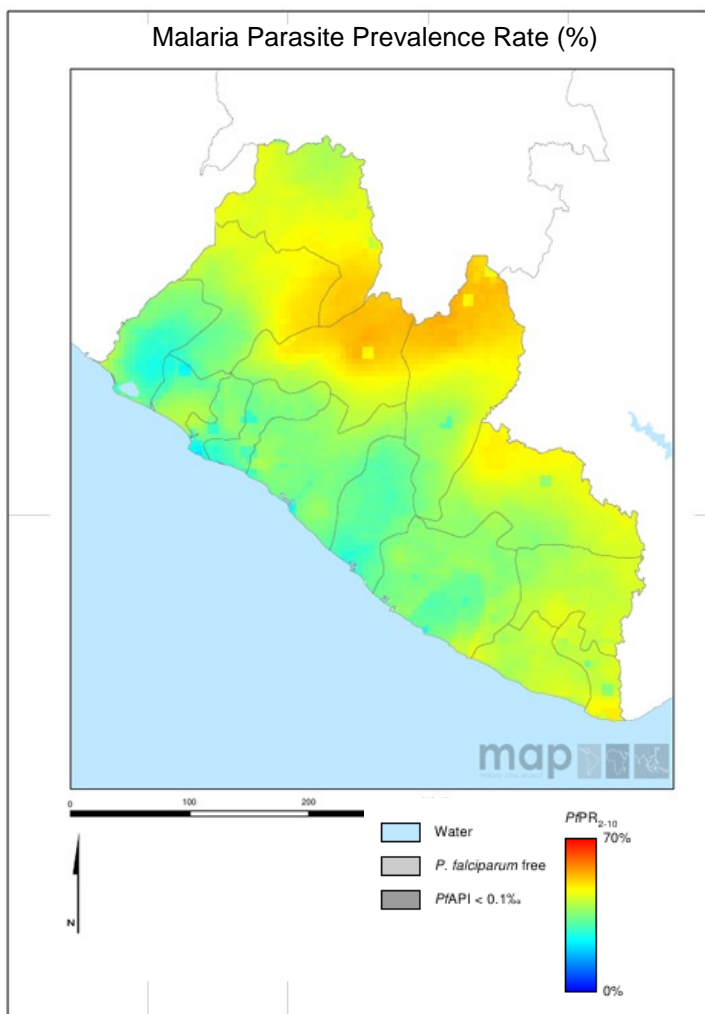


Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control	
LLIN financing 2016 projection (% of need)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	2.9
Insecticide Resistance Monitoring, Implementation and Impact	
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 LLINIRS 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 (2015)	24
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	10
% deliveries assisted by skilled birth attendant	61
Postnatal care (within 48 hrs)	71
Exclusive breastfeeding (% children < 6 months)	55
Vitamin A Coverage 2014 (2 doses)	0
DPT3 coverage 2015 (vaccination among 0-11 month olds)	52

The entire population of Liberia is at high risk for malaria. The annual reported number of malaria cases in 2014 was 1,066,107 with 2,288 deaths.

Key

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

Malaria

Progress

Liberia has secured the resources required for the procurement and distribution of the anti-malarial commodities required in 2016. The country has also distributed sufficient LLINs to achieve 100% operational coverage in 2016. Liberia was awarded the 2016 ALMA Award for Excellence for Performance in Malaria Control between 2011 and 2015. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. Liberia has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

Impact

The annual reported number of malaria cases in 2014 was 1,066,107 with 2,288 deaths. WHO, through modeling, projects that Liberia has achieved a 50%-75% decrease in malaria incidence between 2000 and 2015.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector control	Given the reported mosquito resistance to 3 classes of insecticide, urgently finalise and implement the national insecticide resistance monitoring and management plan	Q1 2017		Deliverable not yet due

MNCH

Progress

Liberia has achieved good coverage in the tracer MNCH indicator of postnatal care. Liberia has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. Liberia has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Key Challenge

- Ensuring the coverage of essential health services following the Ebola outbreak.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) Work to address decreasing DPT3 coverage	Q4 2016		Deliverable not yet due
	b) Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Deliverable not yet due. The country has completed the policy shift to Test-and-Treat all children and is working to enhance case-finding of HIV positive children. HIV programming is being integrated within routine child health care tools (EPI Card, iCCM tools). Community engagement for paediatric ART (including family testing, family disclosure, retention) is also planned

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing vitamin A coverage	Q3 2017

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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