



East African Community Integrated Reproductive Maternal Newborn Child and Adolescent Health and HIV/AIDS Scorecard - 2020

(5th edition of the EAC Regional Health Scorecards)

Strengthening Accountability for Results in Sexual Reproductive Health/RMNCAH and HIV/AIDS in the EAC



The EAC Regional Integrated RMNCAH and HIV/AIDS Scorecard - 2020

Partner State	Health Outcomes				Pre-Pregnancy	Pregnancy			Birth		Postnatal		Infancy	Finance	Human Resource	HIV/AIDS, STIs and TB		
	Maternal Mortality Ratio	Under 5 Mortality Rate	New-born Mortality Rate	Under 5 Stunting Rate	Contraceptive Prevalence Rate	Antenatal Care (4+ visits)	ANC HIV+ women receiving ARVs	% ANC screened for syphilis	Facility Delivery Rate	Adolescent Pregnancy Rate	PNC mother (< 2 days)	PNC Baby (< 2 days)	DPT3/Pentavalent3 Coverage	Total Health Expenditure per Capita (\$)	Density of Skilled Health Personnel /10,000 population	% of people living with HIV who know their status	% of people currently receiving ARV therapy	% PLWHA screened for TB
Burundi	334.0	78.0	23.0	56.0	17.9 ↓	49.3	62.0 ↓	71.5 ↑	84.0	22.0 ↑	51.0	49.4 ↑			7.0 ↑	86.0 ↑	99.9 ↑	91.0 ↑
Kenya	362.0	52.0	22.0	26.0	0.53 ↓	17.7 ↓	98.0 ↑	85.4 ↑	81.0 ↑	17.0 ↑	53.0 ↑	36.0 ↑	79.0 ↓	67.0	13.8 ↓	80.0 ↑	80.0 ↓	92.5 ↓
Rwanda	203.0 ↓	45.0 ↓	19.0 ↓	33.0 ↓	64.0 ↑	47.0 ↑	97.0 ↑	84.0 ↑	93.0 ↑	5.2 ↓	70.0 ↑	90.0 ↑	99.0 ↑	54.0	10.8 ↓	84.0 ↓	98.0 ↑	99.6 ↑
South Sudan	730.0 ↓	96.2 ↑	39.0	30.0	4.7	23.8 ↑	44.1 ↑	35.2 ↓	26.6 ↑	15.8	43.4 ↑	43.4 ↑	38.2 ↓	26.7 ↑	0.2	30.4 ↑	24.0 ↓	82.7 ↑
United Republic of Tanzania	200.0 ↓	67.0	25.0	31.0 ↓	44.0 ↑	80.5 ↑	100.0 ↑	73.4 ↑	82.7 ↑	27.0 ↑	34.0 ↓	53.3 ↑	102.0 ↑	49.0 ↓	18.0 ↑	84.0 ↑	98.0 ↑	79.7 ↓
Uganda	336.0	64.0	27.0	29.0	34.7 ↓	41.0 ↑	95.0	86.0 ↑	59.0 ↓	25.0	54.0 ↓	56.0 ↓	87.0 ↓	55.0	16.0 ↓	90.0 ↑	88.0 ↓	89.0 ↑
EAC Regional Average	360.8 ↓	67.0 ↓	25.8 ↓	34.2 ↓	27.6 ↓	43.2 ↑	82.7 ↑	72.6 ↑	71.1 ↑	18.7 ↑	50.9 ↑	54.7 ↑	81.0 ↓	50.3 ↑	11.0 ↑	75.7 ↑	81.3 ↑	89.1 ↑

KEY			
■	Target achieved/on	■	Progress but more effort required
■	Not on track	↑	Increase from last period
		↓	Decrease from last period
			No Values

Strengthening Accountability for Results in SRH/RMNCAH and HIV/AIDS



1. Background

The 14th Ordinary Meeting of the Summit 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. In line with this policy position, the EAC Partner States have prioritized the development of periodic scorecards, a regional DHIS-2 based data warehouse and resource tracking.

In this regard, the EAC Secretariat in collaboration with Partner States and development Partners developed the first EAC Reproductive Maternal New-born Child and Adolescent Health (RMNCAH) Scorecard (2014) was approved on 24th March 2015 by the EAC Sectoral Council of Ministers of Health and launched on 25th March 2015 during the 2nd EAC Health Ministers' and Parliamentarians forum that was convened as part of the 5th Annual East African Health and Scientific Conference and International Health Exhibition and Trade Fair. The 32nd EAC Council of Ministers 2014 endorsed the 2014 scorecard in August 2015 and directed the EAC Secretariat to prepare scorecards annually. In line with this directive, an annual scorecard for 2015 was developed. The process of institutionalizing the scorecard at the regional level was mirrored by similar processes in the Partner States.

In line with directives of the Sectoral Council on Health on the need to better integrate RMNCAH and HIV/AIDS and as provided for in the EAC Integrated Health Programme – EIHP (2016-2020), the first EAC “*Integrated*” RMNCAH and HIV/AIDS Scorecard (2016) was developed. The EAC Integrated RMNCAH and HIV/AIDS Scorecard (2018) was the second integrated edition in a row and especially in the Sustainable Development Goal (SDG) era, which was produced together with the first EAC State of Women's, Children's and Adolescents' Health and HIV/AIDS Report 2018 which provides explanations to the performance shown in the scorecard in terms of key bottlenecks, enablers and strategic recommendations to accelerate progress.

This third “*integrated*” scorecard (2020), though it is the **5th edition** of the EAC Health scorecards in total when we consider even the two annual scorecards which was produced in 2014 and 2015, has been produced with latest statistics as of 31st December 2020. The second EAC State of Women's, Children's and Adolescents' Health and HIV/AIDS Report 2020 which will be finalized soon to provide explanations to the performance shown in the scorecard in terms of key bottlenecks, enablers and strategic recommendations to accelerate progress.



The EAC Secretariat, in a bid to further enhance efficiency and effectiveness in the health sector, is promoting the integration of similar programmes. As such, the Secretariat is spearheading the implementation of the EAC Integrated Health Programme that incorporates SRHR/RMNCAH, HIV and AIDS, STIs and TB interventions.

Scorecards are widely accepted accountability, advocacy and performance management tool and are periodically 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, the Summit of the Heads of State and other stakeholders.

2. Aim of the EAC Integrated RMNCAH and HIV/AIDS Scorecard

Through the Integrated RMNCAH and HIV/AIDS Scorecard, the EAC aims to enhance accountability for results and resources, health sector performance, advocacy and stakeholder participation in RMNCAH and HIV/AIDS policy dialogue with the ultimate goal of accelerating progress towards national, regional and SDG targets.

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

The following eighteen (18) regionally agreed upon indicators have been prioritized to track progress in the 2020 EAC Integrated RMNCAH and HIV/AIDS Scorecard.

- i. Maternal Mortality Ratio
- ii. Under-five Mortality Rate
- iii. Neonatal Mortality Rate
- iv. Under 5 Stunting Rate



- v. Antenatal care (4+ visits)
- vi. Health Facility Delivery Rate
- vii. Postnatal Care-mother (within 2 days)
- viii. Postnatal Care-baby (within 2 days)
- ix. DPT3/Pentavalent3 Coverage
- x. Percent HIV+ pregnant women receiving ARVs for PMTCT
- xi. Contraceptive Prevalence Rate
- xii. Adolescent Pregnancy Rate
- xiii. Total Health Expenditure per Capita
- xiv. Density of Skilled Health Personnel (only midwives, nurses and physicians) per 10,000 population)
- xv. Percentage of people living with HIV who know their status
- xvi. Percentage of people currently receiving antiretroviral therapy among those diagnosed with HIV
- xvii. Proportion People Living With HIV/AIDS screened for Tuberculosis
- xviii. Percentage of pregnant women accessing antenatal care services who were screened for syphilis

The Scorecard indicators were selected and prioritized through a consultative process involving national heads of RMNCAH, HIV/AIDS, Strategic Information Systems and Health Statistics in the National Bureaux of Statistics from among key global, regional and national level priority indicators. The indicators cover the spectrum of RMNCAH continuum of care; HIV/AIDS prevention, treatment and prevention; and health systems domains. Most of the statistics have been drawn from results of the most recent Demographic and Health Surveys, national studies, DHIS-2 databases, and in some cases, databases hosted by relevant international Agencies.

4. Determination of indicator targets and 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 in the right direction but requiring more effort while the red light depicts lack of progress or being off track. On the other hand, the



white box shows that there is no data or the indicators are not applicable in a particular case. The description of indicators and indicator cut-offs and data sources by Partner State are provided in **Annex I and Annex II** respectively.

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 indicators such as Contraceptive Prevalence Rate, Antenatal Care (4+ visits), HIV+ pregnant women receiving ARVs for PMTCT, Facility Delivery Rate, Postnatal care-2 days (mother), while downward facing arrows show improved performance from the last value compared to the most recent for Maternal Mortality Ratio, Under 5 Mortality Rate and Neonatal Mortality Rate. Cells without arrows indicate the lack of difference between data values from the two most recent assessments, less than 5% change in data values or absences of comparable data for two previous studies.



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

SN	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	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
6	Health 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
7	Postnatal care-2 days (mother)	Proportion of women/babies with a live birth in the last five years, that have attended postnatal checkup for the first time after delivery	X=>60	60>X<=40	X<40
8	Postnatal Care-2 days (baby)	Proportion of women/babies with a live birth in the last five years, that have attended postnatal checkup for the first time after delivery	X=>60	60>X<=40	X<40
9	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
10	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 number of HIV-infected pregnant women	X=>80	80>X<=60	X<60
11	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
12	Adolescent Pregnancy Rate	The annual number of births to women aged 15-19 years per 1,000 women in that age group (presented as percentage in the scorecard)	<10	10=>X<=20	> 20
13	Total Health Expenditure per Capita	Total Health Expenditure Per Capita is the sum of public and private health expenditure as a ration of the total population	X=>70	70>X<=60	X<60



SN	Indicator	Indicator definition	Green	Yellow	Red
14	Skilled Health Personnel to Population Ratio per 10,000	The combined average number of skilled health personnel (midwives, nurses, Doctors and Clinical Officers) per 10,000 population	$X \geq 25$	$24 > X \leq 10$	$X < 10$
15	Percentage of people living with HIV who know their status	Proportion of people living with HIV and know their HIV status	≥ 80	$80 > X \leq 60$	< 60
16	Percentage of people currently receiving antiretroviral therapy. Among those diagnosed with HIV	Proportion of HIV positive people of all ages who are eligible for treatment as defined by national guidelines and are receiving Antiretroviral treatment	≥ 80	$80 > X \leq 60$	< 60
17	Proportion People Living with HIV/AIDS screened for Tuberculosis	Proportion of people living with HIV/AIDS who have been screened for Tuberculosis	≥ 80	$80 > X \leq 60$	< 60
18	Percentage of pregnant women accessing antenatal care services who were screened for syphilis	Proportion of women attending first ANC visit and have been screened for syphilis	≥ 80	$80 > X \leq 50$	< 50

Acknowledgements

- ❖ The Swedish International Development Cooperation Agency (Sida)
- ❖ University of Oslo through the Health Information Systems Programme (HISP)
- ❖ National Heads of RMNCAH, HIV/AIDS and Strategic Health Information/ICT experts in the Ministries Responsible for Health, Heads of Health Statistics from the Partner States National Bureaux of Statistics