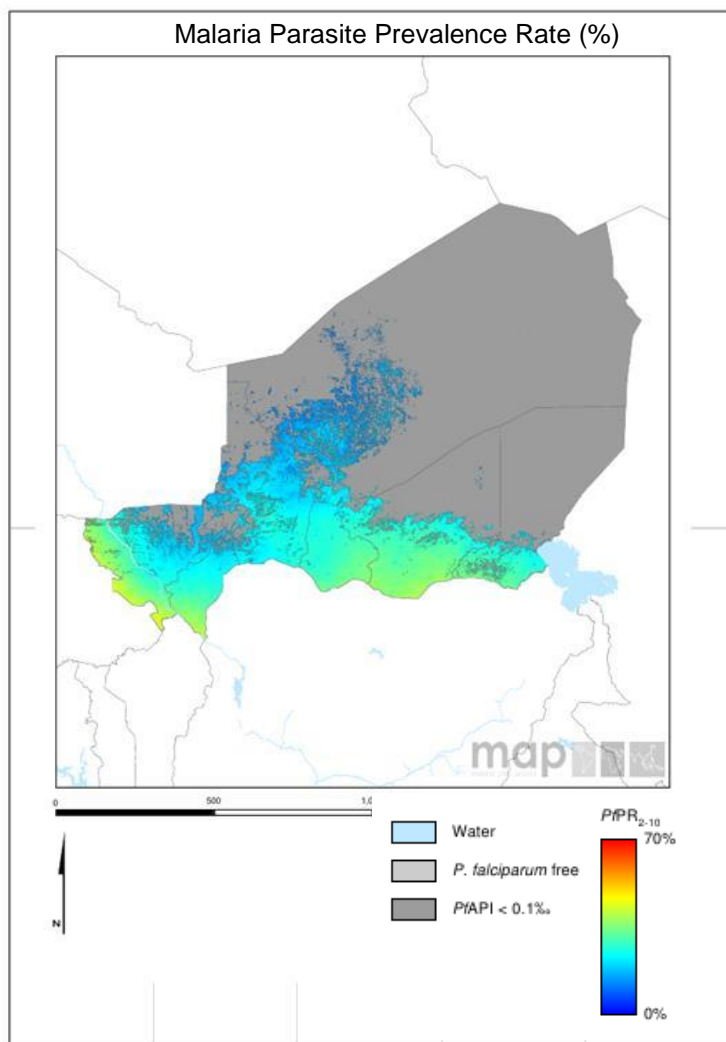


Scorecard for Accountability and Action



Malaria transmission is most intense in the south whilst the desert areas in the north are malaria-free. The annual reported number of malaria cases in 2012 was 3,525,112 with 2,825 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Target achieved or on track
Community case management (Malaria)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	3.2
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	90
Public sector RDT financing 2014 projection (% of need)	82
Public sector ACT financing 2014 projection (% of need)	97
Operational LLIN/IRS coverage (% of at risk population)	10
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)	No data/Not applicable
% deliveries assisted by skilled birth attendant	29
Exclusive breastfeeding (% children < 6 months)	23
Vitamin A Coverage (2 doses)	95
DPT3 coverage 2011 (vaccination among 12-23 month olds)	75
Postnatal care (within 48 hrs)	37

Key

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

### **Urgent Global Fund Update**

The Global Fund has announced that Niger will receive US\$ 164 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 Niger'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 Niger this is calculated at US\$ 88.1 million, including US\$ 57.9 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Niger 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**

Niger has banned the import and sale of oral artemisinin-based monotherapies and has introduced policies on Community Case Management of malaria and pneumonia. The country has high coverage of vitamin A. The country has committed domestic resources to significantly close gaps in malaria intervention coverage and has sufficient financing to procure and distribute the majority of the ACTs, RDTs, and LLINs required for 2014. Niger has shown a 65% decline in under-five mortality rate since 1990.

### **Impact**

The annual reported number of malaria cases in 2012 was 3,525,112 with 2,825 deaths.

### **Key Challenges**

- The country has faced delays in the approval of the Global Fund interim new funding modality proposal.
- Delays in LLIN procurement may delay the universal coverage campaign in 2014.

## Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Work to absorb additional funds through the Global Fund interim new funding model and prioritise signature of updated grant	Q2 2013		Additional technical assistance has been provided to finalise the documentation for the interim new funding model and work is in progress to prepare the concept note for the New Funding Model
MNCH <sup>1</sup> : Optimise quality of care	a) 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		No progress reported
	b) Prioritise the collection of postnatal care coverage	Q1 2014		Postnatal care for mothers within 48 hours is reported at 36.9%

## New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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