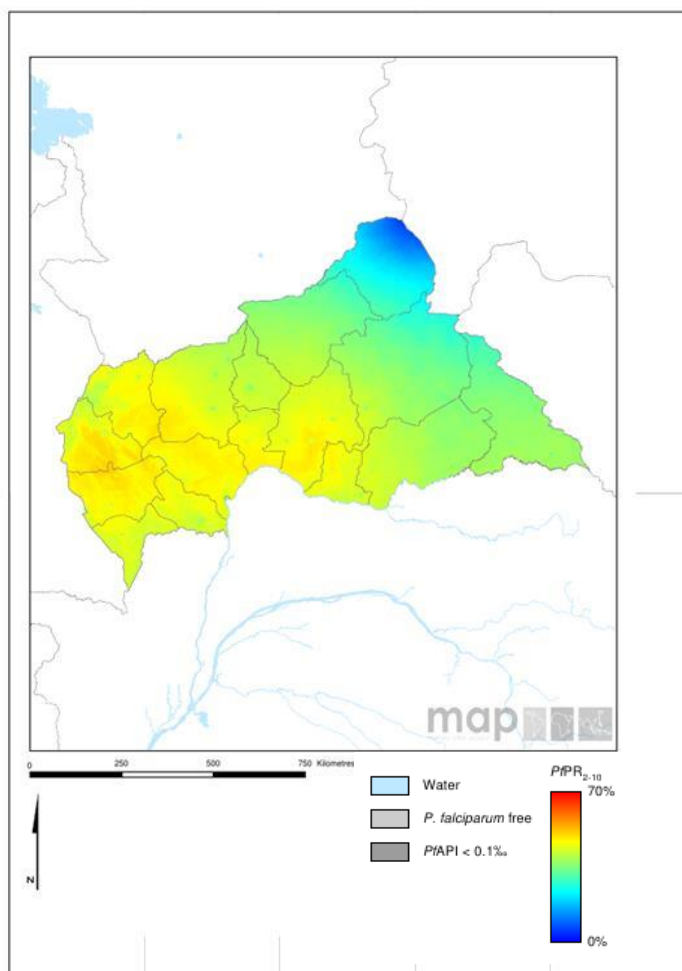


Scorecard for Accountability and Action

Malaria Parasite Prevalence Rate (%)



Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2014)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)		2.4
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		85
Public sector RDT financing 2014 projection (% of need)		21
Public sector ACT financing 2014 projection (% of need)		28
Operational LLIN/IRS coverage (% of at risk population)	▲	100
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)		
% deliveries assisted by skilled birth attendant		54
Exclusive breastfeeding (% children < 6 months)		34
Vitamin A Coverage (2 doses)		
DPT3 coverage 2011 (vaccination among 12-23 month olds)		54
Postnatal care (within 48 hrs)		

There is intense malaria transmission all year round in the Central African Republic and the entire population of the country is at high risk. The annual reported number of malaria cases in 2012 was 451,012 with 1,442 deaths.

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

**Central African Republic
ALMA Quarterly Report
Quarter One, 2014**



Urgent Global Fund Update

The Global Fund has announced that Central African Republic will receive US\$ 80.2 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on the country's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For the Central African Republic this is calculated at US\$ 32.1 million, including US\$ 22.3 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Central African Republic is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Central African Republic has established a policy for Community Case Management of malaria. The country has also banned the import and sale of oral artemisinin-based monotherapies. The universal coverage campaign for LLINs is rolling out.

Impact

The annual reported number of malaria cases in 2012 was 451,012 with 1,442 deaths.

Previous Key Recommended Actions



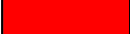

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Enact high level policy and strategy change	Introduce a policy of Community Case Management of pneumonia	Q1 2013		No progress reported
MNCH ¹ : Optimise quality of care	a) Prioritise the collection of postnatal care data	Q1 2013		No progress reported
	b) Investigate and address reasons for low vitamin A coverage in 2011	Q3 2014		Deliverable not due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q2 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2015

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due