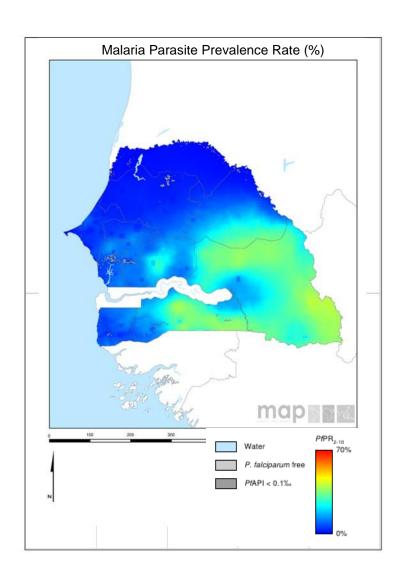
Senegal ALMA Quarterly Report Quarter Three, 2015



Scorecard for Accountability and Action

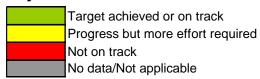


Metrics

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)		3.6
Commodities Financed, Implementation and Malaria	lmp	act
LLIN financing 2015 projection (% of need)		96
Public sector RDT financing 2015 projection (% of need)		100
Public sector ACT financing 2015 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)		100
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		2.1
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)	•	53
% deliveries assisted by skilled birth attendant	•	59
Exclusive breastfeeding (% children < 6 months)	V	33
Vitamin A Coverage 2012 (2 doses)		
DPT3 coverage 2013 (vaccination among 12-23 month olds)		92
Postnatal care (within 48 hrs)	•	76

The annual reported number of malaria cases in 2013 was 772,222 with 815 deaths.

Key



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Progress

Senegal has made good progress in malaria control. The country has banned oral artemisinin-based monotherapies and introduced policies on Community Case Management for malaria and pneumonia. The country has secured sufficient resources to sustain universal coverage of essential malaria control interventions in 2015. Senegal has achieved high coverage of the tracer MNCH interventions DPT3 vaccination and has recently increased coverage of postnatal care. The country has significantly enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The annual reported number of malaria cases in 2013 was 772,222 with 815 deaths.

Key Challenge

• Sustaining the impressive progress made in control and reduction of malaria burden.

Recommended Action

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

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	a) Identify and address underlying reasons for the decreasing coverage of PMTCT	Q3 2016
	b) Identify and address underlying reasons for the decreasing coverage of skilled birth attendants	Q3 2016
	c) Identify and address underlying reasons for the decreasing coverage of Exclusive breastfeeding	Q3 2016

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