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SCORECARD EXPERIENCE IN UGANDAN CONTEXT

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Background of the SCORE CARD

- The central premise is that by monitoring and sharing information about the performance of the health sector with MoH and district managers on a regular basis, citizens will demand accountability from health workers.

- This increased demand, which communities and CSOs channel upwards to the national level, would ultimately result in a more engaged citizenry, a more responsive health system, better performing health worker force, and more effective public service delivery.

- Limited data use at all levels requires a systematic tool.

Key Considerations to improve routine RMNCH data collection and use

- Uganda is generating a wealth of data to support maternal and child health through the RMNCAH scorecard.
- Data usage for planning and to improve service delivery for women and children is minimal.
- Uganda has therefore developed a customized set of integrated near real-time monitoring (NRTM) dashboards for District Health Information Software (DHIS2).
- It is a management tool to support data use at lower levels on a quarterly basis.

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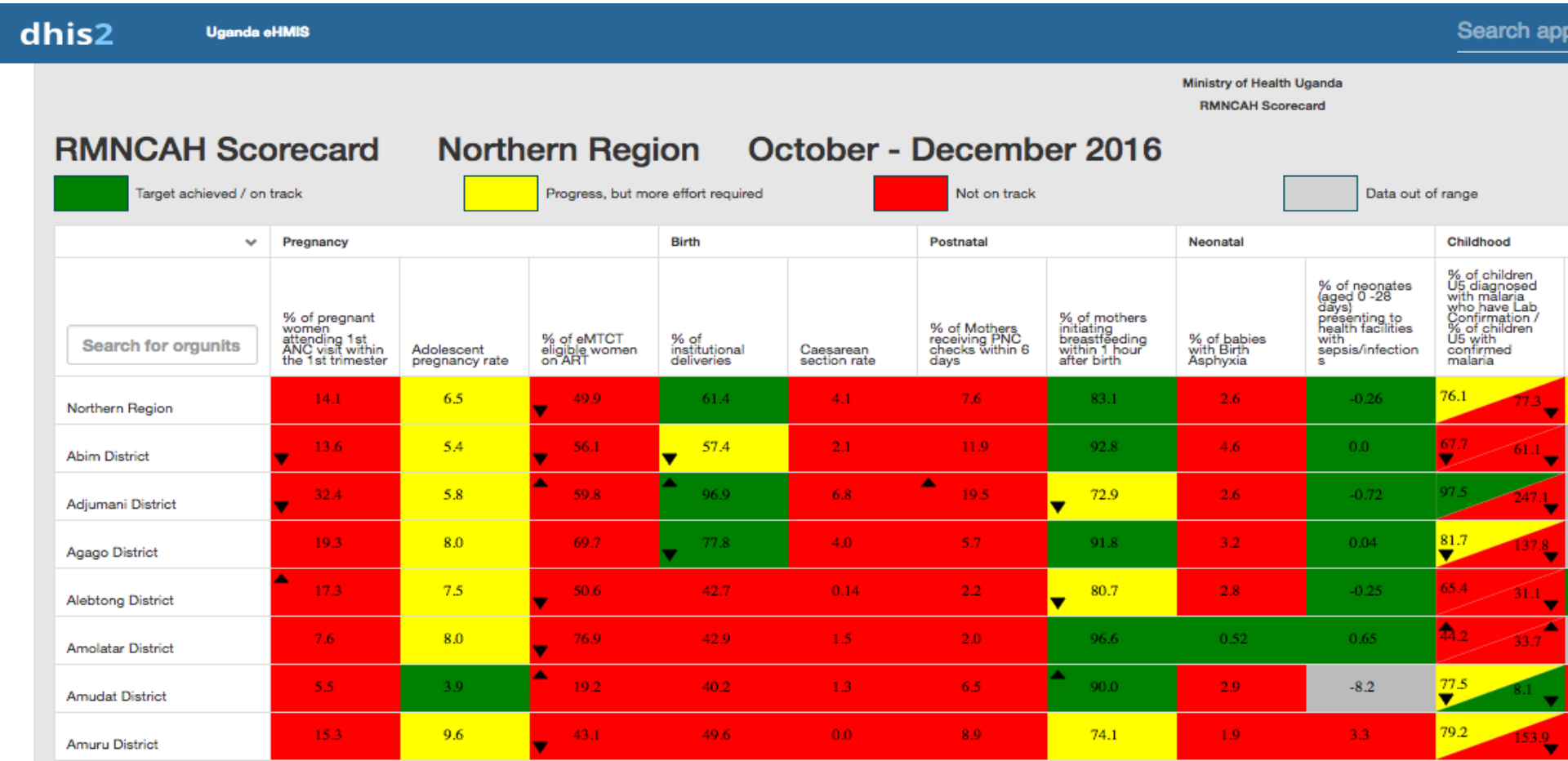
RMNCAH SCORECARD

- 24 nationally agreed indicators covering RMNCAH sharpened plan strategy in built in DHIS2
- Color coded for simplistic interpretation of data



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RMNCAH SCORECARD cont'd

The RMNCH scorecard tool is …

- Management tool for the Ministry to track national and subnational performance, strengthen accountability and drive action
- Prioritized set of **high-impact RMNCH indicators selected by the Ministry** that reflect country priorities
- An aggregation of existing data
- Customized to align with National Health Sector Strategic Plans and **existing management processes**, including national reviews

The RMNCH scorecard tool is not …

- Comprehensive inclusion of all available RMNCH indicators
- A static scorecard that cannot be easily updated to reflect changing strategic priorities
- A one-size-fit all approach with pre-defined set of indicators agnostic to country context

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Implementation and Strategy

- The Scorecard is fully automated with data disaggregated up to health facility level to empower health workers to use data for decision making.
- Focused on action and accountability through the identification of bottlenecks, root causes, and management response, in 116 districts but additional funds were allocated to 42 districts after review of data.
- The new suite of dashboards support more real-time evidence-based monitoring, operational decision-making, and action on the scorecard at the decentralized level through QRMs.

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Implementation and Strategy cont'd

- DHMTs are supported with technical assistance to review their performance during standard monthly and quarterly meetings using data.
- A retrospective causal analysis of the scorecard is conducted to ensure that identified bottlenecks are accurate and to determine if interventions will be effective.

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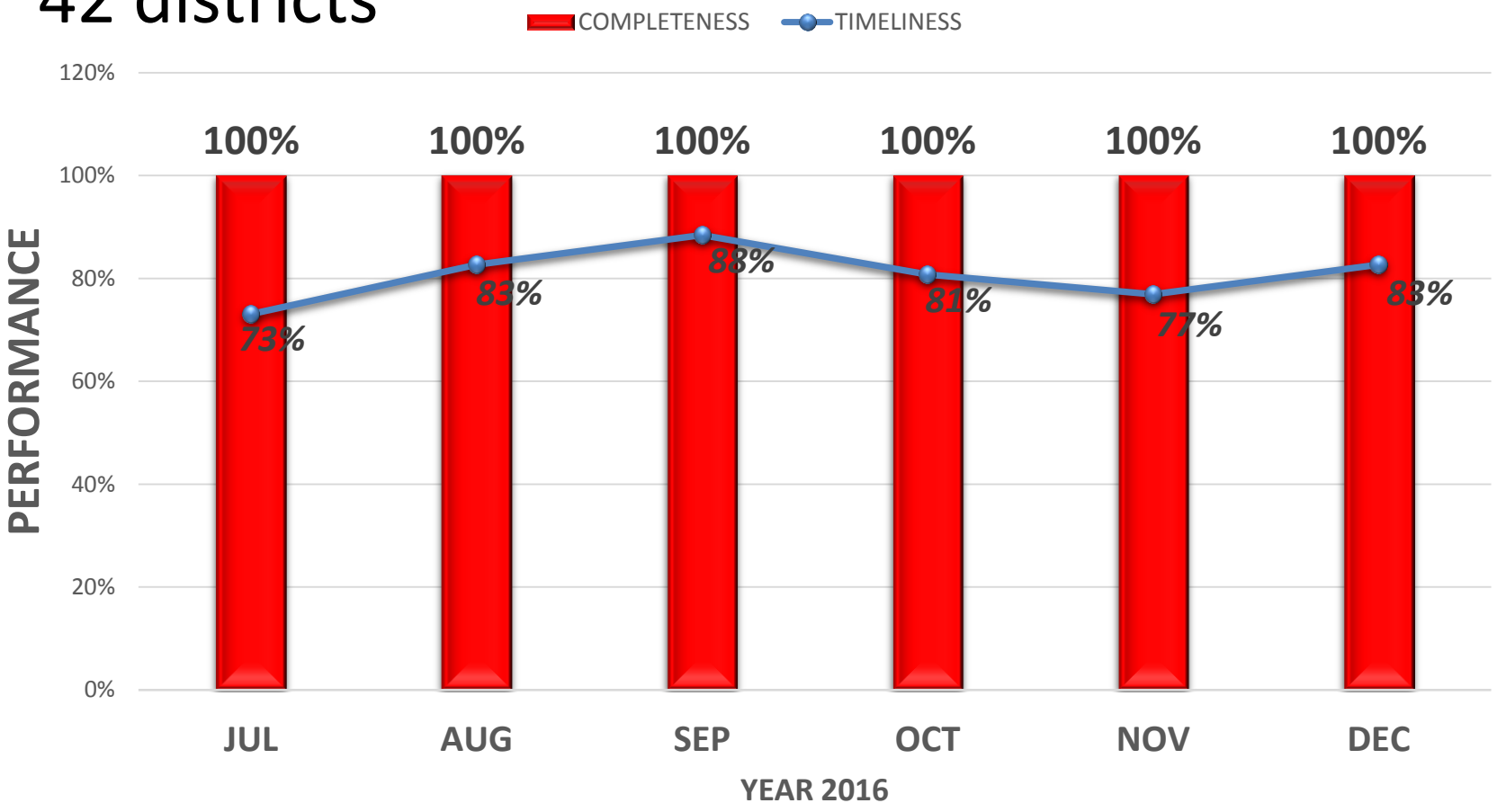
Achievements

- Reporting rate improvement and monitored in 42 districts



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Achievement – User perspective

"We now have a results-oriented facility leadership and the scorecard is one of the most important tools we have. At a glance it shows where to focus resources. We have improved data quality through periodic data quality checks, and through the BNA and causal analyses this project has trained health workers to examine the root causes of poor health service delivery and to suggest solutions themselves".(Butambala)

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Use of Scorecard and Experiences

"We want to know who to keep accountable. We have starting insisting the in-charge stamp is on all our tools."

"Since we started engaging our community we have cut back on staff tardiness and drunkenness. We have also responded to their need for support at night and begun offering services 24hrs."

"We need to be more engaged and conduct more Mentorship programs. This is something we can do one our own."

"We need a badges for people to respect our work and trust us."

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Challenges

- Broadness vs. review time
- Fiscal capacity of district teams to address poor performing indicators vs. tied grants
- League table vs. score card
- Interpretation capacity of the local leaders and ability to identify appropriate interventions to address all challenges
- Color coding to high improvement and interpretation

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Lessons Learnt

- **Communicating the initiative's multi-sectoral nature**

"My advice is to involve all health workers at a facility and to extend the knowledge to other departments, not isolate the programme within maternal health alone. The same applies to different levels of government." (Butambala)

- **Investing in hybrid systems**

"When we started on the scorecard, we had great data on institutional healthcare delivery, but no data on maternal death audits. But no data are good data, because if a scorecard is all red and the data fields are blank, that draws attention to an issue."(Yumbe)

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Next steps

- A functional NRTM system for Uganda in all the 116 districts and act as a demonstration country for scorecard use success which other countries can invest in for health outcome improvement.
- Fully institutionalize these processes to improve service delivery, which will ultimately close the equity gap
- Automate the BNA, Action tracker to complete review process
- Intergration of the IRIS HRH system with DHIS is ongoing
- Customization of the Scorecard to reflect district priorities

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Build momentum

Know your landscape

Grow what you have

THANK YOU !!

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