

EAST AFRICAN COMMUNITY

EAC REGIONAL INTEGRATED RMNCAH AND HIV/AIDS SCORECARD INDICATORS' BOOKLET (2021)

**APPROVED BY THE 21ST EAC SECTORAL
COUNCIL OF MINISTERS OF HEALTH**

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ACRONYMS AND ABBREVIATIONS

ALMA:	African Leaders Malaria Alliance
ANC:	Antenatal care
ARV:	Antiretroviral
BF:	Breast feeding
CPR:	Contraceptive Prevalence Rate
DHS:	Demographic and Health Survey
DPT3:	Diphtheria, Tetanus Toxoid and pertussis vaccine
DRC:	Democratic Republic of Congo
DTG:	Dolutegravir Uptake
EAC:	East African Community
FSB:	Fresh stillbirth/born rate
GVAP:	Global Vaccine Action Plan
HPV:	Human papillomavirus
IPTp 2:	Intermittent preventive therapy
IPT:	Isoniazid Preventive Therapy
KMC:	Kangaroo Mother Care
LBW:	Low birth weight
MMD:	Multi- Mouth Dispensing
MSB:	Macerated Still Birth rate
NTD:	Neglected Tropical Disease
OPD:	Outpatient Department
PMTCT:	Prevention of mother-to-child transmission
PPFP:	Post Pregnancy Family Planning
PrEP:	Pre-exposure Prophylaxis
RMNCAH:	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG:	Sustainable Development Goals
SRHR:	Sexual Reproductive Health and Rights

SDI:	Same day initiation for ARV
SGBV:	Sexual and gender-based violence
SSA:	Sub Saharan Africa
THE:	Total Expenditure on Health
UNAIDS:	United Nations Programme on HIV/AIDS
WHO:	World Health Organization

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EXECUTIVE SUMMARY

Scorecards are widely accepted accountability, advocacy and performance management tool and are periodically shared with relevant EAC regional policy organs, including the EAC Sectoral Council of Ministers of Health, the Council of Ministers, the East African Legislative Assembly, the Summit of the Heads of State and other stakeholders.

The EAC Health Scorecard has been used as a tool for evidence generation: The scorecard have paved way to the development of the EAC Regional Knowledge Management Strategy and the development of the EAC Regional Advocacy and Communication Strategy for RMNCAH and HIV/AIDS that were approved the EAC Sectoral Council of Ministers of Health. It has also been used a resource mobilization tool while applying for resources.

The EAC health indicators that were regionally validated from 1st – 9th November 2021 will play a critical role to widen the scope of indicators that are shared widely to motivate Partner States to improve the performance basing on the reviewed targets and cut-offs.

Hon. Christophe Bazivamo

EAC Deputy Secretary General

(Productive and Social Sectors)

1. BACKGROUND

The 14th Ordinary Meeting of the Summit of the EAC Heads of State held on 30th November 2012 through its communiqué re-affirmed their commitment to the promotion of accountability for results and resources, innovative interventions and improved access to health data, information and knowledge sharing for better results, better tracking and stronger oversight on results and resources for women and children's health. In line with this policy position, the EAC Partner States have prioritized the development of periodic scorecards, a regional DHIS-2 based data warehouse and resource tracking.

In this regard, the EAC Secretariat in collaboration with Partner States and development Partners developed the first EAC Reproductive Maternal New-born Child and Adolescent Health (RMNCAH) Scorecard (2014) was approved on 24th March 2015 by the EAC Sectoral Council of Ministers of Health and launched on 25th March 2015 during the 2nd EAC Health Ministers' and Parliamentarians forum that was convened as part of the 5th Annual East African Health and Scientific Conference and International Health Exhibition and Trade Fair. The 32nd EAC Council of Ministers 2014 endorsed the 2014 scorecard in August 2015 and directed the EAC Secretariat to prepare scorecards annually. In line with this directive, an annual scorecard for 2015 was developed. The process of institutionalizing the scorecard at the regional level was mirrored by similar processes in the Partner States.

In line with directives of the Sectoral Council on Health on the need to better integrate RMNCAH and HIV/AIDS and as provided for in the EAC Integrated Health Programme – EIHP (2016-2020), the first EAC “*Integrated*” RMNCAH and HIV/AIDS Scorecard (2016) was developed. The EAC Integrated RMNCAH and HIV/AIDS Scorecard (2018) was the second integrated edition in a row and especially in the Sustainable Development Goal (SDG) era, which was produced together with the first EAC State of Women's, Children's and Adolescents' Health and HIV/AIDS Report 2018

which provides explanations to the performance shown in the scorecard in terms of key bottlenecks, enablers and strategic recommendations to accelerate progress.

EAC Health department started implementing those digital health reporting tools from 2014 through the funding from UNFPA, NORAD and later Sweden through Swedish International development Cooperation Agency (Sida).

EAC has so far developed five (5) editions of the EAC Regional Scorecards.

Table 1: List of EAC Health Scorecard Versions

Scorecard Edition	Series	No. of indicators	Year
1 st scorecard	Annual (focused on RMNCAH)	11	2014
2 nd scorecard	Annual (focused on RMNCAH)	14	2015
3 rd scorecard	Integrated (incorporating many different health indicators)	18	2016
4 th scorecard	Integrated (incorporating many different health indicators)	18	2018
5 th scorecard	Integrated (incorporating many different health indicators)	18	2020

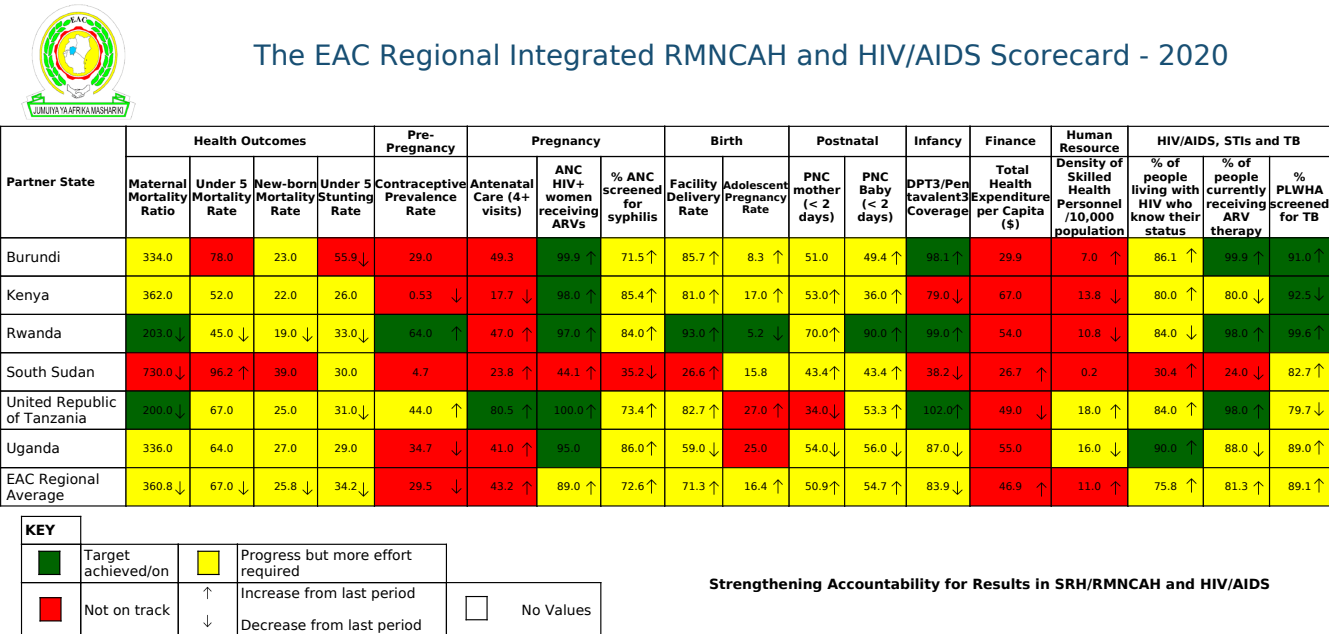
In order to develop the scorecards, the **routine data** are used to some indicators and **alternative data sources** to others e.g. DHS or UN estimates.

Scorecard development involves two critical stages:

- Regional harmonization of agreed upon indicators
- Updating the EAC regional DHIS 2 Data Warehouse to houses the indicator data that links with all Partner States national HMIS/DHIS2 systems

Challenges noticed over that was that the health indicators that were agreed upon regionally and harmonized for the first time in 2014 for the use of the DHIS2 Data warehouse and scorecard were not been reviewed in details for long time. For the period of 7 years many new data elements were collected and shared nationally including those related to the pandemic but all these were not widely shared regionally. Minor update was done in the past during transition from MDG to SDG where some indicators were added and targets were reviewed. On this background EAC convened the 7th Joint Technical Working Group (JTWG) on RMNCAH and HIV/AIDS from 1st to 9th November 2021 to review the indicators in details and recommend wave 1 indicators, wave 2 indicators, indicators that should be dropped because of different reasons and those that were not considered at all.

Figure 1: The last version of the Scorecard that was developed with the old set of indicators



2. AIM OF THE EAC INTEGRATED RMNCAH AND HIV/AIDS SCORECARD

Through the Integrated RMNCAH and HIV/AIDS Scorecard, the EAC aims to enhance accountability for results and resources, health sector performance, advocacy and stakeholder participation in RMNCAH and HIV/AIDS policy dialogue with the ultimate goal of accelerating progress towards national, regional and SDG targets.

3. SCORECARD INDICATORS REVIEW

The process to review the EAC Health scorecard indicators was done by EAC Partner States under technical support of African Leaders Malaria Alliance (ALMA) and a Scorecard facilitator from the University of Oslo / Health Information System Programme (HISP).

EAC Secretariat, ALMA and a facilitator made presentations to guide the process of the review. The meeting later on agreed on the criteria to be used to review the indicators and the meeting broke into groups. The meeting came with 22 list of wave 1 indicators, 23 list of wave 2 indicators, 4 indicators that were dropped and 6 indicators that were not considered at all.

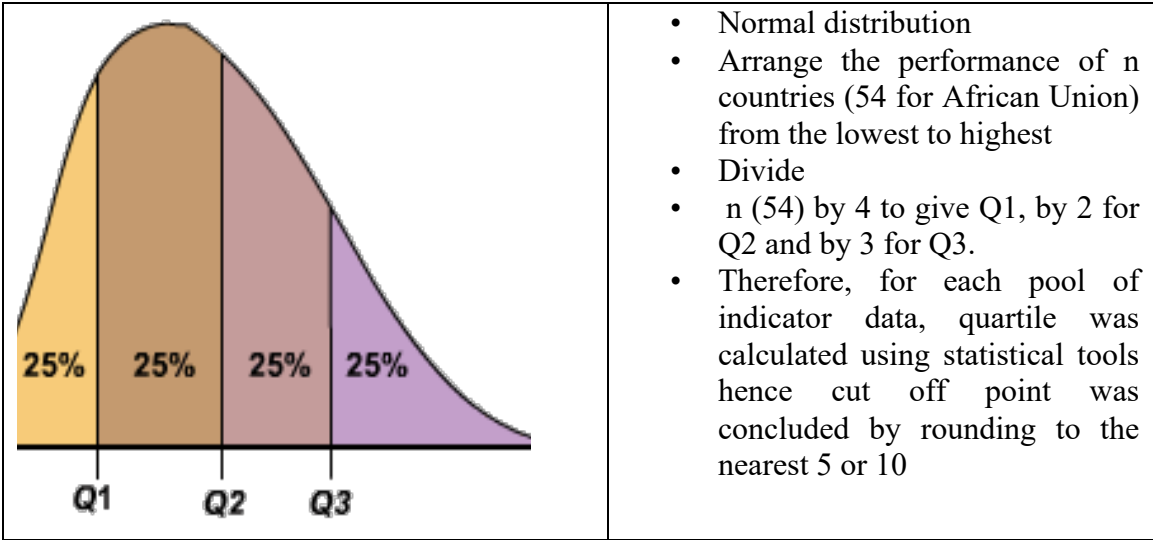
4. DETERMINATION OF INDICATOR TARGETS AND CUT-OFF POINTS

The scorecard uses the “dash board” concept of setting targets and thresholds and assessing performance with a "Traffic Light" system of different colour codes. In this scorecard, the green light shows that a given target is achieved or performance is on track, the yellow light shows progress in the right direction but requiring more effort while the red light depicts lack of progress or being off track.

The thresholds/cut-offs vary from one indicator to another. The cut-offs are principally based on: global targets, global performance and Africa regional performance. In calculating the cut-offs, it was assumed that country data sets are normally distributed. After arranging the respective country data sets in ascending order, the data sets were split into three parts using the interquartile range

(Q3 and Q1). Any data value in between the 1st and 3rd quartile falls in the yellow zone while those below and above the 1st and 3rd quartile fall in red and green zones respectively depending on whether an increasing or decreasing value represents progress or regression.

Figure 2: Principles for determination of Cut-off points



5. CATEGORIZATION OF PRIORITIZED SCORECARD INDICATORS (2021) TO REFLECT SDGS

The old indicator category were nine (9) and the reviewed / updated indicators are categorized into six (6) groups.

The new grouping updated base on the global strategy for women’s, children’s and adolescent’s health (2016-2030).

The new EAC Indicator groups that reflect SDGs are:

- i. Women’s health and wellbeing
- ii. Newborn health and wellbeing
- iii. Child health and wellbeing

- iv. Adolescent health and wellbeing
- v. Healthy Aging
- vi. Transformative Agenda /Enabling Environment

Table 2: Categorization of indicators in accordance to SDGs

No.	Indicator Category	Indicators
1	Women's health and wellbeing	<ul style="list-style-type: none"> - Institutional Maternal Mortality Ratio - Population based Maternal Mortality Ratio - Proportion of new ANC clients who are anaemic - Antenatal Care (4+ visits) - % of pregnant women who attended their first ANC in the first trimester - Health Facility Delivery Rate - Postnatal care- 48 hours (mother) - Contraceptive Prevalence Rate (CPR) - Percentage of pregnant women accessing antenatal care services who were screened for syphilis - Percentage of pregnant women who received Intermittent preventive therapy (IPTp 2) in ANC in Malaria endemic area
2	New born health and wellbeing	<ul style="list-style-type: none"> - Institutional New-born Mortality Rate - Population based New-born Mortality Rate - Postnatal Care- 48 hours (baby) - % of final outcome among HIV exposed infants
3	Child health and wellbeing	<ul style="list-style-type: none"> - NTD - Percentage of school age children who are correctly dewormed - Institutional Under 5 Mortality Rate - Population based Under 5 Mortality Rate - Under 5 Stunting Rate

		- Proportion of children who are fully immunized at 12 months
4	Adolescent health and wellbeing	- Adolescent Pregnancy rate - early adolescents (10-14) - Adolescent Pregnancy rate - late adolescents (15-18)
5	Healthy Aging	- Proportion of people receiving antiretroviral therapy with viral suppression - Percentage of people living with HIV who know their status - Percentage of people living with HIV currently receiving antiretroviral therapy - Proportion of recipients of care-initiated Isoniazid Preventive Therapy (IPT) - COVID 19 vaccination coverage
6	Transformative Agenda /Enabling Environment	- Percentage of the national budget allocated to health as per Abuja declaration - Skilled Health Personnel to Population Ratio per 10,000

6. LIST OF WAVE ONE (1) INDICATORS

Table 3: List of Wave One (1) Indicators, Definitions, Cut-offs and Colour codes

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
1	Maternal Mortality Ratio (MMR)						
	1 (a) Institutional MMR	Number of maternal deaths among 100,000 deliveries in health facilities/institutions (public and private)	Numerator: Number of maternal deaths in health facilities/institutions Denominator: Total number of deliveries in health facilities/institutions	<30	30=>X<=100	X>100	1) Considered to use institutional data to improve reporting 2) SDG targets not available for this kind of indicator Low target used the regional average of the latest institutional maternal mortality from the Partner States
	1(b) Population based MMR	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management		<=239	239>X<=450	>450	Used DHS results between 2015 and 2020 for all countries in the world - 9) to

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
		(excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births					calculate Q1, Q2, and Q3
2	Under 5 Mortality Rate						
	2 (a) Institutional based Under 5 Mortality Rate	Probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age specific mortality rates of that period, expressed per 1,000 live births https://unstats.un.org/sdgs/metadata	Civil registration: The under-five mortality rate can be derived from a standard period abridged life table using the age-specific deaths and mid-year population counts from civil registration data to calculate death rates, which are	< 25	25 => x<= 67	> 67	1) Changed to institutional indicator 2) Highest target used the global SDG target 3) Low target used the regional average of the latest value in the regional scorecard from the Partner States

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
		/files/Metadata-03-02-01.pdf)	then converted into age-specific probabilities of dying https://unstats.un.org/sdgs/metadata/files/Metadata-03-02-01.pdf)				
	(2b) Population based Under 5 Mortality Rate	The probability of a child born in a specific year or period dying before reaching the age of five, if subject to age-specific mortality rates of that period, per 1,000 live births		≤ 38	$38 < X \leq 67$	> 67	Used DHS results between 2015 and 2020 for all countries in the world - 24) to calculate Q1, Q2, and Q3
3	New-born Mortality Rate						
	(3a) Institutional based New-born Mortality Rate	Number of deaths during the first 28 completed days of life who die in the health facility (public and private), in a	Numerator: Number of children who died in the health facility during the first 28 days of life	< 12	$12 \Rightarrow x \leq 27$	> 27	1) Changed to institutional indicator 2) Highest target used the global SDG target

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
		specific year or period.	Denominator: Total number of live births in the health facility.				3) Low target used the regional average of the latest value in the regional scorecard from the Partner States
	(3b) Population based New-born Mortality Rate	Number of deaths during the first 28 completed days of life per 1000 live births in a given year or other period, per 1,000 live births		≤ 18	$18 < X \leq 28$	$X > 28$	Used DHS results between 2015 and 2020 for all countries in the world - 24) to calculate Q1, Q2, and Q3
4	Under 5 Stunting Rate	Percentage of stunting (height-for-age less than - 2 standard deviations of the WHO Child Growth Standards median) among children aged 0-5 years		< 20	$20 \Rightarrow x \leq 34$	$x > 34$	<p>1) The WHO target for 2025 reduce by 40% the number of children that are stunted</p> <p>2) The regional EAC average 2020 was 34%</p> <p>3) 40% reduction for the EAC region puts the target at 20%</p>

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
5	Proportion of new ANC clients who are anaemic	Proportion of pregnant women attending ANC for the first time who are found to be anaemic Purpose for this indicator: Anaemia is associated with higher risk of maternal and infant mortality. Screening during pregnancy will allow for treatment of anaemia in addition to standard iron supplements for pregnant women	Numerator: Number of pregnant women screened for anaemia Denominator: Total number of pregnant women attending at least one antenatal care visit	<20	20=>X<=35	> 35	Global target is 50% ending anaemia by 2025 among pregnant women. i.e. reaching 19% by 2025. Q1- 20% based on the global target Q3 is 35% based on the regional average in 2020
6	ANC visits						
	a) Antenatal Care (4+ visits)	The percentage of women aged 15-49 with a live birth in a given time period that		>=76	76>X=>50	X<50	Used DHS results between 2015 and 2020 for all countries in the world - 27) to calculate Q1, Q2, and Q3

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
		received antenatal care four or more times.					
	b) % of pregnant women who attended their first ANC in the first trimester	% of pregnant women registering at ANC during their first trimester		$X \geq 55$	$55 > X \leq 25$	$X < 25$	Max 71% Liberia, Min 17% DRC For 20 SSA countries which carried out DHS in or after 2010, Q1=55, Q2=37 and Q3=25
7	Health Facility Delivery Rate	The proportion of live births in the last five years that took place in a health facility		$X \geq 95$	$95 > X \leq 80$	$X < 80$	WHO recommends countries to 100% of deliveries in institutions their main strategy for reducing maternal mortality. East African countries are performing well with 4 countries above 80% and 1 countries over 90%. Basing on the latest performance where Partner States have been seen to make good progress i.e. Regional

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
							average [2016 – 62.8; 2018 – 62.0; 2020-71.3 The new targets are therefore increased by at least 5%
8	Postnatal Care (PNC)						
	a) Postnatal care - 48 hours (mother)	Proportion of women/babies with a live birth in the last five years, that have attended postnatal check-up for the first time after delivery		$X \geq 80$	$80 > X \leq 43$	$X < 43$	Used DHS results between 2015 and 2020 for all countries in the world - 21) to calculate Q1, Q2, and Q3
	b) Postnatal Care - 48 hours (baby)	Proportion of women/babies with a live birth in the last five years, that have attended postnatal check-up for the first time after delivery		$X \geq 78$	$78 > X \leq 28$	$X < 28$	Used DHS results between 2015 and 2020 for all countries in the world - 25) to calculate Q1, Q2, and Q3
9	Proportion of children who are fully immunized at 12 months	Percentage of infants exactly 12 months who have received all of the following		≥ 95	$90 > X \leq 80$	$X < 80$	GVAP 2011-2020 target

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
		antigens/vaccines: BCG at birth, HPBx3 DPTx3 OPVx3 MSL/MR1 at 9 months					
10	% of final outcome among HIV exposed infants	An infant that has been born out of a mother who is HIV+. Rationale: To identify the magnitude of HIV free child survival at 18 months of age	Numerator: # of HIV Exposed infants with documented outcome by 18 months of age disaggregated by outcome type Denominator: # of exposed infants who are born 24 months prior to the reporting period	$X > 95$	$95 > X \leq 65$	$X < 65$	Basing on UNAIDS target for HIV elimination from Mother to Child should be less than 5% at end of exposure
11	Contraceptive Prevalence Rate (CPR)	The percentage of women aged 15-49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one		$X \geq 58$	$58 > X \leq 36$	$X < 36$	Retained the former target Used DHS results between 2015 and 2020 for all countries in the world - 27) to calculate Q1, Q2, and Q3

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
		method of contraception, regardless of the method used.					(decided to use the global average as the best practice target for the region instead of the DHS interquartile estimates). Used the median for the 2016 scorecard) for the red cut off of 36
12a	Adolescent Pregnancy rate - early adolescents (10-14)	The annual number of births to women aged 10-14 years per 1,000 women in that age group (presented as percentage in the scorecard)		<5	5>X<=10	> 10	Assumptions used is average of routine data from EAC Partner States
12b	Adolescent Pregnancy rate - late adolescents (15-18)	The annual number of births to women aged 15-18 years per 1,000 women in that age group (presented as percentage in the scorecard)		<8	8=>X<=20	> 20	Used DHS results between 2015 and 2020 for all countries in the world - 34) to calculate Q1, Q2, and Q3. Most Partner States are already below 30 so used 20 as the red cut off

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
13	Public financing for Health	Percentage of the national budget allocated to health as per Abuja declaration		$X \geq 12$	$7 > X \leq 12$	$X < 7$	Use Abuja declaration as the basis to the 15% of the national budget allocated to health Average of public spending in EAC region = 6.1%
14	Skilled Health Personnel to Population Ratio per 10,000	The combined average number of skilled health personnel (midwives, nurses, Doctors and Clinical Officers) per 10,000 population		≥ 44.5	$44.5 > X \leq 15$	$X < 15$	WHO Global HRH Strategy 2030 AND 2015, the African Region had an average of 1.30 health workers per 1000 population. https://www.afro.who.int/news/what-needs-be-done-solve-shortage-health-workers-african-region
15	Percentage of people living with HIV who know their status	Proportion of people living with HIV and know their HIV status		$X \geq 95$	$95\% > X \geq 65\%$	$X < 65\%$	Aligning with the global target of 95/95/95 by 2030
16	Percentage of people living with HIV currently receiving antiretroviral therapy	Proportion of HIV positive people of all ages who are eligible for treatment as defined by national		$X \geq 95$	$95\% > X \geq 65\%$	$X < 65\%$	Aligning with the global target of 95/95/95 by 2030

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
		guidelines and are receiving Antiretroviral treatment					
17	Proportion of people receiving antiretroviral therapy with viral suppression			$X \geq 95$	$95\% > X \geq 65\%$	$X < 65\%$	Aligning with the global target of 95/95/95 by 2030
18	Proportion of recipients of care-initiated Isoniazid Preventive Therapy (IPT)	Proportion of recipients of care who received IPT during the reporting period		≥ 90	$90 > X \leq 70$	< 70	Retained former targets Target is to screen 100% of recipients of care (formerly known as PLWHIV)
19	Percentage of pregnant women accessing antenatal care services who were screened for syphilis	Proportion of women attending first ANC visit and have been screened for syphilis		≥ 95	$95 > X \leq 80$	< 80	These targets need to be aligned to the HIV prevention, treatment and care targets (95-95-95) majority of countries were in the 60' in 2016 scorecard
20	Percentage of pregnant women who received Intermittent preventive therapy (IPTp 2) in ANC in	Indicator on Malaria in Pregnancy	Numerator: Number of women receiving two or more doses of recommended treatment	≥ 80	$80 > X \leq 50$	< 50	No global target but most countries in the EAC region have a target of 80% coverage

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
	Malaria endemic areas		Denominator: Total number of pregnant women/surveyed with a live birth in the last 2 years.				
21	NTD - Percentage of school age children who are correctly dewormed	Percentage of school age children who are correctly dewormed		≥ 75	$75 > X \leq 50$	< 50	No global targets but programmes target 75% coverage for school going children
22	COVID 19 vaccination coverage	COVID 19 vaccination coverage		$x > 70$	$70 > X \leq 25$	$X < 25$	Assumption used for target based on reaching herd immunity

7. LIST OF WAVE TWO (2) INDICATORS

Table 4: List of Wave Two (2) Indicators

No.	Indicator Name	Indicator description	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Comment (s)
1	Proportion of women 20 and above screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies						For monitoring healthy ageing
2	Prevalence of overweight and obesity among children and adolescents attending OPD	Prevalence of overweight and obesity among children and adolescents aged 5-19 years old that are screened during OPD		< 7%	7%=>X<=35	>25%	The global target is to remain at 7% by 2025 Q1 target adopted the global target of 7%
3	Maternal Nutrition (Anemia / NCDs)						The wording of the indicator is also unclear
4	Percentage of New Born resuscitated						
5	Low birth weight (LBW) initiated on						

	Kangaroo Mother Care (KMC)						
6	Second dose of Vitamin A						
7	Exclusive Breastfeeding						To monitor Child nutrition This will be considered in future because data is not available routinely but collected through surveys
8	Adolescent contraceptive use						To be ignored completely because of controversies among Partner States
9	Same day initiation (SDI) for ARV						
10	HPV Vaccination						
11	Institutional Adolescent Birth Rate	Data through MPDSR					
12	Skilled Birth Attendance						Some Partner States don't keep data on this indicator This is an important indicator for monitoring the success in maternal mortality

13	HIV Early Infant Diagnosed						
14	Birth and Death Registrations						
15	SGBV						
16	% of pregnant women who received ultrasound scan by 24 weeks						This can be part of the indicators for ANC 1st and 4th shown above
17	Fresh stillbirth/born (FSB) rate						
18	Macerated Still Birth (MSB rate)						Assess the quality of care
19	% women administered immediate postpartum uterotonics (PPH prevention)						Nutrition related QoC indicator- high facility utilization, global/regional focus on QoC
20	Breastfeeding (BF) within one hour of birth						
21	Newborns with asphyxia resuscitated						There are key interventions proven to contribute U5 mortality that need to be monitored using the scorecard. Partner States should plan to collect data of this

							indicator for future use
22	Proportion of women receiving Post Pregnancy Family Planning (PPFP) method before discharge						
23	Proportion of Partner States who submitted data on time	Data Quality Indicator: for completeness and timely submission					

8. LIST OF DROPPED INDICATORS WITH REASONS FOR DROPPING

Table 5: List of dropped indicators

No.	Indicator Name	Indicator definition	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Reason for dropping
1	HIV+ pregnant women receiving ARVs for PMTCT	The percentage of HIV-infected pregnant women who received antiretroviral medicines to reduce the risk of mother-to-child transmission, among the number of HIV-infected pregnant women		≥ 95	$95 > X \leq 70$	$X < 70$	The omitted indicator show process while the impact of PMTCT is to have negative infant after 18 months of age.

No.	Indicator Name	Indicator definition	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Reason for dropping
							The target that was used for this indicator used: HIV 90-90-90 targets
2	Proportion People Living with HIV/AIDS screened for Tuberculosis			≥ 90	$90 > X \leq 70$	< 70	Replaced with the indicator called “Proportion of recipients of care initiated Isoniazid Preventive Therapy (IPT)” because the new one can track TB well
3	DPT3/Pentavalent3 Coverage	Proportion of children aged 0 - 11 months who received three (3) doses of DPT3 or Pentavalent Vaccine		≥ 95	$90 > X \leq 80$	$X < 80$	Need to track fully immunized child instead of tracking only DPT3/Pentavalent 3 The target that was used for this indicator was: GVAP 2011-2020 target

No.	Indicator Name	Indicator definition	Numerator, Denominator and/or Possible source of data	Green	Yellow	Red	Reason for dropping
4	Total Health Expenditure (THE) per Capita			≥ 86	$86 > X \leq 70$	$X < 70$	Replaced with the indicator called Public Health Financing The justification for cut-off for this was: Global threshold for UHC/SDG indices is 86 US\$

9. LIST OF SIX (6) INDICATORS NOT CONSIDERED FOR SCORECARD BECAUSE THEY ARE NOT HIGH LEVEL ENOUGH TO BE USED FOR THE REGIONAL SCORECARD

These proposed indicators were not considered because they are believed to be more applicable at national level and therefore they are not high level enough to be used for a regional scorecard

- a) MMD: Number of Client prescribed MMD for 3/6 month
- b) Multi- Mouth Dispensing for ARV (MMD Evaluation: For Suppression
- c) Dolutegravir (DTG) Uptake
- d) ARV optimization for children and adolescents
- e) Pre-exposure Prophylaxis (PrEP) Monitor

10. REVIEW AND UPDATING OF INDICATORS

The performance of the EAC Regional Health indicators will be reviewed periodically through workshops of “EAC Regional Health Scorecard Managers (REHEMA)” comprising of multi-disciplinary experts drawn from different health sub-sectors (e.g. RMNCAH, HIV/AIDS, STIs, TB), M&E, HMIS/DHIS2 and Digital Health / Health Informatics, together with other cross cutting key users.

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