



Uganda RMNCAH scorecard

Background

The Uganda RMNCAH scorecard was developed by Uganda's Ministry of Health in 2016, with support from ALMA and partners. The scorecard is decentralised and its implementation is district-led, which has been an effective approach to firmly integrate the scorecard tool into district review and accountability mechanisms.

How it works

Uganda's scorecard tool is populated using routine data from the country's health management information system (HMIS) and is hosted within the District Health Information System (DHIS2) platform.

Implementation of the scorecard tool is rooted at the district level and follows a quarterly accountability cycle which consist of

- review of indicator performance
- action generation in response to performance
- action implementation and follow-up

The scorecard is a standing agenda item in district quarterly review meetings led by District Health Management Teams. During scorecard discussions, poorly performing indicators and health facilities are highlighted, reasons for inadequate performance identified, and corrective actions agreed upon. In addition to the review of the scorecard at programme level, several districts share their scorecards with other key district stakeholders including communities and district leaders.

Impact

Community engagement

Because of its simplicity, the scorecard has been effectively used to identify challenges in uptake of services, and for joint problem-solving with communities. As such, in Mukono, scorecard reviews have been integrated into routine sub-county dialogues (barazas), a social accountability mechanism where the local government interacts with communities to discuss public service delivery. Scorecard discussions are led by the District Secretary of Health and communities provide insights into reasons for performance. Scorecard discussions with communities have led to identification of causes of, and solutions for, low performance of immunization, antenatal care (ANC) and postnatal care (PNC), among others. Interventions that have resulted include targeted health messages to address community misconceptions, improvement of health facility conditions and adjustments to community level services to address identified needs.

Service delivery improvements

In response to poor performance of the indicator "fully immunised by one-year", Jinja District supported health facilities to implement a system to track appointments and trace defaulters in communities. This system led to increased health facility appointments but also supports linkage to outreach immunizations, for those unable to go to health facilities.

Key success factors

- District-led approach with the national MOH maintaining the responsibility of ensuring that quality-assured data are available on DHIS2 as per MOH guidelines and supporting trainings
- Partner support at national and district level, including funding of scorecard trainings, review meetings and other forums where the scorecard is disseminated, such as regional RMNCAH assemblies
- Integrated into DHIS2 which allows easy population every quarter

Partners engaged in supporting the scorecard

- World Health Organization (WHO)
- UNICEF
- United Nations Population Fund (UNFPA)
- USAID
- The World Bank
- Uganda National Health Consumers Organisation (UNAHCO)

