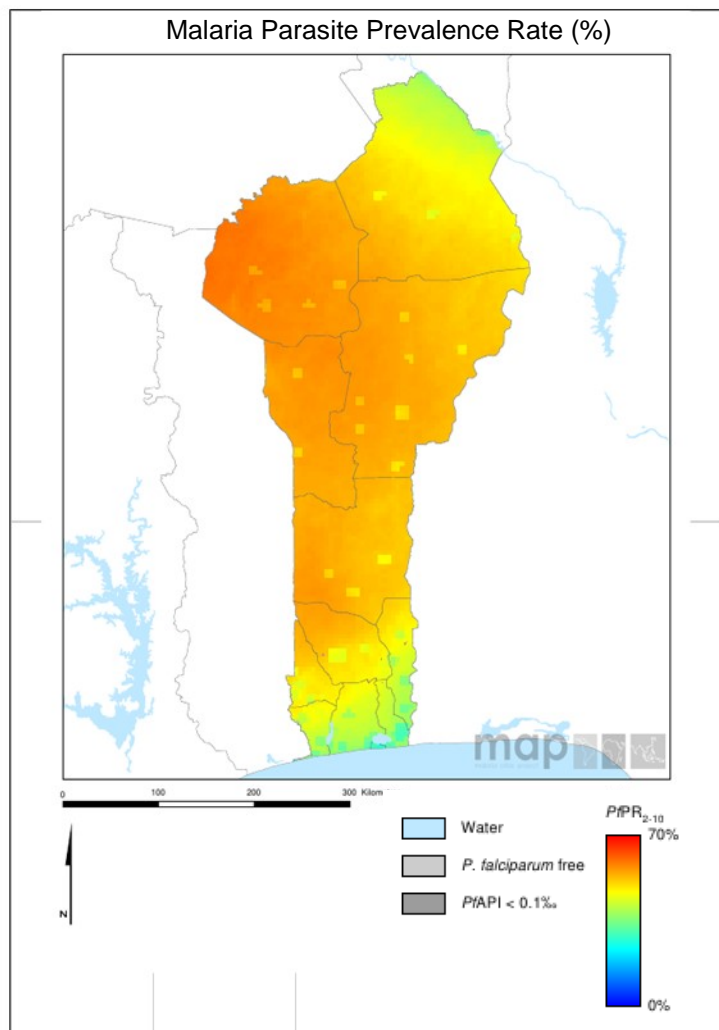


Scorecard for Accountability and Action



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)	3.3
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	59
Public sector RDT financing 2015 projection (% of need)	100
Public sector ACT financing 2015 projection (% of need)	77
Operational LLIN/IRS coverage (% of at risk population)	100
>75% Decrease in Malaria Incidence Projected 2000-2015	
Tracer Indicators for Maternal and Child Health	
PMCT coverage 2014 (% pregnant HIV pts receiving ARVs)	53
% deliveries assisted by skilled birth attendant	77
Exclusive breastfeeding (% children < 6 months)	41
Vitamin A Coverage 2013 (2 doses)	99
DPT3 coverage 2014 (vaccination among 12-23 month olds)	70
Postnatal care (within 48 hrs)	78

Malaria is endemic throughout Benin. The annual reported number of malaria cases in 2014 was 1,509,221 with 1,869 deaths.

Key

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

Progress

Benin has made significant progress in malaria control policy, including banning the importation and sale of oral artemisinin-based monotherapies. Benin has introduced Community Case Management of malaria and pneumonia. The country has procured sufficient LLINs to achieve universal coverage in 2015.

Benin has made good progress on tracer MNCH interventions, in particular skilled birth attendants, vitamin A and postnatal care.

Impact

The annual reported number of malaria cases in 2014 was 1,509,221 with 1,869 deaths. WHO, through modeling, estimates that there has been a less than 50% decrease in malaria incidence between 2000 and 2015.

Key Challenge





- Insecticide resistance threatens vector control effectiveness.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Work to fill the outstanding gaps required to sustain full coverage of ACTs in 2015	Q1 2016		Deliverable not yet due
MNCH ¹ : Optimise quality of care	a) Identify and address reasons for decreasing DPT3 coverage	Q2 2016		Deliverable not yet due but a bottleneck analysis revealed that the main reasons for reduced coverage included a lack of motivation and information. This is being addressed by enhancing advocacy including through the creation of a budget line for communication for EPI and strengthening the capacity of health personnel for the implementation of communication interventions for EPI
	b) Identify and address underlying reasons for the decreasing coverage of skilled birth attendants	Q3 2016		Deliverable not due but the country observed that the decreasing coverage of skilled birth attendants was due to insufficient numbers of skilled staff. In response, the country is increasing the numbers of human resources to reverse this downward trend

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

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due