

DATA REPORT CARD 1

What do we need to measure and why?

Under its five strategic objectives, the Every Newborn Action Plan (ENAP) provides technical guidance for refining national policy within the context of health sector reform and wider reproductive, maternal, neonatal and child health strategies (Fig 1.1). High-quality care at birth for every woman and her baby is at the heart of the continuum of care (Fig 1.2). Scale up of these high-impact, and cost-effective interventions could give a triple return on investment and help to end preventable maternal and newborn deaths and stillbirths in support of the Global Strategy for Women's, Children's and Adolescent Health, under the Sustainable Development Goals.

Figure 1.1. Packages in the continuum of care



Figure 1.2. Strategic objectives of the ENAP

- 1 Strengthen and invest in maternal and newborn care during labour, birth and the first day and first week of life 
- 2 Improve the quality of maternal and newborn care 
- 3 Reach every woman and newborn to reduce inequities 
- 4 Harness the power of parents, families and communities 
- 5 Count every newborn through measurement, programme-tracking and accountability 

Data are crucial for informing and accelerating change, as well as monitoring quality and safety. Where indicators for high impact, evidence-based interventions are effectively tracked, equitable coverage tends to improve planning, leading to better population health outcomes. This has been seen for under-five deaths due to HIV/AIDS, malaria and measles (among others), which have seen the greatest proportional declines and have more advanced and more programmatic data (coverage and process), collected more frequently, and at a more granular level (e.g. district level, by various equity analyses groups). This contrasts with newborn health care where most of the high impact interventions do not have comparable coverage data or data are of poorer quantity and quality, and have been collected with less frequency¹.

What are the indicators, and why are these important?

Ten priority indicators were selected during wide consultations for the development of ENAP. These indicators are proposed for use in countries and have been prioritised according to the five ENAP objectives (Fig 1.1) in order to track impact, coverage of care for every mother and newborn, and specific interventions for complications and extra care (Table 1.1). Additional indicators are listed, including those important for measuring outcomes related to quality of care at birth and care for small and sick newborns, notably capturing intrapartum stillbirths and monitoring disability. Accurate, regular collection of maternal and newborn health data, including stillbirths, is essential to track in-country progress towards ENAP targets, and for programme managers and policymakers to monitor and respond to gaps in equity and quality of care. There are 29 countries which need to at least double progress to meet the target for neonatal mortality, and more that need to meet the target for stillbirth prevention, and these countries have the furthest to go in terms of health management information systems. It is therefore critical that a limited number of data points are prioritised and tested to ensure validity and feasibility for use; even in more challenging settings.

Priority gaps in metrics

Table 1.1 is colour coded. Impact indicators are shown in green; those in normal text have clear, agreed definitions, but the quality and quantity of data require improvement. Indicators of coverage of care of all mothers and newborns are shown in amber; the three identified for tracking are clearly defined, but data on the content and quality of care must be improved. The indicators for coverage of care for newborns at risk or with complications are shown in red, as their measurement requires the most work, with gaps in definitions. New research is required for validation and to assess the feasibility of their use at scale in health management information systems (HMIS).

The ENAP Measurement Improvement Roadmap is detailed in Report Card 2 and specifies challenges and gaps in measurement and provides a multi-year, multi-partner pathway to improving the status of measurement, including indicator definitions, tools, coverage, utility and validity.

Table 1.1: ENAP core and additional indicators

Current status		Core ENAP indicators	Additional indicators
Definitions clear – but quantity and consistency of data lacking	<i>Impact</i>	1. Maternal mortality ratio*	Intrapartum stillbirth rate Low birth weight rate Preterm birth rate Small for gestational age Neonatal morbidity rates Disability after neonatal conditions
		2. Stillbirth rate*	
		3. Neonatal mortality rate*	
Contact point definitions clear but data on content of care are lacking	Coverage: Care for All Mothers and Newborns	4. Skilled attendant at birth*	Antenatal Care* Exclusive breastfeeding up to 6 months*
		5. Early postnatal care for mothers and babies*	
Gaps in coverage definitions, and requiring validation and feasibility testing for HMIS use	Coverage: Complications and Extra Care	6. Essential newborn care (tracer is early breastfeeding)	Caesarean section rate
		7. Antenatal corticosteroid use	Chlorhexidine cord cleansing
		8. Neonatal resuscitation	
	Input: Service Delivery Packages for Quality of Care	9. Kangaroo mother care	Every Mother Every Newborn Quality Initiative with measurable norms and standards
		10. Treatment of severe neonatal infections	
	Input: Counting	Emergency Obstetric Care Care of Small and Sick Newborns	Death registration, cause of death

Shaded = Not currently routinely tracked at global level. **Bold red** = Indicator requiring additional testing to inform consistent measurement. Indicators to be disaggregated by equity such as urban/rural, income, and education. *also SGD core or complementary indicator

Adapted from WHO and UNICEF, Every Newborn Action Plan (2014), Mason et al. Lancet (2014), Moxon et al., BMC (2015)

For full references and further reading see Introduction to these report cards and www.everynewborn.org

¹WHO (2014), The Every Newborn Action Plan

²Mason et al. (2014) From Evidence to action to deliver a healthy start for the next generation. The Lancet 384(9941) p455-467.

³Moxon et al.(2015) Count every newborn; a measurement improvement roadmap for coverage data. BMC Pregnancy and Childbirth S2(8)