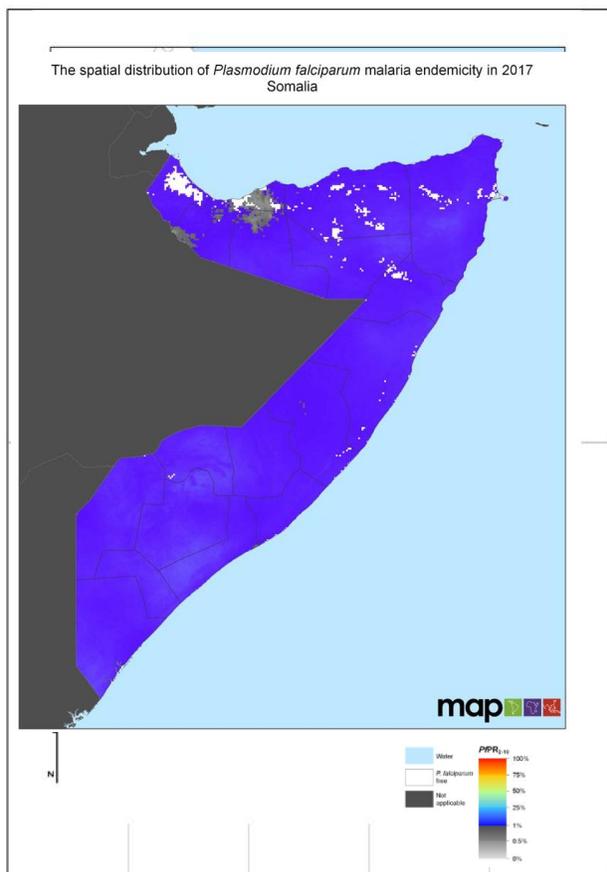


Scorecard for Accountability and Action



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 2018 was 31 030 and 31 deaths.

Metrics

Commodities Financed and Financial Control		
LLIN financing 2019 projection (% of need)	100	
Public sector RDT financing 2019 projection (% of need)	100	
Public sector ACT financing 2019 projection (% of need)	100	
World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)	1.8	
Insecticide Resistance Monitoring, Implementation and Impact		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3	
Insecticide resistance monitored since 2015 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
Scale of Implementation of iCCM (2017)		
Operational LLIN/IRS coverage (% of at risk population)	35	
On track to reduce case incidence by ≥40% by 2020 (vs 2015)		
On track to reduce case mortality by ≥40% by 2020 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)	0	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018)	30	
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018)	14	
% deliveries assisted by skilled birth attendant	9	
Postnatal care (within 48 hrs)		
Exclusive breastfeeding (% children < 6 months)	5	
Vitamin A Coverage 2017 (2 doses)	11	
DPT3 coverage 2018 (vaccination among 0-11 month olds)	42	

Key

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

Malaria

Global Fund Update

The Global Fund has announced that Somalia will receive US\$84.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. The Global Fund has determined the total allocation amount based on Somalia'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\$34.4 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Somalia is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to accelerate progress.

Progress

Somalia has secured sufficient resources to cover the procurement and distribution of the LLINs, ACTs and RDTs required in 2019.

Key Challenge

- A weak health system and relatively few partners limits scale up of core malaria interventions.

Impact

The annual reported number of malaria cases in 2018 was 31,030 with 31 deaths.

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q2 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2020
Emergency Preparedness	Following the extensive flooding in the country, ensure that the emergency response plan is in place to respond to any potential upsurges of malaria	Q2 2020
Impact	Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2018	Q4 2020

RMNCAH and NTDs

Progress in addressing Neglected Tropical Diseases (NTDs) in Somalia is measured using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis and soil transmitted helminths. Preventive chemotherapy coverage data for schistosomiasis and soil transmitted helminths were submitted to WHO but still under validation process. The 2018 index value is not yet calculated.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH ¹ : Optimise quality of care	a) Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Somalia is launching the implementation of the “Test and Treat” policy and Option B+ for PMTCT service delivery. This will be complemented by capacity building, training, and mentoring, The country is working to scale-up availability of both adult and paediatric ART services. Clinical guidelines and job aids to support ART are being developed. Training is being scaled up to strengthen integrated adult and paediatric ART capacity and ARTs are being procured using GF resources. Coverage increased by 3% in children and 4% in the total population
	b) Investigate and address the reasons for the decrease in skilled birth attendants	Q4 2018		Bottleneck analysis a to understand the low uptake of assisted deliveries identified that women from minority and marginalized groups as well as those living in rural areas still have difficulties accessing services due to a combination of geographical and financial access, instability, with a large number of IDPs, emergencies such as flooding, as well as social norms. Recognising the need to enhance outreach and mobile services, house-to-house visits and community mobilization combined with innovative community and primary health care approaches, as well as a change in behaviour and social norms, the country has developed the Every New-born Action Plan (2019-2023), designed to increase investments in delivery by skilled birth attendance, kangaroo mother care and early essential new-born care
	c) Investigate and address the reasons for the reported decrease in vitamin A coverage	Q2 2019		In Somalia, children aged 6-59 months receive vitamin A through integrated routine services and mass campaigns. In 2019, 360,000 children were reached with vitamin A supplements through the routine system and the mass campaigns are expected to have achieved over 85%. As mass vitamin A delivery largely depends on integrated platforms for immunization, Somalia is working on more sustainable and equitable approaches to strengthen routine service provision. The strategies include reaching infants as soon as they turn 6 months, improving coverage in low-performing districts, strengthening routine vitamin A reporting through DHIS2, training of front line service providers, defining mechanisms of reaching “hard to reach” populations where possible. These strategies will be further defined in the 2020 Somalia nutrition strategy

¹ RMNCAH metrics, recommended actions and response tracked through WHO

Somalia has responded positively to the RMNCAH recommended actions addressing low coverage and lack of data for a number of key interventions including skilled birth attendants, exclusive breastfeeding and postnatal care and continues to track progress as these actions are implemented.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due