**Assessment Summary**

for **South Sudan**

DATA FROM 2013-2018

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**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

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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>
</tr>
</thead>
<tbody>
<tr>
<td>1. MATERNAL MORTALITY RATIO (PER 100 000 LIVE BIRTHS)</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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<tr>
<td>7. MALARIA INCIDENCE (PER 1000 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>☐</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>☐</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>15. ADOLESCENT BIRTH RATE (PER 1000 WOMEN AGED 15-19 YEARS)</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>20. DENSITY OF PSYCHIATRISTS (PER 100 000 POPULATION)</td>
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<tr>
<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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<tr>
<td>23. HOUSEHOLDS WITH AT LEAST ACCESS TO BASIC SANITATION</td>
<td>☒</td>
<td>☒</td>
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<td>☒</td>
<td>☒</td>
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<tr>
<td>24. MEAN FASTING PLASMA GLUCOSE (mmol/L)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>25. POPULATION AT RISK SLEEPING UNDER INSECTICIDE-TREATED NETS FOR MALARIA PREVENTION</td>
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<tr>
<td>26. PREVALENCE OF NORMAL BLOOD PRESSURE, REGARDLESS OF TREATMENT STATUS</td>
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</table>

34% of indicators have data available to monitor the health-related SDGs.
<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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<tbody>
<tr>
<td>27. TB EFFECTIVE TREATMENT COVERAGE</td>
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<td>✔</td>
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<tr>
<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 (&gt;10% OR &gt;25%).</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>30. AGE-STANDARDIZED MORTALITY RATE ATTRIBUTED TO HOUSEHOLD AND AMBIENT AIR POLLUTION (PER 100 000 POPULATION)</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>31. MORTALITY RATE ATTRIBUTED TO EXPOSURE TO UNSAFE WASH SERVICES (PER 100 000 POPULATION)</td>
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<td>✔</td>
<td>✔</td>
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<td>32. MORTALITY RATE FROM UNINTENTIONAL POISONING (PER 100 000 POPULATION)</td>
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<td>✔</td>
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<tr>
<td>33. AGE-STANDARDIZED PREVALENCE OF TOBACCO SMOKING AMONG PERSONS 15 YEARS AND OLDER</td>
<td>✔</td>
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<tr>
<td>34. DIPHTHERIA-TETANUS-PERTUSSIS (DTP3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS</td>
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<td>✔</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>✔</td>
<td>✔</td>
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<td>37. TOTAL NET OFFICIAL DEVELOPMENT ASSISTANCE TO MEDICAL RESEARCH AND BASIC HEALTH SECTORS PER CAPITA (USD)</td>
<td>✔</td>
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<td>✔</td>
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<td>38. DENSITY OF DENTISTRY PERSONNEL (PER 1000 POPULATION)</td>
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<td>39. DENSITY OF NURSING AND MIDWIFERY PERSONNEL (PER 1000 POPULATION)</td>
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<tr>
<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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<tr>
<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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<tr>
<td>48. PROPORTION OF POPULATION USING SAFELY MANAGED SANITATION SERVICES</td>
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<td>✔</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>✔</td>
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<tr>
<td>52. MORTALITY RATE DUE TO HOMICIDE (PER 100 000 POPULATION)</td>
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<tr>
<td>53. ESTIMATED DIRECT DEATHS FROM MAJOR CONFLICTS (PER 100 000 POPULATION)</td>
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<td>✔</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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</tbody>
</table>

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

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<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>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover major health issues</td>
<td>1/13 (7,7%)</td>
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</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td>1 MALARIA INDICATORS SURVEY*</td>
<td>2013</td>
<td>6/6 (100%)</td>
<td>7/8 (88%)</td>
<td>-</td>
<td>75%</td>
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<tr>
<td>2 MALARIA INDICATORS SURVEY*</td>
<td>2017</td>
<td>6/6 (100%)</td>
<td>7/8 (88%)</td>
<td>-</td>
<td>75%</td>
</tr>
</tbody>
</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

## MALARIA INDICATORS SURVEY - 2013

### COVERS MAJOR HEALTH PRIORITIES

<table>
<thead>
<tr>
<th>Priority</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY PLANNING</td>
<td>-</td>
</tr>
<tr>
<td>DELIVERY / SKILLED BIRTH ATTENDANCE</td>
<td>-</td>
</tr>
<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>
</tr>
<tr>
<td>CHILD MORTALITY</td>
<td>-</td>
</tr>
<tr>
<td>HIV PREVALENCE</td>
<td>-</td>
</tr>
<tr>
<td>TB PREVALENCE</td>
<td>-</td>
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<tr>
<td>TOBACCO USE</td>
<td>-</td>
</tr>
<tr>
<td>CERVICAL CANCER SCREENING</td>
<td>-</td>
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<tr>
<td>PREVALENCE OF RAISED BLOOD PRESSURE</td>
<td>-</td>
</tr>
<tr>
<td>PREVALENCE OF RAISED FASTING BLOOD GLUCOSE</td>
<td>-</td>
</tr>
<tr>
<td>HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE</td>
<td>-</td>
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### Covers major dimensions of inequality

<table>
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<tr>
<th>Dimension</th>
<th>Response</th>
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<td>WEALTH / INCOME</td>
<td>●</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>●</td>
</tr>
<tr>
<td>SEX / GENDER</td>
<td>●</td>
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<tr>
<td>AGE / AGE GROUP</td>
<td>●</td>
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<tr>
<td>URBAN / RURAL</td>
<td>●</td>
</tr>
<tr>
<td>SUBNATIONAL</td>
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### Is aligned with internationally accepted standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMPLE DESIGN DESCRIBED</td>
<td>●</td>
</tr>
<tr>
<td>SAMPLE SIZE GIVEN</td>
<td>●</td>
</tr>
<tr>
<td>SAMPLING ERRORS PROVIDED</td>
<td>●</td>
</tr>
<tr>
<td>IMPLEMENTATION PROCESSES DESCRIBED</td>
<td>●</td>
</tr>
<tr>
<td>NATIONALLY REPRESENTATIVE</td>
<td>-</td>
</tr>
<tr>
<td>ANALYSIS OF DATA IS DESCRIBED</td>
<td>●</td>
</tr>
<tr>
<td>DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)</td>
<td>●</td>
</tr>
<tr>
<td>REPORT IS ON WEB</td>
<td>●</td>
</tr>
</tbody>
</table>

### Is funded by government

<table>
<thead>
<tr>
<th>Funded by Government</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOVERNMENT FUNDED</td>
<td>-</td>
</tr>
</tbody>
</table>
# Malaria Indicators Survey - 2017

## Covers Major Health Priorities (Selected Set of Priorities)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning</td>
<td>-</td>
</tr>
<tr>
<td>Delivery / Skilled Birth Attendance</td>
<td>-</td>
</tr>
<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>
</tr>
<tr>
<td>Child Mortality</td>
<td>-</td>
</tr>
<tr>
<td>HIV Prevalence</td>
<td>-</td>
</tr>
<tr>
<td>TB Prevalence</td>
<td>-</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>-</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>-</td>
</tr>
<tr>
<td>Prevalence of Raised Blood Pressure</td>
<td>-</td>
</tr>
<tr>
<td>Prevalence of Raised Fasting Blood Glucose</td>
<td>-</td>
</tr>
<tr>
<td>Health Expenditure as a Percent of Total Household Expenditure</td>
<td>-</td>
</tr>
</tbody>
</table>

## Covers Major Dimensions of Inequality

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wealth / Income</td>
<td>●</td>
</tr>
<tr>
<td>Education</td>
<td>●</td>
</tr>
<tr>
<td>Sex / Gender</td>
<td>●</td>
</tr>
<tr>
<td>Age / Age Group</td>
<td>●</td>
</tr>
<tr>
<td>Urban / Rural</td>
<td>●</td>
</tr>
<tr>
<td>Subnational</td>
<td>●</td>
</tr>
</tbody>
</table>

## Is Aligned with Internationally Accepted Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Design Described</td>
<td>●</td>
</tr>
<tr>
<td>Sample Size Given</td>
<td>●</td>
</tr>
<tr>
<td>Sampling Errors Provided</td>
<td>●</td>
</tr>
<tr>
<td>Implementation Processes Described</td>
<td>●</td>
</tr>
<tr>
<td>Nationally Representative</td>
<td>-</td>
</tr>
<tr>
<td>Analysis of Data is Described</td>
<td>●</td>
</tr>
</tbody>
</table>

## Is Funded by Government

<table>
<thead>
<tr>
<th>Funding</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Funded</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*
- Percentage of public reporting sites that submit weekly report*
- Percentage of non-public reporting sites that submit weekly report*

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

<table>
<thead>
<tr>
<th>Indicator and event-based surveillance system</th>
<th>SPAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPAR, JEE or IHR assessment</td>
<td></td>
</tr>
<tr>
<td>SPAR score</td>
<td>73%</td>
</tr>
<tr>
<td>National IHR Focal Point functions under IHR</td>
<td>60%</td>
</tr>
<tr>
<td>Early warning function: indicator-and event-based surveillance</td>
<td>80%</td>
</tr>
<tr>
<td>Mechanism for event management</td>
<td></td>
</tr>
<tr>
<td>(verification, risk assessment, analysis investigation)</td>
<td>80%</td>
</tr>
</tbody>
</table>

* Asterisked items are not included in overall score.

1 Based on either SPAR, JEE assessment or IHR.

## 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>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post enumeration survey carried out</td>
<td>-</td>
</tr>
<tr>
<td>Population projections with all disaggregations</td>
<td>Missing disaggregations</td>
</tr>
</tbody>
</table>
## FULL BIRTH AND DEATH REGISTRATION

### Completeness of birth registration **35%**

### Completeness of death registration **-**

### 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

- 

Quality of cause of death¹

- 

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.

¹ 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><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td>0,875</td>
</tr>
<tr>
<td>Hospital Admission / Discharge Rates by Diagnosis</td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td>0</td>
</tr>
<tr>
<td>Hospital Deaths by Major Diagnostic Category (ICD)</td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td>0</td>
</tr>
<tr>
<td>DTP/Penta 3 in One Year-Olds</td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/not-applicable.png" alt="Not Applicable" /></td>
<td><img src="https://i.imgur.com/not-applicable.png" alt="Not Applicable" /></td>
<td>1</td>
</tr>
<tr>
<td>Institutional Maternal Mortality Ratio</td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/not-applicable.png" alt="Not Applicable" /></td>
<td><img src="https://i.imgur.com/not-applicable.png" alt="Not Applicable" /></td>
<td>1</td>
</tr>
<tr>
<td>TB Treatment Success Rates</td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td>0,5</td>
</tr>
<tr>
<td>Low Birth Weight Prevalence Among Institutional Births</td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td>0</td>
</tr>
<tr>
<td>ART Coverage</td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td><img src="https://i.imgur.com/available.png" alt="Available" /></td>
<td>1</td>
</tr>
<tr>
<td>Surgery by Type</td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td>0</td>
</tr>
<tr>
<td>Severe Mental Health Disorders</td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td>0</td>
</tr>
<tr>
<td>New Cancer Diagnosis by Type</td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td><img src="https://i.imgur.com/not-available.png" alt="Not Available" /></td>
<td>0</td>
</tr>
</tbody>
</table>

![Available](https://i.imgur.com/available.png) Available

![Not Available](https://i.imgur.com/not-available.png) Not Available

![Not Applicable](https://i.imgur.com/not-applicable.png) Not Applicable for this indicator

---

*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*

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documented data quality checks for primary care facility data</td>
<td>-</td>
</tr>
<tr>
<td>Documented data quality checks for hospital data</td>
<td>-</td>
</tr>
<tr>
<td>Completeness of reporting by public, primary care facilities</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>Completeness of reporting by public hospitals</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>Completeness of reporting by private health facilities</td>
<td>-</td>
</tr>
<tr>
<td>* National unique patient identifier system</td>
<td>No data</td>
</tr>
<tr>
<td>* Cancer registries for all types of cancer</td>
<td>No data</td>
</tr>
<tr>
<td>* Master facility list up to date</td>
<td>Partial</td>
</tr>
<tr>
<td>* Institutional system of data quality assurance</td>
<td>Not there</td>
</tr>
<tr>
<td>* Data management SOPs</td>
<td>Partial</td>
</tr>
<tr>
<td>* Standardized system of electronic data entry (aggregate reporting) at the district or comparable level</td>
<td>Partial</td>
</tr>
<tr>
<td>* System of electronic capture of patient level health data in primary care health facilities which is standardized and fully interoperable with aggregated routine HIS</td>
<td>No data</td>
</tr>
<tr>
<td>* System of electronic capture of patient level health data in hospitals which is standardized and fully interoperable with aggregated routine HIS</td>
<td>Not there</td>
</tr>
<tr>
<td>* Interoperability - standards based data exchange between systems</td>
<td>Not there</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular independent assessments of the quality of care in hospitals and health facilities</td>
<td>Regular monitoring - availability and readiness only</td>
</tr>
<tr>
<td>System of accreditation of health facilities based on data</td>
<td>Partial</td>
</tr>
<tr>
<td>System of adverse event reporting following medical interventions*</td>
<td>No data</td>
</tr>
</tbody>
</table>

* 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>Health Worker</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>1</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>Dentists</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>Nurses</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>1</td>
</tr>
<tr>
<td>Midwives</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>1</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 Complete
* HRHIS tracks number of exits from the labour market No
* HRHIS tracks demographic distribution of health workers Complete
* HRHIS tracks subnational level data of active health workers Complete
* HRHIS tracks number of graduates from education and training institutions No
* HRHIS tracks information on foreign-born and/ or foreign-trained health workers Partial

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

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

Analytical report produced within last 5 years: Yes
Year of report: 2017
All data sources used: Limited
Assesses progress against target: Limited
Inequality, subnational: Limited
Inequality, socioeconomic: Partial
Inequality, gender: Limited
Linking performance to health inputs: Limited
Provides comparative analysis: Limited
Includes subnational rankings: Limited
Performance of hospitals included: Limited
Links finding to policy: Limited

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: -
Capacity at NBS to:
  - Draw sample: Strong
  - Implement surveys: Strong
  - Analyse: Strong

* Asterisked items are not included in overall score.
Enable data use for policy and action

**DATA AND EVIDENCE DRIVE POLICY AND PLANNING**

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

<table>
<thead>
<tr>
<th>Has a national health sector plan</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**Presence of a central unit or function in Ministry of Health for data and evidence to policy translation**

| Level of output of a central unit or function in Ministry of Health for data and evidence to policy translation | None or rarely |

| Coordination function between Ministry of Health and partners* | Yes |

* Asterisked items are not included in overall score.

**DATA ACCESS AND SHARING**

**Health statistics are publicly available**

<table>
<thead>
<tr>
<th>Has a national health data portal</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of updating national data portal</td>
<td>Annual</td>
</tr>
<tr>
<td>Contents of national data portal</td>
<td>Limited coverage</td>
</tr>
<tr>
<td>Navigation ease of national data portal</td>
<td>Moderately difficult</td>
</tr>
<tr>
<td>National statistical report available</td>
<td>Yes</td>
</tr>
<tr>
<td>Statistical report publication frequency</td>
<td>Every two to five years</td>
</tr>
<tr>
<td>Statistical report includes disaggregations</td>
<td>-</td>
</tr>
<tr>
<td>Bona fide users have access to HMIS data</td>
<td>Restricted</td>
</tr>
<tr>
<td>Bona fide users have access to health survey data</td>
<td>-</td>
</tr>
<tr>
<td>Open data policy</td>
<td>Limited enforcement</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.*