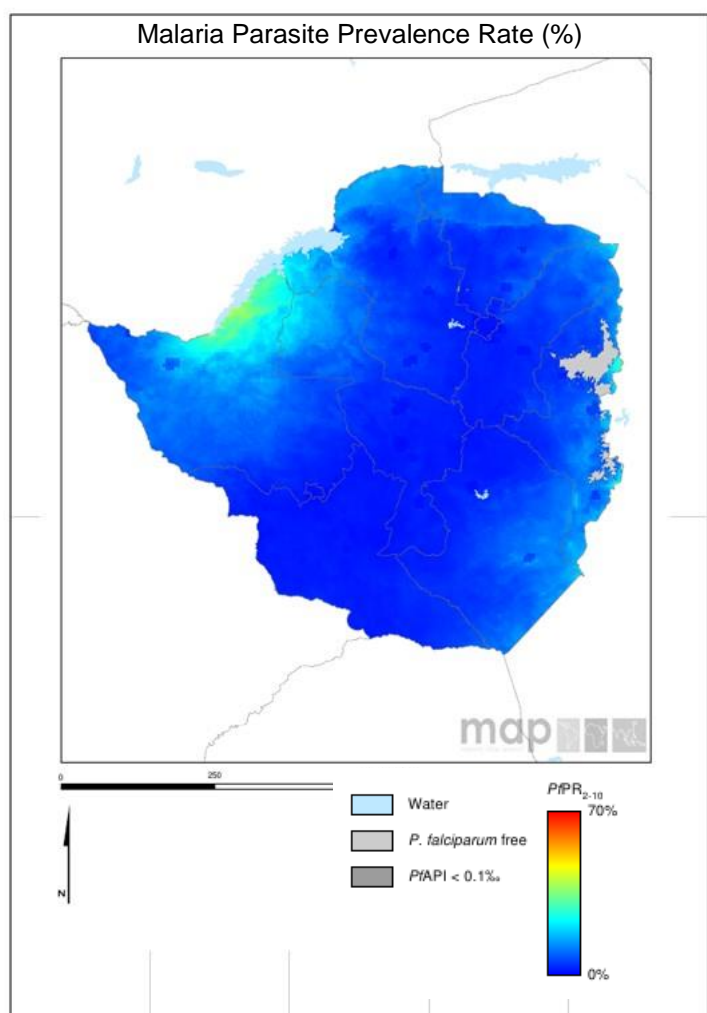


Scorecard for Accountability and Action



Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2014 was 535,983 with 406 deaths.

Metrics

Commodities Financed and Financial Control	
IRS financing 2016 (% of at-risk population)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2014 (CPIA Cluster D)	2.7
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	2
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of ICCM (2013)	
IRS Operational Coverage (%)	96
>75% Decrease in Malaria Incidence Projected 2000–2015	
Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	▲ 62
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	▲ 80
% deliveries assisted by skilled birth attendant	78
Postnatal care (within 48 hrs)	▼ 51
Exclusive breastfeeding (% children < 6 months)	▲ 48
Vitamin A Coverage 2013 (2 doses)	34
DPT3 coverage 2014 (vaccination among 0-11 month olds)	91

Key

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

Malaria

Progress

Zimbabwe has scaled up iCCM. The country has secured the resources required for ACTs, RDTs, LLINs and IRS in 2016 and has achieved high coverage of vector control. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. Zimbabwe has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

Impact

The reported number of malaria cases in 2014 increased to 535,983 compared with 422,633 in 2013 and the reported malaria deaths increased to 406 in 2014 compared to 352 in 2013. However, overall since 2000, cases have reduced from the 1,494,518 cases and 1,916 deaths recorded in 2005. WHO projects that the country is on track to reduce malaria burden by 50 – 75% by 2015 compared to 2000.

Previous Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address Funding	Submit costed extension to sustain GF resources until end of 2017	Q2 2016		Zimbabwe has prepared and submitted a costed extension to the GF
Vector Control	Given the reported mosquito resistance to 3 classes of insecticide, urgently finalise and implement the national insecticide resistance monitoring and management plan	Q1 2017		Zimbabwe plans to complete the national plan for insecticide resistance monitoring and management in quarter three 2016

MNCH

Progress

Zimbabwe has achieved high coverage of the tracer MNCH interventions skilled birth attendants and DPT3. The country has recently increased coverage of ARTs in both the total population and children, and exclusive breastfeeding. Zimbabwe has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

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	Enhance ART coverage in children under 14 years of age	Q1 2017		Zimbabwe has achieved impressive coverage of 80% ART in children, increasing coverage by 12% in one year

Zimbabwe has responded positively to the MNCH recommended actions addressing low coverage of Vitamin A and continues to track progress as this action is implemented.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Investigate and address the reasons for the decreasing coverage of postnatal care	Q2 2017

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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