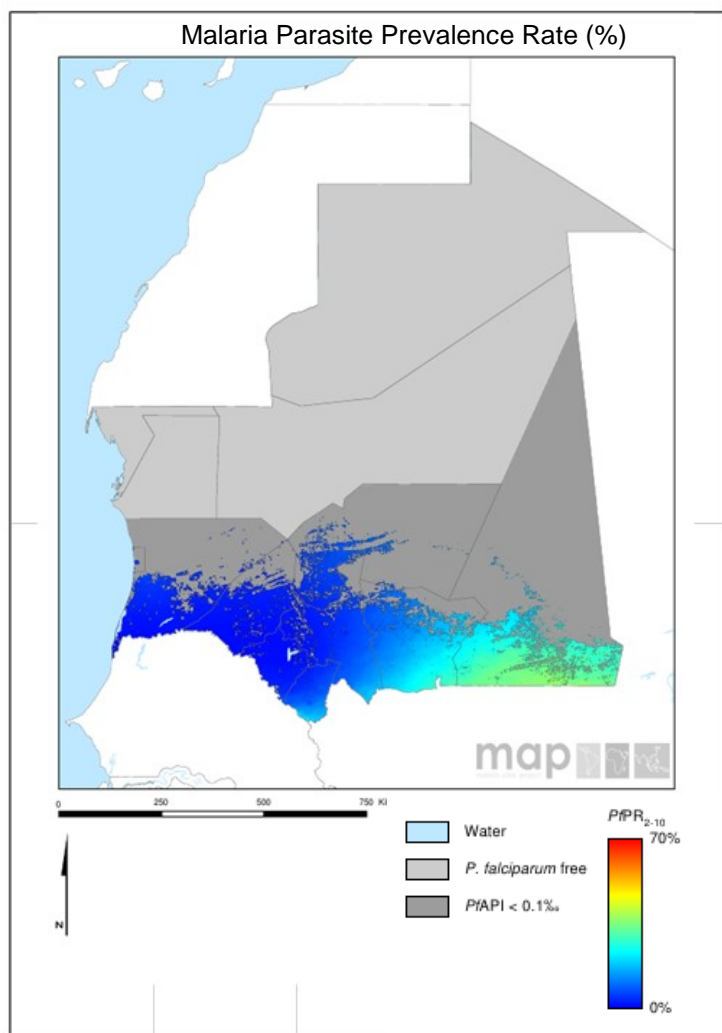


Scorecard for Accountability and Action



In Mauritania, almost 15% of the population is at high risk and 75% is at low risk of malaria. The annual reported number of malaria cases in 2013 was 128,486 with 25 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2015)	Target achieved or on track
Community case management (Pneumonia)(2015)	Target achieved or on track
Community case management (Malaria)(2015)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	3.1
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	100
Public sector RDT financing 2015 projection (% of need)	100
Public sector ACT financing 2015 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	13
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	No data/Not applicable
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	No data/Not applicable
% deliveries assisted by skilled birth attendant	65
Exclusive breastfeeding (% children < 6 months)	27
Vitamin A Coverage 2012 (2 doses)	99
DPT3 coverage 2013 (vaccination among 12-23 month olds)	80
Postnatal care (within 48 hrs)	7

Key

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

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Progress

Mauritania has banned the import and sale of oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of malaria and pneumonia. The country has secured sufficient resources to meet the LLIN, ACT, and RDT requirements for 2015. The country has made good progress in the tracer MNCH intervention of vitamin A coverage and has increased DPT3 vaccination coverage.

Impact

The annual reported number of malaria cases in 2013 was 128,486 with 25 deaths.

Key Challenge

- Low LLIN coverage.





Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF New Funding Model 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		Mauritania submitted the GF New Funding Model concept note in April 2015
MNCH ¹ : Optimise quality of care	a) PMTCT: Identify and address policy, programmatic, and managerial barriers to progress including increasing both domestic and external investments. Ensure PMTCT services are integrated with RMNCH services and are available to all by removing obstacles such as user fees, and ensuring that investments are made in scaling-up and creating demand for services	Q1 2013		User fees have been removed in four regions and this initiative will be scaled-up country wide by 2015 and this is expected to lead to increased PMTCT coverage moving forward
	b) Investigate and address the reasons for the decreasing coverage of exclusive breastfeeding	Q4 2015		Deliverable not yet due
	c) Work towards improving postnatal care coverage through increasing availability of skilled care, promoting facility births where women and babies are observed for at least 24 hours before discharge and through home visits by community health workers	Q4 2015		Deliverable not yet due

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

Mauritania has responded positively to the recommended action addressing low coverage of vector control and continues to track progress as this action is implemented.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due