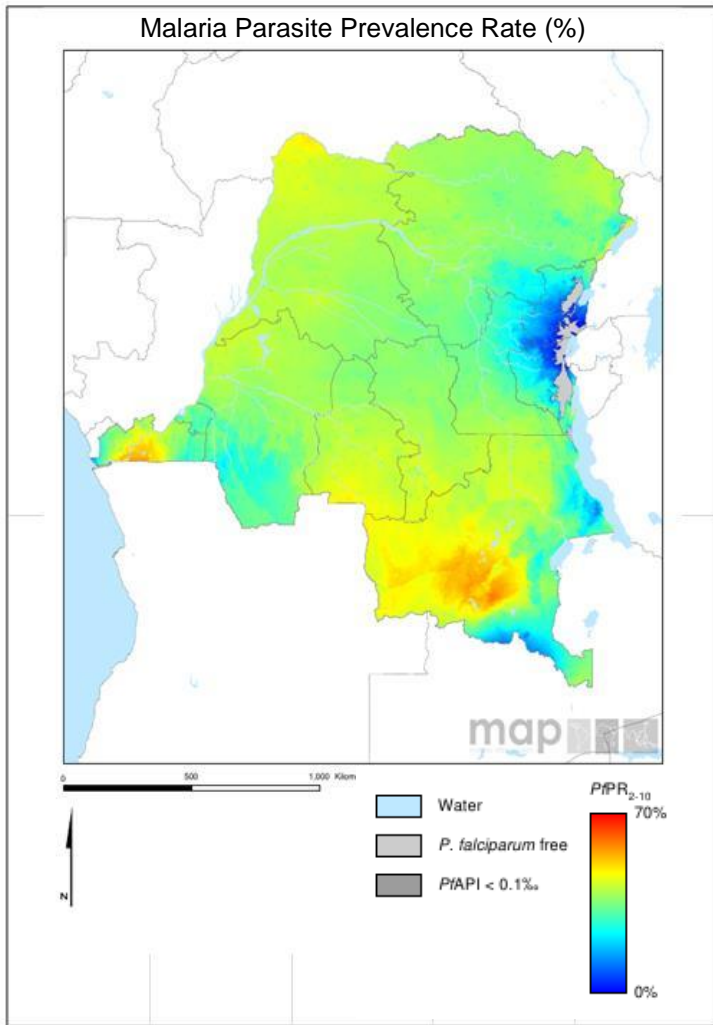


Scorecard for Accountability and Action



The entire population of the Democratic Republic of Congo is at high risk of malaria and transmission is intense year round with seasonal variations. The annual reported number of malaria cases in 2012 was 6,263,607 with 21,601 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)	2.4
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	71
Public sector RDT financing 2014 projection (% of need)	94
Public sector ACT financing 2014 projection (% of need)	57
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 2013 (% pregnant HIV pts receiving ARVs)	▲ 33
% deliveries assisted by skilled birth attendant	80
Exclusive breastfeeding (% children < 6 months)	48
Vitamin A Coverage 2012 (2 doses)	84
DPT3 coverage 2012 (vaccination among 12-23 month olds)	72
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 Democratic Republic of Congo has banned oral artemisinin-based monotherapies and introduced policies on Community Case Management of malaria and pneumonia. The country has procured sufficient LLINs to achieve universal coverage. The country has achieved high coverage in the tracer MNCH intervention of skilled birth attendants and vitamin A coverage and has increased coverage of PMTCT.

Impact

The annual reported number of malaria cases in 2012 was 6,263,607 with 21,601 deaths.

Key Challenge

- Resource gaps exist to sustain universal coverage and continued roll out of key malaria control interventions.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) PMTCT: Identify and address policy, programmatic, and managerial barriers to progress including increasing 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 investments are made in scaling-up and creating demand for services	Q1 2013		PMTCT coverage has increased from 13% in 2012 to 33% in 2013
	b) Reinforce BFHI and strengthen IYCF activities at community level including community system integration, capacity development, monitoring and evaluation and communication strategies	Q1 2013		DRC has increased exclusive breastfeeding coverage to 48%. The Code of Marketing of Breast-milk Substitutes was adopted in 2007. Efforts are ongoing to mobilize funds to train health care providers, and customs officials to better enforce the code. UNICEF and NGOs are rolling out community level activities to promote IYCF through women's groups including with home visits, advocacy training and social mobilization

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	c) Identify and address reasons for decreasing vitamin A coverage	Q2 2015		Deliverable not yet due but the country reports an increase in vitamin A coverage to 87% in 2013
	d) Prioritise collection of postnatal care data	Q1 2014		Indicators relating to postnatal care are integrated into the HMIS. DRC is also working to enhance reporting through the roll out of a web based tool

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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