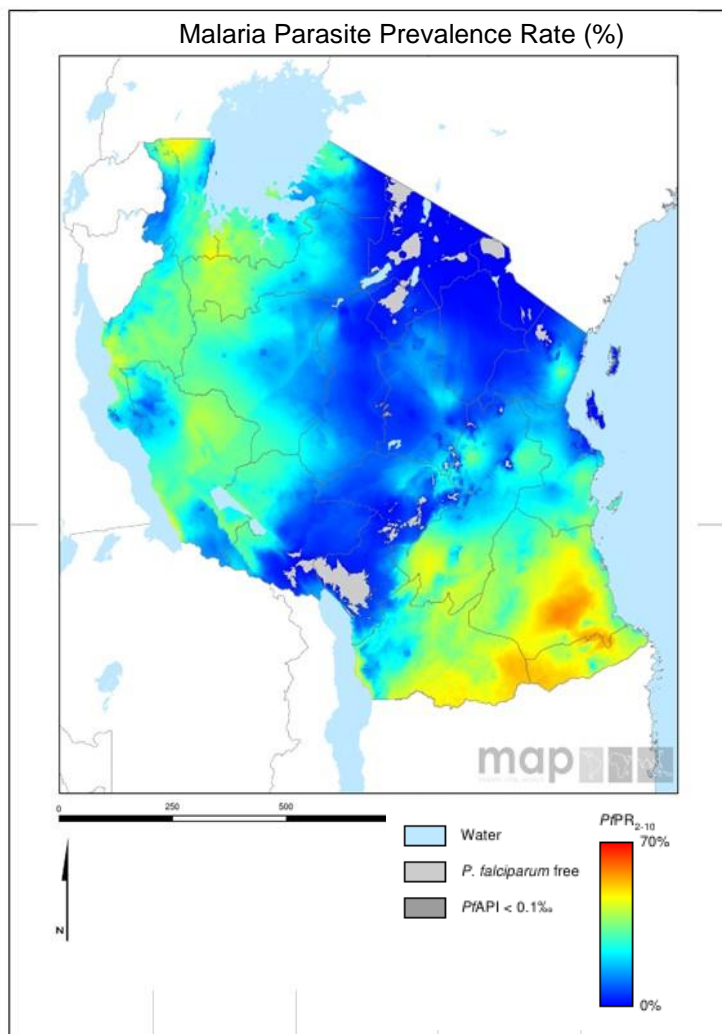


Scorecard for Accountability and Action



Malaria is endemic in all parts of the United Republic of Tanzania, with seasonal peaks. The annual reported number of malaria cases in 2013 was 8,585,482 with 8,528 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)		3.4
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2015 projection (% of need)		100
Public sector RDT financing 2015 projection (% of need)		100
Public sector ACT financing 2015 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)	▲	37
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)		
% deliveries assisted by skilled birth attendant		49
Exclusive breastfeeding (% children < 6 months)		50
Vitamin A Coverage 2012 (2 doses)		95
DPT3 coverage 2013 (vaccination among 12-23 month olds)		91
Postnatal care (within 48 hrs)		31

Key

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

Progress

The United Republic of Tanzania has made significant progress in scaling-up malaria control interventions. The country has made key policy changes, including banning of oral artemisinin-based monotherapies and the introduction of Community Case Management with ACTs and antibiotics. Sufficient resources have been secured to sustain universal coverage of LLINs, ACTs, and RDTs in 2015. The United Republic of Tanzania has also made progress on tracer MNCH interventions including vitamin A and DPT3. The country has achieved MDG4 with a reduction of the under-five mortality rate by more than two-thirds since 1990. The country has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Tanzania Reproductive, Maternal, Newborn and Child Health Scorecard, and with the development of the multi-sectoral nutrition scorecard.

Impact

The annual reported number of malaria cases in 2013 was 8,585,482 with 8,528 deaths. On the island of Zanzibar, malaria morbidity and mortality has been substantially reduced with a 75% decrease in the numbers of malaria cases, inpatient malaria cases and deaths in 2013 compared to the average for 2000–2004.

Key Challenges

- Maintaining malaria high on the political and funding agenda on the island of Zanzibar as the burden continues to drop.
- Delays in the universal coverage campaign for LLINs.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF New Funding Model concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014		Tanzania mainland submitted the GF New Funding Model concept note in July
Optimise quality of care	Ensure the LLINs currently under manufacture are distributed as soon as possible to increase LLIN coverage	Q1 2015		Tanzania mainland is rolling out the universal coverage campaign with over 6.5 million LLINs positioned for distribution in the last quarter

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due