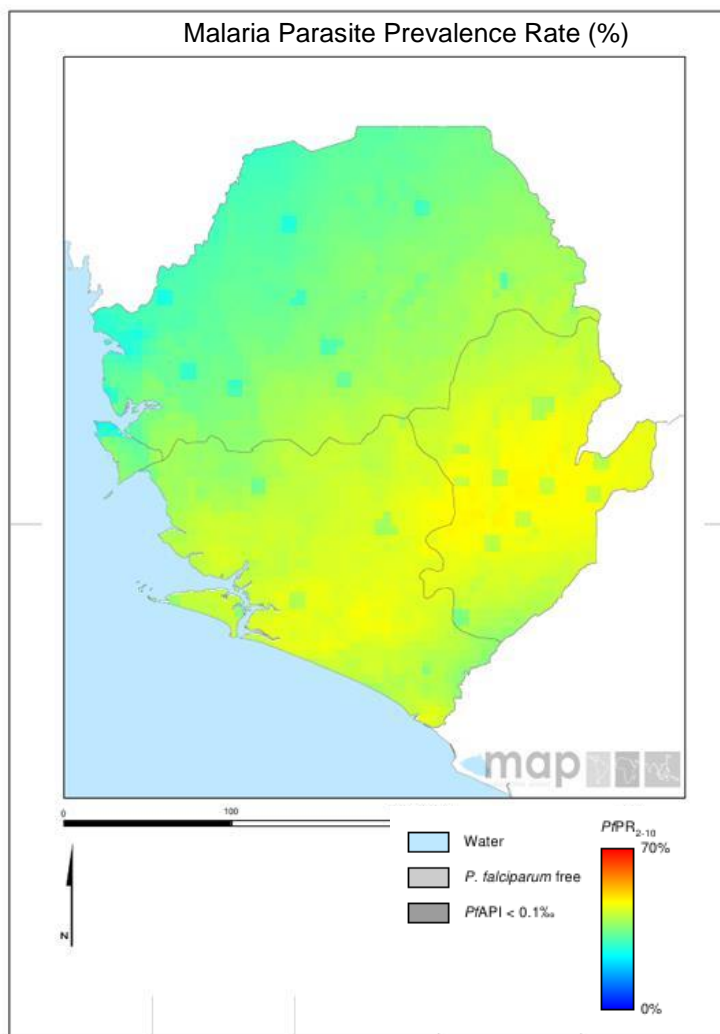


Scorecard for Accountability and Action



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)		3.1
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		100
Public sector RDT financing 2014 projection (% of need)		55
Public sector ACT financing 2014 projection (% of need)		54
Operational LLIN/IRS coverage (% of at risk population)		29
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 ARV's)		93
% deliveries assisted by skilled birth attendant		63
Exclusive breastfeeding (% children < 6 months)		32
Vitamin A Coverage (2 doses)		99
DPT3 coverage 2011 (vaccination among 12-23 month olds)		84
Postnatal care (within 48 hrs)		58

Key

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

The entire population of Sierra Leone is at high risk of malaria. The annual reported number of malaria cases in 2012 was 1,537,322 with 3,611 deaths.

Urgent Global Fund Update

The Global Fund has announced that Sierra Leone will receive US\$ 126.4 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 Sierra Leone's disease burden and income level, as well as several other factors. The malaria component is 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 Sierra Leone this is calculated at US\$ 67.4 million, including US\$ 27.5 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. Sierra Leone 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.

Progress

Sierra Leone has banned oral artemisinin-based monotherapies and has introduced policies on Community Case Management for both malaria and pneumonia. The country has secured sufficient resources to achieve universal coverage of LLINs in 2014. The country has made significant progress in tracer MNCH interventions including in PMTCT and exclusive breastfeeding and has high coverage of vitamin A and DPT3 vaccination. Sierra Leone 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 2012 was 1,537,322 with 3,611 deaths.

Key Challenge

- Challenges in implementation, and systems weaknesses also impact programme goals.





Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Ensure LLINs currently under procurement are distributed as quickly as possible in order to address decreasing LLIN coverage	Q2 2014		Deliverable not yet due but LLINs funded by DFID, GF and the World Bank will arrive in-country by May

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q1 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q1 2015

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due