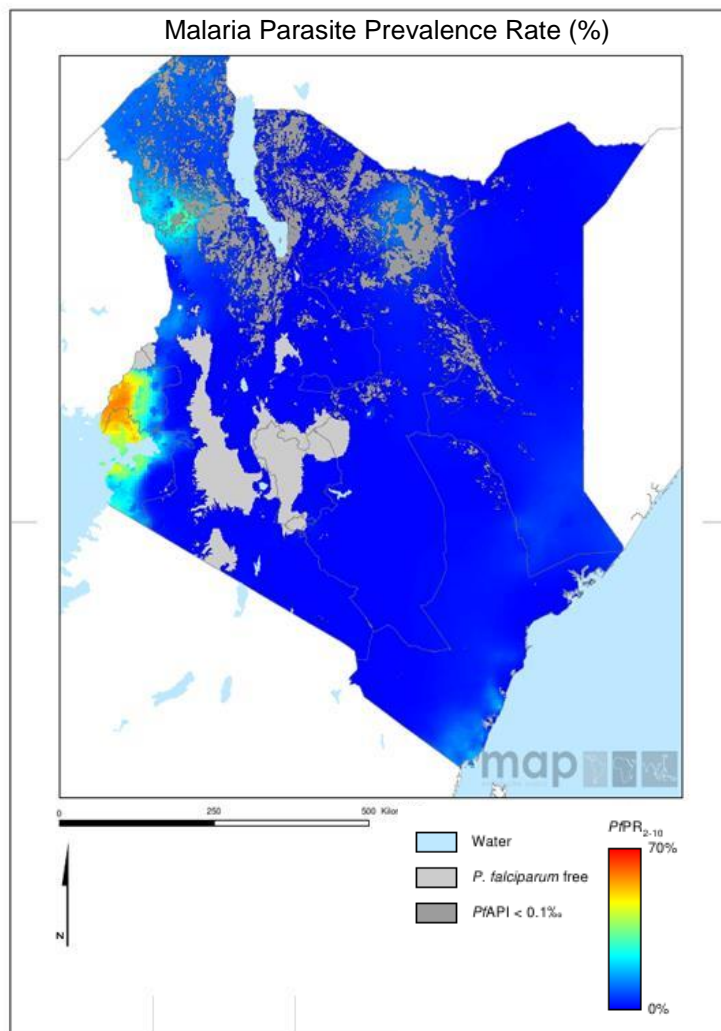


Scorecard for Accountability and Action



Malaria transmission in Kenya ranges from intense in lowland areas to unstable epidemic-prone in the highlands. The annual reported number of malaria cases in 2012 was 5,788,381 with 785 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	
Community case management (Pneumonia)	
Community case management (Malaria)	
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	3.4
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	73
Public sector RDT financing 2014 projection (% of need)	100
Public sector ACT financing 2014 projection (% of need)	68
Operational LLIN/IRS coverage (% of at risk population)	87
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	53
% deliveries assisted by skilled birth attendant	44
Exclusive breastfeeding (% children < 6 months)	32
Vitamin A Coverage (2 doses)	62
DPT3 coverage 2011 (vaccination among 12-23 month olds)	88
Postnatal care (within 48 hrs)	42

Key

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



Urgent Global Fund Update

The Global Fund has announced that Kenya will receive US\$ 495.3 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on the country's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Kenya this is calculated at US\$ 113.1 million, with only US\$ 25 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. The country is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years. This will likely require frontloading of the grant as well as securing resources from other donors.

Progress

Kenya has made steady progress in scaling-up malaria control interventions and has been successful in attracting funding including from the Global Fund, DFID, and PMI. The country has banned oral artemisinin-based monotherapies and has introduced a policy of Community Case Management of malaria. Progress has also been made on tracer MNCH interventions, especially DPT3 coverage.

Impact

The annual reported number of malaria cases in 2012 was 5,788,381 with 785 deaths. Progress in reducing cases has been reported sub-nationally where interventions have been intensified.

Key Challenges

- Ensuring private sector ACT coverage post-AMFm.
- The lack of new resources allocated to malaria in the Global Fund New Funding Model jeopardises the country's ability to sustain the impressive gains made in the fight against malaria.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness	Q1 2013		In addition to the recent promulgation of the Breast-milk Substitutes Bill which regulates the marketing of breast milk substitutes, Kenya has also joined the Scaling Up Nutrition (SUN) movement and is following the SUN framework to improve interventions in the first 1,000 days of life including exclusive breastfeeding. This includes enhanced advocacy and communication to ensure that the right information about infant and young child feeding is given to mothers, parents and communities. A recent survey indicated that 68% of children were exclusively breastfed and highlighted that the national IEC strategy for improving infant and young child feeding is actively implemented at local levels.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q3 2014

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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