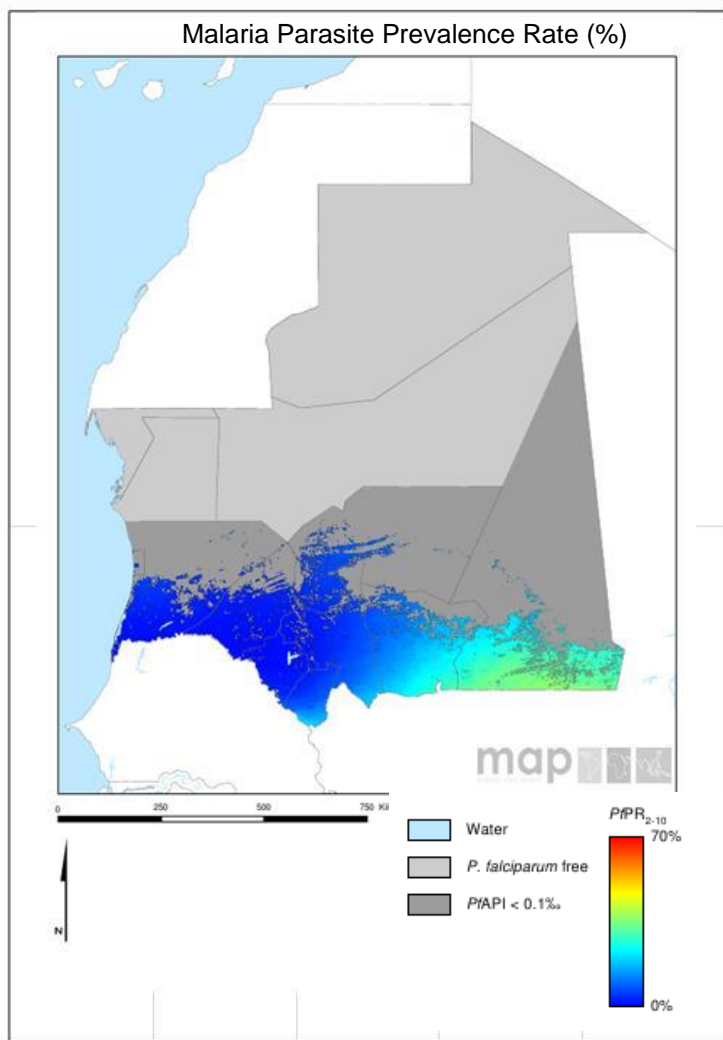


Scorecard for Accountability and Action







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 2012 was 165,834 with 106 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)		3.1
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)	▲	100
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)	▲	22
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)		
% deliveries assisted by skilled birth attendant		65
Exclusive breastfeeding (% children < 6 months)		46
Vitamin A Coverage 2012 (2 doses)		99
DPT3 coverage 2012 (vaccination among 12-23 month olds)		80
Postnatal care (within 48 hrs)		

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 2014. 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 2012 was 165,834 with 106 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 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		Country is planning to submit the GF NFM in January 2015
MNCH ¹ : Optimise quality of care	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

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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