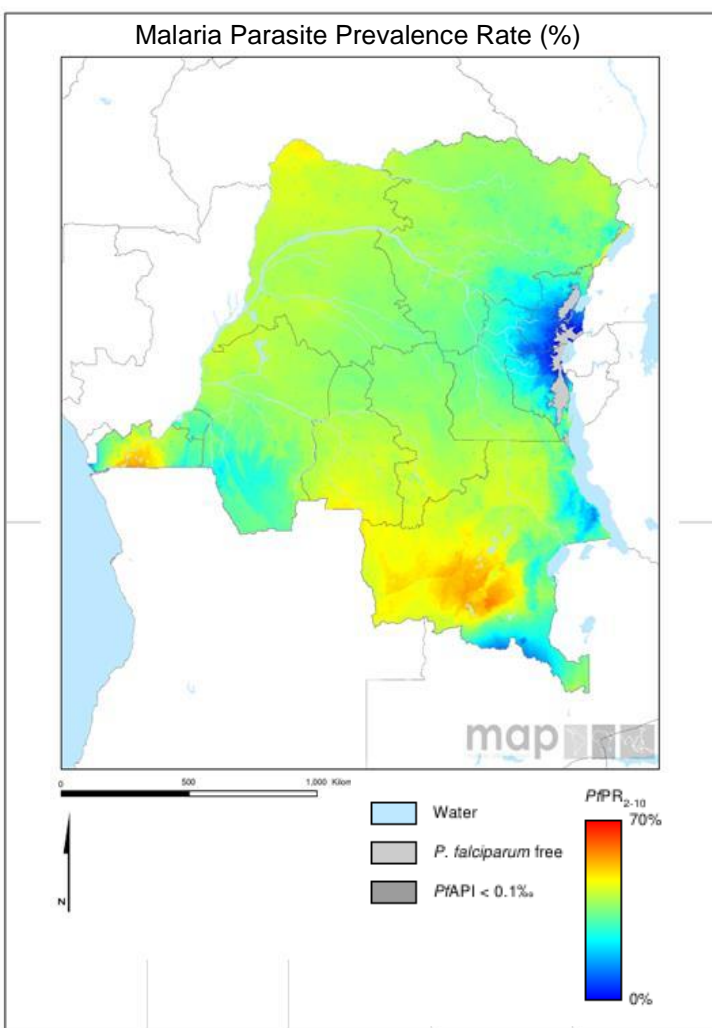


Scorecard for Accountability and Action



The entire population of the Democratic Republic of Congo is at high risk of malaria and transmission is intense year round with seasonal variations. The annual reported number of malaria cases in 2012 was 6,263,607 with 21,601 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Target achieved or on track
Community case management (Malaria)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	2.2
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	72
Public sector RDT financing 2014 projection (% of need)	39
Public sector ACT financing 2014 projection (% of need)	29
Operational LLIN/IRS coverage (% of at risk population)	63
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	No data/Not applicable
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	13
% deliveries assisted by skilled birth attendant	80
Exclusive breastfeeding (% children < 6 months)	37
Vitamin A Coverage (2 doses)	98
DPT3 coverage 2011 (vaccination among 12-23 month olds)	70
Postnatal care (within 48 hrs)	No data/Not applicable

Key

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

Democratic Republic of Congo
ALMA Quarterly Report
Quarter One, 2014



Urgent Global Fund Update

The Global Fund has announced that the Democratic Republic of Congo will receive US\$ 701.4 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 Democratic Republic of Congo'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 Democratic Republic of Congo this is calculated at US\$ 419.2 million, including US\$ 269.7 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. The country 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

The Democratic Republic of Congo has banned oral artemisinin-based monotherapies from the country and introduced policies on Community Case Management of malaria and pneumonia. The country has achieved high coverage in the tracer MNCH intervention of skilled birth attendants coverage and vitamin A coverage.

Impact

The annual reported number of malaria cases in 2012 was 6,263,607 with 21,601 deaths.

Key Challenges

- Lack of resources for the procurement of the required number of ACTs and RDTs.
- Implementation challenges caused by inadequate logistical and infrastructural capacity.

Previous Key Recommended Actions





Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Address decreasing vector control coverage	Q2 2014		Deliverable not yet due but 1 million LLINs distributed in the last quarter with others under procurement
MNCH ¹ : Optimise quality of care	a) PMTCT: Identify and address policy, programmatic, and managerial barriers to progress including increasing both domestic and external investments. Ensure PMTCT services are integrated with RMNCH services and are available to all by removing obstacles such as user fees and ensuring that investments are made in scaling-up and creating demand for services	Q1 2013		No progress reported, largely due to the continued existence of user fees. A costed national MTCT elimination plan (2011-2015) has been developed to accelerate efforts and the national programme has adopted the WHO Option B+ regimen for prophylaxis
	b) Reinforce BFHI and strengthen IYCF activities at community level including community system integration, capacity development, as well as monitoring and evaluation and IYCF behaviour change and communication strategy, channels and materials	Q1 2013		No progress reported
	c) Prioritise collection of postnatal care data	Q1 2014		The country recommends postnatal follow up contacts by a trained provider for mother and newborn and recommends Kangaroo Mother Care for low birth weight newborns. The country reports it is working to update the HMIS to include the collection of postnatal care data

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 Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q3 2014

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due