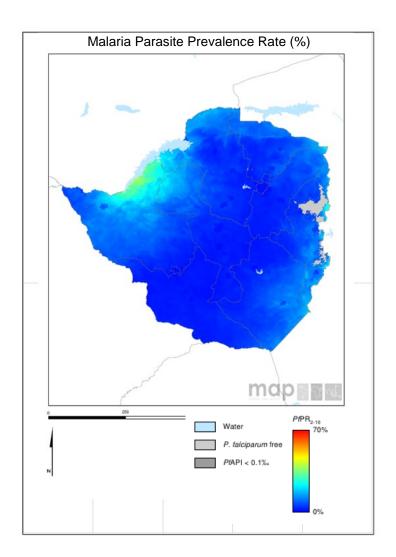
Zimbabwe ALMA Quarterly Report Quarter One, 2016



Scorecard for Accountability and Action

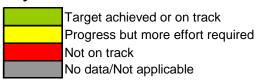


Metrics

Commodities Financed and Financial Control		
IRS financing 2016 (% of at-risk population)		100
Public sector RDT financing 2016 projection (% of need)		100
Public sector ACT financing 2016 projection (% of need)		100
World Bank rating on public sector management and institutions 2014 (CPIA Cluster D)		2.
Insecticide Resistance Monitoring, Implementation ar	nd	lm pact
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		
Insecticide resistance monitored since 2014 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Scale of Implementation of iCCM (2013)		
IRS Operational Coverage (%)		90
>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 (2014)		5
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2014)		3
% deliveries assisted by skilled birth attendant		8
Postnatal care (within 48 hrs)		7
Exclusive breastfeeding (% children < 6 m onths)		4
Vitamin A Coverage 2013 (2 doses)		3
DPT3 coverage 2014 (vaccination among 12-23 month olds)		9

Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2014 was 535,983 with 406 deaths.

Key



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Malaria

Progress

Zimbabwe has scaled up iCCM. The country has secured the resources required for ACTs, RDTs, LLINs and IRS in 2016 and has achieved high coverage of vector control. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO.

Impact

The reported number of malaria cases in 2014 increased to 535,983 compared with 422,633 in 2013 and the reported malaria deaths increased to 406 in 2014 compared to 352 in 2013. However, overall since 2000, cases have reduced from the 1,494,518 cases and 1,916 deaths recorded in 2005. WHO projects that the country is on track to reduce malaria burden by 50 - 75% by 2015 compared to 2000.

Previous Recommended Action

The country has responded positively to investigating reasons for the increasing number of malaria cases in 2014.

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Address Funding	Submit costed extension to sustain GF resources until end of 2017	Q2 2016
Vector Control	Given the reported mosquito resistance to 3 classes of insecticide, urgently finalise and implement the national insecticide resistance monitoring and management plan	Q1 2017

MNCH

Progress

Zimbabwe has also achieved high coverage of the tracer MNCH interventions skilled birth attendants, postnatal care and DPT3. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

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	Identify and address reasons for decreasing vitamin A coverage	Q4 2016		Zimbabwe is working to mobilize resources through ZimAsset to conduct campaigns for vitamin A integrated with other community nutrition activities

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

Zimbabwe has improved on ruled-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration and transparency and accountability in the public sector in 2014 compared to 2013.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH¹: Optimise quality of care	Work to accelerate coverage of ARTs in children under 14 years of age	Q1 2017

Key	_
	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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