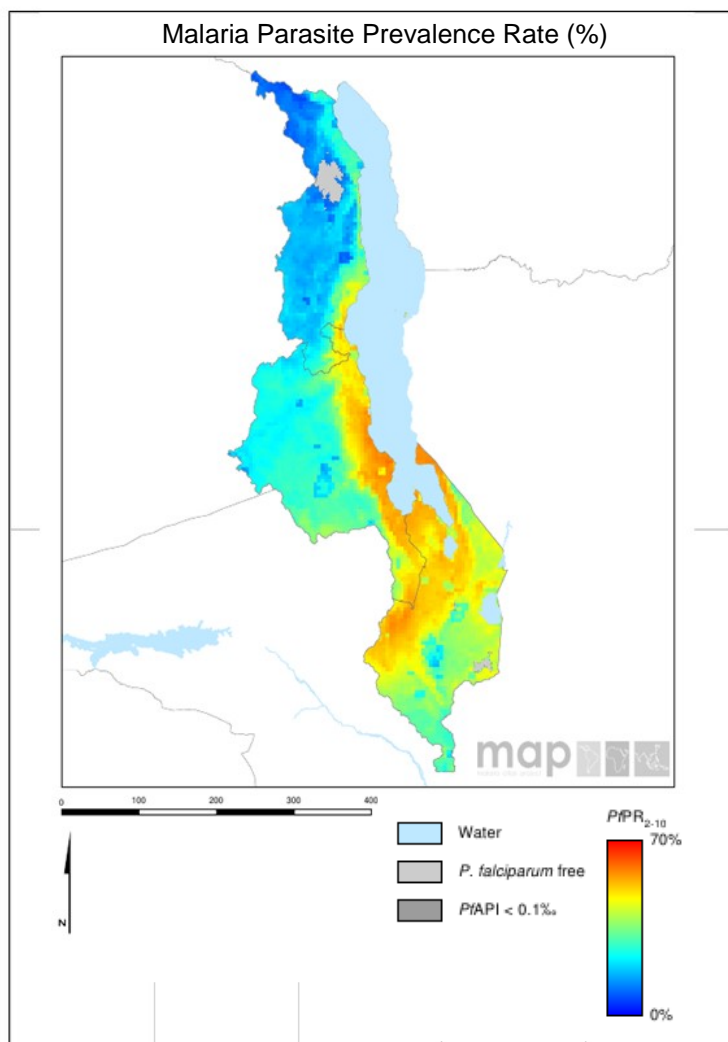

















**Scorecard for Accountability and Action**







Malaria is endemic in all parts of Malawi. The annual reported number of malaria cases in 2014 was 5,065,703 with 4,490 deaths.

**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)	 3.1
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	 100
Public sector RDT financing 2015 projection (% of need)	 97
Public sector ACT financing 2015 projection (% of need)	 100
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 TCT coverage 2014 (% pregnant HIV pts receiving ARVs)	 64
% deliveries assisted by skilled birth attendant	 87
Exclusive breastfeeding (% children < 6 months)	 70
Vitamin A Coverage 2013 (2 doses)	 90
DPT3 coverage 2014 (vaccination among 12-23 month olds)	 91
Postnatal care (within 48 hrs)	 75

**Key**

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

### Progress

Malawi has made good progress in scaling-up malaria control interventions. The country has made policy changes including the introduction of policies on Community Case Management of malaria and pneumonia. Malawi has also banned oral artemisinin-based monotherapies. The malaria commodities required to achieve and sustain universal coverage in 2015 are financed.

High coverage has also been obtained for the tracer MNCH interventions, including skilled birth attendance, exclusive breastfeeding, DPT3, postnatal care, and PMTCT coverage and Malawi has recently increased vitamin A coverage. Malawi has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. Malawi has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard.

### Impact

The annual reported number of malaria cases in 2014 was 5,065,703 with 4,490 deaths. WHO, through modeling, projects that Malawi has achieved a 50%-75% decrease in malaria incidence between 2000 and 2015.

### Key Challenge

- Delays in the implementation in the LLIN universal coverage campaign.

### Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address vector control coverage	Address the decreasing coverage of vector control by accelerating the planning and implementation of the delayed universal coverage campaign	Q4 2015		5.4 million LLINs were delivered to the country in quarter three
MNCH <sup>1</sup> : Optimise quality of care	a) Identify and address reasons for decreasing DPT3 coverage	Q2 2016		Malawi has increased DPT3 coverage to 91%
	b) Identify and address underlying reasons for the decreasing coverage of PMTCT	Q3 2016		Deliverable not yet due

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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