

# Mali RMNCAH scorecard



## Background

The RMNCAH scorecard was developed in 2014 by the Mali Ministry of Health and Social Development (MoHSD), with the support of ALMA and partners.

Since the scorecard's first publication in Q1 2014, it has been produced quarterly on the [scorecard web platform](#) for use by MoHSD programmes, partners and stakeholders to address bottlenecks in performance. In 2016, MoHSD provided RMNCAH Scorecard training to three priority regions (out of 8), in conjunction with key partners. Subsequent reviews of best practices and lessons learned have allowed the team to identify opportunities for improving the use of the tool for example with plans to cascade to all regions. Since 2018, the scorecard has been populated directly from DHIS2 at the national level following data validation.

## How it works

The scorecard is updated on a quarterly basis. It is then analysed and shared with relevant MoHSD programs, by the division for Planning and Statistics (CPS) for review and action implementation. Interoperability with DHIS2 allows the inclusion of facility level data, thereby permitting users to conduct more targeted facility level analysis. It also drives improvements in data quality, completeness and timeliness and further support partner engagement. Prior to linking with DHIS2, regional and district teams contributed to the quarterly scorecard update by validating data for their respective regions.

Key partners who have provided support to the scorecard include ALMA with CIFF support and UNFPA. This support has been both technical and/or financial. The priority now is to implement a series of regional training for Health Information System officers of the health districts and officers in charge of planning of the regional directorates of 5 regions (Kayes, Koulikoro, Sikasso, Ségou and Mopti). The main objectives are to train stakeholders in the use of the scorecard tool and hence transfer these skills to the regional and sub-regional level. This is scheduled for Q1 2021.

## Impact

### Service delivery improvements

A review of priority indicator performance at district level led to a local action to improve service delivery. For example, Bamako District 3 relocated cervical cancer screening adjacent to the family planning clinic and added maternal post-natal review at the immunization clinic to improve uptake of these services. Community mobilisation was also carried out to increase awareness of these services. This resulted in a more than 30% increase in coverage over a six month period.

### COVID-19 pandemic

During Q1 2021 the division for Planning and Statistics (CPS), MoHSD programs and partners, with support from ALMA; are reviewing the impact of covid-19 on RMNCAH services since the first case was identified in March 2020. A technical working group will review the barriers to accessing services during the pandemic and any gaps in the continuum of care across the country. Findings will be shared with the Ministry's cabinet to provide further evidence that will drive strategic decision-making and implementation of pandemic response policies.

## Key success factors

- Integrated into DHIS2 which facilitate quarterly production
- Applying the scorecard process to review how covid-19 has impacted on indicator performance.
- Demonstrated service delivery improvements linked to scorecard review, driving action and implementation.

## Partners engaged in supporting the scorecard

- UNICEF
- USAID
- UNFPA

