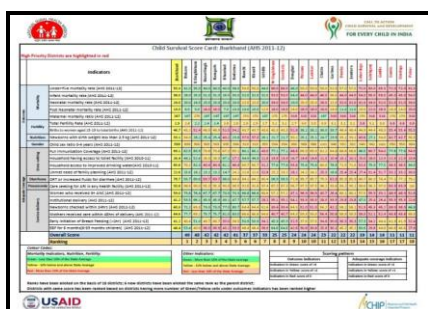## RMNCH+A Highlight Series

Using Data for Action: Scorecards and Dashboards to Improve Maternal and Child Health in Jharkhand

Jharkhand Child Survival Scorecard

"The dashboards and scorecards are proving to be an effective tool to monitor programme performance at the state and district levels."

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While India has made significant progress in reducing maternal and child deaths, rates of progress within the states and districts are unequal. The RMNCH+A strategy emphasizes the effective use of data for planning and implementing interventions to reduce health disparities. A national child survival scorecard using data from national and state surveys was prepared. Dashboards based on the GOI's health management and information system have been developed and are updated quarterly. These tools facilitate comparative assessments between states and districts and identify action plans are based on the analysis of available data.

Background

The Government of India co-convened the global Call to Action for Child Survival in 2012 with USAID, the Government of Ethiopia and UNICEF, and then hosted its own National Summit to accelerate progress toward Millennium Development Goals 4 and 5 and the health goals of the 12th Five Year Plan. A new, comprehensive Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) Strategy launched at the National Summit is currently being rolled out in all 29 states and 184 high priority districts (HPDs). MCHIP provides technical support to the MOHFW and six state governments for RMNCH+A roll out.

Indicators that reflect key health outcomes, such as full antenatal care, institutional deliveries, intrauterine contraceptive device insertion, and full immunization should be regularly monitored and interpreted at national, state and district levels. The RMNCH+A strategy recognizes the need for accurate and timely data to improve planning, monitoring, and evidence-based policy formulation. GOI introduced an initiative for monitoring that led to the introduction of scorecards and dashboards to track progress against maternal and child survival indicators.

The survey-based child survival scorecard captures both public and private sector data and is used to assess outcomes and service delivery performance at national and state levels. Scorecards are updated as new survey data become available. The HMIS-based

dashboard monitoring system allows states to use HMIS data to improve decision making in real time because it can be updated quarterly. The scorecards and dashboards improve accountability in the public health system, enable comparative assessments of state and district performance, and monitor the major components of the national Reproductive and Child Health (RCH) program and RMNCH+A strategy

Developing National and State Scorecards

In the process of developing the national RMNCH+A strategy, a subcommittee was also formed to develop scorecards and dashboards. The subcommittee identified 19 survey-based outcome and coverage indicators related to health, nutrition, and sanitation--nine outcome and 12 coverage indicators. The outcome indicators include five related to mortality, two related to fertility, one based on nutrition, and one on gender. The coverage component includes cross-cutting and service delivery indicators.

In constructing the scorecards, the latest available data from national surveys, including the GoI's Sample Registration System, Coverage Evaluation, District-level Household and Facility, National Family Health, and Annual Health Surveys were considered. Based on these data, all-India averages for each indicator were used as a reference point. State results were color-coded:

National Mortality, Nutrition, Fertility Indicators
- Green: < 20% of national average
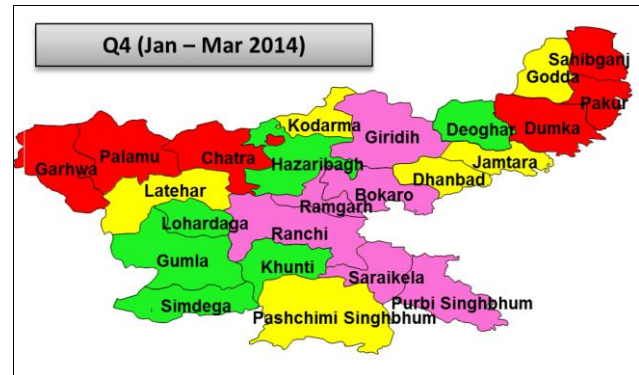- Yellow: +/- 20% of national average
- Red: > 20% of the national average

Remaining Indicators
- Green: > 20% of national average
- Yellow: +/- 20% national average
- Red: < 20% of national average

Developing HMIS-based Dashboards

The HMIS dashboard includes 16 indicators, each calculated using data found in the HMIS portal of the GOI for a specified period. These 16 indicators cover the four stages of the lifecycle: pre-pregnancy/reproductive age, pregnancy care, childbirth and delivery, and post-natal, maternal, and newborn care. HMIS dashboard indicators allow for ranking of states, districts and blocks as

high performing (green), promising (pink), low performing (yellow), and very low performing (red).

Jharkhand Q4 Dashboard

Innovation in Jharkhand

Jharkhand was the first state to adopt the scorecard approach. With technical support from USAID's MCHIP, the state government used Annual Health Survey (AHS) 2010-2011 data to develop the Jharkhand child survival scorecard. While the national scorecard uses 20% as the cut-off to identify each category from the average, the standard in Jharkhand is more rigorous; 10% is the cut-off value to determine district performance. Jharkhand also added a ranking system that permits a comparative assessment of district-wide performance. This system revealed that 10 of the 11 identified high priority districts (HPDs) in Jharkhand were clustered at the bottom, in the categories of low and very low performing, highlighting the need for special attention. Since it was constructed in 2013, the Jharkhand Child Survival Scorecard has been updated twice, with AHS data for 2011-12 and 2012-13.

Jharkhand was the first state to adopt the 16 indicator-based HMIS district dashboards for all quarters of 2013-14. MCHIP helped the Government of Jharkhand develop block-specific dashboards for all 11 HPDs in the state, allowing district officials to identify poorly performing blocks and take corrective action on a monthly basis to improve their indicators. MCHIP also introduced a dashboard ranking system, officially backed by the GOI, which will help institutionalize the mechanism for future monitoring. Regularly updated, Jharkhand's HMIS-based dashboards are the backbone of a routine feedback loop that is increasingly important to program managers at state and block level.

How Scorecards and Dashboards are Helping Jharkhand

District RMNCH+A orientation workshops included a session on HMIS-based dashboards to help district officials analyze the data and take action to improve program performance and accountability. Moreover, the dashboard prompted health officials to initiate monthly district review meetings, based on the 16 dashboard indicators. The following highlights how scorecards and dashboards are improving maternal and child health results in Jharkhand:

> **"The dashboards and scorecards are proving to be an effective tool to monitor programme performance at the state and district levels."** *Dr. Sumant Mishra. Director in Chief. Health Services*

- While Jharkhand's HPDs were selected on six key indicators identified by the GOI, scorecards are more comprehensive, including more indicators that are important to outcomes and help monitor the components of the RMNCH+A Strategy.
- HMIS dashboards are used as evaluation tools for measuring performance of facilities and staff, which increases accountability.
- Dashboards help block monitoring teams to prioritize HPDs that require immediate and intensified attention.
- The ranking system has helped identify districts and blocks that are lagging behind. The HPDs that were the least-performing both in the scorecards and the dashboards substantiated the GOI's initial methodology for categorizing HPDs.
- The visual representation (color-coding) of performance has helped

SN	Category	Districts	Overall Index				1. Reproductive age group				2. Pregnancy Care				3. Child Birth				4. Postnatal mother and new born Care			
			Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
1	Good Performing District	Khunti	0.5351	0.4513	0.4981	0.4988																
2		Lohardaga (HPD)	0.5329	0.5417	0.4896	0.5586																
3		Deoghar	0.5158	0.5461	0.5995	0.5625																
4		Gumla (HPD)	0.5104	0.5120	0.4703	0.4588																
5		Hazaribagh	0.4940	0.4704	0.4286	0.4815																
6		Simdega (HPD)	0.4930	0.5582	0.5303	0.5575																
7	Promising Districts	Godda (HPD)	0.4920	0.5111	0.5049	0.5264																
8		Dhanbad	0.4807	0.5223	0.5192	0.5640																
9		Latehar (HPD)	0.4793	0.4622	0.4321	0.5360																
10		W. Singhbhum (HPD)	0.4751	0.4815	0.5146	0.6185																
11		Jamtara	0.4426	0.4579	0.4359	0.4974																
12		Kodarma	0.4291	0.4864	0.4341	0.4878																
13	Low Performing Districts	E. Singhbhum	0.4234	0.3396	0.4155																	
14		Ranchi	0.4130	0.5024	0.5886	0.5814																
15		Saraikela (HPD)	0.4052	0.3669	0.4142	0.5129																
16		Bokaro	0.4024	0.3725	0.3951																	
17		Ramgarh	0.3891	0.4683	0.4337	0.4375																
18		Giridih	0.3847	0.4341	0.4527																	
19	Very Low Performing Districts	Palamu (HPD)	0.3759	0.4962	0.5321	0.5204																
20		Pakaur (HPD)	0.3665	0.4015																		
21		Dumka (HPD)	0.3541	0.4440																		
22		Chatra	0.3476	0.3590																		
23		Garhwa	0.3367	0.3875																		
24		Sahibganj (HPD)	0.3577	0.2843																		

even the lowest cadre of health workers to understand in which areas they are lagging and on what they must focus to improve their performance on a quarterly basis.
- Because of the positive impact the scorecards and dashboards have had on performance, non-HPDs of Jharkhand are requesting that MCHIP develop the same for their districts.
- The scorecards and dashboards have been disseminated at state consultation meetings to highlight the districts and blocks that should be prioritized for program attention.
- Scorecards and dashboards are being used in monthly review meetings to show the progress of HPDs compared to that of other districts. Corrective actions are suggested and both HPDs and non-HPDs are followed monthly to monitor progress.

Jharkhand's experience demonstrates that both survey-based scorecards and HMIS-based dashboards have an important role to play in monitoring the coverage of key health interventions. Dashboards must be interpreted critically, however, as they provide a general assessment through use of 16 indicators only, and a comparative versus an absolute measure of performance.