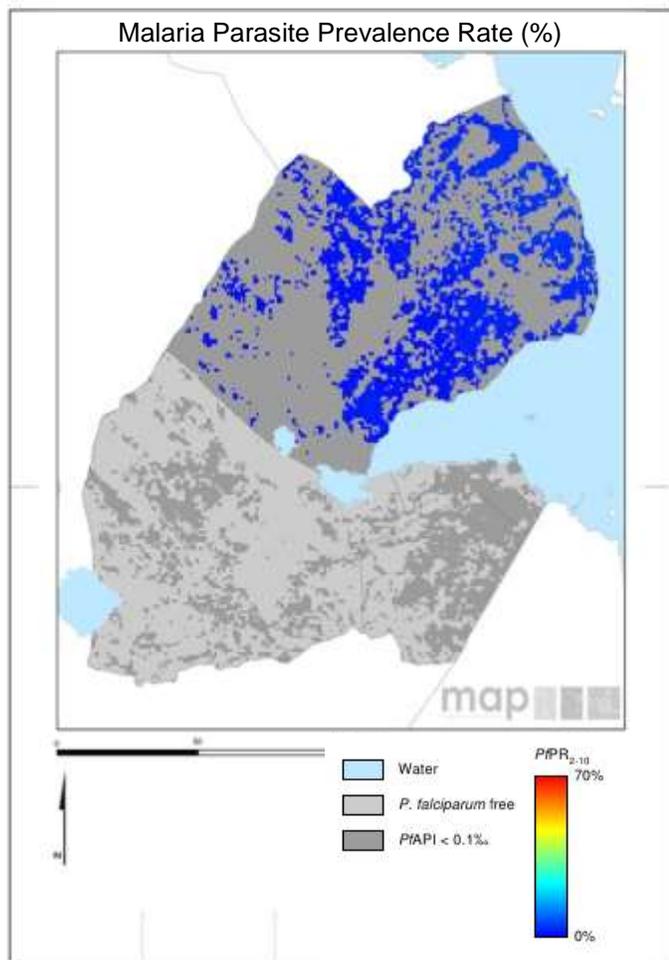


Scorecard for Accountability and Action



Nearly 50% of the population of Djibouti is at low risk of malaria, while the remaining in the desert is free of malaria.

Metrics

Commodities Financed and Financial Control	
LLIN financing 2016 projection (% of need)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	2.7
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	0
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of ICCM (2016)	
Operational LLINIRS coverage (% of at risk population)	60
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	
Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	21
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	8
% deliveries assisted by skilled birth attendant	87
Postnatal care (within 48 hrs)	
Exclusive breastfeeding (% children < 6 months)	12
Vitamin A Coverage 2014 (2 doses)	
DPT3 coverage 2015 (vaccination among 0-11 month olds)	84

Key

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

Malaria

The Global Fund

The Global Fund has announced that Djibouti will receive US\$ 8.5 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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\$ 2.7 million. 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, as well as from domestic resources, to sustain the gains made in recent years.

Progress

Djibouti has secured sufficient resources to fund the ACTs, RDTs and LLINs required for 2016. The country has also scaled up implementation of iCCM.

Impact

WHO estimates that the country has experienced an increase of greater than 20% in the malaria incidence rate and malaria mortality rate for the period 2010 – 2015.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector control	Urgently finalise and implement a national insecticide resistance monitoring and management plan	Q2 2017		A draft plan is available and is currently being reviewed by the Minister of Health for broader dissemination before end of January 2017

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2017
Vector Control	Address falling coverage of LLINs	Q2 2017
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence and mortality rate for the period 2010 - 2015	Q4 2017

MNCH

Progress

Djibouti has achieved high coverage of the tracer MNCH intervention skilled birth attendants.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) Identify and address reasons for decreasing skilled birth attendant coverage	Q4 2016	No progress reported	No progress reported
	b) Identify and address underlying reasons for the decreasing coverage of vitamin A	Q3 2016		No progress reported
	c) Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017	Some progress	Deliverable not yet due but Djibouti has increased ART coverage by 4% in the total population and by 3% in children. The country is training service providers and specifically midwives have been trained and supported to perform rapid testing during antenatal and postnatal consultations and to propose initiation of ARV therapy. Community awareness-raising is being enhanced. Provision of testing is being scaled up through VCT and as part of specific interventions such as PMTCT, blood donation, and community mobilisation

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. Djibouti has responded positively to the MNCH recommended action addressing lack of data on postnatal care coverage and continues to track progress as this action is implemented.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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