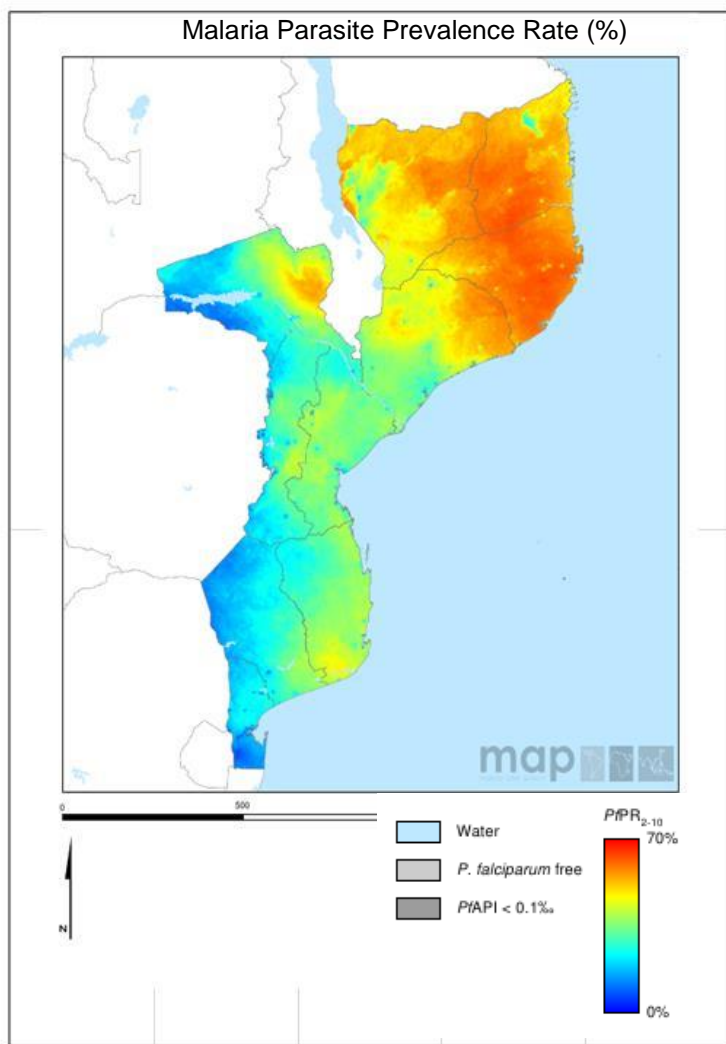









Scorecard for Accountability and Action







Malaria transmission is seasonal in almost all areas of Mozambique. The annual reported number of malaria cases in 2013 was 3,924,832 with 2,941 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	
Community case management (Pneumonia)(2014)	
Community case management (Malaria)(2014)	
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	3.3
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	100
Public sector RDT financing 2014 projection (% of need)	93
Public sector ACT financing 2014 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	 100
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)	84
% deliveries assisted by skilled birth attendant	54
Exclusive breastfeeding (% children < 6 months)	43
Vitamin A Coverage 2012 (2 doses)	 20
DPT3 coverage 2012 (vaccination among 12-23 month olds)	76
Postnatal care (within 48 hrs)	

Key

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

Progress

Mozambique has made steady progress in scaling-up malaria control interventions. Additionally, the country has made policy changes including the banning of oral artemisinin-based monotherapies. Policies on Community Case Management of malaria and pneumonia have been introduced. The country has secured sufficient financing to sustain universal coverage of ACTs, RDTs, and LLINs in 2014. Mozambique has also achieved high coverage of the tracer MNCH indicator PMTCT. The country has significantly enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The annual reported number of malaria cases in 2013 was 3,924,832 with 2,941 deaths.

Key Challenge

- High staff turnover in recent years is affecting programme efficiency.

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 Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014		The country submitted GF New Funding Model concept note in October 2014
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing vitamin A coverage	Q2 2015		Coverage of vitamin A is reported to have increased to 99% in 2013

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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