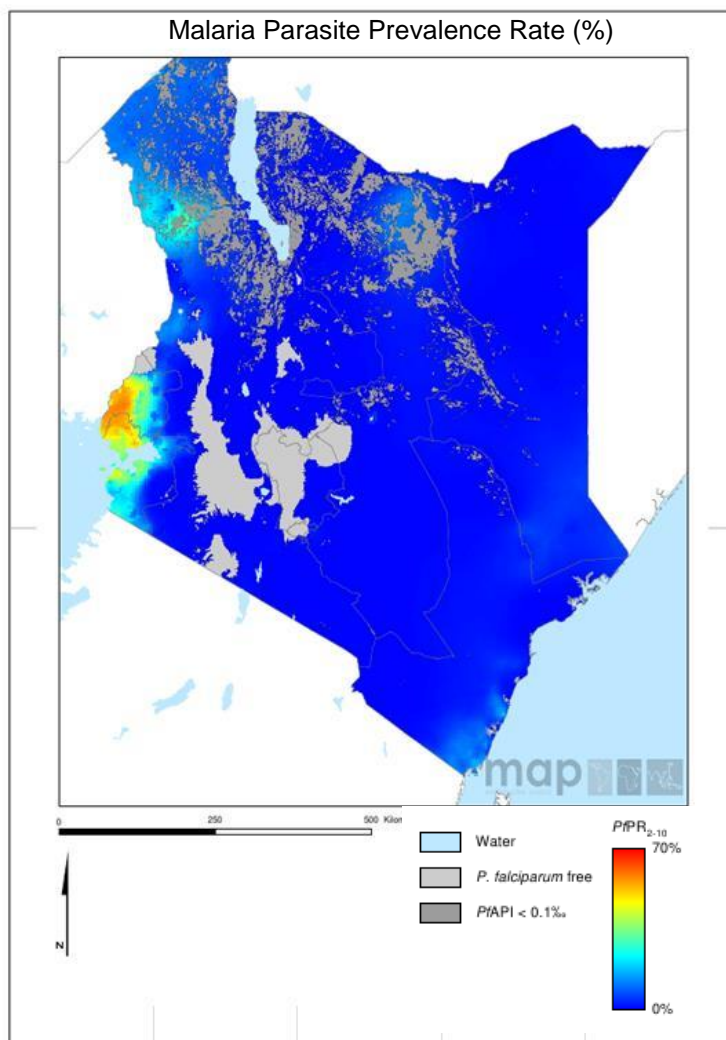


Scorecard for Accountability and Action



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 2013 (CPIA Cluster D)		3.4
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)	▲	100
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)		100
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 2012 (2 doses)		66
DPT3 coverage 2012 (vaccination among 12-23 month olds)	▼	83
Postnatal care (within 48 hrs)		42

Key

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

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. The country has successfully secured the resources to complete the LLIN coverage campaign. Kenya has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

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
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		Deliverable not yet due

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing DPT3 coverage	Q2 2015

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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