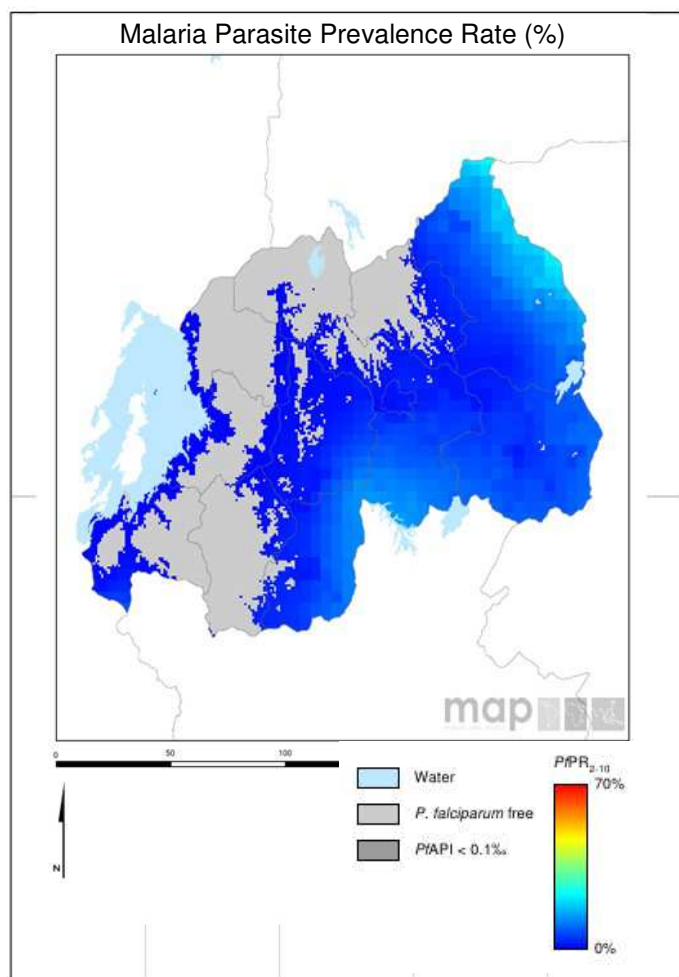


Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control	
LLIN financing 2017 projection (% of need)	86
Public sector RDT financing 2017 projection (% of need)	45
Public sector ACT financing 2017 projection (% of need)	36
World Bank rating on public sector management and institutions 2016 (CPIA Cluster D)	3.7
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 (2016)	
Operational LLIN/IRS coverage (% of at risk population)	100
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	
Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2016)	79
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2016)	55
% deliveries assisted by skilled birth attendant	91
Postnatal care (within 48 hrs)	43
Exclusive breastfeeding (% children < 6 months)	87
Vitamin A Coverage 2014 (2 doses)	95
DPT3 coverage 2016 (vaccination among 0-11 month olds)	98

The annual reported number of malaria cases in 2015 was 2,505,794 with 516 deaths.

Key

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

Malaria

Progress

Rwanda 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. The country has rolled out iCCM country wide and has distributed sufficient LLINs to achieve universal operational coverage. Rwanda has implemented an emergency response programme to the upsurge in malaria cases. The country has a high rating in terms of public sector management systems (CPIA cluster D).

Impact

The annual reported number of malaria cases in 2015 was 2,505,794 with 516 deaths. WHO estimates that the country has experienced an increase of greater than 20% in the malaria incidence rate and a change of less than 20% in the malaria mortality rate for the period 2010 - 2015.

Key Challenge

- Reported malaria upsurges from 2015.

Previous Key Recommended Action





Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence for the period 2010 - 2015	Q4 2017		An increase in clinical malaria cases and deaths has been observed between 2010 and 2015. Several factors could be responsible for the upsurge of malaria including: Increased pyrethroid resistance, increased temperatures and rainfall, environmental modification and non-universal coverage of effective interventions. In response the country is implementing a comprehensive contingency plan since 2016. Rwanda has adopted home based management of malaria through CHWs in all the 30 districts and has carried out a LLIN universal coverage campaign countrywide. The country reports a slight decline in incidence and mortality during the last 3 months

MNCH

Progress

Rwanda has also achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding, ART coverage, DPT3 vaccination, vitamin A and skilled birth attendants. The country has significantly enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due