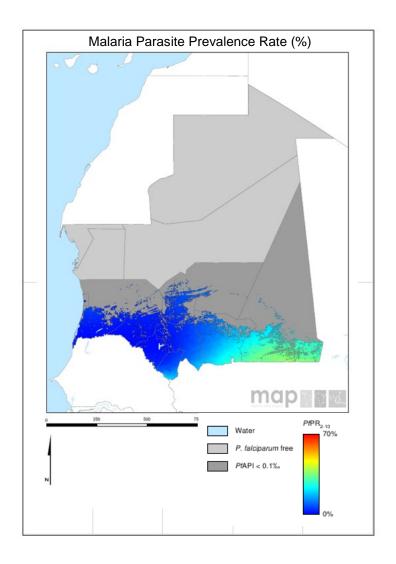
# Mauritania ALMA Quarterly Report Quarter Three, 2016



# **Scorecard for Accountability and Action**



# Metrics Commodities Financed and

Commodities Financed and Financial Control	
LLIN financing 2016 projection (% of need)	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 2015 (CPIA Cluster D)	3.2

### Insecticide Resistance Monitoring, Implementation and Impact

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)	
Operational LLIN/IRS coverage (% of at risk population)	41
>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 (2015) Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015) % deliveries assisted by skilled birth attendant 65 Postnatal care (within 48 hrs) Exclusive breastfeeding (% children < 6 months) Vitamin A Coverage 2014 (2 doses)

In Mauritania, almost 15% of the population is at high risk and 75% is at low risk of malaria. The annual reported number of malaria cases in 2014 was 156,529 with 19 deaths.

# Key

month olds)

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

DPT3 coverage 2015 (vaccination among 0-11

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# Malaria

# **Progress**

Mauritania has secured sufficient resources to meet the LLIN, ACT and RDT requirements for 2016.

### **Impact**

The annual reported number of malaria cases in 2014 was 156,529 with 19 deaths. WHO, through modeling, projects that the country will reduce the malaria incidence by more than 75% for the period between 2000 and 2015.

# **Key Challenge**

• Low LLIN coverage.

**Previous Key Recommended Actions** 

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector Control	Report to WHO on the status of insecticide resistance, resistance monitoring and on the status of the national insecticide resistance monitoring and management plan	Q1 2017		Deliverable not yet due. The country reports that insecticide resistance monitoring has not been carried out but plans to commence testing in the near future

Mauritania has responded positively to the malaria recommended action addressing low coverage of vector control and continues to track progress as this action is implemented.

# **MNCH**

**Previous Key Recommended Actions** 

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH <sup>1</sup> : Optimise quality of care	Investigate and address the reasons for the decreasing coverage of exclusive breastfeeding	Q4 2015		No progress reported
	b) Work towards improving postnatal care coverage through increasing availability of skilled care, promoting facility births where women and babies are observed for at least 24 hours before discharge and through home visits by community health workers	Q4 2015		No progress reported
	c) Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Mauritania has increased ART coverage by 2% in the total population and by 3% in children. The country has supported the policy shift to Test-and-Treat all children and is enhancing community engagement

**New Key Recommended Actions** 

Objective	Action Item	Suggested completion timeframe
MNCH <sup>1</sup> : Optimise quality of care	a) Identify and address reasons for decreasing vitamin A coverage	Q3 2017
	b) Identify and address reasons for decreasing DPT3 coverage	Q3 2017



<sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA