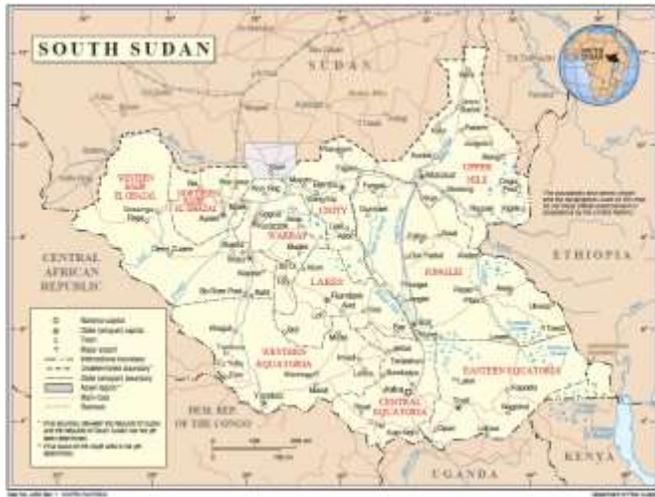


South Sudan ALMA Quarterly Report Quarter Four, 2016



Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control

| | |
|--|-----|
| LLIN financing 2016 projection (% of need) | 100 |
| Public sector RDT financing 2016 projection (% of need) | 17 |
| Public sector ACT financing 2016 projection (% of need) | 57 |
| World Bank rating on public sector management and institutions 2015 (CPIA Cluster D) | 1.7 |

Insecticide Resistance Monitoring, Implementation and Impact

| | |
|--|-----|
| Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010 | 0 |
| Insecticide resistance monitored since 2014 and data reported to WHO | |
| National Insecticide Resistance Monitoring and Management Plan | |
| Scale of Implementation of iCCM (2016) | |
| Operational LLINIRS coverage (% of at risk population) | 100 |
| Estimated change in malaria incidence rate (2010–2015) | |
| Estimated change in malaria mortality rate (2010–2015) | |

Tracer Indicators for Maternal and Child Health

| | |
|---|----|
| Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015) | 11 |
| Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015) | 6 |
| % deliveries assisted by skilled birth attendant | 19 |
| Postnatal care (within 48 hrs) | |
| Exclusive breastfeeding (% children < 6 months) | 45 |
| Vitamin A Coverage 2014 (2 doses) | 18 |
| DPT3 coverage 2015 (vaccination among 0-11 month olds) | 31 |

Key

| | |
|---|-----------------------------------|
| | Target achieved or on track |
| | Progress but more effort required |
| | Not on track |
| | No data/Not applicable |

Malaria transmission in South Sudan is generally perennial, with moderate to high intensity.

Malaria

Global Fund Update

The Global Fund has announced that South Sudan will receive US\$ 86.7 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. The Global Fund has determined the total allocation amount based on South Sudan's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For South Sudan this is calculated at US\$ 48.7 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. South Sudan is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain the gains made in recent years.

Progress

South Sudan has implemented iCCM at scale. The country has secured sufficient resources to achieve universal coverage of LLINs in 2016.

Impact

WHO estimates that the country has achieved a change of less than 20% in the malaria incidence rate and a decrease of 20-40% in the malaria mortality rate for the period 2010 - 2015.

Key Challenge

- The lack of resources in the GF malaria allocation compared to previous allocations.

Previous Key Recommended Actions

| Objective | Action Item | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
|----------------|---|--------------------------------|----------|---|
| Vector Control | Share the status of mosquito insecticide resistance, insecticide resistance monitoring and of the national insecticide resistance monitoring and management plan with WHO | Q1 2017 | | A draft IRM plan is available. It has been shared with the Technical Working Group on malaria vector control for input. Comments will be consolidated by December 2016 ready for dissemination by end of January 2017 |

New Key Recommended Action

| Objective | Action Item | Suggested completion timeframe |
|-----------------|---|--------------------------------|
| Address funding | Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years. Work to fill the other outstanding funding gaps | Q2 2017 |

MNCH

Previous Key Recommended Actions

| Objective | Action Item | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
|---|---|--------------------------------|----------|--|
| MNCH ¹ : Optimise quality of care | Work to accelerate coverage of ARTs in the total population and in children under 14 years of age | Q1 2017 | | South Sudan has increased ART coverage by 5% in the total population and 1% in children. The country has updated the ARV guidelines and is working to optimize the quality of services at existing ART sites to allow for scale-up to maximum capacity, and then to expand to other sites. South Sudan is also working to enhance task sharing among health workers and task shifting and is diversifying implementation structures, for example by using the humanitarian implementation mechanisms and development partner structures. In the last quarter a national level meeting took place between the Global Fund, MOH and partners and efforts will be made to facilitate the flow of funds to improve access to ART |
| | Identify and address reasons for decreasing vitamin A coverage | Q3 2017 | | Vitamin A supplementation has been integrated with other nutrition activities and a new guideline has been developed to link the vitamin A supplementation activities with NIDs. The recently completed NID in November has included vitamin A supplementation. The Canadian Government has provided a multi-year grant to support the integration of vitamin A with immunization activities and this is expected to help to improve coverage moving forward |

South Sudan has responded positively to the recommended actions addressing low coverage of skilled birth attendants and DPT3, and the lack of data for postnatal care. The country continues to track progress as these actions are implemented.

Key

| | |
|--|-------------------------|
| | Action achieved |
| | Some progress |
| | No progress |
| | Deliverable not yet due |

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