



East African Community Regional Reproductive Maternal Newborn and Child Health Scorecard



The EAC Regional Reproductive Maternal Newborn and Child Health Scorecard November 2014

Partner State	National priorities				Pre-Pregnancy	Pregnancy		Birth	Postnatal	Infancy/Childhood	
	Maternal Mortality Ratio	Under 5 Mortality Rate	New-born Mortality Rate	Under 5 Stunting Rate	Contraceptive Prevalence Rate	Antenatal Care (4+ visits)	HIV+ pregnant women receiving ARVs for PMTCT	Facility Delivery Rate	PNC mother (within 2 days)	DPT3/Penta valent3 Coverage	Under-five Vitamin A two dose coverage (%)
Burundi	500.0 ↓	104.0 ↓	26.0 ↓	58.0	22.0 ↑	33.0	58.0 ↑	60.0	30.0	93.0 ↑	83.0 ↑
Kenya	360.0 ↓	73.0 ↓	27.0 ↓	35.0 ↓	46.0 ↑	47.0 ↓	70.0 ↑	42.0 ↑	42.0 ↑	86.0 ↑	66.0 ↓
Rwanda	231.0 ↓	35.0 ↓	21.0 ↓	44.0 ↓	72.0 ↑	35.0 ↑	87.0 ↑	69.0 ↑	38.0	95.0 ↑	91.0 ↓
Tanzania	410.0 ↓	58.0 ↓	21.0 ↓	42.0 ↓	34.0 ↑	43.0 ↓	77.0 ↑	50.0 ↑	31.0 ↑	88.0 ↑	95.0
Uganda	360.0 ↓	69.0 ↓	23.0 ↓	29.0 ↓	30.0 ↑	48.0 ↑	72.0 ↑	57.0 ↑	33.0 ↑	68.0 ↑	70.0 ↓

KEY			
	Target achieved/on track		Progress but more effort required
	Not on track	↑	Increase from last period
		↓	Decrease from last period

Sustaining political momentum for women and children's health in the EAC through improved accountability for results and resources

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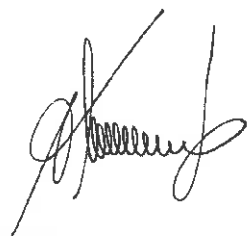
Forward

There is growing evidence of accelerated progress in women’s and children’s health in the world and the EAC Partner States as we approach the 2015 deadline for the attainment of the Millennium Development Goals 4 and 5. It is critical that this momentum is sustained towards and beyond the 2015 deadline.

The East African Community Regional Reproductive, Maternal, Newborn and Child Health (RMNCH) Scorecard is an innovation tool for communicating the status of progress towards key global, regional and national commitments for women’s and children’s health to key stakeholders in the region. It is hoped that this scorecard will facilitate peer learning among the Partner States thereby accelerating the adoption and scale up of best practices and innovations in health care.

The scorecard focuses on the most critical periods and interventions along the continuum of care ranging from pre-pregnancy, pregnancy, delivery, postnatal, infancy and early childhood.

We expect the East African Community Regional Reproductive, Maternal, Newborn and Child Health (RMNCH) Scorecards, the first ever regional level scorecard for tracking progress in women and children’s health, to stimulate development and use of similar scorecards and other innovative accountability tools at national and sub national level within the region.



Dr. Richard Sezibera
Ambassador
Secretary General
East African Community

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1. Background

The 14th Ordinary meeting of the EAC Heads of State held on 30th November 2012 through its communiqué re-affirmed their commitment to the promotion of accountability for results and resources, innovative interventions and improved access to health data, information and knowledge sharing for better results, better tracking and stronger oversight on results and resources for women and children's health.

The EAC Regional Reproductive Maternal Newborn and Child Health (RMNCH) Scorecard is one of several innovative tools and approaches that the EAC seeks to employ to stimulate high level technical and political discourse on issues affecting the health of women, children and families.

The RMNCH Scorecard will be produced annually and shared with relevant EAC regional policy organs, including the EAC Sectoral Council of Ministers of Health, the Council of Ministers, the East African Legislative Assembly and the Summit of the Heads of State.

2. Purpose of the EAC Regional RMNCH Scorecard

Through the RMNCH Scorecard, the EAC seeks to enhance access to and facilitate sharing of data/information on Reproductive Maternal Newborn and Child Health thereby stimulating the development, uptake and scale up of effective policy, investment and programing innovations for women and children's health.

3. Scorecard indicators: Selection, definition, and sources of data

The Scorecard indicators were selected from among key global, regional and national level priority indicators through a rigorous consultative process. They cover the entire spectrum of continuum of care: pre-pregnancy, pregnancy, birth, postnatal period, infancy and childhood.

A major EAC regional meeting of Reproductive Maternal New-born and Child Health and Health Management Information Systems and Monitoring and Evaluation Experts prioritized 9 indicators to be tracked through the routine National Health Information Systems. Additional indicators were selected during subsequent regional and national level meeting of Experts. Challenges in harmonizing some of the selected indicators, lack of mechanisms for collecting quality data on some indicators and quality gaps associated with using data from routine health information systems, only 11 indicators are considered in this scorecard. Most of the statistics were drawn from results of the most recent Demographic and Health Surveys and rigorously verified databases hosted by relevant international Agencies.

4. Determination of indicator cut-off points

The scorecard uses the "dash board" concept of setting targets and thresholds and assessing performance with a "Traffic Light" system of different color codes. In this scorecard, the green light shows that a given target is achieved or performance is on track, the yellow light shows progress

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requiring more effort while the red light depicts lack of progress or being off track. On the other hand, the grey light shows that there is no data or the indicators are not applicable in a particular case.

The thresholds/cut-offs vary from one indicator to another. The cut-offs are principally based on: global targets, global performance and Africa regional performance. In calculating the cut-offs, it was assumed that country data sets are normally distributed. After arranging the respective country data sets in ascending order, the data sets were split into three parts using the interquartile range (Q3 and Q1). Any data value in between the 1st and 3rd quartile falls in the yellow zone while those below and above the 1st and 3rd quartile fall in red and green zones respectively depending on whether an increasing or decreasing value represents progress or regression.

Upward facing arrows show improved performance from the last value compared to the most recent for Contraceptive Prevalence Rate, Antenatal Care (4+ visits), HIV+ pregnant women receiving ARVs for PMTCT, Facility Delivery Rate, Postnatal care-2 days (mother), DPT3/Pentavalent3 Coverage and Under-five Vitamin A two dose coverage (%) while downward facing arrows show improved performance from the last value compared to the most recent for Maternal Mortality Ratio, Under 5 Mortality Rate, Newborn Mortality Rate and Under 5 Stunting Rate. Cells without arrows indicate the lack of difference between data values from the two most recent assessments or absences of comparable data for two previous studies.

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Annex I: Description of indicator cut-offs using color codes

S N	Indicator	Indicator definition	Green	Yellow	Red
1	Maternal Mortality Ratio	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births	<350	350=>X<=450	X>450
2	Under 5 Mortality Rate	The probability of a child born in a specific year or period dying before reaching the age of five, if subject to age-specific mortality rates of that period, per 1,000 live births	<60	60=>X<=80	X>80
3	New-born Mortality Rate	Number of deaths during the first 28 completed days of life per 1000 live births in a given year or other period, per 1,000 live births	<20	20=>X<=35	X>35
4	Under 5 Stunting Rate	Percentage of stunting (height-for-age less than -2 standard deviations of the WHO Child Growth Standards median) among children aged 0-5 years	<30	30=>X<=40	X>40
5	Contraceptive Prevalence Rate	The percentage of women aged 15-49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.	X=>50	50>X<=30	X<30
6	Antenatal Care (4+ visits)	The percentage of women aged 15-49 with a live birth in a given time period that received antenatal care four or more times.	X=>60	60>X<=40	X<40
7	HIV+ pregnant women receiving ARVs for PMTCT	The percentage of HIV-infected pregnant women who received antiretroviral medicines to reduce the risk of mother-to-child transmission, among the estimated number of HIV-infected pregnant women	X=>80	80>X<=60	X<60
8	Facility Delivery Rate	The proportion of live births in the last five years that took place in a health facility	X=>70	70>X<=50	X<50
9	Postnatal care-2 days (mother)	Proportion of women/babies with a live birth in the last five years, which was not delivered in a health facility that have attended postnatal checkup for the first time after delivery	X=>60	60>X<=40	X<40
10	Postnatal Care-2 days (baby)	Proportion of women/babies with a live birth in the last five years, which was not delivered in a health facility that have attended postnatal checkup for the first time after delivery	X=>60	60>X<=40	X<40
11	DPT3/Pentavalent3 Coverage	Proportion of children aged 0 -11 months who received three (3) doses of DPT3 or Pentavalent Vaccine	X=>90	90>X<=70	X<70
12	Under-five Vitamin A two dose coverage (%)	Proportion of children under five years of age who received two doses of vitamin A in the year	X=>90	90>X<=60	X<60

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