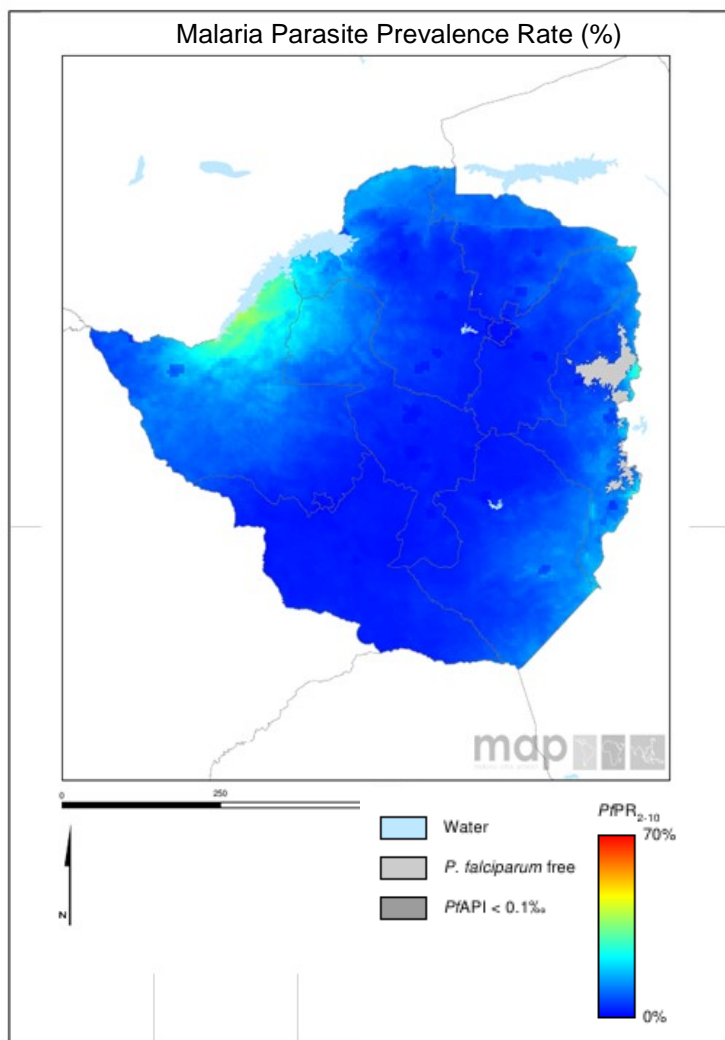


Scorecard for Accountability and Action



Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2013 was 422,633 with 352 deaths.

Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2015)		
Community case management (Pneumonia)(2015)		
Community case management (Malaria)(2015)		
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)		2.2
Commodities Financed, Implementation and Malaria Impact		
IRS financing 2015 (% of at-risk population)		100
Public sector RDT financing 2015 projection (% of need)		100
Public sector ACT financing 2015 projection (% of need)		100
IRS Operational Coverage (%)		92
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)		78
% deliveries assisted by skilled birth attendant		80
Exclusive breastfeeding (% children < 6 months)		41
Vitamin A Coverage 2012 (2 doses)		61
DPT3 coverage 2013 (vaccination among 12-23 month olds)	▲	95
Postnatal care (within 48 hrs)		77

Key

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

Progress

Zimbabwe has banned oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of malaria. The country has the resources required for ACTs, RDTs, LLINs and IRS in 2015 and has achieved good coverage of vector control. Zimbabwe has achieved high coverage of the tracer MNCH interventions PMTCT, skilled birth attendants, postnatal care and, exclusive breastfeeding and has recently increased coverage of DPT3. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The annual reported number of malaria cases in 2013 was 422,633 with 352 deaths. WHO projects that the country is on track to reduce malaria burden by 50 – 75% by 2015 compared to 2000.

Key Challenges

- Increases in malaria cases reported in 2014.
- Insecticide resistance threatened vector control effectiveness.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Investigate reasons for the increasing number of malaria cases in 2014	Q4 2015		High rainfall in 2014 is thought to have contributed to the 2014 upsurge in cases, possibly exacerbated by cross border movements

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due