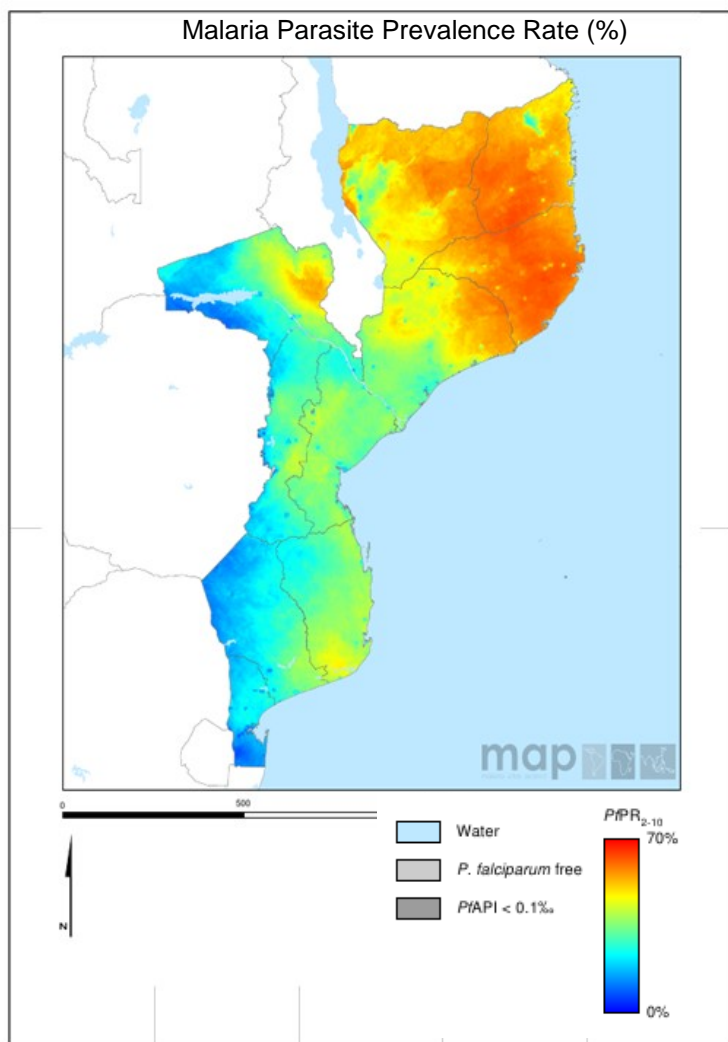


Scorecard for Accountability and Action



Malaria transmission is seasonal in almost all areas of Mozambique. The annual reported number of malaria cases in 2013 was 3,924,832 with 2,941 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 2013 (CPIA Cluster D)	3.3
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)	▼ 92
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	84
% deliveries assisted by skilled birth attendant	54
Exclusive breastfeeding (% children < 6 months)	43
Vitamin A Coverage 2012 (2 doses)	20
DPT3 coverage 2013 (vaccination among 12-23 month olds)	78
Postnatal care (within 48 hrs)	

Key

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

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Progress

Mozambique has made steady progress in scaling-up malaria control interventions. Additionally, the country has made policy changes including the banning of oral artemisinin-based monotherapies. Policies on Community Case Management of malaria and pneumonia have been introduced. The country has secured sufficient financing to sustain universal coverage of ACTs, RDTs, and LLINs in 2014. Mozambique has also achieved high coverage of the tracer MNCH indicator PMTCT. The country has significantly enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The annual reported number of malaria cases in 2013 was 3,924,832 with 2,941 deaths.

Key Challenges

- High staff turnover in recent years is affecting programme efficiency.
- Increases in malaria cases reported in 2014.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Investigate reasons for the increasing number of malaria cases in 2014	Q4 2015		Increased rainfall in 2014 coupled with the failure of the spraying in the south of the country due to insecticide quality issues is thought to have contributed to the increase in cases in 2014

Mozambique has responded positively to the recommended action addressing low coverage of vitamin A and continues to track progress as this action is implemented.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due