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 Challenge

- 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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>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</td>
<td>Q4 2014</td>
<td></td>
<td>South Sudan submitted the GF NFM concept note in August</td>
</tr>
<tr>
<td>MNCH¹: Optimise quality of care</td>
<td>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</td>
<td>Q4 2013</td>
<td></td>
<td>Coverage of skilled birth deliveries is 19%</td>
</tr>
</tbody>
</table>

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG
<table>
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</thead>
<tbody>
<tr>
<td>MNCH¹: Optimise quality of care</td>
<td>b) Prioritise the collection of postnatal care data</td>
<td>Q1 2014</td>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>c) 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</td>
<td>Q3 2014</td>
<td></td>
<td>Deliverable not yet due. PMTCT coverage has increased to 16%</td>
</tr>
</tbody>
</table>

**Key**
- Green: Action achieved
- Yellow: Some progress
- Red: No progress
- Grey: Deliverable not yet due

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