

PRIORITY PROGRAM – MATERNAL AND CHILD HEALTH

	Indicator	Source	2004 Baseline	2005	2006	2007 Mid-term review	2008	2009	2010		Comments
									target	in fact	
A. EXPECTED PROGRAM IMPACT											
Impact on mother and child health	Infant mortality rate ¹	RMIC MIC'S/DHS	25,6 66 (1997)	29,7 58.0	29,2 38.0	30,6 33.0	27,1	25,0	0.6 ‰ annual decline	22,8	Infant mortality rate decline tendency remains, following 2010 results it is 22,8 per 1000 live birth (2,2% or 8,8%). It is due to perinatal mortality rate decline (death from 22 weeks till 7 days after birth), that is 70% in the structure of infant mortality, the reason why efficient perinatal care was introduced (rational delivery management, early breastfeeding, timely resuscitation till 7 days after birth)
	Perinatal mortality rate ²	RMIC	29,8	32,4	33,7	33,0	30,1	28,6	0.6 ‰ annual decline	27,0	In 2010 the indicator decrease was for 5,6% (for 1,6%), is connected with introduction of efficient perinatal care program, corresponding to WHO requirements, primary neonatal resuscitation and efficient newborn care.
	Child mortality rate	RMIC MIC'S/DHS	31,8	35,2 45.0	34,6 44.0	35,3 42.0	31,5	29,3	0.8 ‰ annual decline	26,3	Following 2010 results there is infant mortality rate decline for 10,2% or 3%, that is 26,3 per 1000 live birm.
	Maternal mortality ratio	RMIC MIC'S/DHS	46,4	61,0 150.0	53,0 104.0	62,5	58,9	75,3	55.0	50,6	Maternity mortality rate is flexuous. At the moment the short term plan is being implemented on introduction of WHO initiative on methodology: "What is behind the numbers?": confidential investigation of maternity mortality (CIMM) at national level and investigation of critical cases, within the initiative the local coordinators were trained (80 specialists). There is a moratorium on maternity mortality detection and registration punishment (Prikaz of MoH of the KR #292 dated June 11, 2008). Indicator increase in 2009, among other reasons, depended on reliable statistics that helps to analyze the real reason of maternal mortality and take feasible interventions on situation change.
B. EXPECTED PROGRAM OUTCOMES: IMPROVED ACCESS TO AND QUALITY OF MATERNAL AND CHILD HEALTH SERVICES											
Improved access and equity in access to	% of obstetric organizations, where EPC program was	Working group on maternal and child health	5,4% (3)	7,3% (4)	27% (15)	45% (25)	55% (30)	62,5% (39)	70% (39)	71,4% (45)	Key strategy of the republic on infant and maternity mortality rate decline is expansion of efficient perinatal care corresponding WHO requirements.

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maternal child health services	implemented(wi th at least 30 % of the personnel trained on EPC) ³										
	% of deliveries in baby-friendly hospitals	RMIC	40,69	51,88	56,65	62,50	43,22	56,0	61	50,8	50,8% (38 from 63) maternity houses were certified for BFH rank. Besides 9 MPO were prepared for certification, 8 maternity units were excluded from BFH rank.
C. EXPECTED RESULTS OF MCH COMPONENT											
Improved content of medical practice for pregnancies, deliveries, and children	% of newborns dying from asphyxia during 0-6 days	PMИЦ	29.8	25.6	26.0	24.1	25.3	29,2	24.8	28,1	Asphyxia diagnosis verification at early neonatal period was improved.
	% deliveries complicated by anemia	PMИЦ	40.6	44.4	41.9	43.4	40.1	41,1	40.0	44,0	% of delivery complicated with anemia during the last years is at 40-44%. Since 2009 with donors support "Gulazyk" program has been introduced referred to prevention of micronutrient insufficiency among pregnant women and children before 2 years old.
Increased coverage of medical services for pregnancies, deliveries, and children	Immunization coverage by age 2 ⁴	РЦИ	99,0	98,2	93,9	95,6	96,6	95,0	97,0	96,4	This indicator was explained without considering vaccination against measles, branks and poliomyelitis, coverage is about 98,9%. Diphteria and tetanus toxoids and pertussis vaccine-with is included into pentavalent vaccine. Coverage is 96,4% is the most approximate to reality, since part of children not registered to FGP could not been considered at nationwide vaccine plan.
	% of women 15- 49 using any form of contraception	PMИЦ	42,3%	38.2	39,4	35,9	33.2	31,2	35,0	30,1	The lack of the system in the republic, which guarantees the regularity of contraceptive supply and limited resources do not allow procuring and make it to be dependent on donors' supply (UNFPA, USAID).

¹According to live-birth criteria, introduced in 2004, and to many criteria of registration, increase in rates is expected without real deterioration of a situation. Official data and survey data should be analyzed together.

²Peri-natal mortality rate is more than 60% in the structure of infant mortality.

³This include implementation of evidence based and European Bureau WHO standards of care quality. It is good indicator for service accessibility and equity assessment, because 97% of deliveries take place in maternity hospitals.

⁴National program of immunoprophylaxis for 2006-2010 has determined the target of immunization coverage by age 2 yr old for 98%, in each region for no less than 95%.