Assessment Summary for Central African Republic
DATA FROM 2013-2018

- **Survey** population and health risks
- **Count** births, deaths and causes of death
- **Optimize** health service data
- **Review** progress and performance
- **Enable** data use for policy and action

UPDATED MARCH 15, 2021
### Availability of latest data to monitor the health-related SDGs

One data point over the last 5 years

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Any year</th>
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</thead>
<tbody>
<tr>
<td>1. MATERNAL MORTALITY RATIO (PER 100 000 LIVE BIRTHS)</td>
<td>⬜</td>
<td>⬜</td>
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<tr>
<td>2. PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL</td>
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<tr>
<td>3. NEONATAL MORTALITY RATE (PER 1000 LIVE BIRTHS)</td>
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<td>4. UNDER-FIVE MORTALITY RATE (PER 1000 LIVE BIRTHS)</td>
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<td>5. NEW HIV INFECTIONS (PER 1000 UNINFECTED POPULATION)</td>
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<tr>
<td>6. TUBERCULOSIS (TB) INCIDENCE (PER 100 000 POPULATION)</td>
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<td>⬜</td>
<td>⬜</td>
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<td>7. MALARIA INCIDENCE (PER 100 POPULATION AT RISK)</td>
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<td>8. HEPATITIS B SURFACE ANTIGEN (HBSAG) PREVALENCE AMONG CHILDREN UNDER 5 YEARS</td>
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<td>9. REPORTED NUMBER OF PEOPLE REQUIRING INTERVENTIONS AGAINST NTDS</td>
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<td>10. PROBABILITY OF DYING FROM ANY OF CVD, CANCER, DIABETES, CRD BETWEEN AGE 30 AND EXACT AGE 70</td>
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<td>11. SUICIDE MORTALITY RATE (PER 100 000 POPULATION)</td>
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<td>12. TOTAL ALCOHOL PER CAPITA (≥ 15 YEARS OF AGE) CONSUMPTION (LITRES OF PURE ALCOHOL)</td>
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<td>13. ROAD TRAFFIC MORTALITY RATE (PER 100 000 POPULATION)</td>
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<td>14. PROPORTION OF MARRIED OR IN-UNION WOMEN OF REPRODUCTIVE AGE WHO HAVE THEIR NEED FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS</td>
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<td>16. ANTENATAL CARE, FOUR OR MORE VISITS (ANC4)</td>
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<td>17. ANTIRETROVIRAL THERAPY (ART) COVERAGE</td>
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<td>18. CARE-SEEKING BEHAVIOUR FOR CHILD PNEUMONIA</td>
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<td>19. CERVICAL CANCER SCREENING AMONG WOMEN AGED 30-49 YEARS</td>
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<td>21. DENSITY OF SURGEONS (PER 100 000 POPULATION)</td>
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<td>22. HOSPITAL BEDS PER 10 000 POPULATION</td>
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<td>23. HOUSEHOLDS WITH AT LEAST ACCESS TO BASIC SANITATION</td>
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<td>24. MEAN FASTING PLASMA GLUCOSE (mmol/L)</td>
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<td>25. POPULATION AT RISK SLEEPING UNDER INSECTICIDE-TREATED NETS FOR MALARI A PREVENTION</td>
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<tr>
<td>26. PREVALENCE OF NORMAL BLOOD PRESSURE, REGARDLESS OF TREATMENT STATUS</td>
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.available | not available

28% of indicators have data available to monitor the health-related SDGs
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<tr>
<th>Indicator</th>
<th>2013</th>
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<th>2015</th>
<th>2016</th>
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<th>Any year</th>
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<tr>
<td>27. TB EFFECTIVE TREATMENT COVERAGE</td>
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<td>28 AND 29. PROPORTION OF A COUNTRY'S POPULATION WITH LARGE HOUSEHOLD EXPENDITURE ON HEALTH AS A SHARE OF HOUSEHOLD TOTAL CONSUMPTION OR INCOME (≥10% OR 25%),</td>
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<td>30. AGE-STANDARDIZED MORTALITY RATE ATTRIBUTABLE TO HOUSEHOLD AND AMBIENT AIR POLLUTION (PER 100 000 POPULATION)</td>
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<td>31. MORTALITY RATE ATTRIBUTABLE TO EXPOSURE TO UNSAFE WASH SERVICES (PER 100 000 POPULATION)</td>
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<td>32. MORTALITY RATE FROM UNINTENTIONAL POISONING (PER 100 000 POPULATION)</td>
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<td>33. AGE-STANDARDIZED PREVALENCE OF TOBACCO SMOKING AMONG PERSONS 15 YEARS AND OLDER</td>
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<td>34. DIPHTHERIA-TETANUS-PERTUSSIS (DTP3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS</td>
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<td>35. MEASLES-CONTAINING-VACCINE SECOND-DOSE (MCV2) IMMUNIZATION COVERAGE BY THE NATIONALLY RECOMMENDED AGE</td>
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<td>36. PNEUMOCOCCAL CONJUGATE 3RD DOSE (PCV3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS</td>
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<td>37. TOTAL NET OFFICIAL DEVELOPMENT ASSISTANCE TO MEDICAL RESEARCH AND BASIC HEALTH SECTORS PER CAPITA (USD)</td>
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<td>38. DENSITY OF DENTISTRY PERSONNEL (PER 1000 POPULATION)</td>
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<td>40. DENSITY OF PHARMACEUTICAL PERSONNEL (PER 1000 POPULATION)</td>
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<td>41. DENSITY OF PHYSICIANS (PER 1000 POPULATION)</td>
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<td>42. AVERAGE OF 13 INTERNATIONAL HEALTH REGULATIONS CORE CAPACITY SCORES</td>
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<td>43. DOMESTIC GENERAL GOVERNMENT HEALTH EXPENDITURE (GGHE-D) AS PERCENTAGE OF GENERAL GOVERNMENT EXPENDITURE (GGE) (%)</td>
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<td>44. PREVALENCE OF STUNTING IN CHILDREN UNDER 5</td>
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<td>45. PREVALENCE OF OVERWEIGHT CHILDREN UNDER 5</td>
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<td>46. PREVALENCE OF WASTING IN CHILDREN UNDER 5</td>
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<tr>
<td>47. PROPORTION OF POPULATION USING SAFELY MANAGED DRINKING-WATER SERVICES (%)</td>
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<td>48. PROPORTION OF POPULATION USING SAFELY MANAGED SANITATION SERVICES</td>
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<td>49. PROPORTION OF POPULATION WITH PRIMARY RELIANCE ON CLEAN FUELS</td>
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<tr>
<td>50. ANNUAL MEAN CONCENTRATIONS OF FINE PARTICULATE MATTER (PM2.5) IN URBAN AREAS (µg/m³)</td>
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<tr>
<td>51. AVERAGE DEATH RATE DUE TO NATURAL DISASTERS (PER 100 000 POPULATION)</td>
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<td>52. MORTALITY RATE DUE TO HOMICIDE (PER 100 000 POPULATION)</td>
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<td>53. ESTIMATED DIRECT DEATHS FROM MAJOR CONFLICTS (PER 100 000 POPULATION)</td>
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<tr>
<td>54. COMPLETENESS OF CAUSE-OF-DEATH DATA</td>
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<td>○</td>
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</table>

AVAIL. AVAILABLE  | NOT AVAILABLE
Scores of the 5 interventions (bolded) are weighted averages of scores of individual subcomponents (elements).

<table>
<thead>
<tr>
<th>Lower Capacity</th>
<th>Higher Capacity</th>
</tr>
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<tbody>
<tr>
<td><strong>Survey populations and health risks</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>System of regular population-based health surveys</td>
</tr>
<tr>
<td></td>
<td>Surveillance of public health threats</td>
</tr>
<tr>
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<td>Regular population census</td>
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<tr>
<td><strong>Count births, deaths and causes of death</strong></td>
<td>Full birth and death registration</td>
</tr>
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<td>Certification and reporting of causes of death</td>
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<tr>
<td><strong>Optimize health service data</strong></td>
<td>Routine facility reporting system with patient monitoring</td>
</tr>
<tr>
<td></td>
<td>Regular system to monitor service availability, quality and effectiveness</td>
</tr>
<tr>
<td></td>
<td>Health service resources: health financing</td>
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<tr>
<td></td>
<td>Health service resources: health workforce</td>
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<tr>
<td><strong>Review progress and performance</strong></td>
<td>Regular analytical reviews of progress and performance, with equity</td>
</tr>
<tr>
<td></td>
<td>Institutional capacity for analysis and learning</td>
</tr>
<tr>
<td><strong>Enable data use for policy and action</strong></td>
<td>Data and evidence drive policy and planning</td>
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<tr>
<td></td>
<td>Data access and sharing</td>
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<tr>
<td></td>
<td>Strong country-led governance of data</td>
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</table>

<sup>1</sup> Scores of the 5 interventions (bolded) are weighted averages of scores of individual subcomponents (elements).
## SYSTEM OF REGULAR POPULATION-BASED HEALTH SURVEYS

**A system of regular and comprehensive population health surveys that meets international standards**

<table>
<thead>
<tr>
<th>Number of surveys in 5 years</th>
<th>1</th>
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<td>Cover major health issues</td>
<td>3/13 (23.1%)</td>
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<table>
<thead>
<tr>
<th>Survey name</th>
<th>Year</th>
<th>Covers major dimensions of inequality (# dimensions / sum relevant dimensions)¹</th>
<th>Aligned with international standards (# / 8 standards)²</th>
<th>Funded by government</th>
<th>Survey score %³</th>
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<tbody>
<tr>
<td>STEPS*</td>
<td>2017</td>
<td>3/6 (50%)</td>
<td>7/8 (88%)</td>
<td>-</td>
<td>55%</td>
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</table>

* Only surveys with asterisks contribute to the overall score above.

¹ Inequality dimensions comprise wealth, education, sex/gender, age, urban/rural and subnational (where relevant).

² International standards include: sample design described, sample size given, sampling errors provided, implementation process described, analysis of data described, data and report available and nationally representative.

³ Score is a weighted average of 3 components (40% for health topics; 50% for attributes; maximum 10% for number of surveys: 5=10%, 4=9%, 3=8%, 2= 7%, 1=6%), based on the 5 highest scoring surveys.
Underlying responses for each survey

STEPS - 2017

COVERS MAJOR HEALTH PRIORITIES
(SELECTED SET OF PRIORITIES)

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<tbody>
<tr>
<td>FAMILY PLANNING</td>
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<tr>
<td>DELIVERY / SKILLED BIRTH ATTENDANCE</td>
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<tr>
<td>CHILD IMMUNIZATION</td>
<td>-</td>
</tr>
<tr>
<td>CHILD WEIGHT / HEIGHT</td>
<td>-</td>
</tr>
<tr>
<td>MALARIA PARASITE PREVALENCE AMONG CHILDREN</td>
<td>-</td>
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<tr>
<td>CHILD MORTALITY</td>
<td>-</td>
</tr>
<tr>
<td>HIV PREVALENCE</td>
<td>-</td>
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<tr>
<td>TB PREVALENCE</td>
<td>-</td>
</tr>
<tr>
<td>TOBACCO USE</td>
<td>●</td>
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<tr>
<td>CERVICAL CANCER SCREENING</td>
<td>-</td>
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<tr>
<td>PREVALENCE OF RAISED BLOOD PRESSURE</td>
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</tr>
<tr>
<td>PREVALENCE OF RAISED FASTING BLOOD GLUCOSE</td>
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<tr>
<td>HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE</td>
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COVERS MAJOR DIMENSIONS OF INEQUALITY

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<td>SEX / GENDER</td>
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<td>AGE / AGE GROUP</td>
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<td>URBAN / RURAL</td>
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<td>SUBNATIONAL</td>
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IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

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<td>SAMPLE SIZE GIVEN</td>
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<td>SAMPLING ERRORS PROVIDED</td>
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<td>DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)</td>
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</tr>
<tr>
<td>REPORT IS ON WEB</td>
<td>-</td>
</tr>
</tbody>
</table>

YES  -  NO DATA  NA  NOT APPLICABLE TO THE SURVEY
**SURVEILLANCE OF PUBLIC HEALTH THREATS**

**Completeness and timeliness of weekly reporting of notifiable conditions**

<table>
<thead>
<tr>
<th>Percentage of public reporting sites that submit weekly report</th>
<th>93%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of non-public reporting sites that submit weekly report</td>
<td>93%</td>
</tr>
</tbody>
</table>

**Indicator and event-based surveillance system(s) in place based on International Health Regulations standards**

<table>
<thead>
<tr>
<th>SPAR, JEE or IHR assessment</th>
<th>SPAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPAR score</td>
<td>20%</td>
</tr>
<tr>
<td>National IHR Focal Point functions under IHR</td>
<td>0%</td>
</tr>
<tr>
<td>Early warning function: indicator-and event-based surveillance</td>
<td>40%</td>
</tr>
<tr>
<td>Mechanism for event management (verification, risk assessment, analysis investigation)</td>
<td>20%</td>
</tr>
</tbody>
</table>

**REGULAR POPULATION CENSUS MEETS INTERNATIONAL STANDARDS**

**Census conducted in last 10 years in line with international standards with population projections for subnational units**

<table>
<thead>
<tr>
<th>Census conducted in last 10 years</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post enumeration survey carried out</td>
<td>-</td>
</tr>
<tr>
<td>Population projections with all disaggregations</td>
<td>-</td>
</tr>
</tbody>
</table>

* Asterisked items are not included in overall score.

1 Based on either SPAR, JEE assessment or IHR.
## Full Birth and Death Registration

<table>
<thead>
<tr>
<th>Completeness of birth registration</th>
<th>51%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completeness of death registration</td>
<td>-</td>
</tr>
</tbody>
</table>

### Core attributes of a functional CRVS system in place to generate vital statistics*

- Legal framework for CRVS: adequate and enforced legislation which states that registration of births and deaths is compulsory -
- The country has sufficient locations where citizens can register births and deaths: proportion of population with easy access -
- Registrars have adequate training -
- CRVS interagency collaboration
  - Formally established -
  - Oversees CRVS planning -
  - Includes key stakeholders -
  - Meets regularly -
- All data are exchanged electronically from local to regional offices and then to central offices -
- Data quality and analysis: there are reports that provide evidence of data quality assessment, adjustment and analysis of vital statistics using international standards -
- Monitoring of system performance -
- High quality vital statistics reports have been published in the last five years -

* Asterisked items are not included in overall score.
### CERTIFICATION AND REPORTING OF CAUSES OF DEATH

**Deaths with medical certificate with cause of death (MCCD) and ICD coding as a percentage of total deaths**

<table>
<thead>
<tr>
<th>Quality of cause of death&lt;sup&gt;1&lt;/sup&gt;</th>
<th>20-29%</th>
</tr>
</thead>
</table>

**Core attributes of a functioning system to generate cause-of-death statistics**

- *Legislation for MCCD*
- *ICD compliant MCCD are used*
- *Medical students trained in correct death certification practices*
- *Statistical clerks trained in mortality coding*
- *Verbal autopsy (if applicable) applied*
- *Data quality assurance and dissemination*
- *Cause of death statistics available*

---

* Asterisked items are not included in overall score.

<sup>1</sup> Measured as percentage of records with ill-defined or unknown causes of death.
## ROUTINE FACILITY REPORTING SYSTEM WITH PATIENT MONITORING

### Availability of annual statistic for selected indicators derived from facility data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data available at national level</th>
<th>Data available at subnational level</th>
<th>Disaggregation by age</th>
<th>Disaggregation by gender</th>
<th>Total score (0-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD VISITS</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0.5</td>
</tr>
<tr>
<td>HOSPITAL ADMISSION / DISCHARGE RATES BY DIAGNOSIS</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>HOSPITAL DEATHS BY MAJOR DIAGNOSTIC CATEGORY (ICD)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>DTP/PENTA 3 IN ONE YEAR-OLDS</td>
<td>●</td>
<td>●</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>INSTITUTIONAL MATERNAL MORTALITY RATIO</td>
<td>○</td>
<td>○</td>
<td>NA</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>TB TREATMENT SUCCESS RATES</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0.5</td>
</tr>
<tr>
<td>LOW BIRTH WEIGHT PREVALENCE AMONG INSTITUTIONAL BIRTHS</td>
<td>○</td>
<td>○</td>
<td>NA</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>ART COVERAGE</td>
<td>●</td>
<td>NA</td>
<td>●</td>
<td>●</td>
<td>1</td>
</tr>
<tr>
<td>SURGERY BY TYPE</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>SEVERE MENTAL HEALTH DISORDERS</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>NEW CANCER DIAGNOSIS BY TYPE</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
</tbody>
</table>

*Score is a weighted average based on availability of national and relevant disaggregations (depending on indicator and country context). See SCORE Assessment methodology for details.*
**Functional facility/patient reporting system in place based on key criteria***

- Documented data quality checks for primary care facility data
- Documented data quality checks for hospital data
- Completeness of reporting by public, primary care facilities: <25%
- Completeness of reporting by public hospitals
- Completeness of reporting by private health facilities
- * National unique patient identifier system: No data
- * Cancer registries for all types of cancer: No data
- * Master facility list up to date: Partial
- * Institutional system of data quality assurance: No data
- * Data management SOPs: Not there
- * Standardized system of electronic data entry (aggregate reporting) at the district or comparable level: -
- * System of electronic capture of patient level health data in primary care health facilities which is standardized and fully interoperable with aggregated routine HIS: -
- * System of electronic capture of patient level health data in hospitals which is standardized and fully interoperable with aggregated routine HIS: -
- * Interoperability - standards based data exchange between systems: -

**REGULAR SYSTEM TO MONITOR SERVICE AVAILABILITY, QUALITY AND EFFECTIVENESS**

**Well established system to independently monitor health services**

- Regular independent assessments of the quality of care in hospitals and health facilities: Regular monitoring - availability and readiness only
- System of accreditation of health facilities based on data: No data
- System of adverse event reporting following medical interventions*: No data

* Asterisked items are not included in overall score.
### HEALTH SERVICE RESOURCES: HEALTH FINANCING

**Availability of latest data on national health expenditure**

- Data available within last five years on public health expenditure: -
- Data available within last five years on private health expenditure: -
- Data available within last five years on catastrophic spending: -

### HEALTH SERVICE RESOURCES: HEALTH WORKFORCE

**Health workforce – knowledge of density of cadre and distribution updated annually**

<table>
<thead>
<tr>
<th>Cadre</th>
<th>Data available at national level</th>
<th>Disaggregation by age</th>
<th>Disaggregation by sex</th>
<th>Data available subnationally</th>
<th>Data available for public/private facilities</th>
<th>Overall score for cadre</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIANS</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>0,75</td>
</tr>
<tr>
<td>PHARMACISTS</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>0,75</td>
</tr>
<tr>
<td>DENTISTS</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>0,75</td>
</tr>
<tr>
<td>NURSES</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>0,75</td>
</tr>
<tr>
<td>MIDWIVES</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>0,75</td>
</tr>
</tbody>
</table>

**National human resources health information system is in place and functional***

* * HRHIS tracks number of entrants to the labour market
  * No
* * HRHIS tracks number of active stock on the labour market
  * No
* * HRHIS tracks number of exits from the labour market
  * No
* * HRHIS tracks demographic distribution of health workers
  * No
* * HRHIS tracks subnational level data of active health workers
  * No
* * HRHIS tracks number of graduates from education and training institutions
  * No
* * HRHIS tracks information on foreign-born and/ or foreign-trained health workers
  * No

* Asterisked items are not included in overall score.
REGULAR ANALYTICAL REVIEWS OF PROGRESS AND PERFORMANCE, WITH EQUITY

High quality analytical report on of health sector progress and performance of health sector strategy/plan produced regularly

Analytical report produced within last 5 years: Yes
- Year of report: 2015
- All data sources used: Limited
- Assesses progress against target: Partial
- Inequality, subnational: Limited
- Inequality, socioeconomic: Limited
- Inequality, gender: Partial
- Linking performance to health inputs: Limited
- Provides comparative analysis: Limited
- Includes subnational rankings: Limited
- Performance of hospitals included: Limited
- Links finding to policy: Partial

INSTITUTIONAL CAPACITY FOR ANALYSIS AND LEARNING

Institutional capacity in data analysis at national and subnational levels

Involvement of public health institutes*: -
Subnational capacity in Ministry of Health or independent institutions*: -
Capacity at national Ministry of Health: Some
Capacity at NBS to:
- Draw sample: -
- Implement surveys: -
- Analyse: -

* Asterisked items are not included in overall score.
### DATA AND EVIDENCE DRIVE POLICY AND PLANNING

**National health plans and policies are based on data and evidence**

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a national health sector plan</td>
<td>Yes</td>
</tr>
<tr>
<td>Includes review of past performance (trends)</td>
<td>-</td>
</tr>
<tr>
<td>Includes burden of disease analysis</td>
<td>-</td>
</tr>
<tr>
<td>Includes health system strength analysis (response strength)</td>
<td>Partial</td>
</tr>
<tr>
<td>Presence of a central unit or function in Ministry of Health for data and evidence to policy translation</td>
<td>Yes</td>
</tr>
<tr>
<td>Level of output of a central unit or function in Ministry of Health for data and evidence to policy translation</td>
<td>None or rarely</td>
</tr>
<tr>
<td>Coordination function between Ministry of Health and partners*</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* Asterisked items are not included in overall score.

### DATA ACCESS AND SHARING

**Health statistics are publicly available**

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a national health data portal</td>
<td>-</td>
</tr>
<tr>
<td>Frequency of updating national data portal</td>
<td>-</td>
</tr>
<tr>
<td>Contents of national data portal</td>
<td></td>
</tr>
<tr>
<td>Navigation ease of national data portal</td>
<td>None or rarely</td>
</tr>
<tr>
<td>National statistical report available</td>
<td>Yes</td>
</tr>
<tr>
<td>Statistical report publication frequency</td>
<td>Less than every five years</td>
</tr>
<tr>
<td>Statistical report includes disaggregations</td>
<td>Limited</td>
</tr>
<tr>
<td>Bona fide users have access to HMIS data</td>
<td>-</td>
</tr>
<tr>
<td>Bona fide users have access to health survey data</td>
<td>-</td>
</tr>
<tr>
<td>Open data policy</td>
<td>-</td>
</tr>
</tbody>
</table>
## STRONG COUNTRY-LED GOVERNANCE OF DATA

### National monitoring and evaluation based on standards

<table>
<thead>
<tr>
<th>Has a monitoring and evaluation plan</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes core indicator list with baselines and targets</td>
<td>-</td>
</tr>
<tr>
<td>Includes specification on data collection methods and digital architecture</td>
<td>-</td>
</tr>
<tr>
<td>Includes data quality assurance mechanism</td>
<td>-</td>
</tr>
<tr>
<td>Includes analysis and review process specifications</td>
<td>-</td>
</tr>
<tr>
<td>Specifies use of data for policy and planning</td>
<td>-</td>
</tr>
<tr>
<td>Specifies dissemination of data</td>
<td>-</td>
</tr>
<tr>
<td>Specifies resource requirements to implement the strategic plan/policy</td>
<td>-</td>
</tr>
</tbody>
</table>

### National digital health/eHealth strategy is based on standards

<table>
<thead>
<tr>
<th>Has a national eHealth strategy</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes discussion of health data architecture</td>
<td>-</td>
</tr>
<tr>
<td>Includes description of health data standards and exchange</td>
<td>-</td>
</tr>
<tr>
<td>Includes handling of data security issues</td>
<td>-</td>
</tr>
<tr>
<td>Includes specifications for data confidentiality and data storage</td>
<td>-</td>
</tr>
<tr>
<td>Specifies access to data</td>
<td>-</td>
</tr>
<tr>
<td>Specifies alignment/is integrated with national HIS strategy</td>
<td>-</td>
</tr>
</tbody>
</table>

### Foundational elements to promote data use and access are used*

| Legal framework or policies exist for health information systems and are enforced | - |

*Asterisked items are not included in overall score.*