COVERAGE OF MATERNAL AND NEWBORN HEALTH INTERVENTIONS

- All pregnant women and newborns need antenatal care, skilled delivery, and postnatal care. The MNH co-coverage score combines antenatal care visits, institutional delivery, and postnatal care for mother and for baby, capturing information on whether pregnant women and newborns had contact with essential services at each of the three stages of maternal health. This indicator is relevant for understanding patterns in maternal mortality, stillbirths, and neonatal mortality as well as health system performance.
- The MNH co-coverage score is a numerical count score for each mother-baby dyad. One point is allocated to each intervention, ranging from a total score of zero to three, where zero represents no interventions received and three represents all interventions received.
- Household surveys (DHS and MICS) are used to compute the MNH co-coverage score based on at least four antenatal care visits, institutional delivery, and postnatal care within two days of delivery (calculated as for mother, baby, or both).

MNH COVERAGE WITH ALL THREE INTERVENTIONS: THE SITUATION IN COUNTRIES WITH SURVEYS SINCE 2015

- Based on DHS or MICS surveys conducted since 2015 in 43 countries, organized by sub-Saharan Africa and other regions.
- In 5 of the 21 countries in sub-Saharan Africa with data, coverage of all three interventions reached over 60%. However, none of these 5 countries in the region had coverage levels exceeding 70%.
- Much higher percentages of mother-baby dyads received all three interventions in other regions, exceeding 70% in 16 of the 22 countries with data.
- Less than one-third of mother-baby dyads had full MNH co-coverage in 8 sub-Saharan African countries and in Bangladesh.

ZERO COVERAGE: COUNTRIES WITH MOTHER-BABY DYADS RECEIVING NONE OF THE THREE MNH INTERVENTIONS

- In 15 of the 43 countries with a survey since 2015, 10% or more mother-baby dyads received zero out of the three MNH interventions.
- Four of these 15 countries were in Asia: more than 1 in 5 mother-baby dyads received none of the three MNH interventions in Bangladesh and Lao PDR, one in six in Pakistan, and 1 in 10 in Nepal.
- The remaining 11 countries were in sub-Saharan Africa, 5 countries had more than 1 in 5 mother-baby dyads with zero coverage, including 3 countries with more than 30% of mother-baby dyads not receiving any of the three MNH interventions (Nigeria, Ethiopia, and Niger).
The equiplots present the percent of mother-baby dyads who received all three interventions stratified by wealth quintiles (Q1 is the poorest, Q5 is the richest).

The median gap between the poorest and richest mother-baby dyads in sub-Saharan Africa was 26 percentage points and 21 percentage points elsewhere. The gaps between the richest and poorest mother-baby dyad vary widely, from less than 1 percentage point in Sierra Leone and Belarus to more than 65 percentage points in Lao PDR, Cameroon, and Pakistan.

In many countries such as in Ethiopia, Mali, the Gambia, and Bangladesh, coverage levels are substantially higher among the richest mother-baby dyads compared to mother-baby dyads in all other wealth quintiles.

The trends in MNH co-coverage with all 3 interventions show that coverage levels increased in almost all countries.

In the 21 countries in sub-Saharan Africa with data, the median absolute increase in MNH full co-coverage was 18 percentage points (the range in percentage point change across countries was from -1 to 45).

Increases of more than 20 percentage points occurred in Zimbabwe, Rwanda, Malawi, Sierra Leone, Ethiopia, Uganda, and Cameroon.

In the 22 countries in other regions of the world with data the median increase was 6 percentage points, driven by gains in the countries with low co-coverage in the earlier surveys, such as Nepal, Indonesia, Pakistan, and Lao PDR.