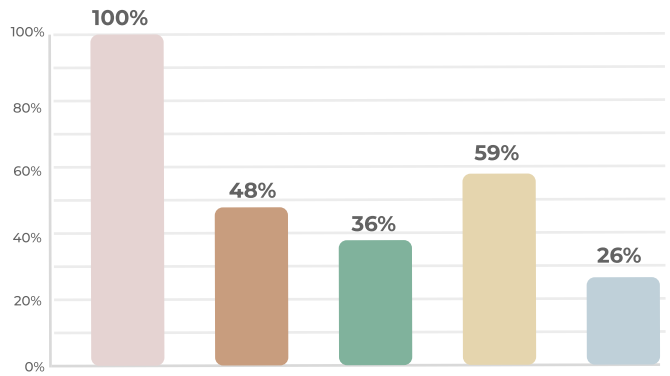
Effective coverage for antenatal care

*Example results synthesis**

ANC4 Effective Coverage Cascade



Population in need
Women with a live birth in the last two years

Service contact
Received at least 4 ANC visits

Readiness-adjusted coverage
Received ANC4 from a "ready" facility

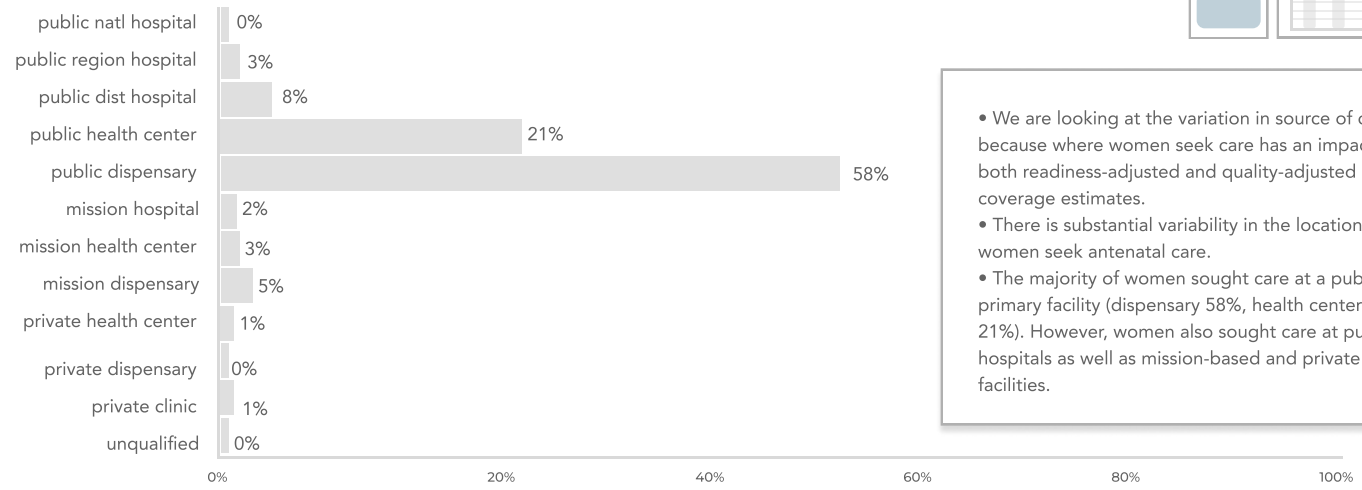
Intervention coverage
Received ANC component interventions (TT, IPTp, iron, BP measured, urine sample, blood sample, deworming)

Quality-adjusted coverage
Received ANC4 services according to standard protocols

- Across the ANC4 cascade from service contact to quality-adjusted coverage, there is a decline in coverage of 22 percentage points.
- From service contact to readiness-adjusted coverage, there is a decline in coverage of 12 percentage points.
- The proportion of women that received at least 4 ANC visits was 48% (service contact) while the proportion of women who received ANC component interventions (intervention coverage) was 59%.

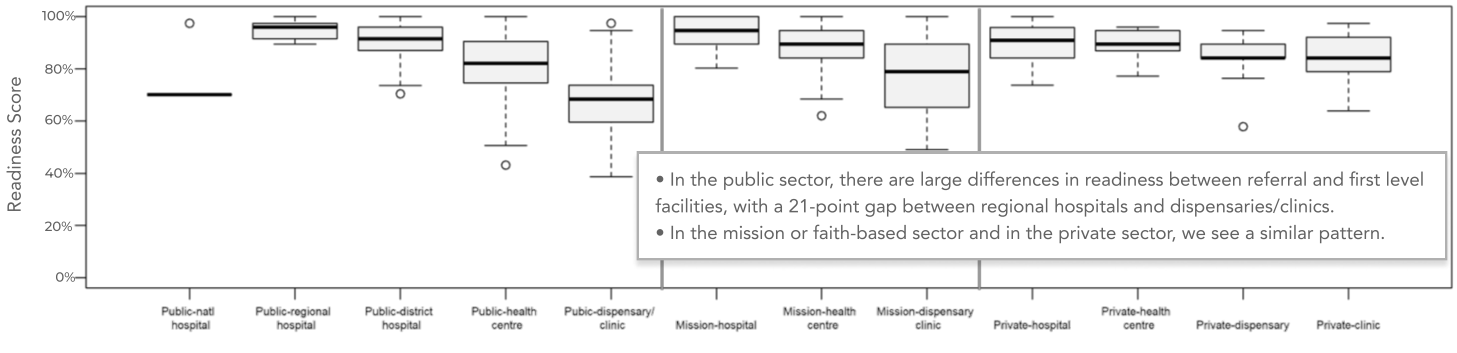
Readiness-adjusted and quality-adjusted coverage estimates are driven by where women seek care and the readiness/quality of that care

Variation in source of care



- We are looking at the variation in source of care because where women seek care has an impact on both readiness-adjusted and quality-adjusted coverage estimates.
- There is substantial variability in the location women seek antenatal care.
- The majority of women sought care at a public primary facility (dispensary 58%, health center 21%). However, women also sought care at public hospitals as well as mission-based and private facilities.

Distribution of readiness scores by facility type/managing authority



- In the public sector, there are large differences in readiness between referral and first level facilities, with a 21-point gap between regional hospitals and dispensaries/clinics.
- In the mission or faith-based sector and in the private sector, we see a similar pattern.

*Although these examples were produced with real country data, this is not intended to be the definitive effective coverage estimates for the country and rather serves as an example of how effective coverage cascades may be presented.

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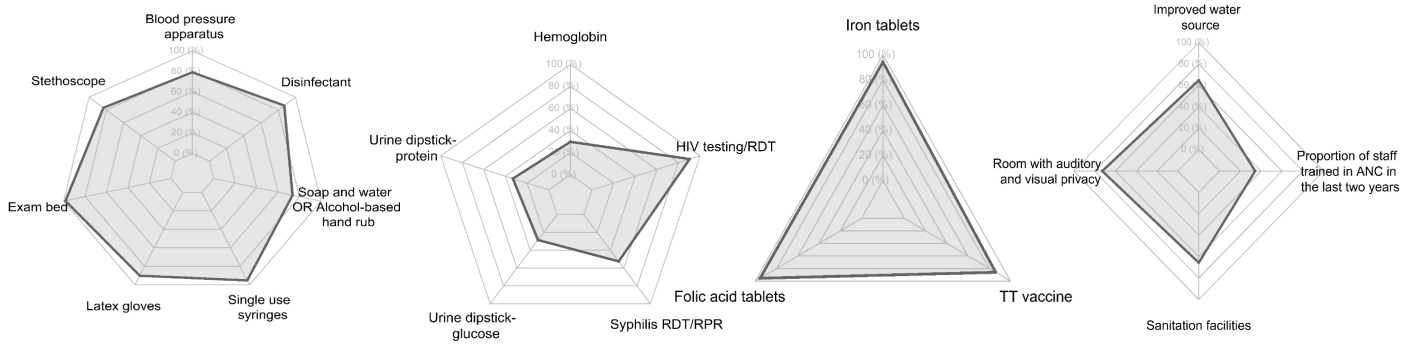
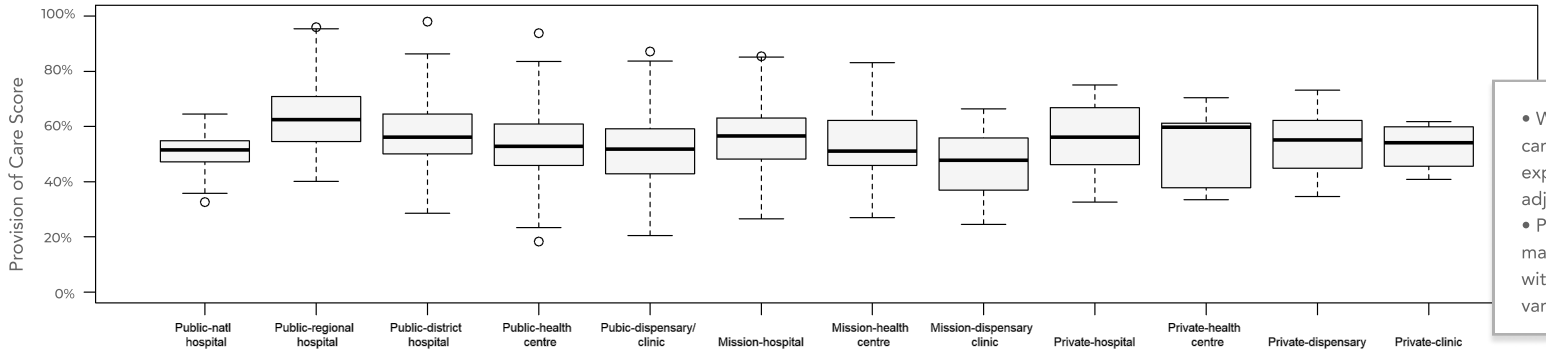
Countdown to 2030
Women's Children's & Adolescent's Health

Facility readiness score by domain



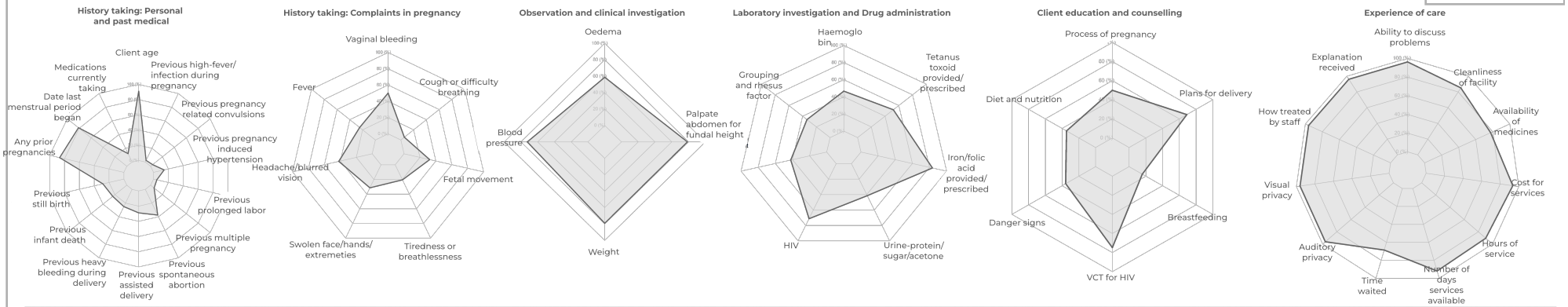
- Individual facility readiness items grouped by domain demonstrates that some domains have more gaps for ANC, most notably diagnostics and human resources.
- Individual item availability is variable with some items being nearly universally available, such as iron and folic acid, while other items had more limited availability, such as hemoglobin testing capacity.

Distribution of provision/experience of care scores by facility type/managing authority



- We are looking at provision/experience of care scores because the provision and experience of care has an impact on quality-adjusted coverage estimates.
- Providers at all levels of facilities across managing authorities are providing services with a similar level of quality and there is little variability.

Provision/experience of care scores by domain



- Individual provision/experience of care items grouped by domain demonstrates that some domains have more gaps for ANC, most notably history taking and laboratory investigation.
- Individual items are variable with some items being nearly universally provided during ANC, such as weight assessed and client satisfied with how they were treated by the staff, while other items were less routinely provided, such as history taking for a previous stillbirth and syphilis testing.

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