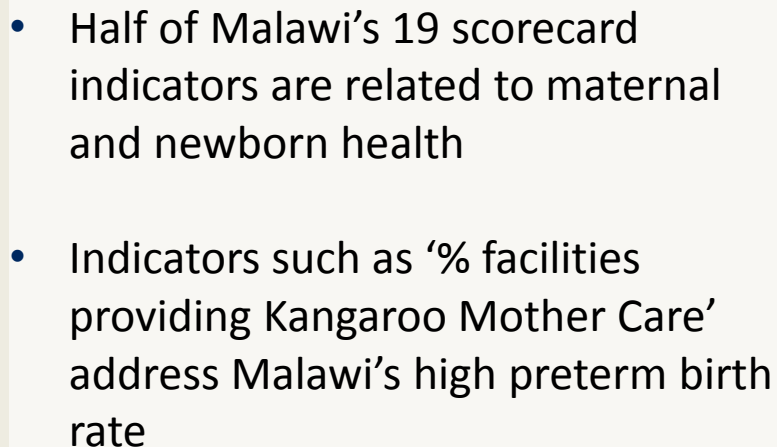# Scorecard support from the political level: Tanzania

"These are your working tools. We will use them to track your commitment, leadership and accountability for the lives of mothers and children at national and regional levels". Pres. Kikwete.

- The RMNCH scorecard was launched in May 2014 by the H.E. Jakaya Mrisho Kikwete, the President of Tanzania.

- Attendance at the launch included the political and health leaders from all regions, members of parliament, development partners and civil society.

- The scorecard was sent quarterly to both health system and political leaders and generated widespread discussion on how to improve programmes.

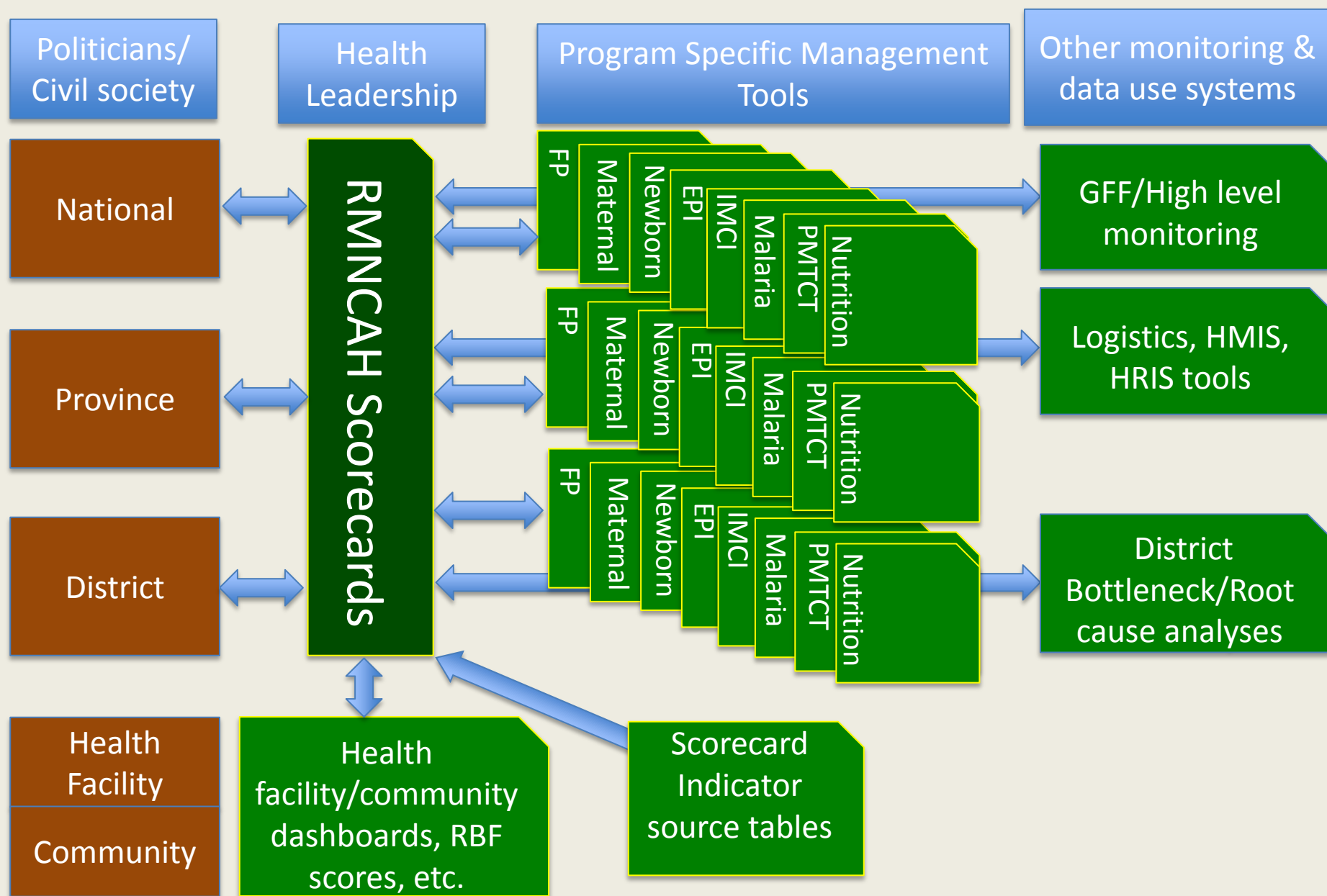# Scorecards follow national priorities: In Malawi, the scorecard highlights maternal and newborn care

MALAWI RMNCH SCORECARD
January - June 2013

- Half of Malawi's 19 scorecard indicators are related to maternal and newborn health

- Indicators such as '% facilities providing Kangaroo Mother Care' address Malawi's high preterm birth rate

	Maternal Health					Newborn Health		
% women attending ANC who receive LLIN	Facilities providing BEmONC	% deliveries by skilled birth attendant	PMTCT (% tested) / PMTCT (% receiving ARVs)	% women completing ANC 1 in first trimester / ANC 4	% Proportion of children initiated on ARTs	% facilities providing KMC	Postnatal visit within 2 wks of delivery
69%		59%	67% / 97%	4% / 7%	91%	35%	24%
69%		62%	90% / 95%	7% / 15%	100%	25%	39%
		38%	43% / 100%	11%	48%	35%	18%
84%		55%	78% / 100%	6% / 7%	83%	7%	23%
98%		73%	90% / 95%	3% / 4%	100%	27%	39%
74%		60%	42% / 99%	7% / 15%	67%	89%	19%
82%		56%	47% / 61%	3% / 4%	75%	8%	21%
60%		54%	59% / 93%	1% / 1%	38%	100%	25%
90%		43%	68% / 95%	4% / 10%	33%	29%	20%
69%		39%	48% / 70%	6% / 10%	88%	18%	19%
0%		62%	100% / 100%	2% / 3%	0%	33%	44%
71%		50%	70% / 90%	3% / 5%	94%	23%	21%
52%		90%	100% / 95%	3% / 8%	85%	67%	44%
75%		63%	47% / 100%	4% / 9%	72%	14%	22%
61%		62%	56% / 95%	3% / 10%	100%	8%	25%
60%		61%	87% / 95%	4% / 10%	77%	16%	35%
		89%	73% / 25%	20%		50%	18%
79%		46%	57% / 89%	10% / 7%	87%	17%	24%
		51%	72% / 100%	8%	96%	13%	30%
84%		45%	64% / 100%	3% / 11%	100%	18%	9%
		51%	57% / 83%	6%	100%	100%	4%
92%		76%	100% / 97%	10% / 20%	100%	40%	42%
61%		65%	67% / 93%	4% / 13%	76%	13%	27%
84%		57%	88% / 100%	5% / 9%	100%	9%	25%
17%		67%	82% / 94%	12% / 15%	100%	58%	34%
84%		67%	94% / 100%	6% / 9%	80%	67%	57%
66%		56%	67% / 91%	4% / 8%	89%	31%	38%
62%		61%	71% / 90%	1% / 1%	100%	100%	16%
		80%	82% / 100%	10%	90%	22%	57%

Countries with national RMNCH scorecards

Note: List as of end 2016. Not all countries receiving TA have started disseminating RMNCAH scorecards. Afghanistan has also created an RMNCAH scorecard based on African examples.

RMNCAH scorecards within the larger data use system

RMNCAH scorecards and child health

- Pneumonia, Diarrhea and Malaria
  - Not all RMNCAH scorecards include these topics although they are important for child mortality
  - Case numbers and rates do not provide a good indicator for scorecards (e.g. Afghanistan wanted them but had to remove)
  - Most countries use logistics data (supply of amoxicillin, ORS/Zinc, RDTs, ACTs and/or LLINs)
  - Can also use Program status such as "Staff trained in IMCI vs standards" (e.g. Zimbabwe)
  - LLIN distribution vs. target children has been used.
  - Others: In in one country we discussed but did not use:
    - Rate of pneumonia diagnosis vs. malaria (unreasonable if too low)
    - Positive rate of RDT for malaria (unreasonable if too high or too low)
    - These approaches are possible, but we need to determine what "unreasonable" rates are and to achieve acceptance of the scores among users.

RMNCAH scorecards and community health

- Community health and WASH examples:
  - Ethiopia included progress in establishing community health systems (e.g. Health Development Army and "Graduated Households")
  - iCCM service scale up
  - Community health worker staff to population ratio
  - Community latrine construction and "ODF" (open defecation free) status

RMNCAH scorecards and nutrition

- Nutrition:
  - Vitamin A distribution (e.g. Malawi, others)
  - Coverage of CMAM programmes as % of health facility and % of expected malnourished children treated (e.g. Afghanistan, Liberia)
  - Exclusive breastfeeding for six months (e.g. Liberia, Tanzania – but data issues led this to be dropped in Tanzania)
  - School deworming programme coverage (e.g. Kenya)

Conclusion

- RMNCAH scorecards are an increasingly popular way for Ministries of Health to promote high level accountability and action across programme areas using routine data.

- Child health issues are an important area of RMNCAH scorecards but work is needed to develop and promote indicators in this area.

- Scorecards do not require high quality data to achieve their accountability and action purposes. They are a good tool to use available routine data while data systems are being improved.