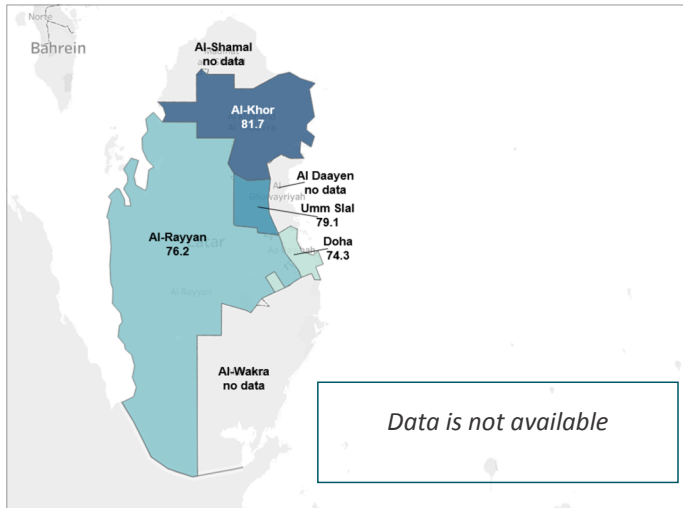


Coverage of essential RMNCH interventions

Composite coverage index - subnational coverage



Wealth Quintiles

Data is not available

Wealth and area of residence

Data is not available

Urban | rural area of residence

Data is not available

Co-coverage of essential interventions

The co-coverage indicator is not available for MICS surveys because some indicators cannot be calculated for the required age range

- antenatal care (4+ visits) • tetanus toxoid during pregnancy
- skilled attendant at delivery • child received vitamin A supplementation
- BCG (tuberculosis) vaccination • DPT3 (diphtheria–tetanus–pertussis) vaccination • measles vaccination • improved drinking water source

The co-coverage indicator is not available for MICS surveys because some indicators cannot be calculated for the required age range

Qatar Profile

Indicators	National	Wealth quintiles					Wealth-related equity indicators				Woman's education			Child's sex		Area of residence	
		Q1	Q2	Q3	Q4	Q5	Ratio Q5/Q1	Difference Q5-Q1	CIX	SII	None	Primary	Secondary+	Female	Male	Rural	Urban
Demand for family planning satisfied with modern methods	68.4										58.1	68.9	68.8				
Antenatal care (4 or more visits)	84.5											73.6	86.5				
Neonatal tetanus protection	9.4											7.6	9.7				
Skilled attendant at delivery	100.0											100.0	100.0				
Postnatal care for mothers	90.9											87.6	92.3				
Postnatal care for babies	94.4											94.6	94.2				
Immunization - Rota																	
Immunization - DPT3	63.2											86.8	62.6	61.6	64.8		
Immunization - Measles	75.5											90.5	75.4	77.0	74.0		
Careseeking for symptoms of pneumonia																	
Diarrhoea treatment: ORS	73.8												72.7	66.7	80.0		
Early initiation of breastfeeding	33.5											42.6	33.0				
Exclusive breastfeeding	29.3												30.8	34.9	23.8		
Continued breastfeeding (1 year)	65.0												64.6	63.7	66.1		
Vitamin A supplementation																	

Stratification not applicable for the indicator
 Data not available
 Estimate not presented (N < 25)

Indicator coverage by country region

Indicators	Doha	Al-Rayyan	Al-Wakra	Umm Slal	Al-Khor	Al-Shamal	Al Daayen
Demand for family planning satisfied with modern methods	74.9	61.3	66.0	53.4	66.8		75.3
Antenatal care (4 or more visits)	88.6	82.1	69.5	85.0			
Neonatal tetanus protection	10.7	7.4	8.9	5.3			
Skilled attendant at delivery	100.0	100.0	100.0	100.0			
Postnatal care for mothers	94.5	84.9	98.7	95.3			
Postnatal care for babies	96.4	91.8	99.3	91.7			
Immunization - Rota							
Immunization - DPT3	65.6	59.4	34.0	92.2			
Immunization - Measles	78.4	70.8	67.2	85.4			
Careseeking for symptoms of pneumonia							
Diarrhoea treatment: ORS	76.5	78.4					
Early initiation of breastfeeding	29.8	39.0	21.9	35.0			
Exclusive breastfeeding	29.1	25.8					
Continued breastfeeding (1 year)	72.1	70.4					
Vitamin A supplementation							

Data not available
 Estimate not presented (N < 25)

Interventions and inequality measures

To monitor progress towards the Sustainable Development Goals, it is essential to monitor the coverage of health interventions in subgroups of the population because national averages can hide important inequalities. Here, we selected 15 interventions representing the continuum of care of Reproductive, Maternal, Neonatal and Child Health (RMNCH) to show how countries are faring in terms of coverage by regions of the country, wealth quintiles (5 equal sized groups), urban or rural area of residence and both wealth and area. In the table presented in page 2, we also present results by woman's education and child's sex.

We also present simple measures of wealth inequality (difference and ratio) and complex measures. These are the slope index of inequality (SII), for absolute inequality, and the concentration index (CIX), for relative inequality. The SII can be interpreted as the difference in coverage between the two extremes of the wealth distribution. The CIX is similar to the Gini index and gives an idea of how concentrated the coverage of each indicator is, towards the rich (positive value) or the poor (negative value). The CIX can vary from zero (no inequality) to 100 (maximum concentration), but in practice values above 30 already represent a fairly high level of pro-rich inequality.

A short description of the interventions is presented below. The full definition of the interventions tracked by Countdown can be found in the annexes of the main report.

Demand for family planning satisfied with modern methods:

Percentage of women 15-49 years, in union, using modern contraceptives among those who are fertile and do not want a child in the next two years, at least.

Antenatal care, 4 or more visits:

Percentage of women who had at least 4 visits of antenatal care during pregnancy.

Neonatal tetanus protection:

Percentage of women who received tetanus injections during pregnancy.

Skilled attendant at delivery:

Percentage of women who had delivery attended by a doctor, a nurse, or an auxiliary nurse or trained midwife. The specific titles and cadres can vary by country.

Postnatal care for mothers and for babies:

Percentage of mothers (or babies) who went through a health check within 48 hours after the delivery.

Immunization for rotavirus, DPT3, measles and rotavirus:

Percentage of children 12-23 months of age who received these vaccines.

Careseeking for pneumonia:

Percentage of children who presented symptoms of pneumonia and were taken to a health facility.

Diarrhea treatment with ORS:

Percentage of children with diarrhea who received oral rehydration salts.

Early initiation of breastfeeding:

Percentage of children who were put to the breast in the first hour of life.

Exclusive breastfeeding:

Percentage of children less than six months of age who are being exclusively breastfed.

Continued breastfeeding at one year:

Percentage of children 12-15 months of age who are still being breastfed.

Vitamin A supplementation:

Percentage of children who received vitamin A in the six months preceding the interview.

Improved drinking water source:

Household with access to an improved source of drinking water (such as piped water, public tap, protected well).

Combined coverage indicators

Composite coverage index CCI

We present a map of each country with the CCI by region. The CCI is a simple way to summarize coverage by health interventions using a single number, in place of several of them. It is calculated as the weighted mean of eight selected interventions demand for family planning satisfied, antenatal care (4+ visits), skilled attendant at delivery, BCG, DPT3 and measles vaccines, and finally careseeking for pneumonia and ORS for diarrhea.

Co-coverage

Co-coverage is a count of how many, out of 8 interventions offered in the country, the pair of mother and child received. Ideally, they will receive all interventions available, but in practice we observe very different situations. The interventions considered here are antenatal care (4+ visits), tetanus toxoid during pregnancy, skilled attendant at delivery, BCG, DPT3 and measles vaccines, vitamin A supplementation and improved source of drinking water. The count goes from zero to 8.

Interpreting the graphs

In the equiplots, the graphs with aligned dots, each dot represents the coverage of a given intervention for a subgroup. It can be area of residence, or wealth quintiles (the first quintile includes the poorest 20% of the sample, and so on). The quintiles are labelled Q1 to Q5. The distance between the dots is the difference in coverage between the relevant groups. The larger the difference, the bigger the absolute inequalities in the country. Ideally, in this type of graph, we would like to see all the dots close together on the right side, where coverage approaches 100%.

The map shows the regions of each country and CCI coverage using colors to highlight differences across the regions. The darker the color, the higher the coverage. The actual values (%) are presented below the names of the regions. At the bottom, we also present an equiplot of the CCI by wealth quintiles. Not to be confused with a map scale!

Co-coverage is presented in two ways. The top graph displays how many mothers and children in each of the five wealth quintiles receive zero, one, two, up to eight of the interventions included in the co-coverage measure. We typically see that the high-count sections increase and are much bigger toward the richer quintiles. The bottom section shows differences in key characteristics of mothers and children that received less than 3 of these interventions (left column) in comparison to all mothers and children living in the country (right column). Comparisons presented include likelihood to belong to the poorest quintile, to live in rural areas or specific geographical regions, and of the mother having received no education. For instance, a much higher proportion (30-40%) of mothers and children receiving less than three interventions belong to the poorest quintile, compared to the 20% of the sample that this category encompasses.