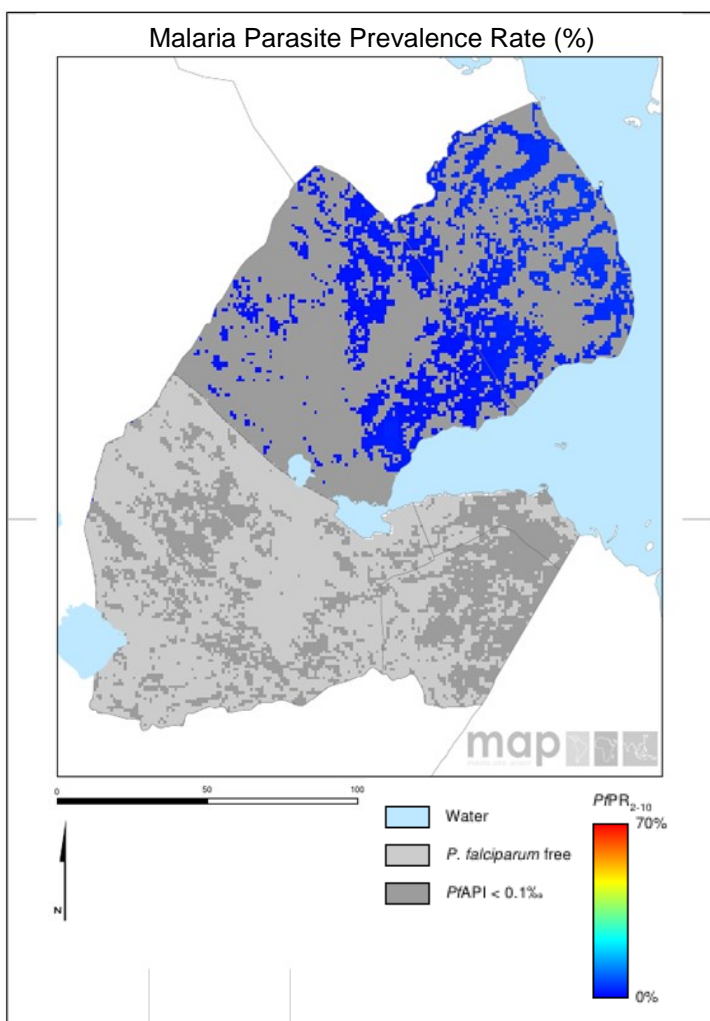


Scorecard for Accountability and Action



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
>75% Decrease in Malaria Incidence Projected 2000–2015	■
Tracer Indicators for Maternal and Child Health	
PM TCT coverage 2014 (% pregnant HIV pts receiving ARVs)	■ 20
% deliveries assisted by skilled birth attendant	■ ▼ 87
Exclusive breastfeeding (% children < 6 months)	■ ▲ 12
Vitamin A Coverage 2013 (2 doses)	■ ▼ 66
DPT3 coverage 2014 (vaccination among 12-23 month olds)	■ 78
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.

Impact

The annual reported number of malaria cases in 2013 was 1,684 with 17 deaths. No new data have been reported for 2014. WHO, through modeling, projects that Djibouti has achieved a 50%–75% decrease in malaria incidence between 2000 and 2015.

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
Address vector control coverage	Address falling LLIN coverage	Q2 2014		LLINs needed to achieve high coverage will be funded under the Global Fund New Funding Model concept note which has recently been approved
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
	c) Identify and address underlying reasons for the decreasing coverage of PMTCT	Q3 2016		Deliverable not yet due





Djibouti has responded positively to the MNCH recommended action addressing low coverage of exclusive breastfeeding and coverage has recently increased, but the country continues to track progress as this action is implemented.

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

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	a) Identify and address reasons for decreasing vitamin A coverage	Q4 2016
	b) Identify and address reasons for decreasing skilled birth attendant coverage	Q4 2016

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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