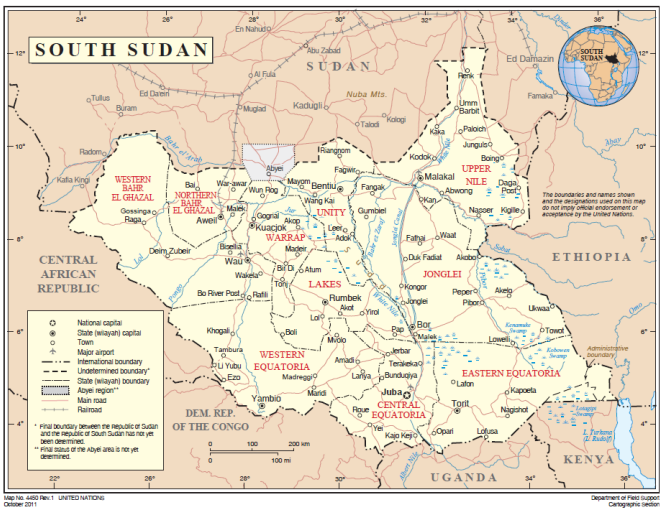
South Sudan ALMA Quarterly Report
Quarter One, 2014

AFRICAN LEADERS MALARIA ALLIANCE | ALMA

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 2012 (CPIA Cluster D)	2
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	100
Public sector RDT financing 2014 projection (% of need)	16
Public sector ACT financing 2014 projection (% of need)	31
Operational LLIN/IRS coverage (% of at risk population)	93
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)	13
% deliveries assisted by skilled birth attendant	19
Exclusive breastfeeding (% children < 6 months)	45
Vitamin A Coverage (2 doses)	
DPT3 coverage 2011 (vaccination among 12-23 month olds)	46
Postnatal care (within 48 hrs)	

Key

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

Malaria transmission in South Sudan is generally perennial, with moderate to high intensity. The annual reported number of malaria cases in 2012 was 1,125,039 with 1,321 deaths.

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Urgent Global Fund Update

The Global Fund has announced that South Sudan will receive US$ 135.8 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 South Sudan's disease burden and income level, as well as several other factors. The malaria component is 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 South Sudan this is calculated at US$ 67.7 million, including US$ 8.8 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. South Sudan 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

South Sudan has made some progress in scaling-up malaria control interventions. Progress has been made in rolling out Community Case Management of malaria and pneumonia to increase coverage of case management. The country has recently banned oral artemisinin-based monotherapies. South Sudan has reduced the under-five mortality rate by 59% since 1990.

Impact

The annual reported number of malaria cases in 2012 was 1,125,039 with 1,321 deaths.

Key Challenges

- The lack of new resources allocated to malaria in the Global Fund New Funding Model jeopardises the country's ability to sustain the impressive gains made in the fight against malaria.
- Weak procurement and supply chain system.
- Weak malaria surveillance, data collection and analysis.

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) Conduct a root cause analysis to identify underlying causes of low-skilled attendants and, based on that analysis, consider increasing the number of midwives and other skilled birth attendants. Increase the number of facilities providing basic medical obstetric care and emergency medical obstetric care. Increase demand through community action	Q4 2013		Health Infrastructure and human resource development has not taken off due as planned due to the current financial crisis. Major investment in the health sector is expected only when the government starts exporting crude oil in 2014. Coverage of skilled birth deliveries has increased to 19%
	b) The country is advised to invest resources in a well structured and sustainable Expanded Programme on Immunization	Q4 2013		South Sudan has developed a comprehensive EPI plan which includes improving coverage, reaching unreached children and introducing new and underused vaccines. Austerity measures are expected to delay implementation scale up until 2014
	c) Prioritise the collection of postnatal care data	Q1 2014		Community based postnatal care is included as part of the maternal and child health strategy but is not yet rolling out at scale due to current austerity measures. The HMIS is not yet functioning effectively
	d) 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	Q3 2014		Deliverable not yet due. The country reports a 5% increase in PMTCT coverage to 13%

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

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