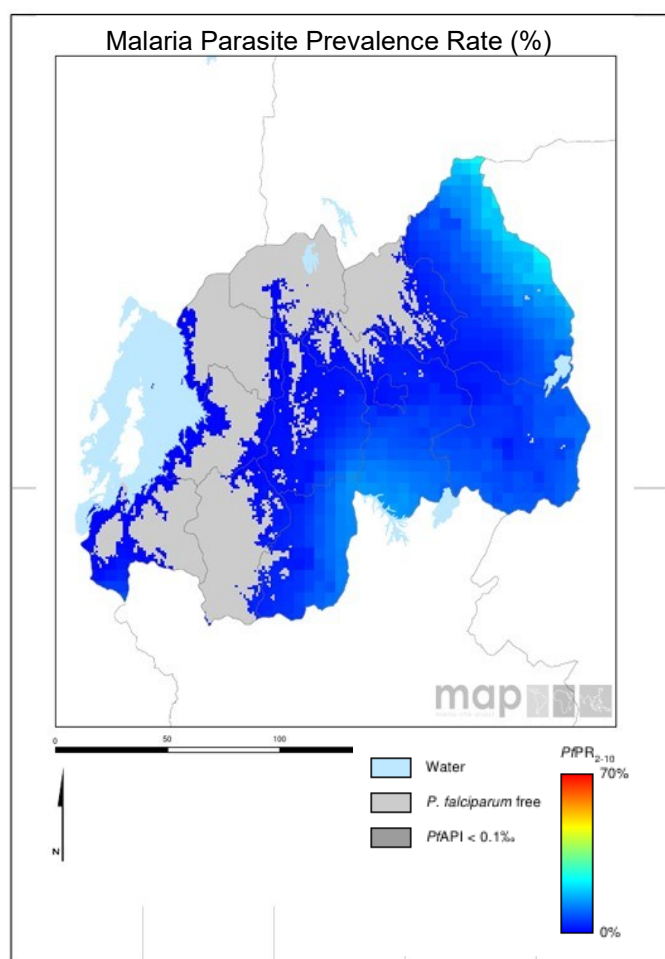


Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control	
LLIN financing 2017 projection (% of need)	100
Public sector RDT financing 2017 projection (% of need)	100
Public sector ACT financing 2017 projection (% of need)	100
World Bank rating on public sector management and institutions 2016 (CPIA Cluster D)	3.7
Insecticide Resistance Monitoring, Implementation and 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)	100
Change in malaria incidence rate (2010–2016)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2016)	3
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2016)	79
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2016)	55
% deliveries assisted by skilled birth attendant	91
Postnatal care (within 48 hrs)	43
Exclusive breastfeeding (% children < 6 months)	87
Vitamin A Coverage 2015 (2 doses)	96
DPT3 coverage 2016 (vaccination among 0-11 month olds)	98

The annual reported number of malaria cases in 2016 was 3,380,568 with 715 deaths.

Key

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

Malaria

Progress

Rwanda has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan. The country has rolled out iCCM country wide and distributed sufficient LLINs to achieve universal operational coverage. Rwanda has implemented an emergency response programme to the upsurge in malaria cases. The country has a high rating in terms of public sector management systems (CPIA cluster D). Rwanda has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard.

Impact

The annual reported number of malaria cases in 2016 was 3,380,568 with 715 deaths. WHO estimates that the country has recorded an increase of more than 20% in the malaria incidence rate for the period 2010 – 2016, and a more than 20% increase in cases between 2015 and 2016. Investigating and addressing the key underlying reason for this upsurge will be a key priority for 2018.

Key Challenge

- Reported malaria upsurges from 2015.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence for the period 2010 - 2015	Q4 2017		An increase in clinical malaria cases and deaths has been observed between 2010 and 2017. Several factors could be responsible for the upsurge including: pyrethroid resistance, increased temperature and rainfall, environmental modification and non-universal coverage of effective interventions. In response, Rwanda is implementing a comprehensive contingency plan since 2016. Rwanda has adopted home based management of malaria through CHWs in all the 30 districts, the LLIN universal coverage campaign at the end of 2016/early 2017, free of charge malaria diagnosis and treatment to the poorest people since November 2016; IRS in 7 high malaria burden districts in 2016/2017. Rwanda is now mobilizing more resources to extend and sustain IRS implementation of IRS (an evidence-based high impact intervention for malaria control in Rwanda) using next generation products in all the 13 malaria endemic districts

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence rate between 2010 and 2016	Q4 2018

MNCH and NTDs

Progress





Rwanda has also achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding, ART coverage, DPT3 vaccination, vitamin A and skilled birth attendants. The country has significantly enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Rwanda is measured using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis, and soil transmitted helminths. Preventive chemotherapy coverage in Rwanda is high for soil transmitted helminths (100%), but low schistosomiasis (0%). Overall, the NTD preventive chemotherapy coverage index for Rwanda in 2016 is 3, which represents a large decrease compared with the 2015 index value (48).

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
NTDs	Given the high coverage of Soil Transmitted Helminths (STH) Preventive Chemotherapy (PC) already achieved, implement PC for Schistosomiasis alongside STH, at least for school-age children	Q4 2018

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due