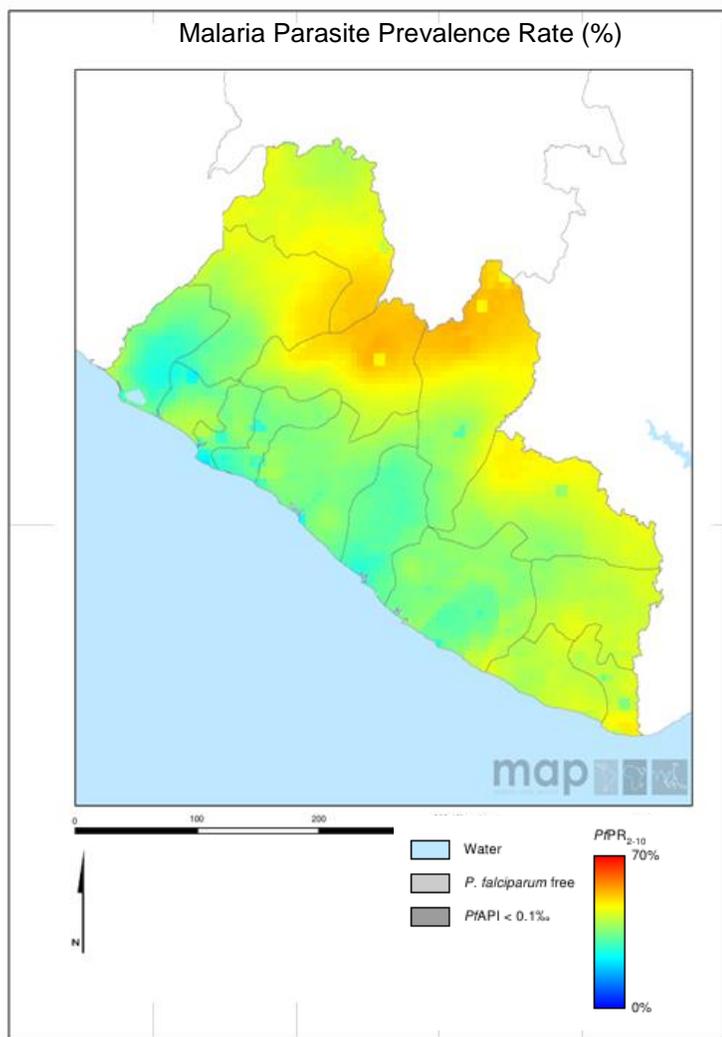


Scorecard for Accountability and Action



Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2015)	Target achieved or on track
Community case management (Pneumonia)(2015)	Target achieved or on track
Community case management (Malaria)(2015)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	2.9
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	100
Public sector RDT financing 2015 projection (% of need)	100
Public sector ACT financing 2015 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	100
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	No data/Not applicable
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	69
% deliveries assisted by skilled birth attendant	61
Exclusive breastfeeding (% children < 6 months)	55
Vitamin A Coverage 2012 (2 doses)	13
DPT3 coverage 2012 (vaccination among 12-23 month olds)	77
Postnatal care (within 48 hrs)	71

The entire population of Liberia is at high risk for malaria. Transmission is perennial in most of the country, particularly in the central and southern regions, and is intense for most months of the year. The annual reported number of malaria cases in 2013 was 1,483,676 with 1,191 deaths.

Key

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

Progress

Liberia has made significant progress in malaria control. A ban has been introduced on the importation and sale of oral artemisinin-based monotherapies. Liberia has also introduced policies on Community Case Management of malaria and pneumonia. Liberia has secured the resources for procurement of antimalarial commodities in 2015. The country has achieved good coverage in the tracer MNCH indicators of PMTCT, DPT3, skilled birth attendants, and exclusive breastfeeding and has increased coverage of postnatal care. Liberia has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. Liberia has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard. Liberia has made significant efforts to mitigate the impact of the current ebola crisis on malaria control. Additional resources have been secured for malaria control and the country is rolling out the LLIN universal coverage campaign in April, as well as conducting Mass Drug Administration with antimalarial medicine to reduce the overall incidence of fever.

Impact

The annual reported number of malaria cases in 2013 was 1,483,676 with 1,191 deaths.

Key Challenge

- Sustaining the coverage of essential health services during the ebola outbreak.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Ensure LLINs currently under procurement are distributed as quickly as possible in order to address decreasing LLIN coverage	Q2 2014		900,000 LLINs were delivered in the last quarter and others are on track to be delivered. The campaign was initially placed on hold due to the ebola crisis but plans are now underway to accelerate the distribution and the campaign is due for completion in Q2 2015
Address funding	Ensure the NFM concept note is submitted by Q1 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q1 2015		Liberia has begun work on the GF New Funding Model concept note

Liberia has responded positively to the recommended action addressing low coverage of vitamin A coverage and continues to track progress as this action is implemented.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due