

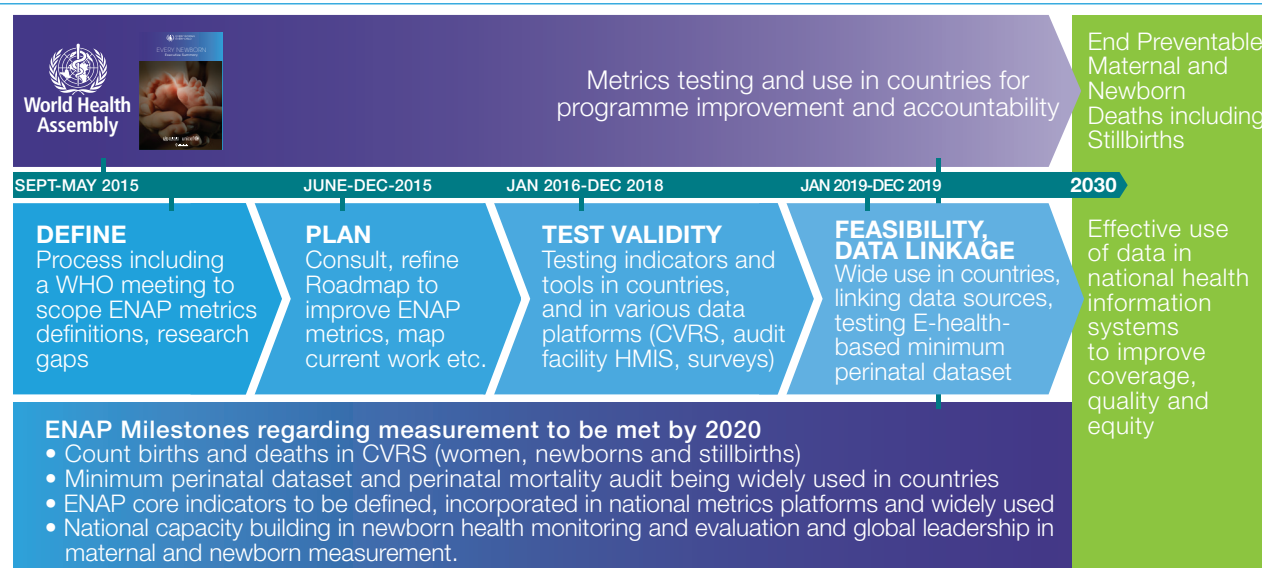
DATA REPORT CARD 2

How will the data be improved and used?

The Measurement Improvement Roadmap, an ambitious plan to improve and use data

Since 2014, substantial progress has been made in aligning indicator definitions that can be used in countries. A five-year multi-partner ENAP Measurement Improvement Roadmap details steps to meet key ENAP milestones (Fig 2.1). Coordinated via the ENAP metrics group, the Roadmap was developed in wide consultation, including a WHO meeting of 50 experts¹ and a series of consultation sessions throughout 2015. The purpose was to link to and contribute to the wider Measurement for Health roadmap for health systems, noting that counting births and deaths around the time of birth is fundamental to all health information systems.²

Figure 2.1: The Every Newborn Measurement Improvement Roadmap



What can we measure now to assess progress for care of small and sick newborns?

Given the gap in immediate measurement of population coverage data, and content and quality of care for treatment of small and sick newborns, Table 2.1 details indicators that are already in use and can be tracked immediately, while work progresses to validate and test feasibility for the coverage indicators for indicators 7-10.

Table 2.1: Process and readiness indicators to measure now regarding care of newborns with complications or those at risk³

INDICATOR	NUMERATOR	DENOMINATOR
Antenatal corticosteroids (ACS) use	Number of countries with ACS on the essential drug list for the purpose of fetal lung maturation in preterm labour	Number of countries with essential medicine list policy data
Newborn resuscitation	Number of facilities with a functional neonatal bag and two masks (sizes 0 and 1) in the labour and delivery service area	Number of facilities with inpatient maternity services that are assessed
Kangaroo Mother Care	Number of facilities in which a space is identified for KMC and where staff have received KMC training (< 2 years)	Number of facilities with inpatient maternity services that are assessed
Treatment of neonatal possible serious bacterial infection	Number of facilities in which gentamicin is available at suitable peripheral level for treatment of severe neonatal infection	Number of facilities assessed
Chlorhexidine (CHX) cord cleansing	Number countries with CHX on the essential drug list for the purpose of cord cleansing	Countries with essential medicine list policy data

What data improvements are most needed?

All the ENAP core indicators (Table 1.1), even those colour coded green (impact level), require improvements in quantity and quality of data, notably for intrapartum stillbirths. For skilled birth attendance and postnatal care, as well as antenatal care, advances have been made in data for coverage of the contact at this time, but there are gaps in the measurement of content and quality. There are major gaps (shown in red in Table 1.1) for indicators regarding treatment for newborns or women at risk or with complications. For these indicators, clinical judgement is usually needed in order to identify those in need of the intervention. As with caesarean section, this is hard to measure consistently, creating further measurement challenges for capturing the true denominator. Therefore, options need to be considered for testing more feasible denominator options (listed in Table 2.2).

Work to validate the core coverage indicators and test a range of potential denominators (Table 2.2) will start in Tanzania and Bangladesh.

The facility-based testing for ENAP includes

- Four core coverage indicators (Table 2.2)
- Facility readiness for small and sick newborn care (similar to Emergency Obstetric Care approach)
- Birth and death certificate innovations
- Birth weight and gestational age (GA) improvement
- Perinatal audit field testing and minimum perinatal dataset

The indicators will then be tested for feasibility of collection in routine health management information systems. Some interventions – such as use of chlorhexidine cord cleansing or kangaroo mother care – may also be measurable through household surveys and require separate work.

Table 2.2: Coverage indicators for validation regarding care of newborns with complications or those at risk³

INDICATOR	NUMERATOR	DENOMINATOR, OPTIONS TO BE TESTED
Antenatal corticosteroid (ACS) use	All women giving birth in a facility who are <34 completed weeks and received one dose of ACS for being at risk of preterm birth (note initial focus on counting all while testing ways to split by GA at birth to identify women treated who did not deliver <34 completed weeks)*	a) Live births in the facility b) Total births in the facility (including stillbirths) c) Estimated births (live or total) d) Target population for coverage (live births in facility by gestational age in weeks, notably gestational age <34 weeks as target population for coverage)
Newborn resuscitation	Number of newborns who were not breathing spontaneously/ crying at birth for whom resuscitation actions (stimulation and/or bag and mask) were initiated	
Kangaroo mother care (KMC)	Number of newborns initiated on facility-based KMC	
Treatment of neonatal possible serious bacterial infection (PSBI)	Number of newborns who received at least one dose of antibiotic injection for PSBI in the facility	

*Important for assessing safety⁴

Leadership from highest burden regions to improve and use data

To strengthen national technical leadership for data collection and use, the indicator improvement activity will be nested in academic centres of excellence, initially in two high-burden countries (Bangladesh and Tanzania). In addition, the INDEPTH network Maternal Newborn Interest Group, will lead to the testing of questions and improved tools for counting births and deaths around the time of birth, including improved cause of death and birth weight/gestational age (GA) assessments.

The road ahead

In addition to these initial actions, work is needed to improve measurement of GA and birthweight, and tools and systems are needed to integrate routine information systems data with impact data and other data platforms.

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

¹ World Health Organization (2014) The WHO Technical consultation on newborn health indicators, assess at www.everynewborn.org

² Measurement for Accountability and Results in Health (2015) The Roadmap for Health and Accountability

³ Moxon et al., (2015) Count every newborn, a measurement improvement roadmap for coverage data, BMC Pregnancy and Childbirth, S2(S8)

⁴ Liu et al. (2015) Antenatal corticosteroids for management of preterm birth: a multi-country analysis of health system bottlenecks and potential solutions, BMC Pregnancy and Childbirth, S2(S3)