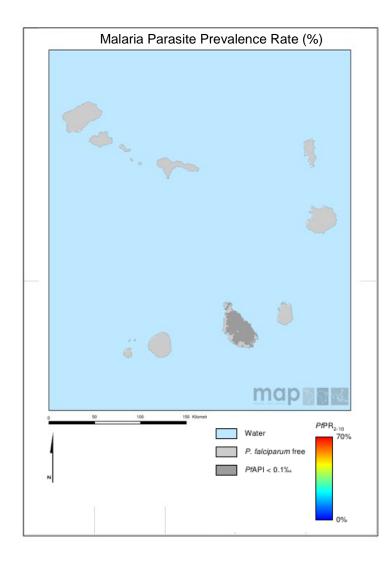
Cape Verde ALMA Quarterly Report Quarter Two, 2015



Scorecard for Accountability and Action



Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2015)	
Community case management (Pneumonia)(2015)	
Community case management (Malaria)(2015)	
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	4.1

Commodities Financed, Implementation and Malaria Impact

IRS financing 2015 (% of at-risk population)	100
Public sector RDT financing 2015 projection (% of need)	100
Public sector ACT financing 2015 projection (% of need)	100
IRS Operational Coverage (%)	68
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)	95
% deliveries assisted by skilled birth attendant	99
Exclusive breastfeeding (% children < 6 months)	
Vitamin A Coverage 2012 (2 doses)	
DPT3 coverage 2013 (vaccination among 12-23 month olds)	93
Postnatal care (within 48 hrs)	

In Cape Verde, 58% of the population lives in areas where there is a low risk of malaria; the rest of the country is malaria-free. The annual reported number of malaria cases in 2013 was 46 and zero deaths.

Key



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

Progress

Cape Verde has made great progress and has achieved significant impact in its malaria control programme, enabling the country to enter the pre-elimination phase of malaria control. The country has secured sufficient resources to sustain universal coverage of key malaria interventions in 2015 and continues to sustain high coverage of vector control interventions. The country has achieved high coverage of the tracer MNCH interventions DPT3 vaccination, PMTCT, and skilled birth attendants. Cape Verde also has a high rating in terms of public sector management systems.

Impact

Malaria morbidity and mortality has declined in Cape Verde. Total confirmed malaria cases decreased from 126 during 2000–2001 to 46 cases in 2013 and zero deaths. As such, the country has achieved the international target of at least a 75% reduction in malaria burden since 2000.

Key Challenge

• Sustaining malaria control gains as the country prepares for elimination.

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Investigate reasons for and address the decreasing coverage of vector control coverage	Q4 2015		The increase in cases reported in 2014 was due to imported malaria cases
MNCH ^{1:} Optimise quality of care	Work towards improving postnatal care coverage through increasing availability of skilled care, promoting facility births where women and babies are observed for at least 24 hours before discharge and through home visits by Community Health Workers	Q1 2014		No progress reported

Previous Key Recommended Actions

Cape Verde has responded positively to the recommended actions addressing lack of data on postnatal care, exclusive breastfeeding and vitamin A and continues to track progress as these actions are implemented.

Key

Ē	Action achieved			
	Some progress			
	No progress			
	Deliverable not yet due			

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