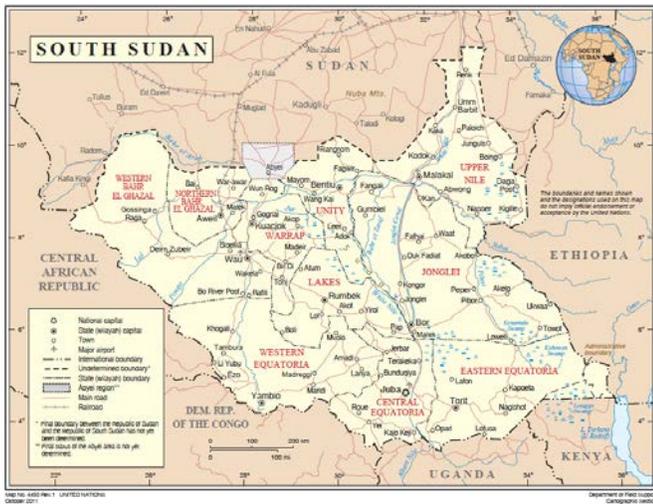


# South Sudan ALMA Quarterly Report Quarter One, 2015



## Scorecard for Accountability and Action



### Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2015)	Target achieved or on track
Community case management (Pneumonia)(2015)	Target achieved or on track
Community case management (Malaria)(2015)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	2.0
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	100
Public sector RDT financing 2015 projection (% of need)	100
Public sector ACT financing 2015 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	100
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	18
% deliveries assisted by skilled birth attendant	19
Exclusive breastfeeding (% children < 6 months)	45
Vitamin A Coverage 2012 (2 doses)	70
DPT3 coverage 2012 (vaccination among 12-23 month olds)	59
Postnatal care (within 48 hrs)	

Malaria transmission in South Sudan is generally perennial, with moderate to high intensity. The annual reported number of malaria cases in 2013 was 1,855,501 with 1,311 deaths.

### Key

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



**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. The country has secured sufficient resources to achieve universal coverage of LLINs, RDTs, and ACTs in 2015. South Sudan has reduced the under-five mortality rate by 59% since 1990. South Sudan was awarded a 2015 ALMA Award for Most Improved in Malaria Control.

**Impact**

The annual reported number of malaria cases in 2013 was 1,855,501 with 1,311 deaths.

**Key Challenge**

- The lack of new resources allocated to malaria in the GF New Funding Model jeopardises the country's ability to sustain the gains made in the fight against malaria.

**Previous Key Recommended Actions**

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH <sup>1</sup> : Optimise quality of care	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		The country is working to enhance capacity in Skilled Birth Attendants through training and mentoring of medical officers and midwives with support from WHO, UNFPA and AMREF.

South Sudan has responded positively to the recommended actions addressing low coverage of PMTCT and the lack of data for postnatal care and continues to track progress as these actions are implemented.

**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