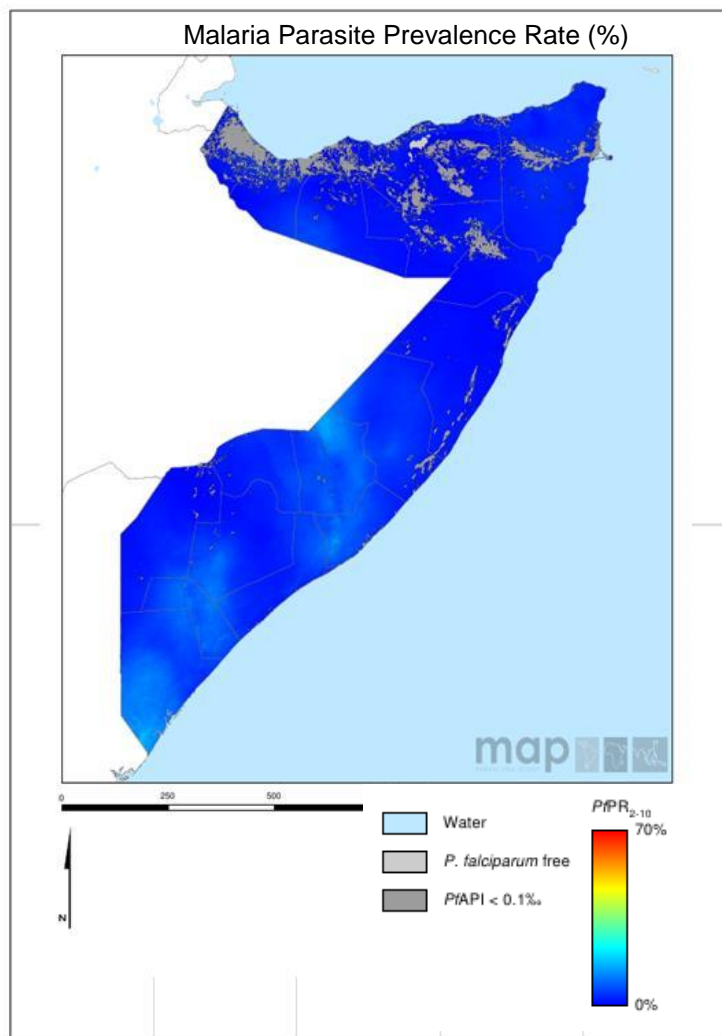


Scorecard for Accountability and Action



Malaria transmission ranges from unstable and epidemic in Puntland and Somaliland to moderate in central Somalia to high in the south. The annual reported number of malaria cases in 2012 was 59,709.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Not on track
Community case management (Pneumonia)	Not on track
Community case management (Malaria)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	No data/Not applicable
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	Target achieved or on track (100)
Public sector RDT financing 2014 projection (% of need)	Target achieved or on track (100)
Public sector ACT financing 2014 projection (% of need)	Target achieved or on track (100)
Operational LLIN/IRS coverage (% of at risk population)	Not on track (29)
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	No data/Not applicable
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	No data/Not applicable
% deliveries assisted by skilled birth attendant	Not on track (33)
Exclusive breastfeeding (% children < 6 months)	Not on track (9)
Vitamin A Coverage (2 doses)	Not on track (12)
DPT3 coverage 2011 (vaccination among 12-23 month olds)	Progress but more effort required (41)
Postnatal care (within 48 hrs)	No data/Not applicable

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 Somalia will receive US\$ 112.1 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 Somalia this is calculated at US\$ 49.9 million, with no 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

Somalia has made steady progress in scaling-up malaria control interventions and has been successful in attracting resources through the Global Fund. The country has secured adequate funding for the procurement of required LLINs, ACTs, and RDTs in 2014. Somalia has introduced a policy for Community Case Management of malaria.

Impact

The annual reported number of malaria cases in 2012 was 59,709.

Key Challenges

- Country continues to face programme implementation challenges.
- 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 Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) Prioritise the collection of postnatal care data	Q1 2014		Somalia is prioritising postnatal care including at community level as part of the Essential Packet of Health Services which is rolling out. This includes a results framework which will include monitoring of postnatal care coverage
	b) Identify and address reasons for falling DPT3 coverage	Q2 2014		The country is working to address the drop in routine immunisation coverage in 2013 through strengthened cold chain including in-county logistics support, enhanced social mobilisation and behaviour change communication, and through enhanced planning

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Assess the implications of the lack of new funding through the Global Fund and work to 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