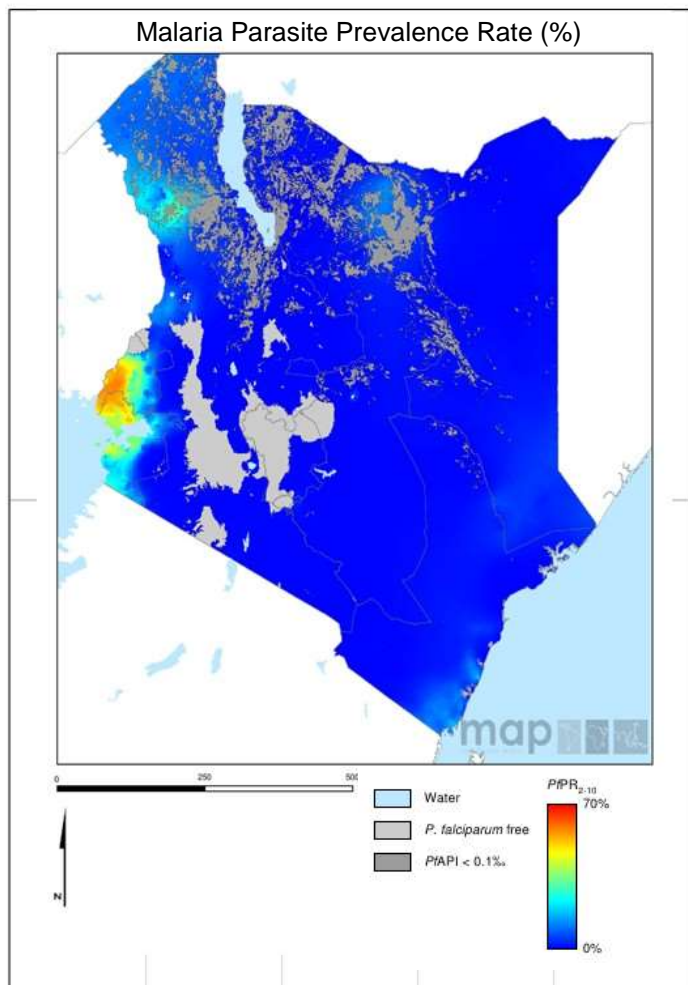


Scorecard for Accountability and Action



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 2015 was 7,676,980 with 15,061 deaths.

Metrics

Commodities Financed and Financial Control	
LLIN financing 2017 projection (% of need)	100
Public sector RDT financing 2017 projection (% of need)	100
Public sector ACT financing 2017 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	3.4
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	4
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of ICCM (2016)	
Operational LLIN/IRS coverage (% of at risk population)	87
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	
Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	59
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	73
% deliveries assisted by skilled birth attendant	62
Postnatal care (within 48 hrs)	53
Exclusive breastfeeding (% children < 6 months)	61
Vitamin A Coverage 2014 (2 doses)	28
DPT3 coverage 2015 (vaccination among 0-11 month olds)	89

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 Kenya will receive US\$ 355.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. The Global Fund has determined the total allocation amount based on Kenya'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\$ 63.2 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Kenya 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 sustain the gains made in recent years.

Progress

Kenya has made steady progress in scaling-up malaria control interventions. The country has secured the resources required to sustain universal coverage of essential malaria control interventions in 2017. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. Kenya has a high rating in terms of public sector management systems (CPIA cluster D). Kenya has recently completed the national insecticide resistance monitoring and management plan. The country is implementing iCCM. The country has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

Impact

The annual reported number of malaria cases in 2015 was 7,676,980 with 15,061 deaths. WHO estimates that the country has experienced an increase of greater than 20% in the malaria incidence rate and a change of less than 20% for malaria mortality rate for the period 2010 - 2015.

Key Challenges

- The increase in malaria incidence rates estimated by WHO between 2010-2015.
- The reduced allocation for malaria from the Global Fund.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years. Work to fill other outstanding gaps	Q2 2017		Deliverable not yet due but the country has begun work on the GF funding application
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence rate for the period 2010 - 2015	Q4 2017		Kenya reports a decrease in malaria prevalence from 11% in 2010 to 8% in 2015. The increase in malaria incidence and mortality reported in the World Malaria Report is largely due to the significant increase in reporting of cases from 4% in 2010 to 93% in 2015. Similarly, an increase in diagnostic capability in the public sector means that there was more testing and thus more confirmed cases. For example, there has been an increase in diagnostic capacity from 55% to 93% in 2016 with a peak of 97% in 2015

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Vector Control	Investigate and address the reasons for the decreasing coverage of vector control	Q4 2017

MNCH

Progress





Kenya has achieved high coverage of the tracer MNCH intervention exclusive breastfeeding. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

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	Identify and address reasons for decreasing vitamin A coverage	Q4 2016		No progress reported

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

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due
