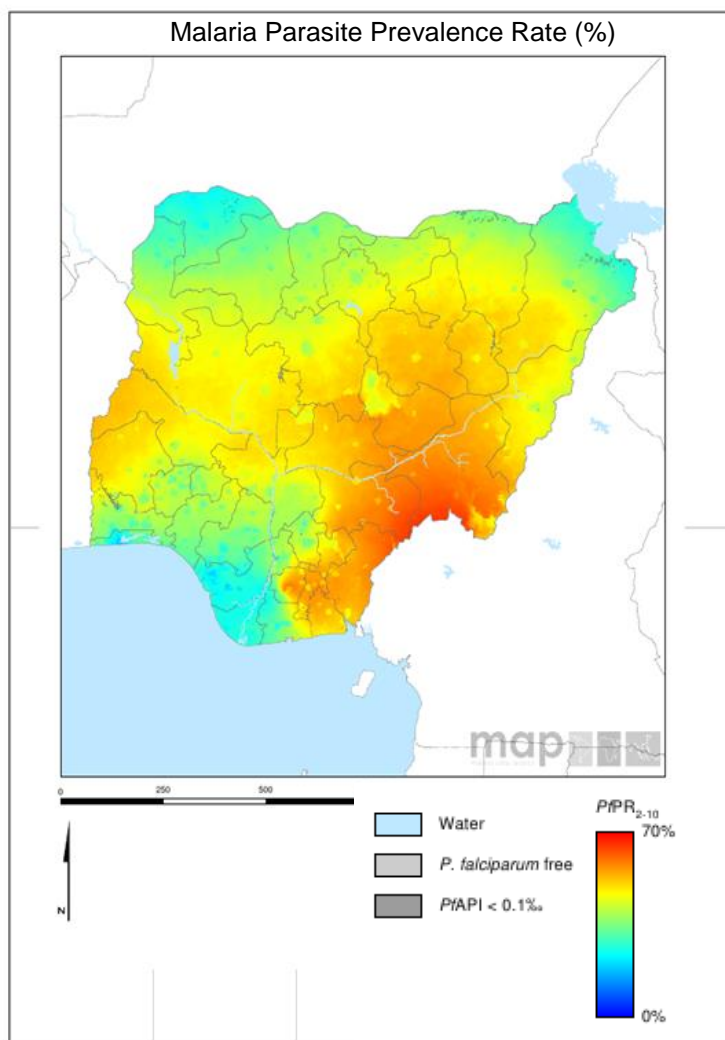


Scorecard for Accountability and Action



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 2013 (CPIA Cluster D) | | 2.8 |
| Commodities Financed, Implementation and Malaria Impact | | |
| LLIN financing 2014 projection (% of need) | ▼ | 91 |
| Public sector RDT financing 2014 projection (% of need) | ▼ | 22 |
| Public sector ACT financing 2014 projection (% of need) | ▼ | 72 |
| Operational LLIN/IRS coverage (% of at risk population) | ▲ | 49 |
| 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) | | 17 |
| % deliveries assisted by skilled birth attendant | | 38 |
| Exclusive breastfeeding (% children < 6 months) | | 17 |
| Vitamin A Coverage 2012 (2 doses) | | 78 |
| DPT3 coverage 2012 (vaccination among 12-23 month olds) | ▼ | 41 |
| Postnatal care (within 48 hrs) | | 40 |

Malaria transmission in Nigeria takes place all year round in the south but is more seasonal in the northern regions. The annual reported number of malaria cases in 2012 was with 2,087,068 cases and 7,734 deaths.

Key

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

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Progress

Nigeria has banned oral artemisinin-based monotherapies and introduced a policy on Community Case Management for malaria and pneumonia. The country has secured significant resources including from the Global Fund. The development of the Saving One Million Lives initiative in 2012 is expected to accelerate progress in tracer MNCH intervention coverage and the tracking of these indicators will be enhanced through the Saving One Million Lives Scorecard.

Impact

The annual reported number of malaria cases in 2012 was with 2,087,068 cases and 7,734 deaths.

Key Challenge

- Funding gaps to achieve and sustain universal coverage of all malaria interventions to 2015 and beyond.

Previous Key Recommended Action

| Objective | Action Item | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
|-----------------|--|--------------------------------|----------|--|
| Address funding | Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years | Q3 2014 | | The country submitted the GF NFM concept note in June and allocated its Global Fund resources to malaria in accordance with the proposed disease-specific allocation |

New Key Recommended Actions

| Objective | Action Item | Suggested completion timeframe |
|---|---|--------------------------------|
| Address funding | Work to fill outstanding funding gaps for essential malaria commodities | Q2 2015 |
| MNCH ¹ : Optimise quality of care | a) Identify and address reasons for decreasing Vitamin A coverage | Q2 2015 |
| | b) 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