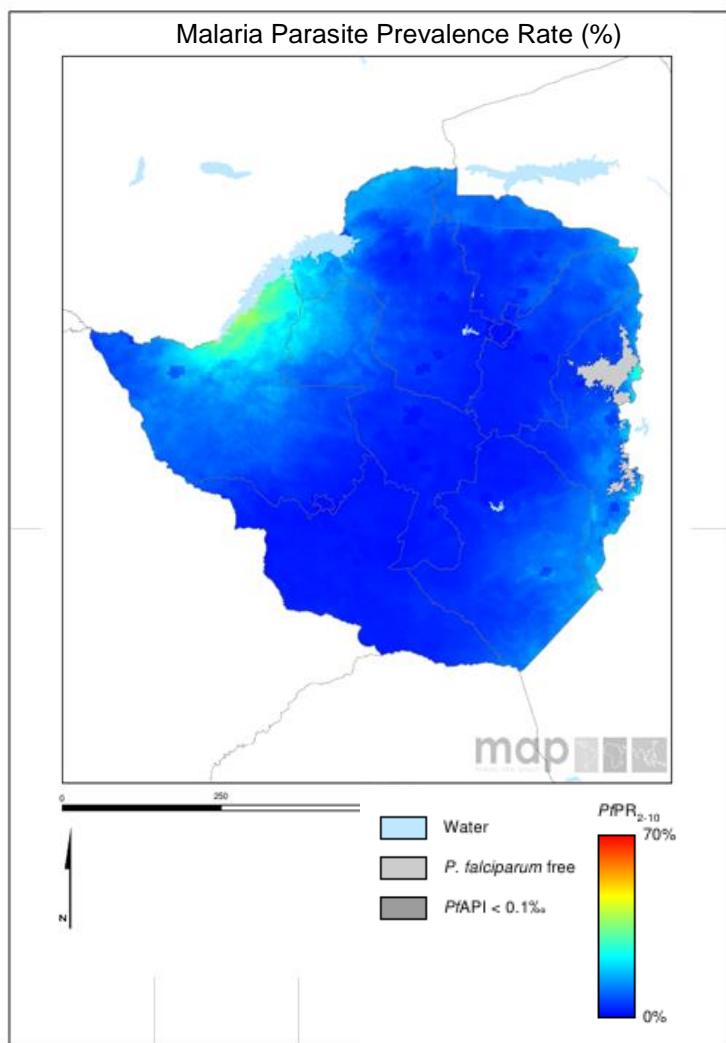


Scorecard for Accountability and Action



Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2013 was 422,633 with 352 deaths.

Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2015)		
Community case management (Pneumonia)(2015)		
Community case management (Malaria)(2015)		
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)		2.2
Commodities Financed, Implementation and Malaria Impact		
IRS financing 2015 (% of at-risk population)		100
Public sector RDT financing 2015 projection (% of need)		100
Public sector ACT financing 2015 projection (% of need)		100
IRS Operational Coverage (%)		92
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)		78
% deliveries assisted by skilled birth attendant		80
Exclusive breastfeeding (% children < 6 months)		41
Vitamin A Coverage 2012 (2 doses)		61
DPT3 coverage 2012 (vaccination among 12-23 month olds)		89
Postnatal care (within 48 hrs)		77

Key

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

Progress

Zimbabwe has banned oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of malaria. The country has the resources required for ACTs, RDTs, LLINs and IRS in 2015 and has achieved good coverage of vector control. Zimbabwe has achieved high coverage of the tracer MNCH interventions PMTCT and DPT3 and has recently increased coverage of skilled birth attendants, postnatal care and, exclusive breastfeeding. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The annual reported number of malaria cases in 2013 was 422,633 with 352 deaths. WHO projects that the country is on track to reduce malaria burden by 50 – 75% by 2015 compared to 2000.

Key Challenge

- Increases in malaria cases reported in 2014.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Investigate reasons for the increasing number of malaria cases in 2014	Q4 2015