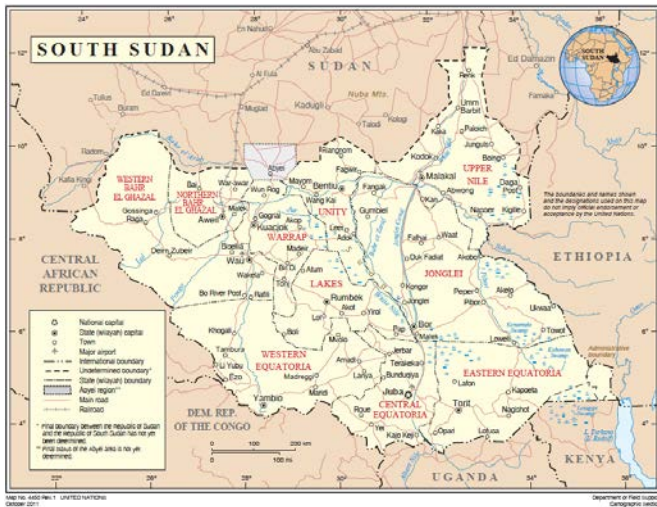


# South Sudan ALMA Quarterly Report Quarter Four, 2015



## 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 2014 (CPIA Cluster D)	1.9
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	100
Public sector RDT financing 2015 projection (% of need)	60
Public sector ACT financing 2015 projection (% of need)	100
Operational LLINIRS coverage (% of at risk population)	100
>75% Decrease in Malaria Incidence Projected 2000–2015	Not on track
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)	18
% deliveries assisted by skilled birth attendant	19
Exclusive breastfeeding (% children < 6 months)	45
Vitamin A Coverage 2013 (2 doses)	66
DP T3 coverage 2014 (vaccination among 12-23 month olds)	39
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

## South Sudan ALMA Quarterly Report Quarter Four, 2015

AFRICAN LEADERS  
MALARIA ALLIANCE



### 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 ACTs in 2015. 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. WHO, through modeling, estimates that there has been a less than 50% decrease in malaria incidence between 2000 and 2015.

### Key Challenge

- The upsurge in malaria cases reported in the last quarter.

### Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address vector control coverage	Identify and address underlying reasons for the decreasing coverage of vector control	Q3 2016		Approximately 2.9 million LLINs were delivered in quarter three of 2015
Address Funding	Work to fill the outstanding gaps required to sustain full coverage of RDTs	Q1 2016		Deliverable not yet due but the country has reduced the gap and secured an additional 600,000 RDTs in the last quarter. The country is working to fill additional RDT gaps in 2016





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

### New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Address malaria upsurge	Work to address the upsurge in malaria cases reported in the last quarter	Q2 2016
MNCH <sup>1</sup> : Optimise quality of care	Work to increase DPT3 coverage	Q4 2016

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

## Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due