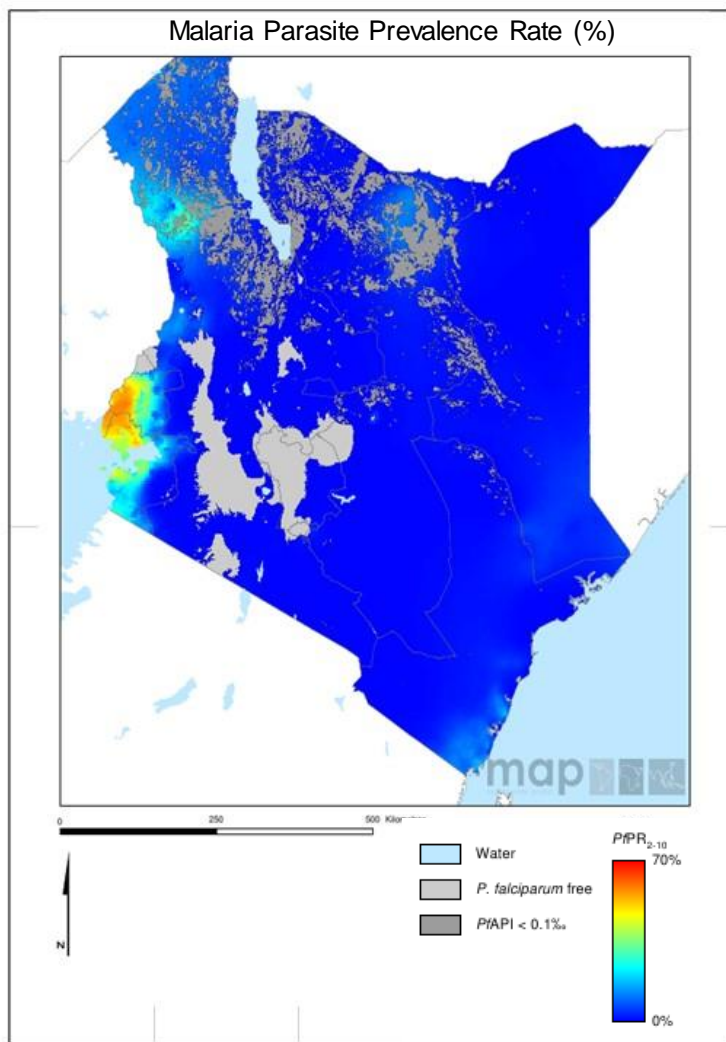


Scorecard for Accountability and Action



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 2013 was 9,750,953 with 360 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2015)	Target achieved or on track
Community case management (Pneumonia)(2015)	Not on track
Community case management (Malaria)(2015)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	3.4
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	93
Public sector RDT financing 2015 projection (% of need)	100
Public sector ACT financing 2015 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	93
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	No data/Not applicable
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	63
% deliveries assisted by skilled birth attendant	44
Exclusive breastfeeding (% children < 6 months)	32
Vitamin A Coverage 2012 (2 doses)	66
DPT3 coverage 2013 (vaccination among 12-23 month olds)	76
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 and has secured sufficient resources for the ACTs and RDTs required in 2015. Kenya has also achieved high coverage of tracer MNCH interventions, including PMTCT and DPT3 vaccination. 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 2013 was 9,750,953 with 360 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 GF 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 <sup>1</sup> : Optimise quality of care	Identify and address reasons for decreasing DPT3 coverage	Q2 2015		A shortage of vaccines caused by delayed procurement contributed to the observed reductions in DPT3 coverage. Additionally, a lack of funding for support supervision also contributed to sub-optimal coverage. Significant staff changes also affected reporting leading to under-reporting of coverage. These bottlenecks have been addressed in 2015

Kenya has responded positively to the recommended actions addressing policy on community case management of pneumonia and low coverage of exclusive breastfeeding, and continues to track progress as these actions are implemented.

## Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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