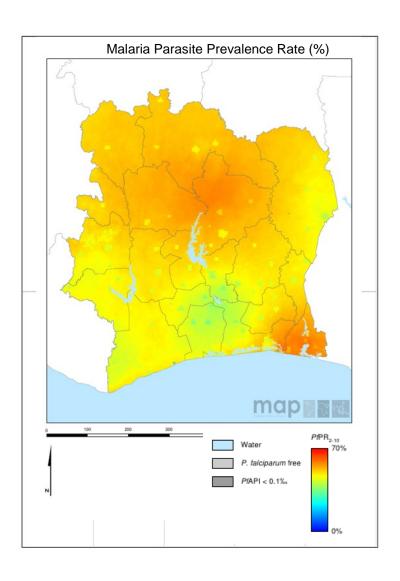
Côte d'Ivoire ALMA Quarterly Report Quarter Four, 2015



Scorecard for Accountability and Action

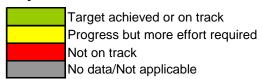


Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2015)		4
Community case management (Pneumonia)(2015)		
Community case management (Malaria)(2015)		
World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D)		3.1
Commodities Financed, Implementation and Malaria	lmp	act
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)		100
>75% Decrease in Malaria Incidence Projected 2000–2015		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)		80
% deliveries assisted by skilled birth attendant		59
Exclusive breastfeeding (% children < 6 months)		12
Vitamin A Coverage 2013 (2 doses)		99
DPT3 coverage 2014 (vaccination among 12-23 month olds)	•	67
Postnatal care (within 48 hrs)		70

Malaria transmission occurs all year round throughout Côte d'Ivoire, although it is more seasonal in the north of the country. The annual reported number of malaria cases in 2014 was 4,658,774 with 2,069 deaths.

Key



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Progress

Côte d'Ivoire has banned the import and sale of oral artemisinin-based monotherapies and has also introduced a policy on Community Case Management of malaria and pneumonia. Côte d'Ivoire has also successfully raised resources for the financing of the required number of LLINs, RDTs, and ACTs in 2015.

The country has made progress on tracer MNCH interventions, with high coverage of PMTCT, vitamin A and postnatal care.

Impact

The annual reported number of malaria cases in 2014 was 4,658,774 with 2,069 deaths. WHO, through modeling, estimates that there has been a less than 50% decrease in malaria incidence between 2000 and 2015.

Key Challenge

• Securing longer term resources for malaria programming.

Previous Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH1:	Identify and address reasons for	Q2 2016		Deliverable not yet due but
Optimise	decreasing DPT3 coverage			the country reports that
quality of				coverage has increased to
care				85%

Côte d'Ivoire has responded positively to the MNCH recommended action addressing low coverage of exclusive breastfeeding and continues to track progress as this action is implemented.



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