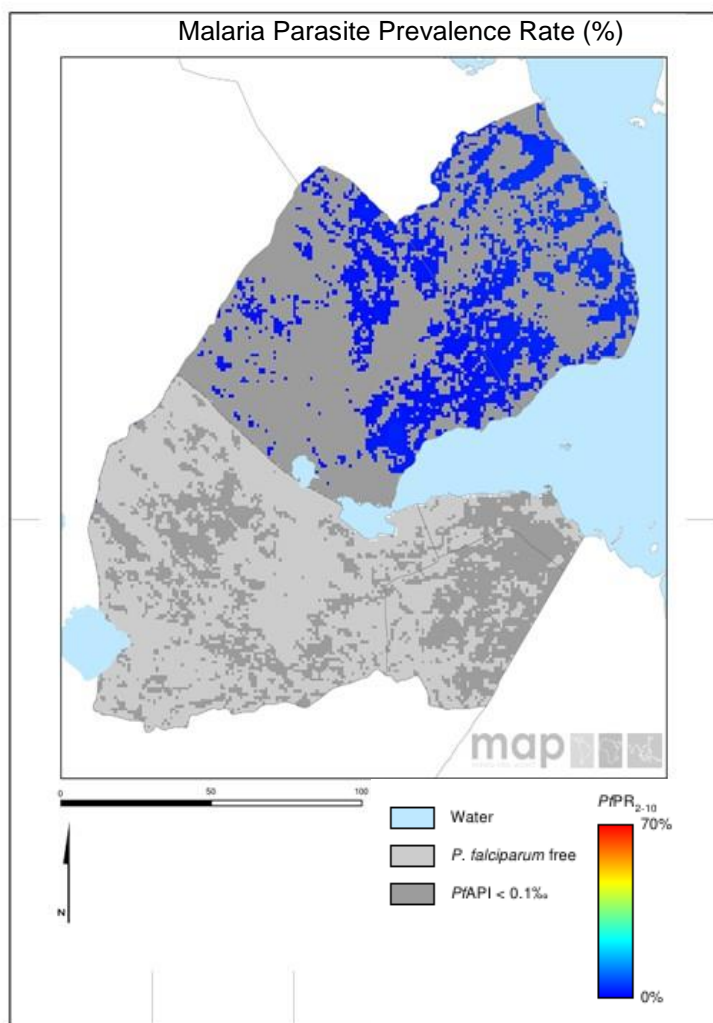


Scorecard for Accountability and Action



Nearly 50% of the population of Djibouti is at low risk of malaria, while the remaining in the desert is free of malaria. The annual reported number of malaria cases in 2013 was 1,684 and 17 deaths.

Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2015)		
Community case management (Pneumonia)(2015)		
Community case management (Malaria)(2015)		
World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D)		
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2015 projection (% of need)		100
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)		11
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)		20
% deliveries assisted by skilled birth attendant		93
Exclusive breastfeeding (% children < 6 months)		1
Vitamin A Coverage 2012 (2 doses)		88
DPT3 coverage 2013 (vaccination among 12-23 month olds)		82
Postnatal care (within 48 hrs)		

Key

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

Progress

Djibouti has banned the use of oral artemisinin-based monotherapies. The country has secured sufficient resources to fund the ACTs, RDTs and LLINs required for 2015. Good progress has been made on tracer MNCH interventions, including skilled birth attendants, DPT3 coverage, and vitamin A coverage.

Impact

The annual reported number of malaria cases in 2013 was 1,684 with 17 deaths. The number of malaria cases and deaths increased from 25 cases and zero deaths reported in 2012.

Key Challenge

- Significant delays in the implementation of the Global Fund malaria grant leading to serious delays in programme implementation, especially LLIN coverage.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Address falling LLIN coverage	Q2 2014		LLINs needed to achieve high coverage will be funded under the Global Fund New Funding Model concept note
MNCH ¹ : Optimise quality of care	a) Prioritise collection of postnatal care data	Q1 2014		Djibouti has enhanced efforts to improve coverage of postnatal care by improving communication with and sensitisation of community and religious leaders. The MICS/DHS planned for the end of 2015 will provide updated postnatal care coverage data
	b) Identify and address reasons for decreasing DPT3 coverage	Q2 2015		No progress reported





Djibouti has responded positively to the recommended actions addressing low coverage of exclusive breastfeeding and continues to track progress as this action is implemented.

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

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address underlying reasons for the decreasing coverage of PMTCT	Q3 2016

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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