Mobilising funds for free antenatal care services in the Democratic Republic of the Congo using the RMNCAH-N scorecard

RMNCAH-N scorecard in the Democratic Republic of the Congo

The RMNCAH-N (reproductive, maternal, newborn, child and adolescent health and nutrition) scorecard for the Democratic Republic of the Congo was developed in 2022 and includes a total of 29 indicators. It enables diverse stakeholders to carry out simple and rapid analyses based on a colour-coded system.

An existing accountability forum called the RMNCAH-N Platform Technical Secretariat reviews the RMNCAH-N scorecard every quarter. These quarterly reviews:

- highlight indicator trends

- enable implementation of corrective actions in response to under-performance

- trigger advocacy, actions and resource mobilisation, targeting the D.R. Congo government, the community and partners

Mobilising funds for critical gaps in maternal and newborn health in the Équateur province

The province of Équateur recently used the RMNCAH-N scorecard to mobilise funding for critical gaps in maternal and newborn health.

The scorecard review identified the following two indicators as priorities for action:

- low ANC1 coverage (percentage of pregnant women attending an antenatal care visit by 16 weeks)

- low health facility deliveries (percentage of pregnant women delivering in health facilities)

Six out of 18 districts were found to be below the ANC1 target of 80%. A bottleneck analysis revealed contributory factors to poor performance including financial barriers to health-seeking, inaccessibility of basic maternity services and lack of community knowledge of the benefits of early antenatal care services.

This information was used to develop a concept note for funding aimed at addressing the bottlenecks and improving these key indicators. The proposal was aligned to funding priorities under the D.R. Congo's commitment to fast-track universal health coverage with a focus on maternal and child health, with funding support from partners such as the World Bank.

The proposal was presented to the provincial assembly, the provincial governor, technical partners, the ministry of health permanent secretary's office and funding partners including Unité de Gestion du Projet de Developpement du Système de Santé (UG-PDSS) which is a World Bank sub-recipient managing the World Bank Nutrition project for Equateur province.

As a result, the provincial governor authorised emergency funding of US$45,000 for the purchase and transport of medicines and other commodities for 20 priority districts with the lowest ANC1 performance - below 30%. Additionally, UG-PDSS incorporated the funding request into a larger proposal for US$75,000 committed by the World Bank to support free antenatal care and health facility deliveries in the province over the next 4 years.

The proposal also includes support for community health education, medical commodities, equipment and health personnel. The project will cover an estimated population of 359,897 individuals and 20 "aires de sante" (health centres) in 6 districts (out of a total of 18 districts in the province), accounting for approximately 12% of the province's population. Progress against the intended health outcomes will be assessed on a quarterly basis using the scorecard, by tracking indicators in the targeted districts.

Conclusion

The RMNCAH-N scorecard has made indicator monitoring simple, fast and thorough with the ability to monitor programme performance at different levels. This has enabled evidence-based advocacy and robust planning for resources to improve RMNCAH. The D.R. Congo has a plan to scale up the use of the scorecard at national and provincial levels. Decentralisation of the scorecard to the 26 provinces and subsequently to its 550 districts is a key factor in continued progress in RMNCAH and UHC in the D.R. Congo.

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