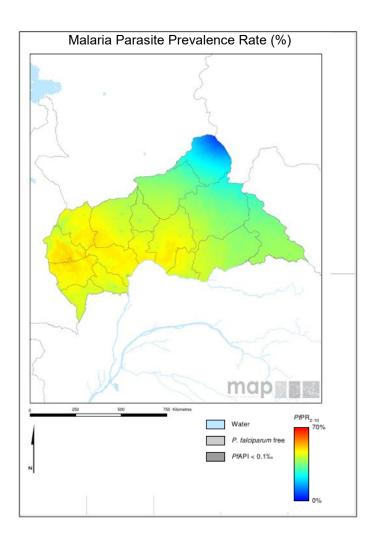
Central African Republic ALMA Quarterly Report Quarter Four, 2017



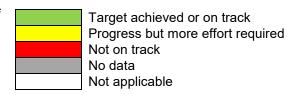
Scorecard for Accountability and Action



etrics		
Commodities Financed and Financial Control		
LLIN financing 2017 projection (% of need)		100
Public sector RDT financing 2017 projection (% of need)		62
Public sector ACT financing 2017 projection (% of need)		100
World Bank rating on public sector management and institutions 2016 (CPIA Cluster D)		2.2
Insecticide Resistance Monitoring, Implementation a	nd	Impact
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		3
Insecticide resistance monitored since 2015 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Scale of Implementation of iCCM (2016)		
Operational LLIN/IRS coverage (% of at risk population)		98
Change in malaria incidence rate (2010–2016)		
Tracer Indicators for Maternal and Child Health and I	NTE	Os
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2016)		32
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2016)		24
Estimated $\%$ of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2016)		17
% deliveries assisted by skilled birth attendant		54
Postnatal care (within 48 hrs)		
Exclusive breastfeeding (% children < 6 months)		34
Vitamin A Coverage 2015 (2 doses)	•	3
DPT3 coverage 2016 (vaccination among 0-11 month olds)		54

There is intense malaria transmission all year round in the Central African Republic and the entire population of the country is at high risk. The annual reported number of malaria cases in 2016 was 1,400,526 with 2,668 deaths.

Key



Central African Republic, ALMA Quarterly Report, Quarter Four, 2017



Malaria

Progress

Central African Republic secured most of the resources required for LLINs, ACTs and RDTs in 2017. Central African Republic has procured sufficient LLINs to achieve 100% operational coverage of vector control. The country has also scaled up the implementation of iCCM.

Impact

The annual reported number of malaria cases in 2016 was 1,400,526 with 2,668 deaths deaths.

Key Challenge

• Limited access to some at-risk populations is hampering coverage of malaria control interventions.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector Control	Given the reported mosquito resistance to 3 classes of insecticide, urgently develop and implement a national insecticide resistance monitoring and management plan	Q1 2017		The country will request support from WHO/AFRO to support the development of the insecticide resistance monitoring and management plan and will request resources for resistance monitoring from the Global Fund. It is expected a draft plan will be available by Q1 2018
Address Funding	Work to accelerate the signature of the GF grant	Q4 2017		The country has finalised the documentation for grant signature and is on track for grant signature before grant expiry
Vector Control	Report on the status of insecticide resistance monitoring to WHO	Q3 2018		Deliverable not yet due

MNCH and NTDs

Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Central African Republic is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Central African Republic is good for onchocerciasis (50%), schistosomiasis (66%), and 40% for soil transmitted helminths, however, coverage for lymphatic filariasis and trachoma are low (16% and 17% respectively). Overall, the NTD preventive chemotherapy coverage index for Central African Republic in 2016 is 32 and this represents a substantial increase compared with the 2015 index value (<1).

Previous Key Recommended Actions

Previous Key Recommended Actions								
Objective		tion Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report			
MNCH ¹ : Optimise quality of care	a)	Prioritise the collection of postnatal care data	Q1 2013		No progress reported			
	b)	Address the decreasing vitamin A coverage	Q4 2016		Recognising that there have been stock-outs of vitamin A, the EPI programme are looking at how vitamin A can be integrated into the EPI management system. The country achieved 74% coverage in the first vitamin A campaign in 2015			
	c)	Identify and address reasons for the decrease in coverage of ARTs in children	Q2 2018		Deliverable not yet due but the main factors hampering HIV screening have been stock-outs of supplies and insecurity in certain areas. Despite efforts to integrate PMTCT into health facilities, poor ANC coverage, associated partly with insecurity and a lack of qualified staff; and poor coverage for the early screening of children born to HIV-positive mothers is hampering coverage. Low ART coverage is associated with poor geographical coverage and the fact that ARV sites affected by the crisis have been non-functional. The WB funded programme to reinforce the health system is expected to improve ANC coverage, the main lever for increasing PMTCT coverage. Whilst the GF will fund ARVs, training and supply chain, serious gaps exist in funding in 2020			

Central African Republic has responded positively to the MNCH recommended action addressing low coverage of ARTs in the whole population and continues to track progress as this action is implemented.



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