



THE TANZANIA RMNCH SCORECARD

Background

The planning and management of RMNCAH interventions depends on the availability of quality data. This data comes mostly from Periodic National Census and Population Sample Surveys, Routine Service Provision Data Collection Systems, Non Periodic Surveys and Sentinel Surveillances. Some RMNCAH data is also collected from global robust researches conducted by various stakeholders. Effective RMNCAH planning and service delivery is underpinned by the availability of real-time information to assist in identifying and addressing implementation bottlenecks. The Routine Service Provision Data Collection Systems, notably the Health Management Information System (HMIS) provides an almost real time source of data for the health sector. This system collects service provision data daily from all health facilities in Tanzania; and a summary of this information is captured, stored and analysed in the DHIS electronic data base and made available to managers at all levels monthly. For most of the indicators calculated within the HMIS/DHIS data base, the denominator values are acquired from the National Bureau of Statistics population projections once annually.

The RMNCH Scorecard

During the development of RMNCH Sharpened One Plan Strategy (2014 to 2015) it was noted that there was a need to strengthen the health system and institute **accountability** through the use of the **RMNCH scorecard**. Moreover, the newly developed Health Sector Strategic Plan IV (2015-2020) directs that the RMNCAH scorecard continue being disseminated countrywide at National, Regional and Council levels to improve accountability, transparency and monitor progress in the implementation of RMNCAH interventions.

In Tanzania, the first **RMNCH scorecard** was produced for the period September to December 2013, and this was used as a baseline for developing the January to March 2014 scorecard that was launched by H.E. President Kikwete on 15 May 2014. This scorecard was prepared for the purpose of establishing accountability action for the health of mothers and children at all levels. This card was launched at a ceremony attended by the First Lady, the Minister for Health and Social Welfare, Deputy Permanent Secretary for Prime Ministers Office, Regional Administration

and Local Government (PMORALG) who is responsible for the health sector, Regional Commissioners from the 25 regions; Regional Medical Officers; Senior Ministry of Health and Social Welfare officials; Members of Parliament; Ambassadors; Development Partners including representatives from the UN agencies, private sectors, NGOs, CSOs; and members of the media. The inclusion of the different stakeholders was to underscore that the health of mothers and children is the responsibility of all leaders and not of those in the health alone.

The Tanzania RMNCH scorecard is implemented at three levels; namely the National, Regional and Councils. This card addresses six impact and 17 performance indicators which were agreed to be a priority and had reliable information. The scorecard is produced quarterly, and to date six scorecards have been produced and the seventh is currently in the process of being produced. The data and information for the update of the scorecard impact indicators is derived mostly from the National Population and Housing Census and Periodic Population Surveys results; whereas the data and information for the update of the scorecard performance indicators is derived mostly from the Health Management System (HMIS). Within HMIS, each Council is responsible for compiling data from its health facilities and then entering them into the web based DHIS electronic data base once monthly. Regions and the Ministry of Health and Social Welfare can access this monthly data for tracking the progress of provisions of services and the status of the health system. Since this card draws together available information into an easy-to-use platform alongside the policy and accountability mechanisms that support 'data for decision making', it alerts managers at all levels on programs performances and enables them to take informed corrections where necessary.

The RMNCH scorecard in Tanzania has been successfully used to strengthen implementation of interventions to improve maternal and child health outcomes at all levels of service delivery. It has enabled political and administrative leaders to understand and be accountable for health outcomes. Tanzania's scorecard is strong foundation for the country to build on as it transitions from the MDGs to the sustainable development goals (SDGs) which will require focus on accountability and outcomes for maternal and child health.

Operationalization of the RMNCH Scorecard

Prior to the launch, training on the scorecard was provided to the National Level Managers, Regional Commissioners and Regional Medical Officers. These then cascaded the training to the Council levels. The scorecard is a regular agenda at the Council Health Management Team (CHMTs) and at the District Council meetings. Similarly at the regional levels, the Regional Health Management Team (RHMTs) and the Regional Development Committee hold regular meetings to

discuss and document performance of each of the indicators, propose actions and follow-up on recommended actions. After each release of the RMNCH scorecard, each region in consultation with its Councils prepares RMNCH improvement plans. During each quarter, the scorecard plus a brief explanation of results is shared with the President, the Prime Minister, Minister of Health, Minister responsible for Regional Administration and Local Government and the Regional Commissioners.

The RMNCAH has received high prominence in the country due to partly the involvement of the President himself, who has made the scorecard one of his agenda during his visits to regions and districts; and the high profile launch of the scorecard, whereby the President handled the scorecard to each leader and instructing that it is a working tool that he will use to gauge performance. There is high awareness in the country on the need to improve the health of mothers and children and especially on averting the death of mothers and children. The traffic lights based colour coding of the scorecard motivates the technical and political leaders to strive for improvements especially where the indicator is not green. The discussion of the scorecard in district and regional meetings is part of the regular agenda.

Best Practices

Reporting on maternal, newborn and child health has become a permanent agenda in all meetings at all levels from Councils, Regions to National levels. Sharing of the scorecard with political and technical leadership from the Councils, Regions, Ministries, Prime Minister's Office to the President's Office has significantly expanded political engagement in health beyond the MOHSW. The regional-level planning process for the Sharpened One Plan has been expedited, and District councils and regions have undertaken bottleneck analysis and produced action plans to address underperforming indicators. Actions such as additional resource allocation, training and mentoring of health workers and information officers have been employed.

Direct Benefits/Impact Of The Best Practices

The launch and promotion of the RMNCH scorecard has drastically improved the data completeness and data timeliness of data submission from 89 % and 48 % during January to March 2014 to 97 % and 90 % during April to June 2015 respectively. Moreover, it has promoted the increase of the levels of completion of 4+ antenatal visits from 39 % during January to March 2014 to 47 % during April to June 2015; and the levels of facility deliveries from 55 % January to March 2014 to 71 % during April to June 2015. It has also promoted the stabilization of the penta 3 vaccine coverage at almost 100 % throughout the scorecard production period.

Challenges and Desired Future Actions

Despite the gains registered because of the development, launch and dissemination of the RMNCH scorecard, a number of challenges still exist:

1. The scorecard is currently being developed stepwise using two different electronic platforms: review of data in the HMIS/DHIS electronic platform, download of the HMIS data, organization of the HMIS data, upload of the HMIS data into the RMNCH electronic platform, generation of the scorecard within the RMNCH electronic platform, download of the RMNCH scorecard in pdf formats from the RMNCH electronic platform, sending the RMNCH scorecard in pdf as email attachments to all Regions and Councils. We would prefer the RMNCH scorecard to be developed and disseminated to all Regions and Councils using the HMIS/DHIS electronic.
2. We will continue using the ALMA RMNCH tool to develop and format the Tanzania RMNCH score card and utilize its user friendly functionality as we explore additional participatory methods that will involve the Councils and Regions in the development of the RMNCH score card.
3. Whereas we will continue using the ALMA RMNCH tool to develop and format the Tanzania RMNCH score card for general disseminations; we need to develop a mechanism that will develop and disseminate the RMNCH scorecard within the HMIS/DHIS 2 data base. This approach will enable both regional and Council health teams to track performance and action tracking at in a participatory manner.
4. We need to include the RMNCH scorecard management tool within the HMIS/DHIS electronic platform to facilitate harmonising accountability and action across programmes beyond RMNCH.
5. We need to promote regular use of the scorecard and action tracker to be included within RMNCH scorecard management tool as to provide an effective platform for all key actors in RMNCH (Council, region, central levels) to work together to ensure the country achieves its goals.
6. We need to expand the access to the RMNCH web platform and scorecard to all RMNCH stakeholders by posting it onto the HMIS Web portal that is currently being developed by the Ministry.
7. We need to conduct a training of key RMNCH scorecard actors at Region and Council levels on the functionality of the scorecard, and the synergy of the indicators within the scorecard in relation to the RMNCH continuum of care.

8. We need to have regular quarterly and annual RMNCH scorecard meetings that will bring together RMNCH and M and E experts to discuss issues of progress, achievements and best practices brought about by the development and use of the RMNCH scorecard.