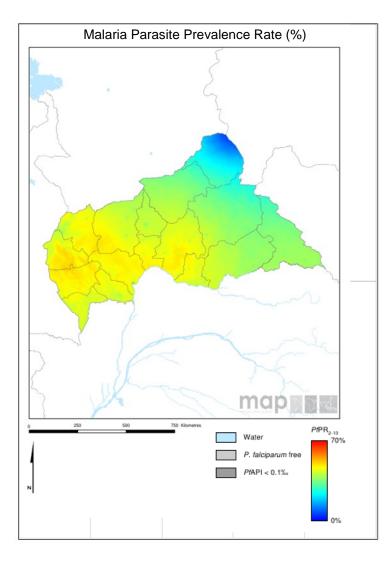
# **Central African Republic ALMA Quarterly Report Quarter Four, 2015**



## 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 2014 (CPIA Cluster D)	2.2

**Commodities Financed, Implementation and Malaria Impact** 

LLIN financing 2015 projection (% of need)	86
Public sector RDT financing 2015 projection (% of need)	84
Public sector ACT financing 2015 projection (% of need)	57
Operational LLIN/IRS coverage (% of at risk population)	100
>75% Decrease in Malaria Incidence Projected 2000–2015	

Tracer Indicators for Maternal and Child Health		
PM TC T coverage 2014 (% pregnant HIV pts receiving ARVs)		47
% deliveries assisted by skilled birth attendant		54
Exclusive breastfeeding (% children < 6 months)		34
Vitamin A Coverage 2013 (2 doses)	v	40
DPT3 coverage 2014 (vaccination among 12-23 month olds)	▲	47
Postnatal care (within 48 hrs)		

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 2014 was 495,238 with 635 deaths.

#### Key



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

#### Progress

Central African Republic has established a policy for Community Case Management of malaria and more recently, pneumonia. The country has also banned the import and sale of oral artemisinin-based monotherapies. The country has secured the majority of the resources required for LLINs and RDTs in 2015. Central African Republic has achieved operational universal coverage of vector control. Central African Republic was awarded the 2015 ALMA Awards for Excellence in Implementation of Vector Control and for Most Improved in Malaria Control.

The country has recently increased coverage of the tracer MNCH intervention DPT3.

#### Impact

The annual reported number of malaria cases in 2014 was 495,238 with 635 deaths. WHO, through modeling, estimates that there has been a less than 50% decrease in malaria incidence between 2000 and 2015.

### Key Challenge

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF New Funding Model concept note is submitted by Q2 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2015		CAR submitted a Global Fund costed extension in December 2015
MNCH <sup>1</sup> : Optimise quality of care	a) Prioritise the collection of postnatal care data	Q1 2013		CAR reports that postnatal care coverage through the health information system was reported at approximately 36% but the country is hoping to update this information in 2016
	<ul> <li>b) Identify and address reasons for decreasing DPT3 coverage</li> </ul>	Q2 2015		DPT3 coverage increased significantly to 47% in 2014

### Previous Key Recommended Actions

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

<sup>&</sup>lt;sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA/iERG

## **New Key Recommended Action**

Objective	Action Item	Suggested completion timeframe
MNCH <sup>1</sup>	Address the decreasing vitamin A coverage	Q4 2016
Optimise		
quality of care		

# Кеу

Action achieved
Some progress
No progress
Deliverable not yet due