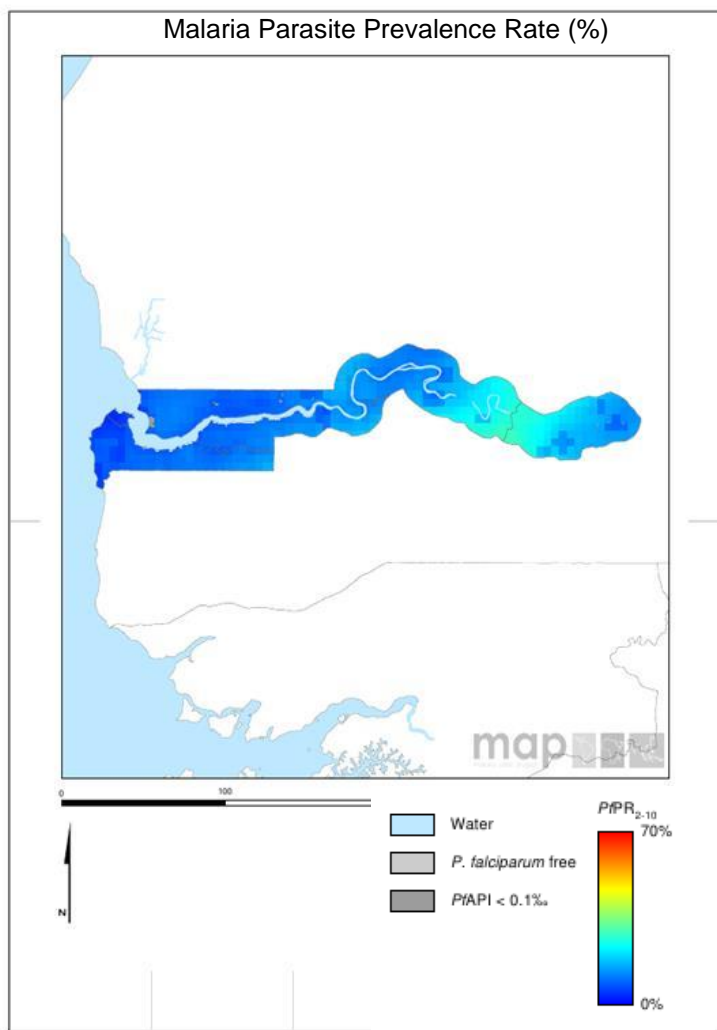


Scorecard for Accountability and Action







The entire population of The Gambia is at high risk of malaria and transmission is intense for most of the year. The annual reported number of malaria cases in 2012 was 177,999 with 289 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)		90
Public sector ACT financing 2014 projection (% of need)		87
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		57
Exclusive breastfeeding (% children < 6 months)		47
Vitamin A Coverage 2012 (2 doses)	▼	46
DPT3 coverage 2012 (vaccination among 12-23 month olds)		98
Postnatal care (within 48 hrs)		

Key

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

Progress

The Gambia continues to make good progress with malaria control, including the introduction of Community Case Management for malaria and pneumonia. The Gambia has secured resources to finance most of the malaria commodities required for 2014. The country has also procured sufficient LLINs to sustain universal coverage. A mass free distribution LLIN campaign will be conducted in June 2014. The country has achieved high coverage of tracer MNCH interventions including DPT3. The Gambia has reduced the under-five mortality rate by 57% since 1990.

Impact

In 2008, a total of 508,846 episodes of clinical malaria were reported compared to 273,507 in 2013 indicating a 38% reduction of malaria cases in a five year period (HMIS 2008-2013). The malaria parasite prevalence in 2010 was 4% (MIS 2010) decreasing to 0.8% (DHS 2013) in 2013 indicating a significant decline of 80%.

Key Challenge

- Inadequate new resources allocated to malaria in the Global Fund New Funding Model may pose a challenge to the country's ability to sustain the impressive gains made in the fight against malaria over the years.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
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		Deliverable not yet due but country has begun the preparation of the GF NFM concept note

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing vitamin A coverage	Q2 2015

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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