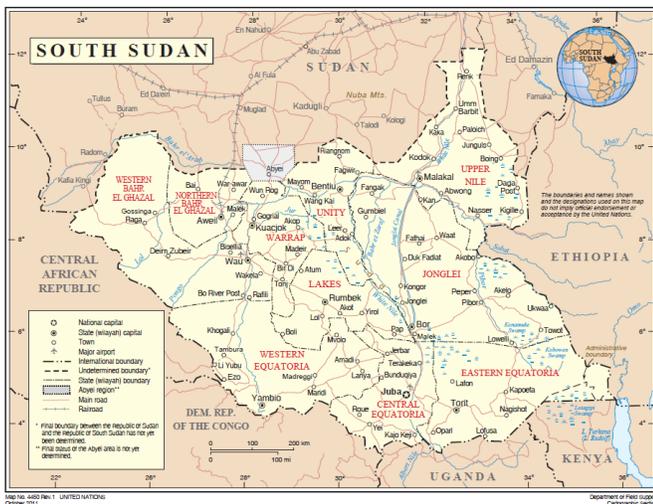


# South Sudan ALMA Quarterly Report Quarter Two, 2015



## 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 (Not on track)
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	100 (Target achieved or on track)
Public sector RDT financing 2015 projection (% of need)	100 (Target achieved or on track)
Public sector ACT financing 2015 projection (% of need)	75 (Progress but more effort required)
Operational LLINIRS coverage (% of at risk population)	92 (Progress but more effort required)
On track in 2013 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)	16 (Not on track)
% deliveries assisted by skilled birth attendant	19 (Not on track)
Exclusive breastfeeding (% children < 6 months)	45 (Progress but more effort required)
Vitamin A Coverage 2012 (2 doses)	70 (Progress but more effort required)
DPT3 coverage 2013 (vaccination among 12-23 month olds)	65 (Progress but more effort required)
Postnatal care (within 48 hrs)	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 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 and RDTs 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. South Sudan has recently increased coverage of the tracer MNCH indicator DPT3.

### 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		A root cause analysis identified key reasons for low coverage of SBAs including limited financial resources and a lack of skilled personnel. South Sudan has embarked on an impressive training programme through 11 training institutions. Over 100 midwives have been trained and there are plans to train a total of 1,000 skilled health workers including nurses, midwives and laboratory technicians by the end of 2015. There is also an ongoing plan to strengthen capacity in health facilities and at community level

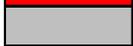
South Sudan has responded positively to the recommended actions addressing low coverage of PMTCT and the lack of data for postnatal care and continues to track progress as these actions are implemented.

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

## New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Work to fill the outstanding gaps required to sustain full coverage of ACTs in 2015	Q1 2016

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due