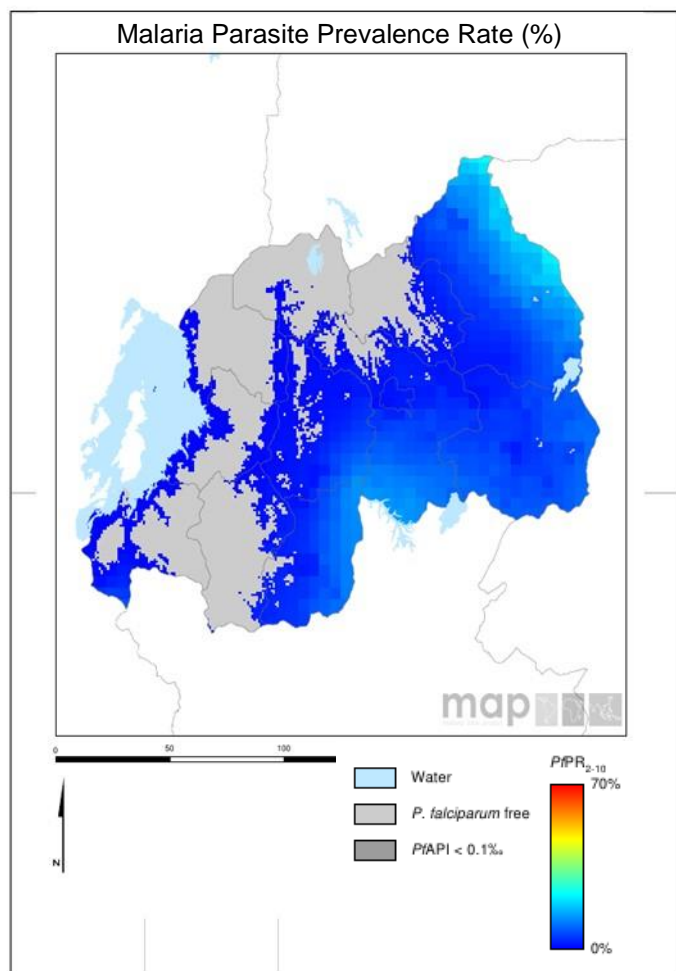


Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control	
IRS/LLIN financing 2018 projection (% of need)	62
Public sector RDT financing 2018 projection (% of need)	100
Public sector ACT financing 2018 projection (% of need)	100
World Bank rating on public sector management and institutions 2017 (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 2015 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2017)	
Operational LLIN/IRS coverage (% of at risk population)	97
Reduced Malaria Incidence by >40% by 2020 (vs 2015) (projected)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2016)	3
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2017)	83
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2017)	76
% deliveries assisted by skilled birth attendant	91
Postnatal care (within 48 hrs)	43
Exclusive breastfeeding (% children < 6 months)	87
Vitamin A Coverage 2016 (2 doses)	
DPT3 coverage 2017 (vaccination among 0-11 month olds)	98

The annual reported number of malaria cases in 2016 was 3,380,568 with 715 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 2015 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan. The country has rolled out iCCM countrywide and has secured sufficient resources to distribute the required LLINs, ACTs and RDTs in 2018. 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). Rwanda has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard.

Impact

The annual reported number of malaria cases in 2016 was 3,380,568 with 715 deaths. With the overall increase in the estimated malaria incidence between 2010 and 2016, WHO projects that the country will record an increase in malaria incidence by 2020 and has experienced a more than 20% increase in cases between 2015 and 2016. Investigating and addressing the key underlying reason for this upsurge is a key priority for 2018.

Key Challenge

- Reported malaria upsurges from 2015.
- Gaps in funding to support IRS scale-up

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 increases in malaria	Q4 2017		An increase in clinical malaria cases and deaths has been observed between 2010 and 2017. Several factors could be responsible for the upsurge including: pyrethroid resistance, increased temperatures and rainfall, environmental modification and non-universal coverage of effective interventions. In response, Rwanda has implemented a comprehensive contingency plan since 2016 including the adoption of home based management of malaria through CHWs in all 30 districts, keeping malaria deaths low. The LLIN universal coverage campaign was completed in 2017. Free of charge malaria diagnosis and treatment was introduced for the poorest people in November 2016. IRS was carried out in 7 high malaria burden districts in 2016 and 2017. Rwanda is mobilizing more resources to extend and sustain IRS implementation using next generation products in all the 13 malaria endemic districts, and has successfully secured US\$13.6 million from the GF to enhance IRS coverage. The incidence of malaria has dropped from 418 per 1,000 in 2016 to 389 per 1,000, and the Malaria Test Positivity Rate decreased from 50% in 2016-2017 to 35% in 2017-2018. Malaria mortality also reduced from 529 cases in 2016-2017 to 382 cases in 2017-2018, and in the same period, severe malaria cases reduced from 14,033 cases in 2016-2017 to 10,894 cases in 2017-2018


MNCH and NTDs

Progress

Rwanda has achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding, DPT3 vaccination 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.




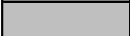
Progress in addressing Neglected Tropical Diseases (NTDs) in Rwanda is measured using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis, and soil transmitted helminths. Preventive chemotherapy coverage in Rwanda is high for soil transmitted helminths (100%), but low schistosomiasis (0%). Overall, the NTD preventive chemotherapy coverage index for Rwanda in 2016 is 3, which represents a large decrease compared with the 2015 index value (48).

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	Investigate and address the reasons for the lack of reported data on vitamin A coverage	Q2 2019		The country is planning to integrate vitamin A supplementation into the routine services provided by health facilities by next year

Rwanda has responded positively to the NTD recommended action addressing low coverage of NTD preventive chemotherapy.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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