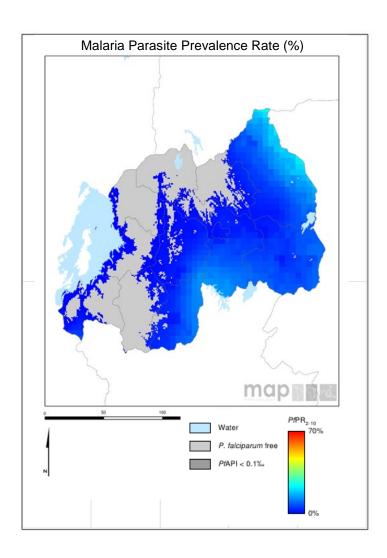
Rwanda ALMA Quarterly Report Quarter One, 2016



3.6

Scorecard for Accountability and Action



Metrics	
Commodities Financed and Financial Control	
LLIN financing 2016 projection (% of need)	10
Public sector RDT financing 2016 projection (% of need)	10
Public sector ACT financing 2016 projection (% of need)	8

Insecticide Resistance Monitoring, Implementation and Impact

World Bank rating on public sector management

Tracer Indicators for Maternal and Child Health

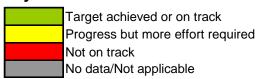
and institutions 2014 (CPIA Cluster D)

Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2013)	
Operational LLIN/IRS coverage (% of at risk population)	100
>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 (2014)	68
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2014)	37
% deliveries assisted by skilled birth attendant	91
Postnatal care (within 48 hrs)	42
Exclusive breastfeeding (% children < 6 months)	87
Vitamin A Coverage 2013 (2 doses)	
DP T3 coverage 2014 (vaccination among 12-23 month olds)	99

The annual reported number of malaria cases in 2014 was 1,610,812 with 496 deaths.

Key



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Malaria

Progress

Rwanda has made significant progress in scaling-up malaria control interventions, and has scaled up iCCM. The country has secured sufficient resources to sustain universal coverage of essential malaria interventions in 2016. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan. Rwanda was awarded 2016 ALMA Awards for Excellence for achieving the Millennium Development Goals (MDGs) target for malaria and for Performance in Malaria Control between 2011 and 2015.

Impact

There has been a significant decline in malaria cases and deaths in Rwanda, with WHO projecting that the country will reduce the malaria incidence by more than 75% for the period between 2000 and 2015. The annual reported number of malaria cases in 2014 was 1,610,812 with 496 deaths.

MNCH

Progress

Rwanda has also achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding, ART coverage, DPT3 vaccination and skilled birth attendants. Rwanda has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990.

Previous Key Recommended Action

Rwanda has responded positively to the MNCH recommended actions addressing lack of data on vitamin A and continues to track progress as this action is implemented.

New Key Recommended Action

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Objective	Action Item	Suggested completion timeframe		
MNCH ¹ : Optimise quality of care	Work to accelerate coverage of ARTs in children under 14 years of age	Q1 2017		

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