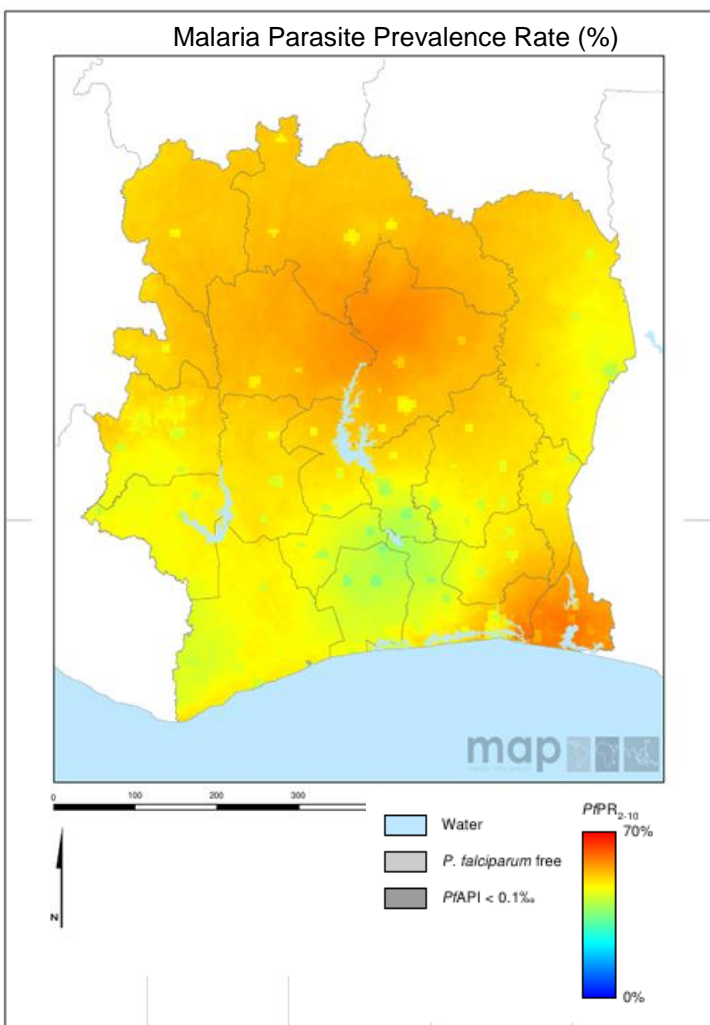


Scorecard for Accountability and Action



Malaria transmission occurs all year round throughout Côte d'Ivoire, although it is more seasonal in the north of the country. The annual reported number of malaria cases in 2012 was 2,168,215 with 1,534 deaths.

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 2013 (CPIA Cluster D)	▲	3
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		100
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)		54
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)		68
% deliveries assisted by skilled birth attendant		59
Exclusive breastfeeding (% children < 6 months)		12
Vitamin A Coverage 2012 (2 doses)		99
DPT3 coverage 2012 (vaccination among 12-23 month olds)	▲	94
Postnatal care (within 48 hrs)	▲	70

Key

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

Progress

Côte d'Ivoire has banned the import and sale of oral artemisinin-based monotherapies and has also introduced a policy on Community Case Management of malaria and pneumonia. Côte d'Ivoire has also successfully raised resources for the financing of the required number of LLINs, RDTs, and ACTs in 2014. The country has made progress on tracer MNCH interventions, including PMTCT and vitamin A coverage and has increased coverage of postnatal care and DPT3 vaccination.

Impact

The annual reported number of malaria cases in 2012 was 2,168,215 with 1,534 deaths.

Key Challenge

- Securing longer term resources for malaria programming.

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		2.4 million LLINs delivered in the last quarter
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		Deliverable not yet due but country is working on the NFM concept note
Enact high level policy and strategy change	Improve rule-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration, and transparency and accountability in the public sector	Q2 2014		There has been a 0.2 increase in the country's Cluster D CPIA
MNCH ¹ : Optimise quality of care	a) Prioritise the collection of postnatal care data	Q1 2014		The country reports 70% postnatal care coverage
	b) Identify and address reasons for falling DPT3 coverage	Q2 2014		The country reports a significant increase in DPT3 vaccination with 94% coverage

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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