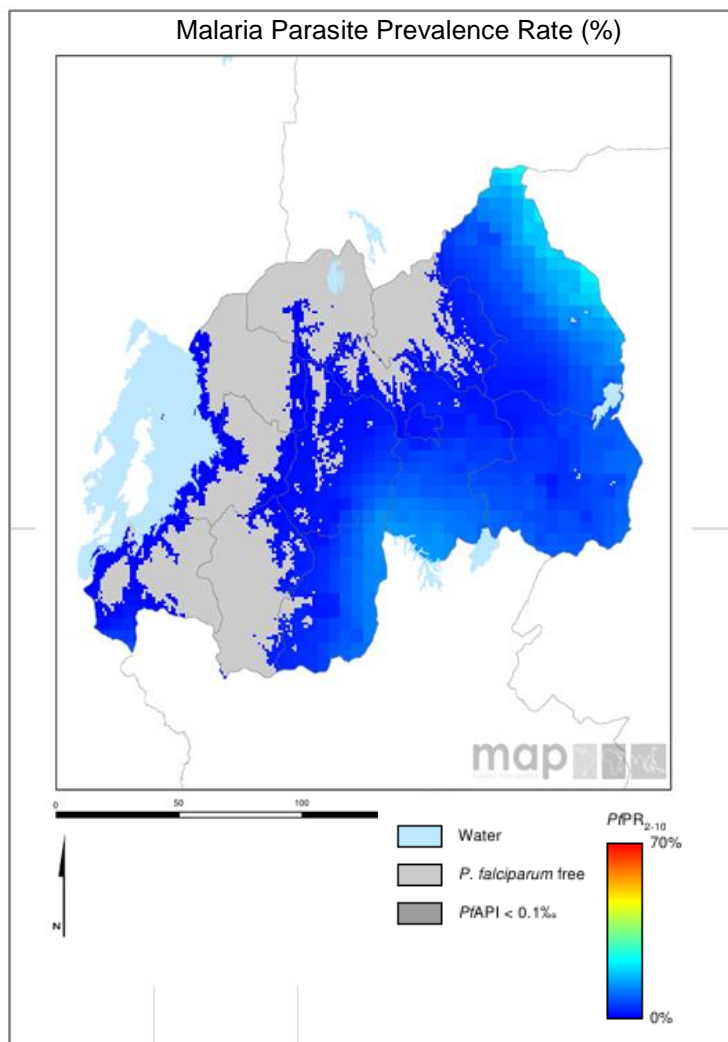


Scorecard for Accountability and Action



The entire population of Rwanda is at risk of malaria, but transmission is most intense in the eastern and south-western parts of the country. The annual reported number of malaria cases in 2012 was 478,955 with 459 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)		3.6

Commodities Financed, Implementation and Malaria Impact

LLIN financing 2014 projection (% of need)		81
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)		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)		87
% deliveries assisted by skilled birth attendant		69
Exclusive breastfeeding (% children < 6 months)		85
Vitamin A Coverage 2012 (2 doses)	▼	3
DPT3 coverage 2012 (vaccination among 12-23 month olds)		98
Postnatal care (within 48 hrs)		18

Key

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

Progress

Rwanda has made significant progress in scaling-up malaria control interventions, including in key policy areas: banning oral artemisinin-based monotherapies and introduction of policies on Community Case Management of malaria and pneumonia. Rwanda has successfully mobilised most of the resources for the procurement of the majority of the LLINs, ACTs, and RDTs required to sustain universal coverage in 2014. Rwanda has also achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding, DPT3 vaccination and PMTCT. Rwanda has reduced the under-five mortality rate by 64% since 1990. Rwanda was awarded a 2014 ALMA Award for Excellence in Implementation of Vector Control.

Impact

There has been a significant decline in malaria cases and deaths in Rwanda with 478,955 cases and 459 deaths reported in 2012. Rwanda has achieved the target of 75% reduction in malaria incidence since 2000.

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 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		The country submitted the GF NFM concept note in June and allocated its Global Fund resources to malaria in accordance with the proposed disease-specific allocation

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