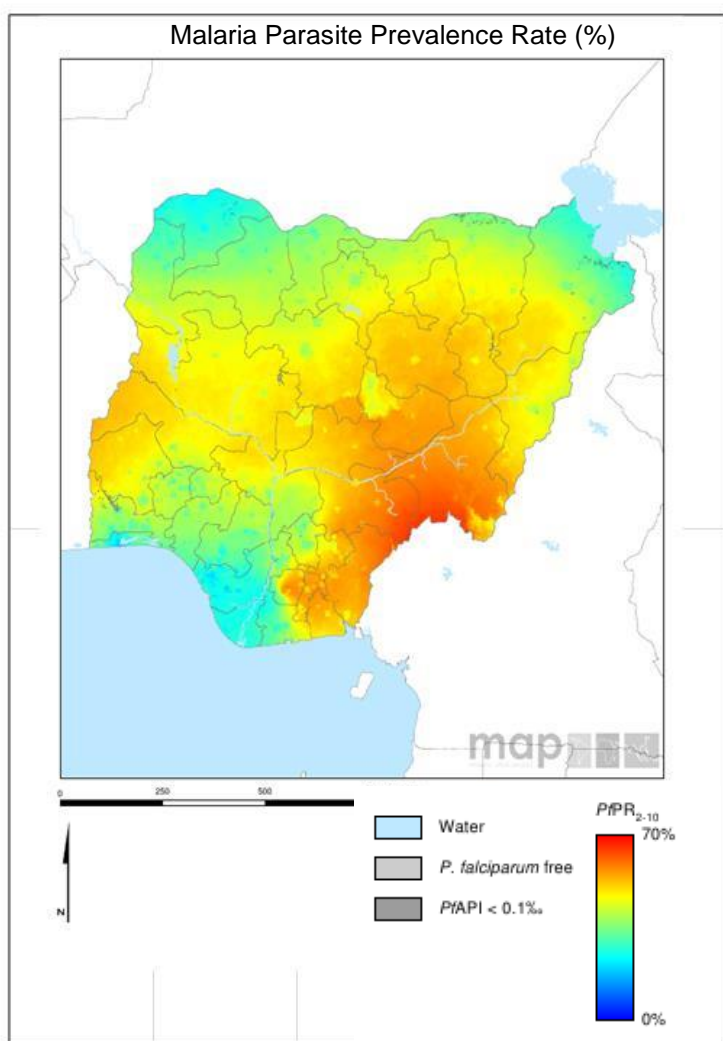


Scorecard for Accountability and Action



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.

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 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)	▲ 59
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 2013 (% pregnant HIV pts receiving ARVs)	▲ 27
% 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

Key

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

# Nigeria ALMA Quarterly Report

## Quarter Three, 2014



### 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 Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Work to fill outstanding funding gaps for essential malaria commodities	Q2 2015		Deliverable not yet due but the Government has committed almost US\$ 400 million to fill some of the malaria control gaps
MNCH <sup>1</sup> : Optimise quality of care	a) Identify and address reasons for decreasing vitamin A coverage	Q2 2015		Nigeria reports an increase in vitamin A coverage to 49% from the 2014 SMART surveys
	b) Identify and address reasons for decreasing DPT3 coverage	Q2 2015		Deliverable not yet due

### 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