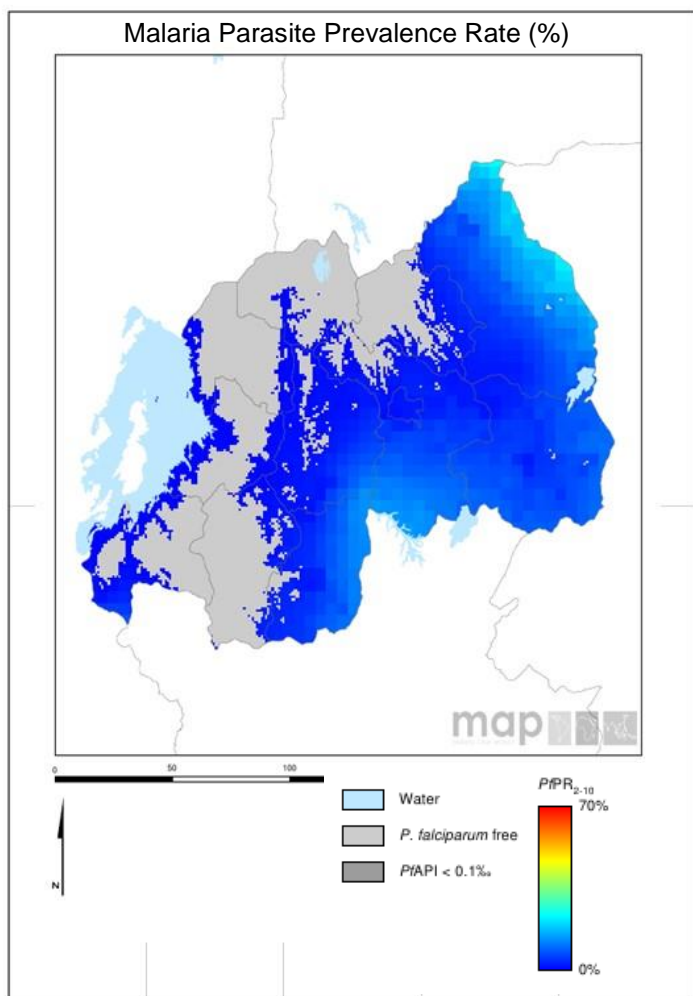


Scorecard for Accountability and Action

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)		87
World Bank rating on public sector management and institutions 2014 (CPIA Cluster D)		3.6
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)	▲	79
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	▲	74
% deliveries assisted by skilled birth attendant		91
Postnatal care (within 48 hrs)		43
Exclusive breastfeeding (% children < 6 months)		87
Vitamin A Coverage 2013 (2 doses)		
DPT3 coverage 2014 (vaccination among 0-11 month olds)		99



The annual reported number of malaria cases in 2014 was 1,610,812 with 496 deaths.

Key

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

Malaria

Progress

Rwanda has made significant progress in scaling-up malaria control interventions, and has scaled up iCCM. The country has secured sufficient resources to sustain universal coverage of essential malaria interventions in 2016. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan. Rwanda was awarded the two ALMA Awards for Excellence in 2016, one for achieving the Millennium Development Goals (MDGs) target for malaria and the other for Performance in Malaria Control between 2011 and 2015.

Impact

There has been a significant decline in malaria cases and deaths in Rwanda, with WHO projecting that the country will reduce malaria incidence by more than 75% for the period between 2000 and 2015. The annual reported number of malaria cases in 2014 was 1,610,812 with 496 deaths.

Key Challenge

- Reported malaria upsurges in 2015 and 2016.

MNCH

Progress

Rwanda has also achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding, ART coverage, DPT3 vaccination and skilled birth attendants. The country has a high rating in terms of public sector management systems (CPIA cluster D). Rwanda has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990.

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	Work to accelerate coverage of ARTs in children under 14 years of age	Q1 2017		Rwanda has achieved a 9% increase in ART coverage in children achieving 74% coverage

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

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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