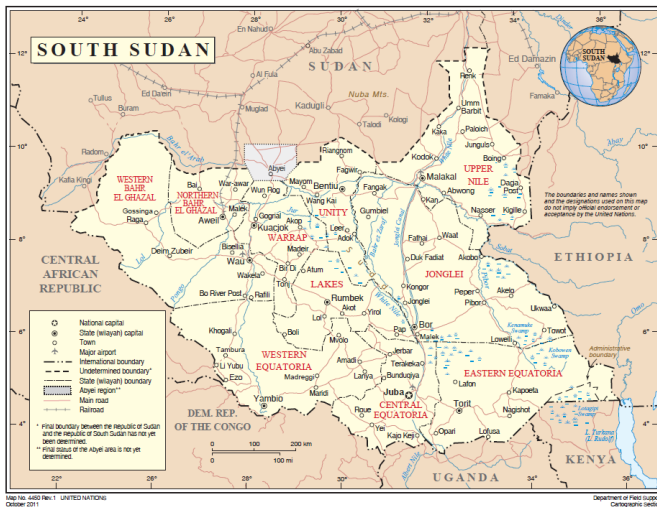


# South Sudan ALMA Quarterly Report Quarter Four, 2014



## 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)(2014)	Target achieved or on track
Community case management (Malaria)(2014)	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 2014 projection (% of need)	100
Public sector RDT financing 2014 projection (% of need)	100
Public sector ACT financing 2014 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)	No data/Not applicable

#### 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)	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 procured sufficient LLINs to achieve universal coverage in 2014. South Sudan has reduced the under-five mortality rate by 59% since 1990.

### 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	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		The country is working to enhance capacity in SBA through training and mentoring of medical officers and midwives with support from WHO, UNFPA and AMREF

<sup>1</sup> 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 <sup>1</sup> : Optimise quality of care	b) Prioritise the collection of postnatal care data	Q1 2014		Community based postnatal care is included as part of the maternal and child health strategy. The Health Pooled Fund, World Bank and USAID are funding through implementing partners the roll out of intensive integrated Maternal and Child Health in health facilities as well as outreach and referral activities in 2015
	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	Q3 2014		The country estimates that 23% of health facilities provide PMTCT and scale up plans are in place to further enhance coverage to all county hospitals

### 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