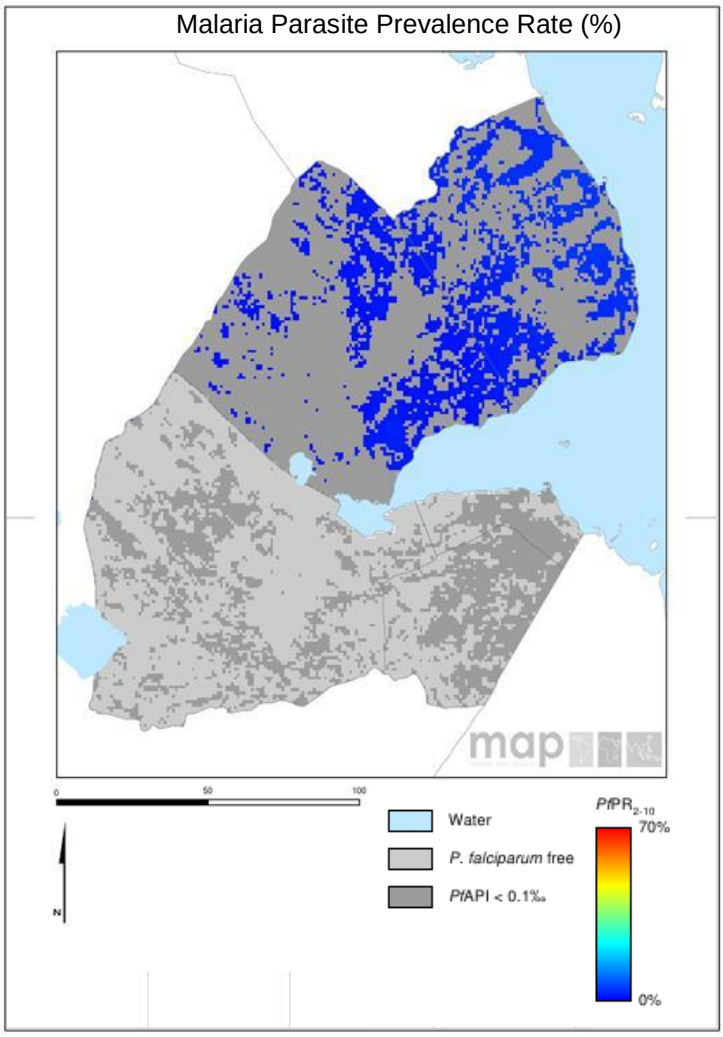
Djibouti ALMA Quarterly Report
Quarter One, 2014

AFRICAN LEADERS MALARIA ALLIANCE ALMA

Scorecard for Accountability and Action



Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	
Community case management (Pneumonia)	
Community case management (Malaria)	
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	2.6
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	
Public sector RDT financing 2014 projection (% of need)	
Public sector ACT financing 2014 projection (% of need)	
Operational LLIN/IRS coverage (% of at risk population)	21
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	20
% deliveries assisted by skilled birth attendant	93
Exclusive breastfeeding (% children < 6 months)	1
Vitamin A Coverage (2 doses)	95
DPT3 coverage 2011 (vaccination among 12-23 month olds)	87
Postnatal care (within 48 hrs)	

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 2012 was 25 and the country has reported zero deaths in 2009, 2010, 2011 and 2012.

Key

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

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Urgent Global Fund Update

The Global Fund has announced that Djibouti will receive US$ 20.1 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Djibouti'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 Djibouti this is calculated at US$ 7.8 million, with no new resources allocated. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Djibouti is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years

Progress

Djibouti has banned the use of oral artemisinin-based monotherapies. Good progress has also been made on tracer MNCH interventions, including skilled birth attendants, vitamin A coverage, and DPT3.

Impact

The annual reported number of malaria cases in 2012 was 25 with zero deaths.

Key Challenges

- Significant delays in the implementation of the Global Fund malaria grant leading to serious delays in programme implementation.
- Financing gaps not yet identified.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Prioritise the implementation of the Global Fund Round 9 grant including addressing Principal Recipient issues, and consider reprogramming to fill existing gaps	Q3 2012		The country has finalised all the documentation to allow grant disbursement
Optimise quality of care	Address falling LLIN coverage	Q2 2014		LLINs needed to achieve high coverage will be funded under the Global Fund grant

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH[1]: Optimise quality of care	a) Prioritise collection of postnatal care data	Q1 2014		No progress reported
	b) PMTCT: Identify and address policy, programmatic, and managerial barriers to progress including increasing both domestic and external investments. Ensure PMTCT services are integrated with RMNCH services and are available to all by removing obstacles such as user fees, and ensuring that investments are made in scaling-up and creating demand for services	Q1 2013		The country reports that there are significant drop out rates between testing and uptake of ARVs by pregnant women. Reasons for this include staff attitudes, taboo, denial, limited decentralisation of services and also poor coordination between programmes. The new strategic plan for HIV/AIDS with financing from the Global Fund prioritises enhancing PMTCT coverage. New data indicate an increase in coverage to 20%
	c) Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness	Q1 2013		The MNCH plan prioritises breastfeeding promotion. Djibouti has identified key practices hampering exclusive breastfeeding and is working to address them. WHO, UNICEF and WFP are supporting the MoH to accelerate and scale up nutrition programming including the development of an action plan with enhanced advocacy and support to breastfeeding. World Bank performance based financing aims to enhance breastfeeding and under a pilot project for nutrition and food security, a toolkit for informing mothers on breastfeeding has been developed and there are plans to expand its use and train health staff

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

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Assess the implications of the lack of new malaria funding through the Global Fund and work to ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q3 2014

Key

- Action achieved
- Some progress
- No progress
- Deliverable not yet due