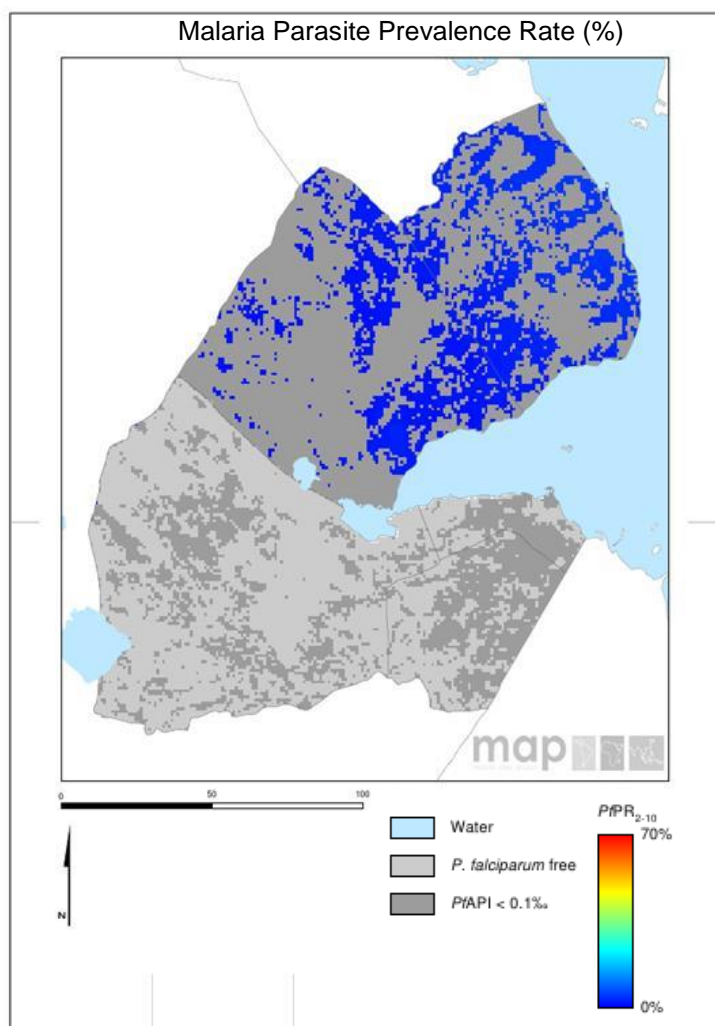


Scorecard for Accountability and Action



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

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Not on track
Community case management (Malaria)	No data/Not applicable
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	2.7
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	32
Public sector RDT financing 2014 projection (% of need)	71
Public sector ACT financing 2014 projection (% of need)	60
Operational LLIN/IRS coverage (% of at risk population)	29
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	No data/Not applicable
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 2012 (2 doses)	88
DPT3 coverage 2012 (vaccination among 12-23 month olds)	81
Postnatal care (within 48 hrs)	No data/Not applicable

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. Good progress has been made on tracer MNCH interventions, including skilled birth attendants and vitamin A coverage.

Impact

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

Key Challenge

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

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
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		Deliverable not yet due but country is working on the NFM concept note
Optimise quality of care	Address falling LLIN coverage	Q2 2014		LLINs needed to achieve high coverage will be funded under the Global Fund
Enact high level policy and strategy change	Improve rule-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration, and transparency and accountability in the public sector	Q2 2014		There has been a 0.1 increase in the country's Cluster D CPIA
MNCH ¹ : Optimise quality of care	a) Prioritise collection of postnatal care data	Q1 2014		No progress reported





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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	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 GF 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

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing DPT3 coverage	Q2 2015

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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