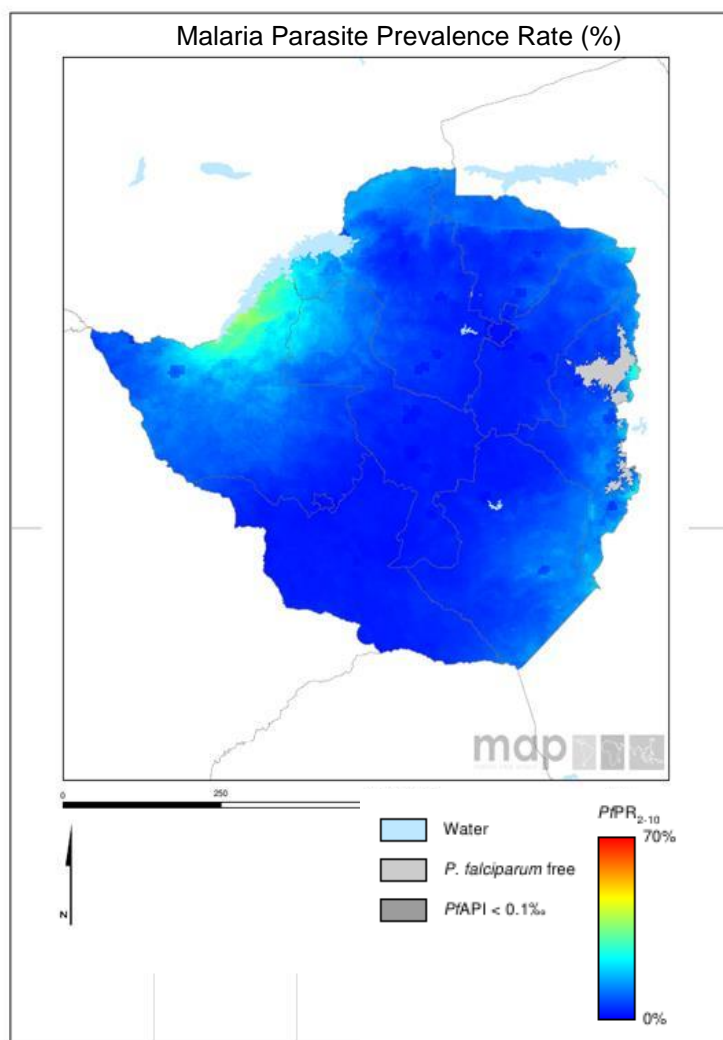


Scorecard for Accountability and Action



Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2012 was 276,963 with 351 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) |   | 2.2 |
| Commodities Financed, Implementation and Malaria Impact                        |   |     |
| IRS financing 2014 (% of at-risk population)                                   | ▲ | 100 |
| Public sector RDT financing 2014 projection (% of need)                        |   | 100 |
| Public sector ACT financing 2014 projection (% of need)                        |   | 100 |
| IRS Operational Coverage (%)   |   | 91  |
| 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)                        |   | 82  |
| % deliveries assisted by skilled birth attendant                               |   | 66  |
| Exclusive breastfeeding (% children < 6 months)                                |   | 31  |
| Vitamin A Coverage 2012 (2 doses)  |   | 61  |
| DPT3 coverage 2012 (vaccination among 12-23 month olds)                        |   | 89  |
| Postnatal care (within 48 hrs)   |   | 27  |

Key

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

### Progress

Zimbabwe has made steady progress in scaling-up malaria control interventions and has been successful in attracting resources through the Global Fund. Zimbabwe has banned oral artemisinin-based monotherapies. The country has introduced a policy on Community Case Management of malaria. The country has the resources required for ACTs, RDTs, LLINs and IRS in 2014 and has achieved good coverage of vector control. Zimbabwe has achieved high coverage of the tracer MNCH interventions PMTCT and DPT3.

### Impact

The annual reported number of malaria cases in 2012 was 276,963 with 351 deaths.

### Key Challenge

- Delays and under-reporting of malaria cases and deaths from the National Health Information System, leading to inconsistent reporting on malaria mortality data.

### 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 |

### Key

|  |                         |
|--|-------------------------|
|  | Action achieved         |
|  | Some progress           |
|  | No progress             |
|  | Deliverable not yet due |