

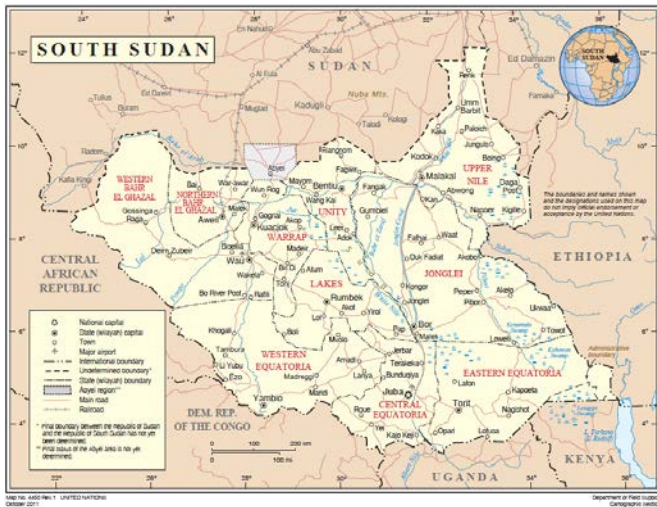
South Sudan ALMA Quarterly Report Quarter Two, 2014



Scorecard for Accountability and Action

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
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)	100
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 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 2012 was 1,125,039 with 1,321 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 procured sufficient LLINs to achieve universal coverage in 2014. South Sudan has reduced the under-five mortality rate by 59% since 1990. The country has increased coverage of the tracer MNCH intervention DPT3 vaccination.

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 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
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		Deliverable not yet due but country has begun the preparation of the GF NFM concept note
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		Coverage of skilled birth deliveries is 19%

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	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. Coverage of DPT3 has increased by 13% to 59%
	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. 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. PMTCT coverage has increased to 13%

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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